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New Vaccines Still Cause Autism and the U.S. Government Knows It

By Richard Gale and Dr. Gary Null
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Today in the US and a growing number of other countries, the official policy is that any scientific study, regardless of its methodology, quality, author credentials, and peer-reviewed process is summarily dismissed as incomplete, irrelevant or unsupported if it finds a connection between any vaccine or combination of vaccines and autism spectrum disorder. Even when the CDC's own immunologist, Dr. William Thompson, whistle-blows and provides thousands of pages of scientific data and research proving a vaccine-autism connection, the matter is rapidly shoved under the table.

In the case of Dr. Thompson's release of confidential documents to a Congressional subcommittee, the CDC intentionally concealed their evidence that African American boys under 36 months had a higher risk of autism after receiving the MMR vaccine. The documents also proved the CDC has know for a long time that neurological tics, indicating brain disturbances, were associated with thimerosal-containing vaccines, such as the influenza vaccine.

We have also known for over fifteen years, thanks to a Freedom of Information Act filing, that CDC officials, vaccine scientists on the CDC's vaccine advisory panel, the WHO and private pharmaceutical executives met secretly for two days at the Simpsonwood retreat center near Atlanta to deliberate on the Verstraeten research's findings proving thimerosal's role in the rise of autism. The meeting was held for the specific purpose to find ways to prevent the findings from reaching the public, and spin and manipulate the data to disprove a vaccine-autism connection.

More recently a private medical consultant, Barry Rumack MD, was hired by the FDA to review that status of mercury levels in children with an emphasis on childhood vaccines. According to his findings, "at no point from birth to 16-18 months of age that infants were mercury levels below the EPA guidelines for allowable mercury exposure.... In fact, according to the models, blood and body burden levels of mercury peaked at six months of age at a shocking high level of 120 ng/L. To put this in perspective, the CDC classifies mercury poisoning as blood levels of mercury greater than 10 ng/L." Dr. Rumack notes that the FDA chose to hide this finding from the public and higher health officials.[1]

Another damning case of government-industry knowledge about a vaccine-autism connection is a leaked December 16, 2011 document from GlaxoSmithKline, one of the world's largest vaccine manufacturers. The text admits the corporation has been aware of the autistic risks associated with its Infanrix vaccine, which combines diphtheria, tetanus, acellular pertussis, hepatitis B, inactivated polio and haemophilus influenza viruses. The report details adverse effects associated with autism, including encephalitis, developmental delays, altered states of consciousness, speech delays and other adverse reactions.[2]

While these events might be considered criminal activities that directly threaten public health, they have had little effect on changing national policy over vaccine safety. Rather, the official denial of any possible association between vaccines and autism has hardened into an absolute dogma. And to date, there is not a single gold standard publication to refute with certainty a vaccine-autism connection.

Unfortunately, the American media has accepted the federal denial as absolute too. Never do we hear the media questioning the veracity and scientific legitimacy of the official doctrine. In fact, the media goes even further, embracing the principles of fake news, to attack scientists, physicians and parents who provide evidence to the contrary. Therefore, what follows is for readers' discretion to review and reflect upon the proof being presented to show an unequivocal relationship between vaccination and autistic disorders.

Unlike the US, the UK and Australia, the majority of the governmental health ministries in the modern industrialized world do not take an official national stance on the vaccine-autism controversy and other serious vaccine-related injuries. Only nineteen countries, including the US, have no-fault policies to the pharmaceutical industry for vaccine injury compensation programs. This is partially due to the American and British health agencies being heavily compromised by private vaccine business interests. The revolving doors and conflict of interests between these federal agencies and the pharmaceutical industry have been well documented.

In the US, the CDC's vaccine advisory community are in the deep pockets of pharmaceutical firms. This is not the case for most nations where independent and scientific integrity in ruling compensation for vaccine adverse events remain the norm. In 2014, French authorities ruled there was a direct relationship between the Hepatitis B vaccine and a sudden rise in multiple sclerosis.[3] In 2012, after a long investigative trial, an Italian court ruled that the MMR vaccine caused brain injury leading to autism in the case of Valentino Bocca.[4]

This ruling was intentionally blacked out by the American media. The Japanese government halted the MMR in 1993 due to rising autism rates.

To date, the US vaccine injury compensation court has paid out approximately $3.1 billion to families of vaccine-victimized children. The actual number of awarded cases nevertheless is very small compared to the large number of claims filed and subsequently denied. Among these are cases related to autism, such as Hannah Poling, Bailey Banks, Ryan Mojabi, Emily Moller, and several others. Many more compensations have been awarded to cases of vaccine-induced encephalitis or brain inflammation, a common event associated with regressive autism. Therefore, within the legal record, contrary to the adamant denials of the CDC and pro-vaxxers such as Paul Offit, vaccines can cause autism.

