

Vaccines and Autism – The Wrong Argument

Introduction

The keys to maintaining any unsafe commercial activity are misdirection, disinformation, big lies, and pervasive propaganda.

To be effective, the commercial interests use persons whom the public trusts.

These spokespersons then promote the activity.

They lie about its risks.

They portray an activity that is less than safe as not only safe but also as a desirable activity.

In the place of proof of safety, these propagandists invariably tout the “lack of evidence of harm”.

In addition, the promoters of an unsafe activity do all they can to bury studies that question the activity’s safety under an avalanche of “recognized” studies that are touted as showing “no evidence of harm”.

Those who benefit from the commercial activity also do all they can to discredit those persons who dare to publish studies that question the safety of the activity.

Further, they use their wealth to buy “experts” who refute any link between the activity and the harm that it inflicts on the “general public”.

Tobacco Products as an Example

In the 1900s, the healthcare establishment and medicine were intimately involved in protecting the use of tobacco products.

In the 1950s and 1960s, there were even commercials in which doctors who smoked promoted the “benefits” of smoking.

Numerous “scientific” studies were published that “disproved” the link between smoking and lung cancer or heart disease.

While the tobacco industry paid for much research, the only studies that the public got to see were those that showed no evidence of harm.

Tobacco executives even testified that they were unaware of any “real” harm from smoking tobacco.

Yet, some appeared to be harmed by smoking.

It took a whistle blowing insider to expose the widespread collusion among the tobacco-product producers to conceal the overwhelming proof of that harm.

The tobacco companies, through their attorneys, had hidden these damning studies behind the veil of lawyer-client privilege.

Moreover, the peer-reviewed, published disinformative and misdirective “scientific” studies that they funded spawned the term “tobacco science”.

This term was so powerful that it became an integral part of the American idiom.

Today, the term “tobacco science” is widely used to describe the misuse of “science” to support any activity, like “global warming” or “healthcare”, in a manner that benefits certain business segments at the expense of the public’s fiscal interests or health.

“Tobacco Science”

Since the early 1960s, we were increasingly exposed to the misuse of statistical “science” and the phrase “no evidence of harm” in the tobacco industry’s efforts to discredit the link between “smoking” and “lung cancer”.

To draw our attention away from the broader issue, the tobacco industry successfully narrowed our focus to the “smoking causes lung cancer” issue.

They did this because, based on the “available” science, this was the hardest link to prove. This is the case because the “causes” of lung cancer are complex; and the delay between starting to smoke and being diagnosed with lung cancer is usually decades.

They did this to draw our attention away from the broader issue. That broader issue was the link between “the use of tobacco products” and “adverse health outcomes”. These tobacco-product-related adverse health outcomes included cancer, heart disease, premature death and other chronic diseases.

Unfortunately, it took until 4 February 1996, when the TV-program *Sixty Minutes* finally aired the revelations of Dr. Jeffery Wigand, an executive-level PhD Biochemist working inside the tobacco industry.

In that *Sixty Minutes* program, Dr. Wigand came forward and provided the American public his knowledge, well known among the tobacco industry insiders, that using addictive tobacco products was unsafe. He also calmly told the American people that smoking tobacco products was causal for, or contributory to, lung cancer, heart attack, and stroke as well as a number of chronic illnesses (e.g., emphysema and “hardening of the arteries”).

Since then, the American public has come to “recognize” that “big tobacco” had intentionally lied to the people for decades about the “safety” of using its tobacco products. Moreover, today that industry continues to mislead the people concerning the safety of its products.

The “Vaccine-Autism Link”

Currently, Americans are watching a similar Kabuki dance.

Today, the pharmaceutical, academic, and healthcare oligarchies and apparently, to varying degrees, various agencies of the federal government are engaged in an intensive misdirective propaganda campaign.

That campaign's apparent goal is to conceal the linkages between our current vaccination programs and the acute harm and chronic disease that the current vaccination programs cause.

These groups are seeking to hide these adverse outcomes behind a false "Vaccines Do Not Cause Autism" façade.

Further, without any real proof of safety, they continue to claim that vaccines are "the safest of medicines".

Unfortunately, the evidence provided by the independent toxicological, animal model, patient case, and epidemiological studies overwhelmingly points to a causal linkage between:

- ◆ Vaccines and/or some vaccine components and
- ◆ A growing number of now epidemic, chronic, childhood, medical conditions.

In addition, though touted as "the safest of medicines", evidence of the real harm that vaccines can cause continues to accumulate in the government's Vaccine Adverse Events Reporting System (VAERS) database. Unfortunately, as our government admits, generally "no more than 10%" of the actual adverse events associated with a given vaccination are reported.

