

Dr. Brian Hooker on Environmental Toxins, Causes of Autism and the Need for Vaccine Safety Studies

By [Prof. Brian S. Hooker](#) and [David Marks](#)

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Dr. Brian Hooker has served on the board of [Children's Health Defense](#) (CHD) since 2018 and has been their Chief Scientific Officer for two years. He has a Ph.D. in biochemical engineering from Washington State University and has been involved in bioresearch and biotechnology for 35 years. His work has spanned environmental restoration and applied plant molecular biology. He has also been a researcher for the U.S. Department of Energy and operated his own biotech company. With a strong background in molecular biology and genetics, Dr. Hooker has published over 65 papers in peer-reviewed scientific journals. At CHD, he is supervising a team researching environmental toxins and vaccine safety.

The news coverage of the presidential campaign of Robert F. Kennedy, Jr. continues to discredit the known dangers of vaccines. The motives for this gratuitous denigration range from fear of Mr. Kennedy's intentions to remove corporate influence from the U.S. Government to the intelligence community's recognition of his defiance of their dominance over Washington. However, all who condemn Mr. Kennedy, rely on the continuing ignorance of the public and the press regarding vaccine safety.

Blind obedience to an ungrounded dogma allows Mr. Kennedy's entire platform to be ignored with venomous disdain. Most articles about him don't bother providing any backup to sweeping statements that he has been proven wrong in his assessment that some vaccines have inherent risks. News media that mention "proof" of "incorrect misinformation," refers to dated and questionable studies.

This conversation with Dr. Hooker, a scientist and father of an autistic child, was initially planned to explore the details that continue to be neglected by the press in the dismissals of RFK, Jr. While this important knowledge is presented, Dr. Hooker also offers fascinating facts and insights into autism and vaccines that have been kept from the public by government

agencies and corporate mainstream media.

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Forum: Dr. Hooker, when did you first become aware of autism? How did you get involved with research?

Dr. Hooker: Growing up, I sort of knew what autism was. I remember seeing a movie in 1979, called [Son-Rise: A Miracle of Love](#), about Raun Kaufman, a boy with autism. Through his parents' intervention, he fully came out of autism. It was a really interesting movie. I can remember seeing that and just sort of tucking it away in my mind. But I didn't really think about it much until my son received an autism diagnosis in August of 1999 when he was 18 months old. It was at his well-baby checkup when the pediatrician actually coded it as autism – I'll never forget that day. And that's really what launched my quest to understand what caused this; how can it be reversed, and what can we do about it.

Forum: Where did you first seek out information about autism?

Dr. Hooker: I looked at research that was coming out of institutions like the *Center for Disease Control (CDC)*, the *National Institutes of Health*, and the *Food and Drug Administration (FDA)* – and I was wholly dissatisfied. This bolstered my quest to find out, especially around autism causation, what indeed was the truth.

Forum: What were your initial findings about your son?

Dr. Hooker: I was astounded to find out that the vaccines that my son received contained mercury. The first vaccine he received at two weeks of age was for hepatitis B, and that contained 12.5 micrograms of mercury. Mercury is a neurotoxin, and there continues to be a contention that this amount doesn't exceed the safe limits. But I did the calculation, and when my son was receiving these mercury-laden vaccines, he was exceeding the EPA and the FDA limits by over 80 times. I was very, very concerned about the [mercury-containing preservative thimerosal](#) that was used in many, if not most of the vaccines that my son received in the late 1990s.

I looked at what was publicly available and the prevailing thought was that mercury was responsible for [neurodevelopmental](#) disorders. And I also read the research coming out of the CDC. There was such cognitive dissonance there because mercury is neurotoxic. And looking at the dubious types of statistics on kids who received mercury, and those who didn't receive mercury in their infant vaccines, it seemed very evident that the CDC was hiding something.

And then a paper came out by an autism parent and an analyst, Sallie Bernard, [confirming the mercury autism hypothesis](#). Ms. Bernard looked at all of the symptoms of mercury poisoning and she lined them up with all of the symptoms of autism. And there was such a strong overlap there that it shocked me. I was mortified because of what I had done to my son unwittingly, but it really challenged me to look further into this issue. And when I started my analysis, I was looking primarily at mercury in vaccines, and later on it expanded to the timing of the MMR – the measles, mumps rubella vaccine – and then I began looking at other vaccines as well.

