

So I sent it firstly to PeerJ Preprints on 23<sup>rd</sup> February 2016. I uploaded in both their preferred format (double-spaced single-column with line numbers) and a format with double columns as is typical of most published papers. Three days later, not having had any reply notification, I checked their website which said:

“This manuscript has been rejected as unsuitable for publication. I apologize that we cannot consider your submission. You may find that it is better suited to submission at bioRxiv (<http://biorxiv.org/>) or F1000 research (<http://f1000research.com/>).”

Having already ruled out the F1000 option I then sent it to bioRxiv (after adding “?” to the title) and got this reply:

MS ID#: BIORXIV/2016/041517

MS TITLE: Autism, adult disability, and ‘workshy’:

Major epidemics being caused by non-gamma-2 dental amalgams?

Dear Robin P Clarke;

We regret to inform you that your manuscript is inappropriate for bioRxiv as it is not a research paper being prepared for submission to a journal.

Thank you for your interest in using the bioRxiv service.

The bioRxiv team

And yet this rationale for rejection reads oddly in the context that their website states that:

“authors are able to make their findings immediately available to the scientific community and receive feedback on draft manuscripts before they are submitted to journals.” And their Submission Guide states that:

“An article may be deposited in bioRxiv in draft or final form, provided that it concerns a relevant scientific field, the content is unpublished at the time of submission, and all its authors have consented to its deposition.”

“All articles uploaded to bioRxiv undergo a basic screening process for offensive and/or non-scientific content. Articles are **not** peer-reviewed before being posted online.”

And need I remind you that on sending the same content to numerous “peer-reviewed” journals, they had critiqued it as though it was indeed a “*research paper being prepared for submission to a journal*”, rather than declared that it was not. So who’s telling the truth here?

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## Nonsense and yet more nonsense about vaccines



*“There’s no smoke without fire”* – several million undiagnosed fools

For some people there just isn’t enough real evil nasty lying going on, so they have to imagine some more into existence to make up the shortfall. This tendency seems to manifest more or less equally in both “sides” of the vaccines-autism controversy.

*“Boyle suggested manipulating the data by adding 1 and 2 year olds to the data set - kids too young to have an ASD diagnosis - in order to dilute the danger. She belongs in prison.”* (Age of Autism, 2012)

But in reality the supposedly incriminating email can be seen to show her suggesting the exact opposite, removing the younger children in order to de-dilute the danger. The supposedly evil email supposedly warranting her imprisonment seems to me to have no unworthy content at all. Rather just doing her job properly (on this point at least).

Meanwhile on the other side of the divide, consider for example an article by “Orac”, one of the most rated critics of the vaccine-

blamers, titled “The intellectual dishonesty of the “vaccines didn’t save us” gambit” (Gorski, 2010). He accuses another author of “it doesn’t get more intellectually dishonest than that”, for allegedly hiding away and misrepresenting the relevant “Figure 8” (my Figure 6.1 below). And yet that figure in reality rather obviously strongly *supports* the claim of uselessness of measles vaccination, rather than undermining it (which might be why the pro-vax Canadian regime have since stopped showing it to readers of their immunization guide). I think this is an example of a phenomenon which I have repeatedly observed, of self-convinced “skeptical” people who are so blinded by their deluding bias that they can’t see the clear evidence even when they are looking directly at it.

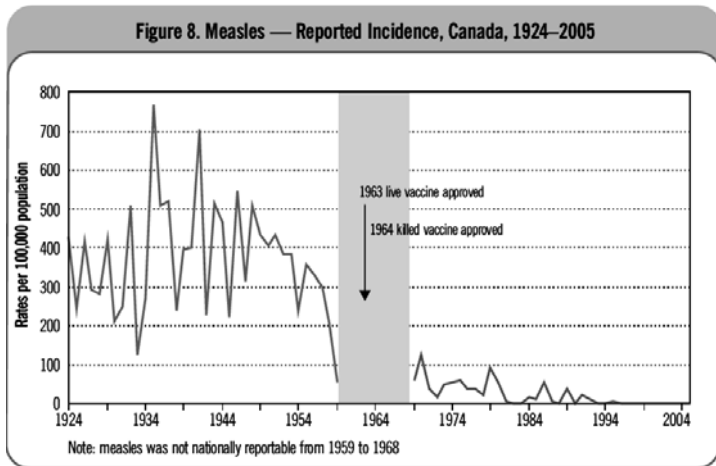


Figure 6.1. Measles data from Health Canada..

And note how the graph shows that Health Canada cancelled the collection of measles data for precisely the nine years just around when the vaccine was introduced, but at no other time. How come they became least interested in the measles data *exactly just then*? Really? Can I be a sucker too please.

Do vaccines cause autism? Few if any other questions in science have generated so much angry dispute and continue to do so. Here two entrenched ideological armies confront each other with no inclination towards ever reaching any compromise. Just about everything one hears or reads on the subject falls categorically into one or other of two camps.

On the one hand the medical authoritocracy insist that it has been clearly proved that vaccines do not cause autism. Many (or

even most) even claim that there has not been any increase of autism (re which see my Chapters 2, 3, and 12 here). On the other hand an opposing camp insist in unison not merely that vaccines do sometimes cause autism, but that the increase of autism (aka “vaccine-damaged children”) has been proven to be caused by vaccines. Accusations of callous evil profiteering lying fly in both directions.

I disagree with both of these opposing viewpoints. It disappoints me that I consequently find myself in such a solitary position with no congenial group of collaborators to chat with (let alone be chatted up by). But I have to tell it as I see it. The only “personal baggage” I bring to this table is that I originated the antiinnata theory some years ago. But that theory recognises that a whole variety of factors can be causal in autism, and its coherence and credibility does not have any dependence on whether or not those factors have included some or all vaccines or none. Ultimately my only interest here is to discover the truth and the most credible (and thus hopefully flattering to my reputation) interpretation of the data.

We should first clarify what the question is or questions are. “Do vaccines cause autism?” is not the same as “Did vaccines cause the autism increase?”. Furthermore I remind you of what I wrote in Chapter 2 about theories. It is tempting to think that “vaccines cause autism” is one single theory. But in reality it dubiously clumps together a whole group of separate theories of the general form “vaccine x causes autism under conditions z”, where x and z can stand for a whole variety of predicates. For instance “MMR can cause autism if given before age 3”, or “Thimerosal-containing vaccines can cause autism if the mercury dose exceeds 150mcg.”

### **Paul Offit — the world’s leading vaccine expert?**

And now, where to begin? Perhaps with one of the most obnoxious books ever written, namely “Autism’s False Prophets” by Dr Paul Offit (Offit, 2008). Not least because this highly-promoted volume seems to open a remarkable window on the moral perspective of some of those who defend vaccine “science”.