The vaccine propagandists, who now virtually control key aspects of the governmental apparatus, the mainstream media and, increasingly, even the courts, are continuing to successfully misdirect the majority of the American public.

Currently, the American public is being incessantly brainwashed to:

- a. Focus on the "MMR-Autism" and, currently to a lesser extent, the "Thimerosal-Autism" linkages, but
- b. Ignore the epidemic vaccination-related increases in childhood diseases¹ that, as of 2006, now affect more than 1 in 4 of our children.
- c. Consider the Establishment-sponsored epidemiological studies and other biased population studies as if they were valid, but
- d. Ignore the valid independent studies that indicate causal links between the harm observed and the vaccinations received.

In addition, *to discourage independent research*, the Establishment has increasingly engaged in attacks on the integrity, motives and expertise of the independent researchers who have dared to question the Establishment's fabricated realities.

Further, the Establishment has recently increased the volume and intensity of its pro-vaccine propaganda. It has done this in an attempt to drown out the ever-increasing volume of reports of

¹ These chronic childhood diseases include, but are not limited to, severe food allergies and intolerances, asthma, COPD, diabetes, gastrointestinal disease, IDCM, certain leukemias, MS, neurodevelopmental disorders and behavioral problems, obesity, and SIDS.

lifelong disability and death caused by an ever-growing number of vaccines and vaccination program doses to an increasing percentage of our developing children and ourselves.

Unfortunately, no recognized high-level Establishment insider has come forward and been allowed to speak the truth to all Americans on national television about the injury, disability and death caused by our current vaccines and vaccination programs.

The “Vaccination Program—Chronic Disease” Reality

The pharmaceutical industry has been able, through its advertising dollars, to define and control most of the “vaccine safety” information that the American public can see, hear or read. The pharmaceutical industry has been able to do this because, unlike most countries, the federal government has allowed drug companies to advertise its products directly to the American consumer.

The industry has effectively used its money and the influence its advertising money buys to “control” the mainstream media. It has used this clout to bury the “safety” and “chronic disease” issues surrounding our current vaccination programs beneath a tidal wave of industry-favorable vaccine/vaccination propaganda.

Today, if a high-level vaccine-industry insider were to try to expose the links between our current and impending national vaccination programs and the chronic diseases in our children, there probably is no mainstream news media outlet in the USA that would let that person speak to the nation as *Sixty Minutes* did in 1996.

Today, the American mainstream media focuses on the entertainment, advertising and propaganda businesses – it is certainly no longer in the business of investigating its advertisers.

Yet the chronic disease and vaccination program realities remain:

- ◆ From unrecognized in the 1950s², today several chronic childhood diseases and disorders³ are occurring at well above epidemic levels⁴.
- ◆ By 2006, at least one chronic disease afflicted more than 1 in 2 of our children during their childhood and condemned more than 1 child in 4 to at least one lifelong chronic disease.⁵
- ◆ Vaccination programs have been shown to be a major causal factor in the growth of chronic disease rates in the developed countries.

² For this discussion, a disease is considered to be unrecognized if it was either unidentified in the medical literature (e.g., childhood type 2 diabetes) or was reported to occur at a level that was less than 1 child in 10,000 (e.g., autism) in the 1950s.

³ Example chronic diseases and disorders that are currently at or above epidemic levels include, but are not limited to, childhood asthma [at greater than 1 child in 9 { > 11 %}], childhood gastrointestinal disorders [at > 1 in 100 {> 1 %}], and childhood autism spectrum disorders [at > 1 %].

⁴ Accepting that paralytic polio occurred at epidemic levels in the late 1940s and 1950s in the USA and that its maximum incidence rate in children was no more than 1 child in 3,000 ($\leq 0.033\%$), any childhood disease or disorder that occurs at a frequency that is greater than 1 child in 2,000 ($> 0.05\%$) is a medical condition occurring at epidemic levels.

⁵ This statement is based on the results reported for the 2006 NHANES cohort of children.