Forum: When did the FDA start limiting the use of mercury in vaccines?

Dr. Hooker: The FDA has never curbed the level of mercury in infant and childhood vaccines. The voluntary phase-out of thimerosal from infant vaccines was between 2001 and 2003 after [a joint PHS statement](#) (U.S. Department of Health and Human Services) was issued asking for such a phase-down. In 2004, the flu shot — which in some cases still contains thimerosal — was added to the infant child schedule for 6 months of age and then each year thereafter. During the same year (2004) the flu shot, with or without thimerosal, was recommended for pregnant women in any trimester of pregnancy. Thimerosal has never been completely taken out of vaccines in the US.

Forum: Do we know which vaccines still contain thimerosal?

Dr. Hooker: Some formulations of the flu shot, those in multidose vials, still contain 25 micrograms of mercury via thimerosal. The CDC claims that 93% of all flu shots made in 2021-2022 were thimerosal-free. However, they do not state whether that calculation is made per vaccine dose or per vaccine vial. Indeed, if this refers to individual vials, that would mean that up to 43% of all doses contain thimerosal.

Forum: What is the implication of increasing cases of autism despite the limitation of thimerosal in vaccines?

Dr. Hooker: I believe that vaccination itself is related to autism and that mercury is just one factor that can cause this multifaceted disorder. It should be noted that the vaccine schedule has expanded significantly since 2001 when the voluntary phase-out of thimerosal in some vaccines began.

Forum: If the mercury in thimerosal is a neurotoxin, how does it cross the blood-brain barrier?

Dr. Hooker: I was astounded at the combination of detergents that are used in the manufacturing of vaccines. For example, different forms of polysorbate molecules actually poke holes in the blood-brain barrier. And that allows neurotoxins like mercury, formaldehyde, and aluminum to enter the brain of vaccinated individuals. There have been seminal studies that show when mercury gets in the brain of individuals in the form of thimerosal, its half-life is nearly infinite, so it's really locked into brain tissues. It appeared to me that these vaccines were the perfect mechanism to inject mercury directly into the brain.

Forum: And can mercury be cleared from the brain?

Dr. Hooker: Absolutely. We were very aggressive in finding ways to detoxify my son. But because of his genetic profile, those genes that he received from my wife and me, he had a really difficult time excreting any type of toxic heavy metals. It wasn't limited to mercury, but mercury seemed like it was the worst offender. It's the second most toxic naturally occurring substance on earth, bar uranium. And so we wanted to get rid of the mercury first and we were very intent on that. We did a process called [chelation](#), and it very aggressively removed mercury from my son's body. We also included other types of supplements that were helpful. These were over-the-counter things like [glutathione](#) and [n-acetylcysteine](#) which will actually enter into the brain and cleanse the mercury. And so we did that very aggressively probably from the time he was two years old until he was ten.

Forum: Did you see a difference in your son symptomatically? Was this helpful for him?

Dr. Hooker: Indeed, it was very good for him and I think that it really helped in terms of his challenges later on in life. Some children with autism have a horrible time with puberty and they become aggressive – they may become physically violent. My son can at times be self-injurious, but he has never really lashed out at anybody else. And during those years when you would expect this behavior because these children are in pain, some of that would ramify, but we never really struggled with that and it can be attributed to detoxifying his system. My son is very gentle and very, very kind. And we also saw that in his neurodevelopment while we were chelating him, we saw that cognitively. Even though he does not speak there was a light in his eyes. In some respects, it helped us to get cognitive. It also helped from a social-emotional perspective because we were taking him out of pain. We were removing neurological stress from his body.

Forum: What is the range of onset of autism? Some parents describe one day having a normal child, then after being vaccinated, within minutes, hours, days, or weeks, having a different child. Do you have an understanding of how often vaccination and autism are directly associated?

Dr. Hooker: There are several studies regarding how autism ramifies in young children. One type is called infantile autism where a child appears from birth to have the autistic condition. Then there's regressive autism, where a child stops developing normally; these are children that seem fine and have eye contact, expressive and receptive language, and they have social and emotional interactions with their parents. And then suddenly there's some type of cataclysmic event, and then rapidly after that they regress.