Offit’s book is heavily preoccupied with creating unpleasant portrayals of the people whose views he opposes – the “false prophets” of his title. I personally don’t incline much towards entering into such “ad hominem” criticism. But in this case there seems to be a huge hypocrisy which cannot be allowed to go unmentioned. Normally in any scientific (or at least medical science) publication, it is considered absolutely mandatory that authors state what real or potential conflicts of interest they may

have. Commercial connections for instance. And yet in this book which goes on and on about the supposed unworthiness of Andrew Wakefield, Mark and David Geier, Boyd Haley, and others, this author fails to mention that he himself has personally earned millions of dollars from his rotavirus vaccine patent (which he personally himself voted onto the US vaccine schedule), and apparently stands to earn yet more millions from in due course. Anyway, let's give Dr Offit the benefit of the doubt.....

The trouble with authoring a big book is that unless you are painstakingly conscientious (or unreflectingly honourable anyway), you could in any one of the thousands of sentences unwittingly betray an unworthy mentation you would prefer to keep hidden. Let's now take a look at Exhibit A, namely pages 57-59 of "Autism's False Prophets". Note halfway down page 58 where Dr Offit quotes the words of Richard Horton:

**"The public is entitled to know as much as possible."**

Now note how Paul Offit deals with these words (as shown in Figure 6.2 here). Does he express any agreement with the concept? No, not the slightest. Does he instead express any disagreement with the concept? No, not the slightest agreement or disagreement, or approval or disapproval is expressed by Dr Offit. Or does he present any argument against Horton's claim that "the public is entitled to know as much as possible"? No, not the slightest (and perhaps because there is no defensible argument that could go there). One does have to wonder whether he could be feeling shy of saying what his actual attitude is here. But, in what looks to me like an attack of writer's panic at those Holy Words of Honesty shining embarrassingly out of his page 58, he also fails to hide his true attitude in these pages, as I will now explain.

Offit immediately follows Horton's quoted words with the word "But...". That doesn't exactly come across as a ringing endorsement.

But it gets worse. That "But" is the first word in a sentence which contains two brazen untruths. Firstly it refers to "Wakefield's history of holding press conferences". Here Offit is misrepresenting Wakefield's *one* previous press conference on Crohn's disease into a whole "*history* of holding press conferences" in the plural. Secondly, it refers to "ignoring the warnings of an accompanying editorial". But it was the very same Lancet editor Richard Horton who commissioned and published that editorial which Offit is here blaming that same Horton for "ignoring". The vast majority of scientific papers do not have such an accompanying "warning" editorial. Only if Horton had excluded rather than published that editorial then there might indeed be grounds for complaint against him about it.

contrary.

Richard Horton later published two books discussing his role in the controversy, *MMR Science and Fiction: Exploring the Vaccine Crisis* and *Second Opinion: Doctors, Diseases, and Decisions in Modern Medicine*. Five years after he had published Wakefield's paper, Horton was unrepentant. "There [is] an unpleasant whiff of arrogance in this whole debate," he said. "Can the public not be trusted with a controversial hypothesis? The view that the public cannot interpret uncertainty indicates an old-fashioned paternalism at work. The public is entitled to know as much as possible." But by ignoring the criticisms of several reviewers, the warnings of an accompanying editorial, Wakefield's history of holding press conferences, a British press primed for controversy, and a public distrustful of public health officials, Richard Horton allowed parents to question the safety of a vaccine based on flimsy, irreproducible data. The loss of public trust that followed was entirely predictable. "It was a stunning error of judgment," opined David Salisbury. "It is hard to believe that the paper was properly reviewed. On the link with MMR, it was a complete mess, and had a chance of being correct that was about zero. [Horton] bears a considerable burden of responsibility."

Learning little from his encounter with Andrew Wakefield, Richard Horton has published papers in the *Lancet* claiming that genetically modified foods damaged rat intestines, silicone breast implants induced harmful antibodies, and casualties sustained

Figure 6.2. Part of page 58 of "Autism's False Prophets".

Not satisfied with a double untruth in his first sentence, Offit then goes on to declare that "The loss of public trust that followed was entirely predictable." But wouldn't a more accurate accounting for loss of public trust be that so many people involved have failed to honour Horton's principle that "The public is entitled to know as much as possible"?

Offit provides the coup-de-grace to his own credibility with the way that he not only avoids commenting on Horton's statement but also immediately sets about a vitriolic condemnation of its messenger in the several hundred words that follow it. And also precedes it with a pageful of more dis-enthusiasm against that messenger.

It is impossible for any sane person to study these pages without seeing that Offit has some major personal problem with

Horton's concept that "The public is entitled to know as much as possible". Offit fails to make any direct comment on it, no approval, no agreement, no argument against it, but instead that "But" and two untruths immediately following on as part of an extended raging expression of utter contempt for the messenger who is made out to have behaved outrageously unethically and thereby personally to blame for a (supposed!) major health catastrophe.

So now we can only conclude that Paul Offit does not work to the principle that "The public is entitled to know as much as possible." Which raises the question of what he thinks we should not be told. And of what point there is in reading a book written by someone who prefers that we should only be told a censored account of the scientific evidence.

It appears that there are many who believe that Dr Offit is an evil liar who falls soundly to sleep at night gloating over how rich he has become at the expense of his gullible victims. But I'm not sure that's true, that it's that simple.

Excessive amounts of too-easily-gained wealth tend to delude a person that they are somehow far more superior, intellectually and morally, than they actually are. It seems to me that Dr Offit, along with other such "superior" persons, reckons that human society divides into (a) their minority of superior persons who are properly qualified to handle the full bare information of a subject, and (b) the remaining majority who are inferiors who therefore need to have their knowledge and understanding carefully managed by a process of selective publication. And this can even require telling those simple-minded inferiors some untruths and illogicalities in the service of guiding them thereby to main conclusions which are more beneficial in their outcomes. Thus these superiors tell untruths not with any evil intent but only in order to kindly help their inferiors – or at least that's the self-serving way they see their untruth-telling. So maybe it should *not* be referred to, pejoratively, as *lying*.

I'll here just give this alternative ?ethical? position the name of "info-nannying", and come back to it later in this book.

Offit's book uses a peculiar "shy" system of citation of sources, which gives no citation indications on the text pages, but only in a section at the back (as in Figure 6.3 here). This peculiar system has been used in almost no other scientific/medical books, especially not in any which deal with contentious matters. It is ideal for misleading your readers about what is your mere false assertion rather than what is genuinely evidence-based – as in the following examples?

(The next paragraph contains the word "chelation". This is officially pronounced *key-lay-shun*, but some including myself tend

to have difficulty learning this.)