Instead of addressing the preceding realities, today's mainstream media and governmental officials:

- ◆ Openly attack those who are demanding reasonably safe vaccines “in-use effective”⁶ vaccines,
- ◆ Ignore those researchers who are demanding that any recommended preventive mass vaccination program must be independently proven to be “medically cost-effective”^{7,8},
- ◆ Label those seeking safer, and in-use- and cost- effective vaccines as anti-vaccine,
- ◆ Label those seeking cost-effective vaccination programs as anti-vaccination,
- ◆ Attempt to blame these vaccine-safety advocates and any unvaccinated child for all of the cases of “vaccine preventable” disease in the USA,
- ◆ Seek to paint these advocates for vaccine safety and cost-effective vaccination programs as disease spreaders and/or evil doers,
- ◆ Ignore and/or dismiss the obvious link between one or more vaccination programs and one or more chronic diseases,
- ◆ Hide the reality that all live-virus vaccines infect all who are inoculated with them with the live viruses they contain behind unproven claims that the vaccine's claimed benefits outweigh the vaccine's risks, and
- ◆ Disregard the reality that live-virus vaccines⁹ infect some who have contact with the inoculees or the inoculees' bodily emissions for weeks after the inoculation date.

Yet, the reality remains that the real issue is the obvious connection between the increases in the US recommended vaccination programs and the near-parallel increases in the epidemics of chronic diseases that now affect more than 1 in 4¹⁰ of our children for a lifetime.

In the 1950s, the level of chronic childhood disease in America was so low that the low levels of acute disease (e.g., paralytic polio at ≤ 1 child in 3,000) grabbed the headlines.

Childhood asthma was virtually unknown; and childhood type 2 diabetes had not even been identified¹¹.

⁶ The phrase “in-use effective” means that, after vaccination with the initial series of doses claimed to provide protection and exposure of healthy volunteers to the disease or diseases for which the vaccine is claimed to be protective, those who are fully vaccinated do not contract the disease. Moreover, in general, this disease protection should last for not less than 10 to 50 years and should match the protection level provided by having the disease or diseases in question and recovering from them.

⁷ The phrase “medically cost-effective” means that all of the medical costs associated with any vaccination program must be less than all of the medical costs that were associated with the level of disease occurring in the nation before the vaccination program was introduced.

⁸ In computing the costs, all costs including the worst-case costs associated with the maximum number of vaccinees who will be permanently disabled or die must be properly considered. In addition, beyond the cost of the vaccine dose itself, the vaccine program's costing must also consider all distribution, administration, tracking and recordkeeping costs.

⁹ At present, the live virus vaccines routinely recommended by the US CDC for administration to children include attenuated vaccines for measles, mumps, and rubella; an attenuated herpes varicella zoster vaccine (for “chickenpox” and “shingles”); genetically engineered type A and type B influenza viruses (for “flu”); genetically engineered human-bovine hybrid rotaviruses; and a human-attenuated rotavirus. In addition, there are FDA-licensed live-virus vaccines: vaccinia (for “smallpox”), yellow fever, the Bacillus of Calmette and Guérin (BCG) strain of *Mycobacterium bovis*, and *Salmonella typhi* Ty21a (for “typhoid fever”).

¹⁰ The reported values is 26.6 % in the 2006 NHANES cohort of children followed from 2000 through 2006.

Today, the level of asthma, a chronic disease, in our vaccinated children is greater than 1 child in 9 (> 11 %); and, though our government keeps no exact statistics, childhood type 2 diabetes has increased from < 1 child in 100,000 to more than 1 child in 10,000.

Yet, this news is not covered.

There is no media outcry as more and more of our children become less and less healthy.

The overall health of all Americans continues to decline as chronic disease levels and our recommended vaccination programs show parallel increases.

Instead of the truth, we are simply told that we must accept our children's and our ever-increasing levels of an ever-increasing number of chronic diseases.

We are told we must do this because these growing levels of chronic diseases are “genetic” or “caused by our lifestyle” or “caused by anything other than ‘vaccines’, ‘mercury’¹², ‘adjuvants’¹³, and ‘other vaccine ingredients’”.— none of whose “safety” has ever been independently established to the standard ‘nontoxic’, much less the higher standard of ‘sufficiently nontoxic ...’ to the children and adults given vaccines starting, in many instances, from before their birth and, with increasing frequency, continuing periodically until death.

We are told we must accept that our vaccination programs are “safe” even though:

- ◆ The lifetime safety level has not been established for any one vaccine¹⁴ and
- ◆ The short-term safety of each of our current vaccination programs has not been properly evaluated¹⁵.

We are told we must accept that our government-approved vaccines are safe even though, in some instances, they are knowingly adulterated drugs¹⁶ and, in other instances, government-approved vaccines seem to be knowingly mislabeled drugs¹⁷.

¹¹ This chronic childhood disease was not even recognized in America until the 1980s.