There was a paper that came out of the [University of California at Davis, The Mind Institute](#), which is a very prestigious academic-based organization that is focused on autism. The lead author was Dr. Sally Ozonoff and [she found](#) that by looking at developmental milestones in a group of children, and following them over time, that regression occurred in 80% of the cases. And that is a really strong number – showing that four out of five children have some type of event or something happens that initiates a regression. I would contend that many, if not most of those children who regress have sustained some type of vaccine or environmental injury. Although there are anecdotal reports, there's not a lot of data, and it is a key area that needs further study.

Forum: There appears to be a growing emphasis on biomedical treatment of autism, what is the differentiation between a psychological approach and a biomedical one?

Dr. Hooker: There is the cognitive neuropsychological approach that does not consider other types of symptoms of autism except for neurodevelopmental deficits, social-emotional deficits, and things that solely focus on the neurological. The biomedical approach is different because it looks at what's going on with the whole child. And many, if not most children with autism have other complaints, particularly gastrointestinal issues. This was actually put forward by Dr. Andrew Wakefield in the 1990s. And one of the things that he did that was very important was look at these gastrointestinal issues that were very unique in children with autism. People tend to associate Dr. Wakefield with his questioning the MMR vaccine, but perhaps one of his greatest contributions was the [autism-gastrointestinal connection](#). And parents like myself, we were living through it. It seemed like my son's gastrointestinal system was extremely unstable. He was going through constipation, diarrhea, distress, irritable bowel syndrome – so many different issues, including food sensitivities.

We started very early with biomedical treatment where we were looking at dietary interventions. My son responded very well when we eliminated gluten and [casein](#) from his diet by limiting his intake of wheat, dairy, and also soy. All of these interventions helped to stabilize his gastrointestinal system. On top of that, there was supplementation and chelation in order to get rid of toxic heavy metals. So this was more of a holistic approach that considered autism from a systems perspective – that we term as biomedical rather than neuropsychiatric. A lot of it is allopathic. We were fortunate to work with an [integrated physician](#) starting when my son was very young, and there are a number of effective therapies; chiropractic, naturopathic, acupuncture – there's a real nexus. Underlying all of these approaches are nutrition and diet which are so fundamental in order to continue to heal the gastrointestinal system. It's not a one-time thing; you just have to continue to keep the digestive system as stable as possible, and then that also helps to heal the brain.

Forum: What is the effect of mercury on digestion? Has that been studied?

Dr. Hooker: It's actually been established that mercury toxicity [will promote the overgrowth of candida yeast](#) in the gut. It turns out that yeast is tolerant to mercury, whereas other intestinal flora are not. So when you add mercury to the microbial community, it responds by killing off those bacteria that are susceptible to mercury and allowing those organisms that are not susceptible to mercury like yeast to flourish. Also, some nasty anaerobic bacteria like Clostridia are tolerant to mercury. The gut biome is basically set out of balance when exposed to mercury.

Forum: It's difficult enough to have digestive complaints, but intestinal disorders also diminish the ability to absorb the energy of food. Meanwhile, mercury is crossing the blood-brain barrier causing neurological symptoms, so really there are numerous fronts for the damage that is happening. Without a broad approach to understanding autism, an irrational focus dominates — on finding a single cause and a single cure.

Dr. Hooker: Absolutely. The causation of autism is so multifaceted — and there are so many different stressors. I've met individuals who have come up to me and said, my son or daughter never had a vaccine, yet they're diagnosed with autism. But there are numerous toxins that pregnant mothers, infants, and our children encounter in the environment. If you're close to coal-fired power plants, there's mercury in the air because coal contains mercury. If you are close to manufacturing facilities or freeways, that can also be a risk factor. And then there are countless additives in our food with potential risks. We are increasingly exposed to glyphosate, which is associated with genetically modified organisms. There are so many insults to our children. And I think one of the ramifications besides just neurodevelopmental disorders in general, is this increase in autism. My son didn't get vaccinated in a vacuum.