Several of Offit's fallacies are deployed in an attempt to dismiss as pseudoscience the notion that many autism cases have been cured by removal of mercury by chelation. Note that this is a hugely important issue here, the question of whether there is an easy cure for a very serious lifetime disability. And in my experience there has been a great deal of propaganda devoted to pseudo-debunking of perfectly sound safe treatments which just happen to threaten the profits of the medical corporatocracy.

| 7. BEHIND THE MERCURY CURTAIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 273 |
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| 145 Handley and neurodiversity bloggers: E-mail from J. B. Handley to <a href="http://neurodiversity.com">http://neurodiversity.com</a> , October 11, 2005.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |
| 145 IOM and chelation: Institute of Medicine, <i>Immunization Safety Review: Thimerosal-Containing Vaccines and Neurodevelopmental Disorders</i> , 47.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |
| 146 Tariq Nadama death: "Deaths Associated with Hypocalcemia from Chelation Therapy—Texas, Pennsylvania, and Oregon, 2003–2005," <i>Morbidity and Mortality Weekly Report</i> 55 (2006): 204–7; K. Kane: "Death of 5-Year-Old Boy Linked to Controversial Chelation Therapy," <i>Pittsburgh Post-Gazette</i> , January 6, 2006; "Drug Error, Not Chelation Therapy, Killed Boy, Experts Say," <i>Pittsburgh Post-Gazette</i> , January 18, 2006; V. Linn, "Parents of Children with Autism Discuss Results of Chelation," <i>Pittsburgh Post-Gazette</i> , August 29, 2005; J. C. Yates, "Autistic Boy's Death Raises Questions About Medical Treatment," Associated Press, August 26, 2005; K. Kane and V. Linn, "Boy Dies During Autism Treatment," <i>Pittsburgh Post-Gazette</i> , August 25, 2006; M. Fitzpatrick, "When Quackery Kills," <a href="http://www.spiked-online.com">http://www.spiked-online.com</a> , November 4, 2005; "PA Files Disciplinary Charges in Autistic Boy's Death," Associated Press, October 31, 2006; B. C. Rittmeyer, "Police Raid Mercer County Doctor's Office," <i>Pittsburgh Tribune-Review</i> , April 12, 2007; J. Mandak, "Doctor Charged in Autistic Boy's Death," Associated Press, August 22, 2007; R. Plushnick-Masti, "Doctor to Trial in Autistic Boy's Death," Associated Press, November 16, 2007; K. Kane, "Doctor Who Used Chelation Therapy Charged in Autistic Boy's Death," <i>Pittsburgh Post-Gazette</i> , August 23, 2007. |     |
| 147 Rescue Angel on chelation: Cited in Linn, "Parents of Children with Autism Discuss Results of Chelation."                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |
| 147 Gismondi on criminal charges: Cited in Mandak, "Doctor Charged in Autistic Boy's Death."                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |
| 147 D. L. ... M. W. ... H. O. ... R. B. ... et al. "Activation of Merhi-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |

Figure 6.3. Part of a page of Offit's book using the shy citations system.

A first fallacy is Offit's notion that mercury removal could not possibly enable recovery from mercury-induced injury. Offit's



rationale is that “Once a brain cell is damaged by a heavy metal like mercury, it is permanently damaged” (page 145). And thus removing the mercury cannot reverse the “damage”. And “therefore” chelation for autism cannot work and must be mere quackery.

Firstly, let us for the moment take as accepted Offit’s false notion that “damage” of neurons must be involved in autism. Immediately after this critique of the science he presents his scare-anecdote about an utterly irrelevant case of incompetent misuse of *sodium* EDTA (well-known to be a highly inappropriate, deadly, choice of chelator): “And then the unthinkable happened.....” (Arrgghh!!!). Curiously he gives *twelve* citations for that ONE utterly irrelevant scare-drivel anecdote (in which he helpfully misleads the reader into assuming that it was the normal *calcium* EDTA), and yet in respect of his key assertion about damaged cells, there is *no* citation of evidence sources whatsoever. But of course that’s not really a problem as it is the Infallible True Prophet Offit who is proclaiming it, in whom the reader has been given total faith by this stage. I leave to you to judge whether or not those twelve drivell citations were padded in there to hide the non-existent evidence about “damage”. But in my experience that’s how propaganda trickery regularly works (see e.g. the UK COT’s deliberately deceitful statement against vitamin B6, in respect of which I’m still awaiting that promised claim for libel).

All manner of body cells have extensive systems in place for repairing themselves. They’re doing it all the time. So on quite what basis does Offit assert that neurons “damaged” by mercury cannot be “repaired”? And why does he cite no evidence for this key, highly-heretical assertion?

(Offit would perhaps have you believe that he did indeed cite evidence, in his quotation of the IOM saying that “Because chelation therapy is unlikely to remove mercury from the brain, it is useful only immediately after exposure, before damage has occurred.” But that sentence is merely theoretical speculation rather than any evidence that “damage” is involved in autism let alone is permanent. And it is common knowledge that considerable brain damage from stroke can indeed be recovered from.)

But anyway, Offit errs more fundamentally, by making that false assumption that mercury neurotoxicity can work *only* by irreparably “damaging” neurons, with no other neurotoxic processes involved. In reality mercury has potential to affect neurons via its pro-oxidant effect, and via its interference with the many enzyme pathways that involve zinc. And last but not least, mercury binds to DNA and thereby reduces gene-expression, which I have long argued is the main way that mercury causes autism.

The mechanism by which mercury causes autism therefore does not have to involve any irreversible “damaging” of neurons. So lowering the mercury levels, such that the DNA has less of it part-time binding and inhibiting the gene-expression required for normal development, would indeed enable recovery, providing it is done before the brain has become too fixed by maturation. Offit’s reasoning is therefore doubly incorrect.

You can also see that on page 115 (refs page 269) Offit cites the Nelson and Bauman paper but fails to give the citation of the Bernard et al which it attempted to debunk, nor any mention of the authors’ later resounding rejoinder. I leave you to form your own judgement about this selective mentioning of only one side by such a highly-qualified multi-millionaire. Especially given the seriousness of the subject, potentially trying to deprive tragic victims of a uniquely valuable therapy, *and* Dr Offit’s heavy financial interest in the question of the safety of vaccines.

Offit further deploys that misinformation there in a second false argument in terms of autism and mercury poisoning being “two disorders”. And yet an elementary knowledge of mercury toxicity tells us that there is far from being just “one disorder” that constitutes “mercury poisoning”. I can only guess this heroic multi-millionaire was too busy struggling to make ends meet to find the time to properly study what he was publishing about.

A third false argument of Offit is his comparison of autism epidemiology with other epidemiology (on pages 110-111). He states that epidemiology of side-effects of certain vaccines was able to show up even the causation of some very rare hazards (intussusception, thrombocytopenia, and Guillain-Barré syndrome) resulting from them, and so “therefore” the epidemiological studies of autism would have this same power to utterly rule out even very slight involvement of vaccines. But the epidemiology of autism is affected by two starkly obvious major complications which did not affect the epidemiology examples cited by Offit. Firstly, autism is *very* far from being something that can be clearly “yes/no” identified in the way the above-named three conditions can be. Secondly, the autism epidemiology data has huge variance, far from all of it explained, but reasonably suspected to be caused by some changes of awareness and of diagnosis, and or by other environmental factors such as dental mercury (as made clear in other chapters here).

That is, the autism data has a huge level of “noise” in it, preventing hearing of the tiny whisper signal which Offit claims could be clearly not heard. Or in another analogy, the autism data is a very crude unfocussable lens through which to search for the tiny pinpoint he claims ought to be visible if vaccines even rarely

caused autism. Or in a third analogy, the autism data is like a choppy sea on which we cannot reasonably expect to notice even a whole cupful of additional water.