¹² In today's America, the “mercury” in vaccines is principally the Thimerosal in most doses of influenza vaccine as well as in several other vaccines that are less commonly administered to children and adults. In developing countries, Thimerosal, at preservative levels, is still used in most, if not all, of their DTP, haemophilis influenzae, and hepatitis B vaccine doses.

¹³ Adjuvants are mostly insoluble polymeric aluminum compounds but also, with GlaxoSmithKline's HPV vaccine Cervarix®, “organic oil-in-water” compounds, which are known human immune system disruptors that are used to increase the levels of antibodies formed when vaccine antigens are co-injected with them.

¹⁴ To do this, a study would have to be conducted comparing a cohort of not less than 10,000 initially healthy subjects who have been vaccinated to a matched cohort of 10,000 initially healthy never-vaccinated subjects given a “true placebo” (i.e., sterile isotonic saline) for a period of not less than 4.5 years.

¹⁵ To do this, a study would have to be conducted comparing a cohort of not less than 1,500 initially healthy subjects who have been vaccinated to a matched cohort of 1,500 initially healthy never-vaccinated subjects given a “true placebo” (i.e., sterile isotonic saline) for a period of not less than 50 years.

¹⁶ Preserved vaccine formulations for which the manufacturer failed to prove the preservative was “sufficiently nontoxic ... as required by 21 CFR § 610.15(a), where 21 CFR § 610.15(a) is a CGMP regulation and under 21 USC § 351(a)(2)(B), a drug that fails to comply with all aspects of current good manufacturing practice (CGMP) is “deemed to be adulterated”. In general, this knowing failure has been admitted by the vaccine makers and officials of the US Food and Drug Administration.

¹⁷ Vaccines in which the manufacturer knowingly failed to fully disclose the names and amounts of all of the components in a vaccine dose in a manner that, at a minimum, fully complies with all the strictures of 21 CFR § 210.100 for parenteral drugs (drugs that are injected or infused).

In spite of the Establishment's advertising, propaganda, and twisted studies, the American public is increasingly concerned about the "safety" of vaccines and our current Establishment-profit-driven vaccination programs.

Increasingly, the public is beginning to see that our current vaccines and vaccination programs are, *if not the cause*, a major cause of the increasing levels of chronic disease in our children and in ourselves.

Today, many Americans understand that there is an ever-growing linkage between "increasing doses of more vaccines and vaccine formulations" and "increasing levels of chronic disease".

Yet, the Establishment pro-vaccination propaganda, misrepresentations, and personal attacks continue along with the increasing number of vaccinations and growing levels of chronic disease in our highly vaccinated population.

In contrast, *though the Establishment refuses to study them*, there appears to be a much, much lower level of chronic disease in our initially healthy, never-vaccinated children.

Hopefully, the American public will soon wake up and demand that we stop all changes to our current vaccination programs until each current vaccine is independently proven to be "reasonably safe" and in-use effective, and all of the current preventive mass vaccinations programs are proven to be medically cost-effective.

Then, let all vaccines that are not reasonably safe or are "deemed to be adulterated drugs" be withdrawn from the market. For those that are reasonably safe but are currently improperly labeled (misbranded), let the manufacturer correct the label to fully comply with all applicable laws without any government-granted exception or withdraw the vaccine from the market.

In addition, we should demand that all vaccines that are not in-use effective in preventing at least 90% of those who vaccinated with them from contracting the disease they are intended to prevent should have their licenses revoked.

Further, for vaccines that are reasonably safe and in-use effective, we should demand that any mass vaccination program using them be reduced to a program that is medically cost-effective.

For those programs that cannot be made both in-use effective and medically cost-effective, we should demand that the federal government immediately revoke any recommendation for all such programs.

Then, the states should revoke any vaccination mandates for any vaccine that is "not reasonably safe"; "not in-use effective"; or "not medically cost-effective".

Additionally, the public should demand that all those involved in the manufacture, licensing or approval of any vaccine that is not reasonably safe and in-use effective be prosecuted under the RICO¹⁸ statutes for colluding to damage the financial and physical health of the American people.

¹⁸ RICO is the acronym for the "Racketeering, Influencing, and Corrupt Organizations" statutes as set forth in 18 USC Sec 1961 et seq.

The public should also demand that all who colluded with the industry to recommend any mass vaccination program that is not medically cost-effective should be similarly prosecuted.

Finally, to ensure that only reasonably safe vaccines are developed, licensed and approved for any use, the protections afforded to the vaccine manufacturers by the National Vaccine Injury Compensation Program (NVICP) be stripped from the law and all federal governmental agencies be banned from indemnifying the manufacturer of preventive vaccine for the harm its preventive vaccines can cause.