So there were other toxins that we had to consider. Not only were we getting rid of mercury, but he had a high load of antimony, which is in fire retardants that are applied to baby's clothing and bedding. We had arsenic in our water, so we were looking at that. We lived in an area in the Pacific Northwest that had naturally high-occurring uranium in the soil, so we were concerned about that as well. Considering the toxic burden that these children were exposed to in the 1990s, and only increasing in this century, I think that the causes of autism are really multifaceted.

Forum: There's some research connecting autism and acetaminophen. Have you looked at those studies?

Dr. Hooker: The connection between [autism and acetaminophen](#) has been affirmed just recently. I remember our pediatrician telling us, after a vaccine, if your child has a fever give them Tylenol. And it turns out that was the worst possible remedy that could be given. [Acetaminophen also impairs sulfation](#), a process physiologically that actually tags and removes toxins. Sulfate groups attach to toxins directly, and that is how the body identifies them. It's a coded tag for elimination through the renal system – or through bowels, hair, skin, and nails. If you impair sulfation, as Tylenol does, then the body doesn't know that something is a neurotoxin and it will continue to circulate.

Forum: Are glyphosates problematic as well?

Dr. Hooker: Yes. [Glyphosates are especially insidious](#). They become a surrogate for the amino acid glycine, they're very similar in structure. And glyphosate gets incorporated instead of glycine. They appear especially in animal products that are rich in protein like pork products. Even in pharmaceuticals, there is sometimes a substrate of pork collagen. Because collagen is primarily glycine, it's laden with glyphosates, which have been used so extensively. We've seen glyphosate in residues and foods, especially in genetically modified foods where they're spraying massive amounts of glyphosate for weed control. We've seen it in vaccines and other biologics. There was a study that was initiated by [Zen Honeycutt](#), and working with other researchers, she found extremely high levels of glyphosate in the MMR vaccine.

Forum: People continue to go to the garden store and buy *Roundup* and spray it around their houses, not knowing the risks.

Dr. Hooker: Absolutely. *Roundup* has been [tied to specific types of cancers](#), and there was a well-publicized lawsuit regarding non-Hodgkin's lymphoma and its association with Roundup. There are now many lawsuits involving glyphosate and cancer, but yet it's still readily available. You can go to your hardware store or your garden store, and you can pick up glyphosate. And not only is it used in genetically modified crops, but it's also [used in the drying process](#) for grains like oats and wheat. When these crops are not quite ready for harvest, regardless of whether they're GMO or not, they'll spray glyphosate on them to hasten the ripening process.

Forum: When your son was diagnosed in the late 1990s, did you know about the incidence of autism? Has there been an increase since then?

Dr. Hooker: The incidence of autism has increased dramatically since the early 1980s. It was estimated as anywhere between one in 10,000 to one in 2000, at the highest level. By the time my son was diagnosed in 1999, it was one in 250. It had increased dramatically, almost tenfold in that short period of time. There's a researcher from MIT, [Stephanie Seneff](#), who looked at the exponential growth curve of autism. She started looking at these numbers twenty years ago, and her predictions have been verified. The latest autism numbers show that the incidence in the United States is one in 36 children, and I believe that's one in 29 boys.

Forum: Is there an understanding of why boys are more susceptible to autism?

Dr. Hooker: Estrogen is protective against heavy metal toxicity such as mercury or aluminum poisoning, whereas testosterone is not. We're also seeing a racial disparity. It's actually more prevalent in African American children where the incidence now is one in 34.

These numbers inspire many questions, but it also generates fear because if this exponential growth continues according to Dr. Seneff's figures, in ten to fifteen years, one in every two children will be autistic – including 80% of all boys. Because the growth curve is potentially so dramatic, we'll have a scenario in our society where you are autistic – or you taking care of somebody who is autistic. I remember thinking to myself, it's going to taper off eventually and we're going to hit some critical mass, but that has not happened. It does paint a very scary scenario.

Forum: There are those who say the increasing number of autistic children has to do with increased monitoring — there's more testing and awareness. What would you say in response to that view?