So again, we see a third crudely incorrect argument from this highly-qualified, highly-awarded author who has made millions from touting his own highly dubious, highly profitable, liability-evading, forcibly-imposed pseudo-medical products. Sadly it would take up much too much room here to give justice to the full extent of the abysmalness contained in this one book of Offit's, let alone the rest of his output.

But it is important to note that none of that debunking of Dr Offit's hollow rationales can constitute any proof that any autism has indeed been caused by vaccines.

[Update: Offit has now been exposed as falsely accusing a journalist of sending nasty emails and lying, in addition to his including an entirely fabricated interview in his book. (ocregister.com, 2011)]

### **And on the other hand....**

Meanwhile from the opposing camp in this tragic war, we are assured that there is a huge international cover-up of loads of clear proof that vaccines have caused the huge increase of autism, aka "vaccine-damaged children".

You will surely have heard the expression "conspiracy theories", and you will have noticed how it is used in a context of contempt as if such "conspiracy theories" are only believed by silly people with several bits missing from their brains. Conspiracy theory "nutcases", etc.

Most people have little or no experience of politics, campaigning, or what goes on behind the closed doors of corporations. Anyone who *does* have such experience is well aware that conspiracies and cover-ups and misinformation operations are what goes on almost *all* of the time. And the media's cliché expression "conspiracy theories" is just another misinformation tool used to keep the uninformed even more uninformed. Only the ignorant and fools dismiss *all* conspiracy theories.

But you also have to bear in mind that conspiracy and cover-up is the kneejerking norm in politics and corporations to the extent that these people lie and cover up even when there isn't actually any embarrassing truth needing to be lied about or covered up anyway. And so "There's no smoke without fire" is a mantra for the naive rather than the discerners.

So, even if there is evidence or even proof of a conspiracy of deceit on the question, that conspiracy could not constitute any

actual evidence on the main question of whether or not any vaccines have caused any autism. We have to look at the specific scientific evidence for that.

Some very notable and relatively competent researchers, most notably Boyd Haley and Bernard Rimland, have taken the view that the evidence points strongly to vaccines being the cause of a huge increase of autism. (And I have already shown you the clinching evidence of the increase in Chapter 3 here.) So I need to also answer the question of why those researchers have ended up at what I consider to be that wrong conclusion. Dr Haley has set out his position quite well in a comment which has been copied to various places on the internet:

“Below [is] my rationale (not exclusive to me) for pointing directly to thimerosal in vaccines as the major cause of the increase (but not the only contributor) .

1. The toxin has to be one that affects boys more than girls.
2. The toxin exposure has to occur before 2-3 years of age, including in utero time (excludes most exposures from eats, drinking and drugs).
3. The toxin had to increase in the time frame of 1988-90.
4. The toxin had to increase in all 50 states at the same time (follow the US Dept. of Education Individuals with Disabilities Act data).
5. The toxin had to be able to cause the pleotypic toxic effects as evidenced by the multiple biochemical abnormalities observed in autism by direct or secondary effect mechanisms. Some examples would be low glutathione levels (Dr. James), aberrant methylation (Dr. Deth), low sulfate levels (Dr. Waring), abnormal urinary porphyrin profiles (Dr. Nataf), low Molybdenum levels, elevated neopterin levels (Dr. Nataf), etc.

I would strongly suggest that elevated mercury exposure via thimerosal is the only causal factor as it can explain explicitly all of the 5 items above.”

Haley’s rationale there is well-reasoned, but nevertheless flawed. Haley, along with Rimland and others, was aware of the autism increase but completely unaware of the crucial change of dental amalgams to the non-gamma-2 type as discussed in my Chapter 3 here. This was hardly any great offence of incompetence on their part as just about no-one was told about this change anyway. Even most dentists haven’t even heard of the change to non-gamma-2

even though they implant the evil stuff in victims' mouths every day.

Haley and Rimland were nevertheless aware of reasons to implicate some new source of mercury in the cause of the autism increase. And because they were unaware of the change of dental amalgams, and being taken in by the ADA's/FDA's simplistic rubbish about amalgam having been "used safely for 150 years", the only change of mercury they could identify was the thimerosal in vaccines.

In Dr Haley's list of five points, "the toxin" can sensibly be identified as mercury. And yet the inference that "therefore" it must be from vaccines is unsound, because it could instead be entirely from the non-gamma-2 amalgams instead. And furthermore, crucially, Haley's point 3 is misinformed. You can see in Chapter 3 that the increase does not just happen in 1988-90, but rather had already started by 1980, and continued long thereafter, and in 1988-90 just continued the ongoing approximately exponential up-curve.

### **And how not to graphically illustrate an epidemic**

A picture, or graphical evidence, can often speak much louder than any number of numbers or words (a view you will see reflected in several chapters of this book). And yet many people successfully come to very unsound conclusions on the basis of seriously muddled attempts at making informative graphs.

So I will try to provide a little remedial course here on the correct and incorrect use of graphical data. Please accept my apologies if this section comes over as far too condescending or alternatively far too above your head!

My two graphs on the front cover of this book (basically Figures 5 and 7 from Chapter 3) are charts of time-trends of health statistics, a type of graph which I find particularly interesting. But I've been far from unique in my interest therein. Such charts can be very useful or can be seriously misleading, depending on how competently (and honestly) they are composed.

Important questions which arise in respect of such graphs include the following.

1. How narrowly selective is the extent of the time-axis? (Like, what was happening earlier or later?)
2. Or conversely, has the graph-maker confused the picture by squashing too many decades into too few inches of visual space?
3. Are all the baselines zero or not?
4. Does the graph show the *crude actual numbers* of cases or instead the more useful *ratio* of cases per 10,000 of population?
5. Does the data shown for a particular year mean the number for those born in that year (i.e. the incidence for that "birth-year

cohort”) or instead the “actual” number for those alive in that year (i.e. the cumulative prevalence)?

6. Does a particular datapoint reflect hundreds or thousands of cases (in which case it will be very “accurate”), or instead just a handful (in which case it will have a high randomness and margin of error, thus not worth taking too seriously with declarations such as “then it went down again!”)?
7. Do any measurement artifacts (such as under-reporting) need to be taken into account?
8. Are the verbal assertions about the graph justified by the actual data-series lines in it?

Generally-speaking, a competent graph should:

1. show all the relevant (or available) range of time-axis;
2. but not much more;
3. have only zero baselines;
4. show ratios per population rather than crude case numbers;
5. show birth-year cohorts rather than cumulative numbers (if the condition is being theorised as due to a peri-natal cause rather than from an immediately-concurrent cause such as fever from infection);
6. be based on reasonably large numbers of cases (at least hundreds) or if not, then at least include some form of error-bars to indicate the lack of confidence of exactness of reflection of the underlying potential reality;
7. have an accompanying indication of any artifacts that might confound the data.