Then and only then, will the American public be able to begin trusting that the remaining vaccines are:

- ◆ Reasonably safe,
- ◆ In-use effective, and
- ◆ If recommended for mass use, cost-effective.

Then, the reality that “vaccination programs” and/or the “components” that one or more vaccines contain do cause chronic disease will slowly fade into our past.

All that will remain is the sad historical reality that there was a time in American history when our vaccination programs and/or the components that one or more vaccines contained caused epidemic levels of chronic disease.

Until then, let us engage in the correct argument: increases in vaccination and/or vaccine doses have caused and are causing increases in chronic diseases.

Let us begin this argument by demanding an industry-independent national study that, by birth date, compares the health of all those children 6 to 18 years of age in the USA who were born here, have exclusively lived here, were initially healthy at birth, and have never been vaccinated to the health of a fully matched cohort of initially healthy children who have been fully vaccinated.

Until:

- ◆ The safety and in-use effectiveness of all FDA-licensed vaccines can be proven against a true placebo for all safety assessments and against a disease-challenge using healthy volunteers for in-use effectiveness,
- ◆ The cost-effectiveness of all the currently recommended vaccination programs can be established when all costs, including 10 times those for all reported adverse events in VAERS, are considered, and
- ◆ The proposed “never vaccinated”—“fully vaccinated” study can be completed, published and its findings confirmed by independent outside reviewers,

let us demand that, *at a minimum*, using today’s no-Thimerosal vaccines, the US national childhood vaccination recommendations and state mandates be rolled back to those recommendations and mandates that were in effect in 1980.

About the writer, Paul G. King, PhD

Paul G. King, PhD Analytical Chemist, is a scientist who has:

- ♦ *Intensively studied:*
 - the use of mercury compounds in medicine,
 - vaccines and
 - vaccination programsfor more than a decade,
- ♦ *Expressed his concerns about various vaccines and vaccination programs in articles that are referenced on his Internet web site, <http://www.dr-king.com> in the “Documents” section starting in 2004 – with most of these being available for download,*
- ♦ *Established that he supports mass vaccination programs only when the vaccine has been proven to be reasonably safe, in-use effective, and clearly medically cost effective in the USA or other nation where medical cost-effectiveness^A has been clearly established when all of the costs, including the costs of all of the vaccination-associated adverse events, have been properly considered.*
- ♦ *Sorted out the underlying science to the extent that he could find such from all of the published information available from those with differing views about the vaccines currently recommended by the CDC as a prophylactic health measure for most of the current vaccines in the current US-government-recommended vaccination programs for children from before birth to 18 years of age and adults from 18 years of age and up^B.*

*If any, after reading this article, the cited documents, or any other article published by this reviewer, you find any significant error for which there is unbiased science that clearly supports your alternative view, then, by all means, send your alternative view and the supporting documentation to me through dr-king@gti.net and, if your studies are truly unbiased, this author will be glad to: **a)** modify his views accordingly and **b)** publish an updated article reflecting his modified views and crediting you and the unbiased supporting documents you submit.*

If you find areas where the text in this review has grammatical, spelling or word-usage errors, please let the author know so that he may appropriately correct them and publish an appropriately revised version of this article.

For additional information about Dr. King, his interests and his other scientific writings, the reader can also visit the Internet web site, <http://www.dr-king.com/>.

^{A.} In general, Dr. King has come to oppose approval of any mass vaccination program on a “societal cost” basis because such predeterminations have been repeatedly shown to overestimate the cost savings from the vaccination program.

^{B.} Though slightly dated, for a general comprehensive overview of Dr. King’s science-supported general views about various aspects of most of the US-government approved vaccines and recommended vaccination programs in 2008, the reader should download the September 2008 report by the Florida Department of Health (http://mercury-freedrugs.org/docs/autism_rept_9-16-08.pdf) from the CoMeD Internet web site and Dr. King’s 2-part October 2008 review of that program (http://dr-king.com/docs/081017_DrftRevuPrt1ofSept2008FLDoHReprt-b.pdf and http://dr-king.com/docs/081017_DrftRevuPrt2ofSept2008FLDoHReprt-b.pdf) along with his November 2008 response to the New Jersey Department of Health and Senior Services (http://dr-king.com/docs/081105_PGKdrftRespnsToNJDHSSPostnOnS1071_ConscintsExmptn_f.pdf), which updates one of the tables in the Florida review and addresses the issues and misrepresentations about the “conscientious exemption”, and carefully read these documents.