Dr. Hooker: Autism is really hard to miss. When I take my son out to a restaurant, and with all due respect to him, he can't place his own order or he's not using utensils – it's like missing a train wreck. Saying that it's improved diagnosis revealing the number of cases is not only incorrect, but it also seems duplicitous. How could you really come to that conclusion? Particularly with 60% of all autistic children and adults not functioning independently without some level of lifetime care. There have also been studies, again from the UC Davis Institute, that showed over a 20-year time period that better diagnosing only accounts for under 30% of the true increase in autism. So the increase is being caused by something. There are toxic environmental factors, things that are injected, breathed, or ingested – that are driving this epidemic.

Forum: One would imagine that the CDC, aware of these increases for decades, would have some sense of where the problem lies and what the causes are. The rejection of the possibility that it's environmental toxins including those in vaccines, suggests at a minimum, negligence. Would you agree with that?

Dr. Hooker: The CDC'S response is wholly inappropriate. I would go as far as saying that their negligence is criminal because they completely sidestep the whole issue of causation. They published a paper in March of 2023 on the autism incidence for children who were born in 2012. They look at the children until they turn eight years old, and then it takes about two or three years for them to complete their analysis, which seems excessive to me. But in that paper, there is absolutely no commentary regarding what's driving the very stark statistically significant increase in the rates of autism.

I worked with a whistleblower, Dr. William Thompson from the CDC. In his comment when I asked about autism causation, he said that the CDC was completely paralyzed regarding the question of autism because it always led them back to vaccinations. So because they could not ever consider that vaccines could be driving the autism epidemic, then they were simply not going to go there. And they were not even going to look at other factors. I mean, thank God that researchers outside of the CDC have actually looked at things like glyphosates and acetaminophen. At least that research is moving forward.

Forum: Studies and reports on the MMR vaccine are extrapolated to generally confirm that childhood vaccines do not cause autism. Are these studies as conclusive as they are presented?

Dr. Hooker: There are myriad studies that attempt to indemnify the MMR vaccine, especially the CDC's hallmark study from 2004 on the MMR vaccine and autism. The abstract concludes there's no relationship between the timing of the MMR vaccine and autism in a

cohort of children that they looked at in metropolitan Atlanta. But yet when you look at the tables, it shows something very different. Particularly for males and overall, for those children who received the MMR as infants. These children were significantly more likely to get an autism diagnosis than those where the children waited until they were at least three years of age. It's right there in black and white and it's statistically significant.

The authors state these higher numbers had to do with special education requirements, with those children who were already diagnosed with autism and had to get the MMR early in order to be a part of special education programs in the city of Atlanta. First of all, there's no requirement that those children have to get the MMR. In fact, it's illegal and goes against the [Individuals With Disabilities Education Act](#) (IDEA). And so first it was preposterous, and second of all, if that was the case, then they would see the effect in both males and females. It would be a consistent effect, but they only saw it in males. And when you look further, they saw it primarily in African American males. So it would not be a special education requirement that would drive that increase in the rates of autism. And this is one of the seminal studies that the [Institute of Medicine](#) uses to say that vaccines don't cause autism, and it is terribly flawed. When you look under the veneer, along with what the CDC whistleblower exposed to me, it was also fraudulent. They actually hid results from the public regarding the effects of the MMR vaccine, specifically on African American children.

Forum: The [New York Times reported](#) on Robert F. Kennedy Jr.'s presidential candidacy, and they used a few of these epidemiological studies to conclude that his questioning of vaccines had no basis. Yet they are all about the MMR vaccine and certainly don't consider his other concerns about vaccine safety or environmental toxins.

Dr. Hooker: Yes. Many of [these studies](#) are designed not to find an effect. There are about 12 in total that I've reviewed; some of them were ecological, where you were just looking at population-based data. Some are what we would call cohort studies where you were looking at a population or a sample of children, some who received the MMR on time, and some who received it late. Others may have not received it at all, but each was designed not to find an effect. And one of the main studies was done by Dr. Christon Madson in 2002, and it appeared in the New England Journal of Medicine. I went back and looked at the numbers of autistic children in that study, and the authors made simple errors - there's an arithmetic inconsistency between the different tables that they provide.

In this often cited study from Denmark, they've got a variable amount of autistic children who were vaccinated versus children who are autistic and unvaccinated. And so it's never quite clear exactly how many children in the study were already autistic who received the MMR vaccine - or how many did not receive the MMR vaccine - because none of the tables are consistent with each other. Also, there were two different types of MMR vaccines that were distributed in Denmark over the time period of the study, and there was never any type of control or allowance for that. Also, the study was funded directly by the CDC - an agency that is conflicted and appeared to be working overtime to minimize any type of relationship between the MMR vaccine and autism.