In respect of the first point concerning the time axis, Figure 6.4 here could be useful to look at. This chart was published by Mark Blaxill in about 2001 to illustrate the apparent link between amount of vaccine mercury (thimerosal) and the rate of autism births. It admirably satisfies most of the criteria I’ve stated above. It gives a very credible impression that the autism was caused by that mercury. Some people are still citing it 14 years later.

But see what happens when I re-plot that same mercury data alongside a fuller (and updated) time-range of autism data, as in Figure 6.5. You can see then that the autism increase was already well under way before the thimerosal increase, and continued upwards even after the thimerosal started going down. The 2001 graph also errs in failing to take into account that the recorded autism rates were declining at the end not due to a real decline but only because the autistics get registered only after some years of delay. You can also see this recency decline artifact in Chapter 3’s Figures 3, 4, 5, and 6.

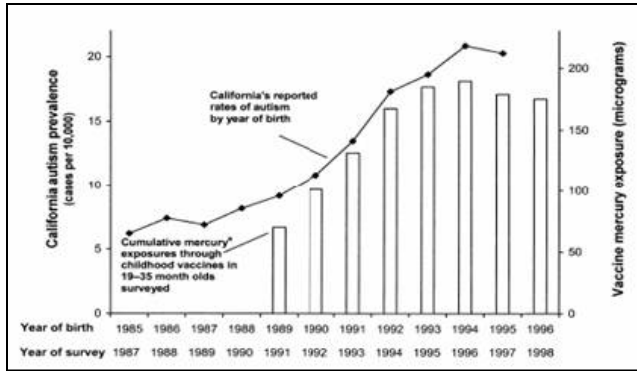


Figure 6.4. Blaxill's ~2001 chart of autism and thimerosal.

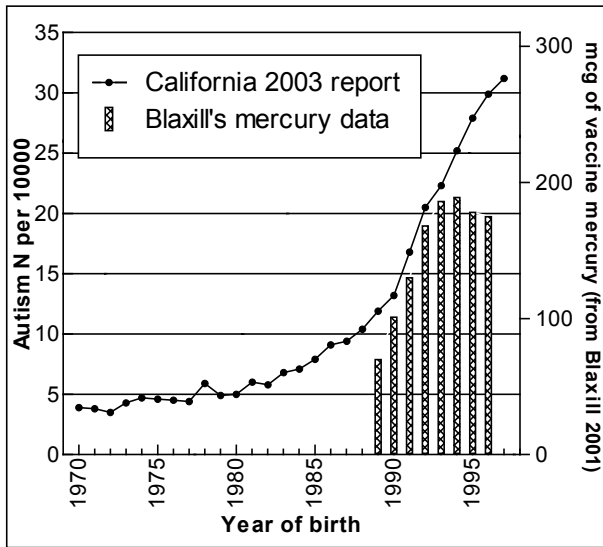


Figure 6.5. My own improved version of Blaxill's chart.

Looking at my improved graph namely Figure 6.5, it is difficult or impossible to discern any impact of the thimerosal on the autism increase which is just a steady approximately exponential (accelerating) curve which just carries on getting steeper and steeper. And can be fully understood in terms of dental mercury anyway (as explained in Chapter 3).

Note that the graphs I have just been talking about use two y-axis scales (the y axis being the vertical axis) so as to give a scale of the mercury on the one side and the amount of autism on the other side. This is a very common arrangement you will need to be aware

of in various other graphs in this book and elsewhere.

By the way, it has been pointed out that this California DDS data is not necessarily reliable for making judgements of the causality, as it is merely enrolments rather a scientific survey. However, as I pointed out in Chapter 3, the three prevalence studies in Sweden's Gothenburg collide rather exactly with this curve, from which it can be reasonably suspected to have considerable validity. Besides which, otherwise there must be some remarkable flukes of coincidence in the various graphs I show in Chapter 3.

Turning now to the mistake of counting crude actual numbers of cases rather than ratios of the population, illustrative of this matter is another of the autism graphs which was majorly cited around 15 years ago. Variations of the graph shown in Figure 6.6 here were used for arguing that MMR vaccine (which never contained mercury) had caused a rise of autism in both the UK (lower series) and the US (upper series). There are things majorly wrong with it. Firstly, the use of crude numbers which fails to separate out the impact of a rapid increase of California's population at the time. You would hardly guess it but that California data in that Figure 6.6 is *exactly* the same as the California 1999 data shown in my Chapter 3 Figures 3, 4, and 5. I myself did the conversion of that data from cases to ratios and as far as I'm aware no-one else ever has. And it makes rather obvious that there was not some remarkable consequence of the introduction of MMR in 1978, but only initially a very gradual increase which only years later got a lot steeper.

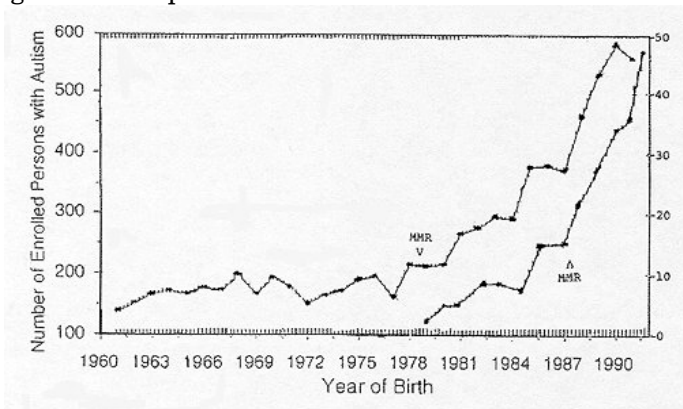


Figure 6.6. A chart of autism data circulating circa 2000.

The same graph commits an even greater offence in that the UK data has a zero baseline (indicated on the right), but the California data is given a baseline far above zero, at 100, thus



further misleading the reader of the true relationship between these series. In fact there is manifestly something unsound about that UK data (from GP reports) as it seems to imply that autism was almost non-existent in 1978, contrary to far more credible evidence from other studies.

The mistake of using cumulative data rather than birth-year-cohort data is passably illustrated by a graph recently being shown on some websites, shown here as Figure 6.7. This graph is being claimed to show that the autism increase has been caused by glyphosate herbicide. There is reason to consider the highly-toxic persistent carcinogen glyphosate (aka “Roundup”) to be one of the most evil substances ever made and which needs to be criminalised and banned as soon as possible, but I don’t see the remotest sound evidence that it has ever caused any autism. It is anyway difficult to seriously consider it as “the” major causal factor because that fails to account for the strong involvement of mercury in most modern autism (as was reviewed in Chapter 3).