Thimerosal, the ethylmercury preservative commonly found in vaccines, is perhaps the ingredient with the longest history of controversy. The pharmaceutical company Eli Lily tested thimerosal back in 1930, giving it a clean record of safety even though its own trials had shown it caused serious neurological damage and even death in both animals and humans. During that decade, a competitor vaccine maker, Pittman-Moore, had also conducted toxicological studies with dogs and concluded the preservative was "unsatisfactory as a serum intended for use on dogs."

During the Second World War, vaccines with thimerosal were required to be labeled as

"poison," and later in 1972, Eli Lily itself discovered that thimerosal in doses a hundred times weaker than in a typical vaccine at that time, was "toxic to tissue cells." Nevertheless, the drug maker continued to promote the illusion that thimerosal was safe and highly suitable as a vaccine preservative. Government health officials and vaccine manufacturers to this day have known of the long history of research confirming thimerosal as a toxic poison unsuitable for human delivery. A former leading vaccine developer for Merck had once warned his firm of the dangers of administering mercury-laced vaccines to newborns and infants and declared that the industry knows very well there are "nontoxic alternatives" that were equally effective and could be used to replace thimerosal.

The scientific literature relied upon to discredit thimerosal risks contain serious flaws in trial design and the quality of science. When the father of the modern pro-vaccine ideology, Dr. Paul Offit, goes on the attack to condemn anyone who would suggest a thimerosal-autism association, it is difficult for a rational, objective person to take him seriously. None of the most commonly cited twenty-plus primary flagship studies referenced to discredit thimerosal risks is a biological study. Instead each is either an ecologic or cohort report.

Most of these studies have been independently reviewed and trashed for gross bias, serious design flaws and scientific negligence. The chief author of the ever-popular Danish thimerosal-autism survey is under criminal investigation for embezzling vast funds from the CDC to finance the study. A review of the Danish study's collection methods reveals immediately it was a complete sham. Since these studies are only statistical analyses using a variety of massaged parameters to compare select populations or sub groups within a population, they are highly predisposed to intentional design defects and data manipulation in order to reach a desired result. For this reason ecologic and cohort studies are politically desirable within the vaccine industry and the CDC. Data can be massaged in numerous ways to reach a chosen conclusion.

However, in the real world of hard science, such observational, non-biological studies lack the methodological rigor to establish trustworthy scientific assumptions. In fact, the only conclusion we can draw from the arsenal of studies cited incessantly by the deniers of thimerosal's neurotoxicty is that more comprehensive and rigorous research is demanded.

This is not to say that all ecologic and cohort studies are worthless. There are also many important cohort studies showing a vaccine-autism relationship. Some of these also suffer from poor design. Nevertheless, population studies are inconclusive and should never be used as substantial proof nor the final word to posit nor negate biomolecular activity and adverse effects of any toxic chemical or substance. Only double-blind, placebo controlled biologic research can determine a probable medical certainty. In the case of thimerosal and other vaccine ingredients this requires accurate detection and measurement of toxic activity and its consequences at the cellular level. This is accomplished by observing neurotoxic effects in either of two methods. One is by in vivo studies, which observe the entire living organism. For example, in vivo studies conducted at the University of Pittsburgh report that when macaque monkey infants were injected with thimerosal-containing vaccines equivalent to a human infant's vaccine schedule, they exhibited neurotoxic disorders characteristic of autism. For the first time, an animal model examined behavioral and neuromorpometric consequences of the CDC's childhood vaccination schedule and primates mimicking autistic abnormalities.

The Pittsburgh studied was attacked viciously by the vaccination community. Consequently

it never got past peer-review for publication in a leading medical journal. Every manner of attempt was made to discredit the findings by alleging flaws in the research. Yet, even if there are flaws in the study's design or execution, a biologic trial should have alerted federal health authorities that further investigation and funding is essential to convincingly duplicate Pittsburgh's results or negate them. Instead the study has been denied outright and no efforts have been by the CDC or through NIH grants to launch a more thorough biologic primate study to bring greater clarity to the vaccine-autism debate.

The second method is in vitro studies that investigate a substance's toxicity to cells or tissue in an artificial environment, such as a cultured medium, which are factually known to be related to a serious health or neurological. One critically important in vitro study observed thimerosal's direct association with the deterioration of mitochondria in human brain cells.