Forum: It is unusual that safety studies aren't presented in defense of vaccines.

Dr. Hooker: It's very rare that you'll find a safety study for a vaccine that used a true placebo control. When you do a study for the FDA for the approval for a drug or a biologic - and a vaccine is a biologic - then you need to make sure that you have two blinded groups in your study; one that receives the vaccine and the other group receiving a saline placebo.

With vaccines, even with a double-blind study, the FDA has accepted different or flawed standards.

In the case of the [Gardasil vaccine](#) against HPV in women, approved in 2006, the control group received the same aluminum adjuvant that was in the Gardasil vaccine. So instead of having a pure saline placebo group, they had an aluminum placebo group. And this happened to be an aluminum adjuvant that had never really been tested. The results of this study showed 3% of the women in both the vaccinated and control groups responded with some type of autoimmune disorder. So they concluded there was no difference between the groups, and moved forward claiming there was no problem. But that certainly leaves a question: where did this 3% come from and what would the results be if the control group actually got a clean saline placebo?

Forum: With the growing number of recommended childhood vaccines, the possibility of side effects and damage grows. What is the number of vaccines that children are supposed to get?

Dr. Hooker: Well, right now there are 74 different individual vaccinations given to protect against 17 different diseases by the time they are 18, including COVID-19, which is on the childhood vaccination schedule for infants as young as six months of age. And I do believe that they're approving yearly boosters now for the COVID-19 vaccine. I may be underestimating the number of vaccines, but by the time a child is one year of age, they've received 26, so the plurality – a very large portion of the vaccines – are given to infants.

Forum: Considering just how many vaccines are recommended, from numerous manufacturers, and how many batches there are with differentiating amounts of potentially toxic substances in them; what's needed in order to make a better evaluation of their risks?

Dr. Hooker: First of all, I would make sure that there was always a saline placebo control. I think that that's fundamental to any type of clinical trial or study. When you look outside of the realm of vaccines and consider the evaluation of other types of treatments, that is the norm. Yet with vaccines, there's a willingness to skip this because there's always an emphasis and scare that you're delaying life-saving vaccines from children or adults. But it's unethical to do so. Even with cancer drugs, there's a placebo group in stage three and stage four cancer patients who don't receive the drugs – in order to establish safety. Somehow placebos are appropriate for cancer research, but it's not needed for vaccines. Public health officials are tolerating vaccine approval without double-blind safety studies – and are talking out of both sides of their mouths.

The other thing that I would do is make sure that these studies were long-term. We just saw how the clinical studies for the COVID-19 shots, when they were rapidly rolled out under emergency use authorization, lasted for a duration of anywhere between 10 to 14 weeks. So you do not know what's going to happen with these patients long term if they receive a COVID-19 shot because they simply stopped following the unvaccinated individuals. In some cases, they actually got rid of their control group by offering the vaccine after 10 weeks, which appeared duplicitous to me. They essentially destroyed any type of longer comparison between individuals who received the vaccine and the control group who did not. I hesitate to ascribe motive to that, but it seemed like something was afoot there that they were possibly covering up. There were a number of questionable practices and hidden results. For example, we now know from previously unreleased clinical trial data that there were inferences from animal studies pointing to cardiac events and cardiac damage due to

the COVID-19 shot.

Forum: Is there any indication that in addition to other concerns, the COVID-19 vaccination could initiate neurodevelopmental disorders, including autism?

Dr. Hooker: It's very difficult to tell because an autism diagnosis comes later. Still today, the average age for an autism diagnosis is about 42 months or three and a half years. And so it's difficult to know how these children will respond after getting an mRNA vaccine. I fear that it's going to be very cataclysmic as these vaccinated children grow older. I also fear cardiac damage because repeated vaccination is associated with myocarditis and pericarditis in younger individuals. The age group that seems to be primarily affected by that is 16 to 19-year-old boys, and perhaps even slightly older males. I have not seen a robust study regarding cardiac damage in children, and that really scares me.