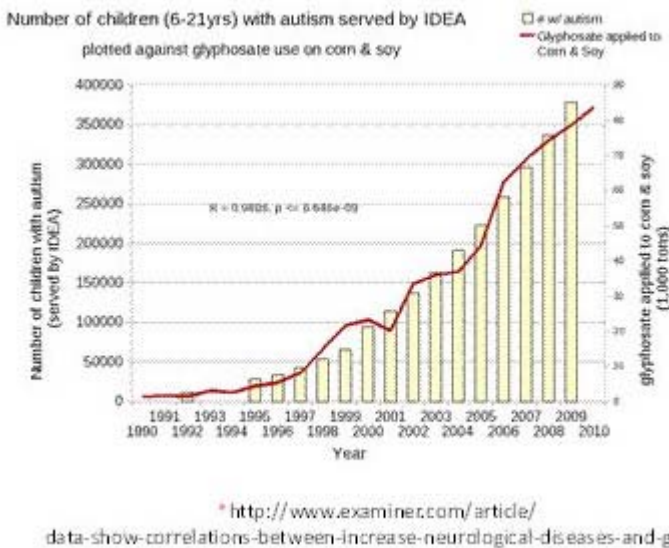


Figure 6.7. A graph of glyphosate and autism, as published on various websites.

To help with understanding the mistake of using cumulative (actual total) numbers instead of birth-year-cohort ratios, the following analogy might be useful. Suppose that you are currently destitute but I kindly decide to pay you a million dollars a year, from now on for the foreseeable future. Your cumulative wealth, your “number of dollars”, will then rise steeply every year, by about a million dollars a year minus however much you spend of it. But

that's even though your income is not increasing at all but instead is entirely flat at one million dollars per year.

Likewise the glyphosate graph of autism goes steeply upwards in recent years and yet the number of infants *newly becoming autistic* increases very much less rapidly. It's just that that number becoming autistic is now at a regularly huge level compared to 20+ years ago.

But maybe the graph is still correct in using the cumulative autism numbers? The graph is stated to be of the number of children aged 6 to 21 years. The problem with that is that it assumes that twenty-year-old children can be caused to become autistic twenty-one-year olds if the glyphosate reaches a certain level. And that is out of line with the normal experience that children aren't becoming autistic at such later ages, but generally in the first two or three years at most, because it's a *developmental* condition. An equally serious problem with the graph is that the increase of glyphosate had hardly got started by 1997 whereas the autism had already been majorly increasing long before then. Again, the graph misleads because it does not include the proper full relevant range of years. The graph gets a wonderful very high correlation between corn/soy glyphosate usage and autism, with very high significance (low p-value) but such a correlation founded on what is in effect a cherry-picking of entirely wrong data anyway is devoid of the supposed implicational capability.

For these reasons, the graph does not even remotely constitute substantial evidence of causation of autism by glyphosate. But does constitute good evidence that glyphosate has *not* been the entire cause of the increase of autism, if any cause at all anyway.

My next example of deficient graph-reading also illustrates the point I made at the start of this book, that there isn't a simple dichotomy between good competent people on the one hand and bad incompetents on the other. Indeed that there's also no neat dichotomy between those who get everything wrong versus those who get everything right. Dr Lucia Tomljenovich resigned from her job rather than follow orders to collude in fraud in a pseudo-study of statins pseudo-medicine. She has since published a paper arguing that aluminium in vaccines has caused a major amount of autism (Tomljenovich & Shaw, 2011). Again an impressively high correlation emerges, from which one could easily conclude this to be strong evidence that aluminium caused all that autism. (Again, I consider injecting of toxic aluminium to be a seriously improper thing to be doing anyway, but the question here is whether it has caused an increase of autism, or for that matter any autism at all.)

Anyway, Figure 6.8 here is their graph as appears in their

paper, and you can see the straight lines which they envisage to be the reality behind their dots. But you might just notice there's just something a little strange about those dots and straight lines.....

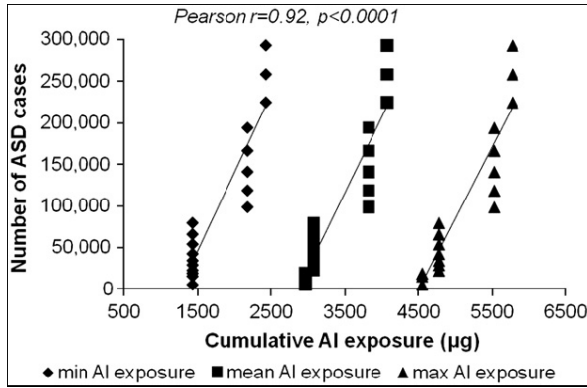


Figure 6.8. Aluminium and autism as per the graph in the paper by Tomljenovich & Shaw (2011).

Actually their original graph is made rather complicated by their conscientiously including three separate datasets, for minimum-, maximum-, and average- possible amounts of aluminium. So I will use some “electronic tippex” from my Office 2000 to convert it to a simplified graph of just the “average” dataset, in Figure 6.9.

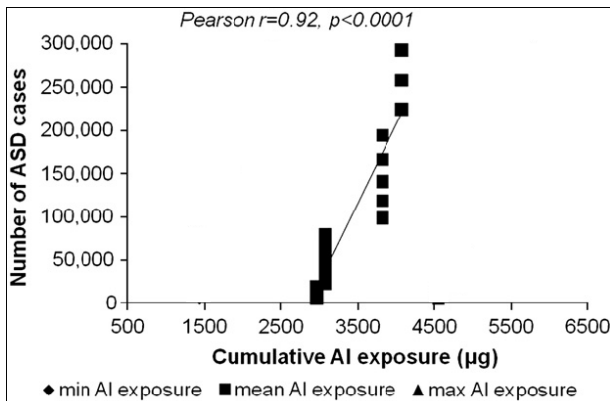


Figure 6.9. My simplification of Figure 6.8.

Note that their graph is not a graph of change of autism over time, but instead of autism plotted against dose of aluminium. There's nothing wrong with that in principle, but..... well, let's see

what emerges when I take exactly the same data (kindly forwarded by Dr Tomljenovic) and re-form it into just another of my graphs of how things change over a period of years.

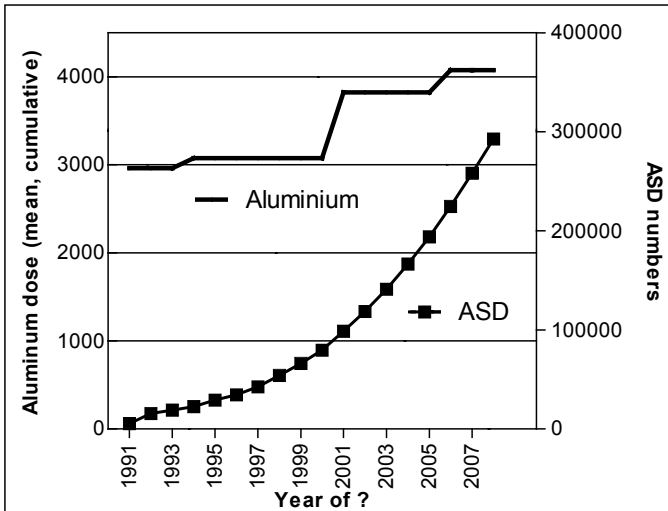


Figure 6.10. My time-series graph of the data of T & S 2011.