In a 2012 issue of the *Journal of Toxicology*, neuroscientists at the prestigious Methodist Hospital Medical Center in Houston published their investigation into thimerosal's toxicological effects upon mitochondria in human astrocyte cells. Astrocytes are the most abundant cells found in the human brain and are critical for maintaining normal, healthy blood-brain barrier function. The researchers observed that vaccine ethylmercury, which is more lipophilic (able to cross the blood-brain barrier) than methylmercury, is readily taken up by the astrocyte's mitochondria, thereby disrupting the cell's respiratory functions and eventually leading to cell death. The researchers observed that astrocytes, when exposed to thimerosal, exhibited extreme signs of oxidation and "highly damaged mitochondrial DNA."[5] This study seems to provide biological evidence to support claims that thimerosal is very likely associated with some incidences of autism.

The influenza vaccine, which continues to use a high mercury level, and the MMR are the two most cited vaccines associated with autism. Yet studies point to other vaccines as well. Doctors at Stony Brook University's Medical Center determined that male infants vaccinated with the Hepatitis B vaccine prior to 1999 have a three-fold higher autism rather. The risk was greater among non-white boys. During the first four year period of the study—between 1997 and 2000—thimerosal was stilled used as a preservative in the Hepatitis vaccine.[6]

Although significant attention is being placed upon the presence of thimerosal in vaccines, most vaccines no longer contain the mercury preservative. By 2001, except for the influenza vaccine, mercury has been either completely removed or present only in trace amounts for all other vaccines given to children under the age 6 months. One would therefore expect that autism rates would noticeably decrease; however, the opposite has been the case. Since 2001, autism continues to steadily rise annually.

The CDC argues that this proves thimerosal is not the culprit. It ignores a 2012 Australian study published in the journal Toxicological and Environmental Chemistry that there is a direct maternal transfer of ethylmercury from pregnant mothers to the embryo/fetus.[7] It remains American federal health policy for pregnant women to receive the flu shot that contains 25 mg of mercury. But vaccinations' association with neurodegenerative conditions was never solely about thimerosal. Another culpable ingredient now conventionally used in most childhood vaccinations, and also associated with adverse neurological effects is the adjuvant aluminum. Since 2000, as thimerosal was being phased out, the aluminum adjuvant burden has increased.[8]

Similar to thimerosal, aluminum is a heavy metal that contributes to oxidative stress leading

to neuroinflammation and microgliosis, an intense adverse reaction of the central nervous system microglia that leads to a pathogenic results characteristic in some ASD conditions.[9] The National Library of Medicine lists over 2,000 references about aluminum's toxicity to human biochemistry. Aluminum's dangers, often found as alum or aluminum hydroxide in vaccines and food preparations, have been known since 1912, when the first director of the FDA, Dr. Harvey Wiley, later resigned in disgust over its commercial use in food canning; he was also among the first government officials to ever warn about tobacco's cancer risks back in 1927.[10]

A common argument against vaccine opponents who blame aluminum for a variety of health conditions, including autism, is that the metal is the third most prevalent element found on earth. What they fail to acknowledge is our gastric-intestinal system is rather impervious to aluminum absorption. About 2% of orally consumed aluminum from the environment is actually absorbed and much of this is later expelled from the body by other means. However, injectable and intravenous aluminum compounds directly entering the bloodstream are a completely different matter. And this is why the use of aluminum adjuvants in vaccines carries a high neurodegenerative and autism risk. Aluminum neurotoxicity in preterm infants after intravenous feeding, which then contained alum, was observed back in 1997 and reported in the New England Journal of Medicine.[11] Thirty-nine percent of infants receiving aluminum-containing solutions developed learning problems upon entering schools compared to those receiving aluminum-free solutions.

Drs. Christopher Shaw and Lucjia Tomljenovic at the Neural Dynamics group at the University of British Columbia have conducted the most extensive research to date in order to determine the neurotoxicological effects of vaccine aluminum, and its correlation with the rise of autism spectrum disorders. There is already a strong correlation between children in countries with the highest autism rates and the amount of vaccine aluminum exposure. The maximum amount of aluminum permitted in a single vaccine dose is 850 mg. However the FDA established this measurement based upon the amount necessary to trigger the vaccine's antigenicity rather than toxic concerns about safety. In an earlier study published in the journal of Neuromolecular Medicine, Dr. Shaw and his team demonstrated that the extreme toxicity of aluminum adjuvant contributed to motor neuron death associated with Gulf War illness.[12]