Forum: Is there research that confirms contaminants or metals in the COVID-19 vaccines?

Dr. Hooker: There have been studies that show particulates in the COVID-19 vaccine associated with the manufacturing process. There are also studies where they've looked at the vaccine microscopically, and I've seen some images that show particulate contamination which concerns me. Whether it's naturally occurring or intentional, it's just not good for you to have microscopic pieces of metal in something that is being injected into your body.

It has also been established that the body can reverse transcribe the messenger RNA into DNA and that DNA can be incorporated into the human genome. So I'm really concerned about that. And I'm concerned for women who received the COVID-19 vaccine during pregnancy and for men and women who received it prior to conception. What are they passing on through their genes to an unborn child? So there are a lot of unanswered questions about mRNA, and the lipid nanoparticles accumulating selectively in women's ovaries. It's going to take years to be able to unravel this, not only due to possible contaminants but also the known components that are in the vaccines.

Forum: If a reporter approached you and honestly wanted to fully understand this subject before rejecting the candidacy of Robert F. Kennedy Jr., how would you recommend wrapping your head around this debate?

Dr. Hooker: I direct people to studies, of which Mr. Kennedy has a full understanding, that considers the entire vaccination schedule. There are three main studies that have been done on this and the incidence of developmental delays, neurodevelopmental disorders, autism, ADHD, sleep disorders, and speech and language disorders.

[The first study](#) was done by Dr. Anthony Mawson. He actually did a series of two papers on the vaccination schedule and different disorders, including neurodevelopmental disorders. [That paper](#) came out in 2017 in the Journal of Translational Science. And he showed that autism rates were at least five times higher in the vaccinated group compared to the completely unvaccinated group.

I did a [follow on study](#) with Neil Miller, who's a medical journalist, that was published in 2020. It appeared in the journal, *Sage Open Medicine*, and we looked at vaccines during the first year of life. And what we found was children who received any vaccine in the first year of life compared to those that didn't, were twice as likely to get a developmental disorder diagnosis. By the time they were eight years old, they were four and a half times as likely to

get a diagnosis of asthma by the time they were eight years old. And then they were twice as likely to get recurrent ear infections.

The third study was done by Dr. James Lyons-Weiler and Dr. Paul Thomas, who [published their findings](#) in the *International Journal of Environmental Research and Public Health*. They affirmed the results of Mawson and my results with Neil Miller using a different type of analysis where they were looking at the number of doctor's office visits for these different disorders. Unfortunately, this last paper was retracted by the journal.

The journal said that Dr. Paul Thomas, a medical doctor, was biased toward finding an association between vaccines and conditions like autism. They retracted the paper after some months after it had been on the journal's website. It's completely unmerited.

These are the three studies where they look at the entire vaccination schedule, where we see definitively, statistically, and significantly - a relationship between the vaccination schedule and neurodevelopmental disorders like autism.

If you don't [look deeper](#), you'll only find the CDC website page that says, [Vaccines do not Cause Autism](#). The only things that they present are weak arguments about thimerosal and the MMR vaccine. That's all they've looked at in rejecting any other association. With a herculean leap in logic, the CDC applies this to the entire vaccination schedule. They focus on one component, they look at one vaccine, and then suddenly they take that and extrapolate it - and state that vaccines don't cause injury. It's just a logical fallacy.

Forum: The vehement denial from the CDC is suspicious. How do you personally deal with the aggressive defensive approach to this topic?

Dr. Hooker: I want individuals who are genuinely questioning, who want to learn about this subject, to do a deep dive into the science on both sides. That's a message that I want to make clear - and it counters the message repeated through the COVID-19 era. We were told to trust the experts, trust the science, and the scientists. Fundamentally, we need to question everything. That's how things move along. If we were trusting science in the Middle Ages, then the Earth would still be considered flat. Science moves on and progresses because we question it, we test it, and we generate hypotheses. We test those hypotheses and theories and learn more.

I encourage individuals to look closely at the pronouncements that say that vaccines don't cause autism. Consider the veracity and viability of the studies on both sides. Look at the completeness of the science saying that there is a relationship between vaccines and autism. And once you do that, the important questions and answers will begin to appear.

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