My Figure 6.10 shows the result, that is their actual data of changing amounts of aluminium plotted alongside their data of changing numbers of autistics. Can you see what's wrong with it? Well, it should have the autism stepping up in line with the aluminium steps. But it shows nothing of the sort, but instead the autism just curves upwards with not the slightest impact of the aluminium's steps. From this it is difficult to avoid the conclusion that the amount of aluminium is not the slightest bit causal of the level of autism. Again, T&S's data actually proves the exact opposite of what you might have thought, notwithstanding their impressively high correlation and significance level. (Actually science tends not to absolutely "prove" things, but in this and other cases it does get very near to doing so.) (I could correct their raw autism numbers into birth-year-cohort ratios but it would do little to rescue their aluminium theory anyway.) I think the key thing about T&S's own graph is that it needlessly omits the time data, the years for which these observations were made.

I come next to an example of mistake number 2, of squashing too many years too close together to get a proper view of what's going on. You know if you use a telescope rather than a microscope you aren't going to see any bacteria, but that doesn't mean you've found any evidence that they don't exist.

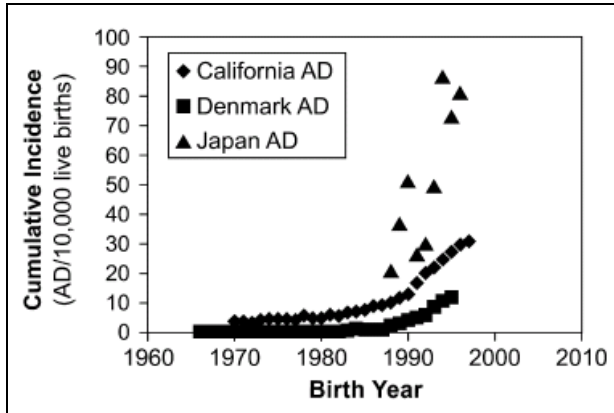


Figure 6.11. Graph from McDonald & Paul (2010).

Much has been made of two papers supposedly constituting really whopping evidence that vaccines caused the autism increase. These are McDonald & Paul (2010) and Ratajczak (2011). The first of these features a very small, squashed graph (Figure 6.11 here), which fits 50 years into barely 2 inches (6 cm). This can be very misleading because it tends to make a gradual upwards curve look like a sudden upward jerking change of direction.

M&P, inspired by earlier claims that autism started rising in 1988, analysed the graph of autism increase to find a changepoint at which a steeper straight line followed after a previous more level line. They concluded that a changepoint had indeed occurred at 1988. The problem with this sort of analysis is that just about any gradual curve can have a couple of straight lines plonked on it, which can then look plausibly correct and indeed calculated to be quite highly correlated. But it doesn't follow that those two straight lines actually enlighten us as to what actually happened. Take a look at my Chapter 3 graphs, Figures 1 to 6. In all those graphs, nothing special about 1988-9 stands out; the exponential increases merely go on getting gradually steeper.

Ratajczak (2011) managed to find not just one but three of these supposed changepoints, each coinciding with one or other supposedly salient change of vaccination protocols. I quote:

"Autism in the United States spiked dramatically between 1983 and 1990 .... In 1988 .....a spike of incidence of autism accompanied the addition of the second dose of MMR II. .... An additional increased spike in incidence of autism occurred in 1995 when the chicken pox vaccine was grown in human fetal tissue"

Meanwhile, the website of Sound Choice Pharmaceutical Institute gives us basically the same message, accompanied by the Figure 6.12 here which supposedly illustrates its truth:

“In the US, autism has spiked up in 3 distinct years, called changepoints. The first changepoint occurred in 1981, the second in 1988, and the third in 1996. These spikes coincide with the introduction of vaccines that are produced in aborted fetal cells.”

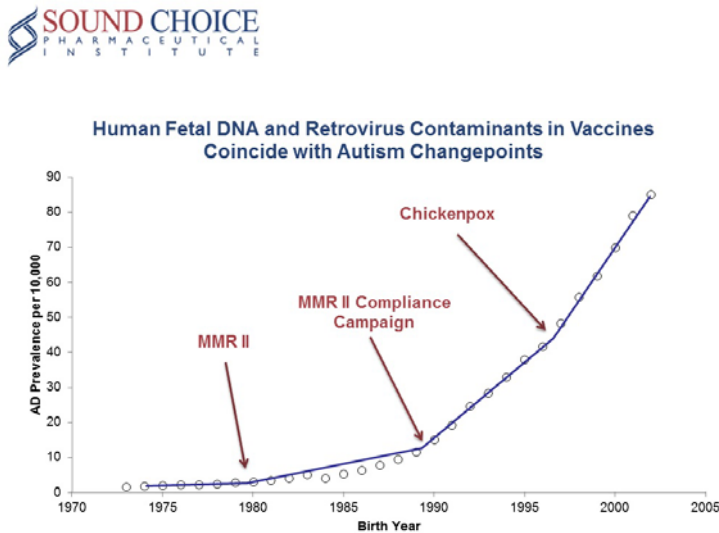


Figure 6.12. Autism graph on soundchoice.org website.

<http://soundchoice.org/autism/>

In reality, if you had not been already forewarned that those “changepoints” were there, you would never have guessed it from looking at the actual datapoints (e.g. in my increase charts in Chapter 3) without the hypothetical straight lines drawn over them. In the reality before my own eyes there is just a gradually steepening exponential. But maybe some others’ eyes work better than mine.

I have done rather a lot of rubbishing of others’ efforts in the last few pages. So perhaps I should correct the balance with a bit of rubbishing of my own efforts for a change. (I should declare a bias at this point, in that I consider cars to be by far the worst invention ever, and that cars should be banned until proven safe, in other words until forever.) Anyway, some of the professional geniuses at California’s world-leading MIND Institute have ingeniously thought

up the idea that pollution from road traffic could be causing autism or at least increasing the risk a bit. They've published a number of expensively-funded studies of the evidence, in prestigious peer-reviewed journals. Being very clever PhDs and so on, they didn't need to bother doing the simplistic analysis which I will describe in the following sentences.

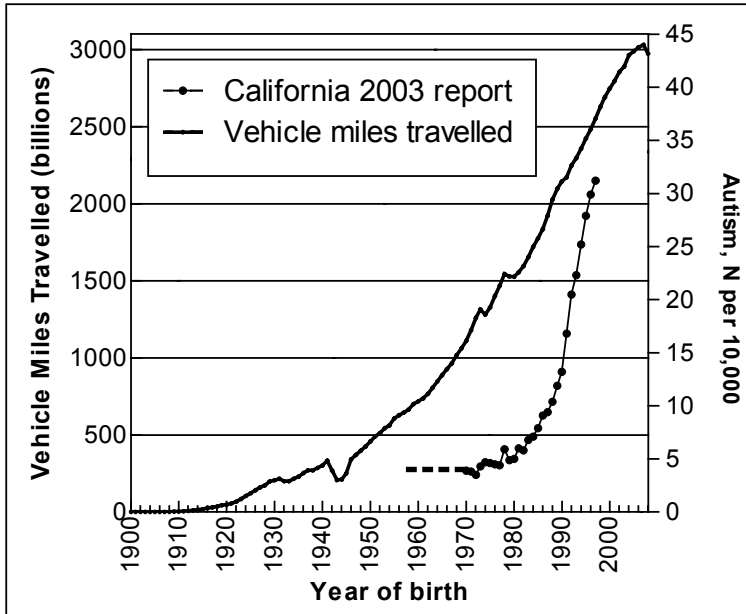


Figure 6.13. My stupid graph of vehicle miles travelled vs. autism.