Another recent 2012 study carried out at MIT and published in the journal Entropy that requires serious further investigation is potentially a combination of aluminum adjuvant and acetaminophen, or tylenol, and the onset of autism. This was noted especially in children receiving the MMR and Hepatitis B vaccines. Both of these vaccines have high incidence of spiking high fevers following administration. It is common practice for parents to administer children's Tylenol to counter vaccine-induced fevers. Although this study was not biologic, rather a review and analysis of vaccine injury data from the CDC's VAERS database. Remaining inconclusive, the study does identify raise an important observation that may explain why autism rates show no sign of decline.[13]

Some of the research to discover aluminum-adjuvanted vaccines toxic levels and their adverse effects have found the following:

- Aluminum inflicts strong neurotoxicity on primary neurons.[14]
- Aluminum-laced vaccines increase the aluminum levels in murine brain tissue leading to neurotoxicity.[15]
- Aluminum hydroxide, the most common form of adjuvant used in vaccines

deposits mostly in the kidney, liver and brain.[16]
- Long term exposure to vaccine-derived aluminum hydroxide (which is today an ingredient in almost all vaccines) results in macrophagic myofastitis lesions.[17]

Vaccine opponents for a long time have focused upon non viral ingredients in vaccines. This has led to a sizeable faction within this community claiming to be pro-vaccine but demanding safer vaccines. According to this argument, simply removing the toxic ingredients such as thimerosal, aluminum, polysorbate 80, formaldehyde and others will make vaccination safe. However this denies other vaccine risks. Significant contamination of vaccine formulas during the manufacturing process is one serious threat that the vaccine industry has no solution to prevent. Today, the fact that a vaccine is likely contaminated with foreign DNA and genetic fragments is a given. The biomolecular and neuronal risks from genetic contamination remains a no-man's land and federal officials have barely begun to tackle this problem.

In addition, since 2000, advancements in virology are now identifying serious risks to the viruses and viral components in the vaccines themselves. Other factors increasing vaccination risk include abnormal immunological reactions in response to vaccination. In 2002, researchers at Utah State University conducted a serological study of elevated measles antibodies and myelin basic protein (MBP) autoantibodies from 125 autistic children and 92 children in a normal control group. MBP has been identified as playing a significant role in the onset of autism. Ninety percent of the MMR antibody positive autistic children were also positive for MBP autoantibodies. The researchers concluded that "an inappropriate antibody response to MMR, specifically the measles component thereof, might be related to the pathogenesis of autism.[18] It is well known that in addition to metals such as mercury and aluminum, viral infections also cause oxidative stress that decreases methylation capacity common in autism.[19]

Although not an extended longitudinal study and with a limited number of participants, Dr. J Bradstreet el al detected genomic RNA from the vaccine's measles virus in the cerebrospinal fluid of children with regressive autism or autistic encephalopathy (AE). In addition each child had concomitant gastrointestinal symptoms previously observed by Dr. Andrew Wakefield at the Royal Hospital London in the 1990s.[20]

According to the World Health Organization, the US ranks 39th in the overall health of its population. A large proportion of this ranking is contributed to the failing health American children, with autistic and neuro-developmental disorders soon reaching 1 in 50.

The public needs to demand a national debate between those who advocate for mandatory vaccination and those who challenge them. More than ever before it is imperative to have this dialogue as privately controlled interests infiltrate the halls of state legislators to lobby for state-wide mandates. It is highly predictable that autism rates will escalate as more vaccines come to market and states mandate the CDC's vaccination schedule. The public needs to be educated about the science and ultimately decide for themselves. In a real democracy, an informed patient should have the freedom of choice in making his or her own health decisions. Today, there is no honest debate, no informed consent, no real science, no transparency of vaccine research, and no accurate statistics. Instead, we have federal health agencies, such as the CDC, on its own website, making false claims, advocating fake news. Finally, it is worse that the powers of federal and state governments are being used to mandate the enforcement of vaccination in a totalitarian manner upon its citizens. This is

not democracy, this is medical tyranny.

Richard Gale is the Executive Producer of the Progressive Radio Network and a former Senior Research Analyst in the biotechnology and genomic industries. Dr. Gary Null is the host of the nation's longest running public radio program on nutrition and natural health and a multi-award-winning documentary film director, including Autism: Made in the USA, War on Health: The FDA's Cult of Tyranny and Silent Epidemic: The Untold Story of Vaccination.

Notes

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[2] https://docs.google.com/file/d/0B-jYsdHZuRhCVXZUbFFlUzdfNGM/edit?pli=1

[3] https://healthimpactnews.com/2014/new-study-hepatitis-b-vaccination-in-france-sparked-a-wave-of-new-cases-of-ms/

[4] https://www.undergroundhealth.com/courts-quietly-confirm-mmr-vaccine-causes-autism/

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[20] http://www.jpands.org/vol9no2/bradstreet.pdf