I took the California DDS autism increase data from my Figure 3 in Chapter 3, and put it alongside the data of vehicle miles travelled (vmt) in the US over the past century or so. I also added in a bit of horizontal line inferred from my Figure 1 in Chapter 3. And thereby produced the Figure 6.13 you can see here. To my simple mind some strange things stood out. The autism increase was concentrated in almost one decade whereas the vmt spread over 80 years. Half the increase of vmt had already happened by the time the autism had started to increase. And the autism increase lagged several decades behind the vmt increase. So it would seem that the traffic pollution would have to be causing autism not in the contemporary generations of infants, but instead in the grandchildren of those exposed to the pollution.

Anyway, to cut a long story short, I compiled a paper reporting these observations. It also included consideration of other possible road pollutants such as MTBE, and more crucially my alternative

explanation of the MIND Institute's geniuses' findings of more autism near to busy roads. This explanation was in terms of the fact that people living near to busy roads habitually keep their doors and windows closed to keep out noise and hostile strangers, and consequently get more poisoned by the indoor mercury vaporising from their dental amalgams. (Having myself lived for 20 years six feet from a busy main road junction may have helped to make me aware of this consideration.)

I sent that paper to the *Molecular Autism* journal edited by Prof Simon Baron-Cohen, but he refused to publish it unless I completely cut out all mention of that alternative explanation. That may or may not have anything to do with the fact that Prof Baron-Cohen himself appears to have never said or written anything about a possible connection of autism and mercury, despite it being one of the noisiest disputes in the whole history of science.

Anyway, the bottom line on this graph of mine is that it was rejected by the peer-review system, whereas the MIND Institute's studies were all accepted in notable journals. So perhaps best not to delude myself that I am a competent researcher.

But sadly I have to add in one more graph of nonsense here. It appears in Polyak et al. (2015) and it supposedly shows clear evidence that autism hasn't really increased but instead there has just been a change of diagnoses from ID (intellectual disability, basically low IQ scores) to autism. (An older name for ID is MR – mental retardation.)

The Figure 6.14 shown here is my direct extraction from the first figure of their paper (which includes a number of other datasets for other diagnoses but in which these autism and ID datasets are the most prominently identifiable and the most talked about). What you see is that while autism goes up, ID goes down quite closely in reverse. And this has resulted in predictably numerous media articles about autism being shown not to have really increased. What these scholars didn't have anything to say about is that they confined their analysis to the years from 2000. And yet the autism increase had been majorly going on for the preceding 20 years, and by starting only at 2000 they pick up only the tail end. Why cherry-pick only those years? Even an unqualified idiot can easily find from a websearch some charts of the preceding years showing that no such contrary trending occurred over all that time, that is through the most intense years of the autism increase. So why didn't Polyak et al. make any mention of that earlier data? Which basically shows their assertion of diagnostic substitution to be untrue. Why no mention of the Croen et al. earlier discussions which debunked exactly the same idea?



This defective paper from Polyak et al. is part of a wider lineage of similarly simplistically-flawed studies supposedly showing that the catastrophic autism increase has not really happened or has not had anything to do with mercury. (Evidence that the increase has indeed happened is presented in Chapters 2 and 3 here.)

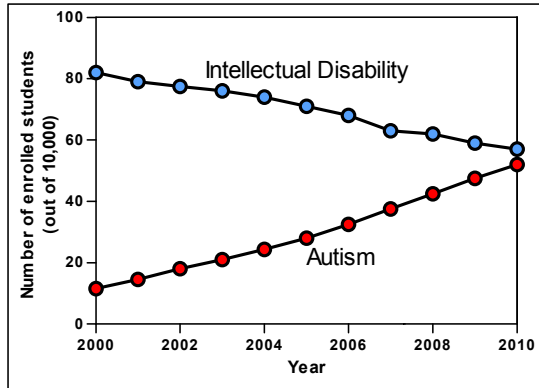
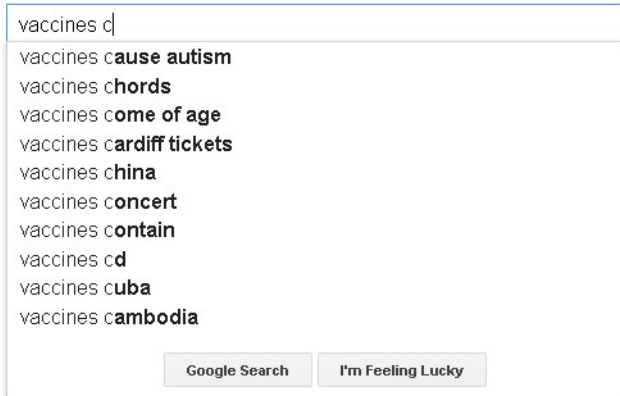
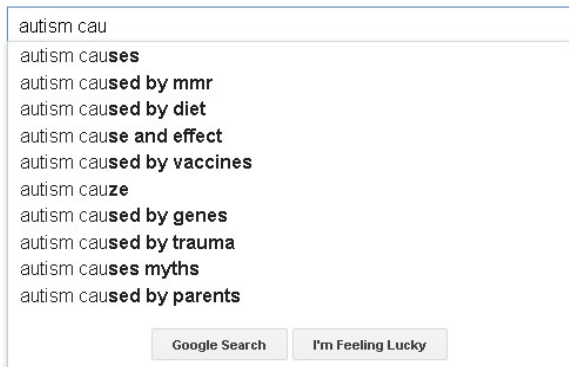


Figure 6.14. Autism and ID data from Polyak et al. (2015).

I'll just add here my own thoughts about this data. The increase denialists of the medical establishment would have us believe that the steep increase of autism numbers in the 1980s and 90s was at the least an overstatement of the reality. And yet medical institutions are famous not for any excessive speed on recognising unwelcome changes, but rather for their slowness in recognising them – as is indeed reflected in the continuing denial exercises such as Polyak et al. here. It therefore seems reasonable to reckon that the increase data was actually underestimating the real increase of autism, such that those various graphs should actually have been even steeper in the 1980s and 1990s, because many of the new autistics were being misdiagnosed as “merely” mentally retarded (intellectually disabled). And that only later in the 2000s and 2010s have these misdiagnoses been getting corrected into autism diagnoses. From this perspective there is reason to suspect that the autism increase may have in reality ended and has now levelled off.



Figures 6.15 and 6.16. The Google search engine's auto-completions of my typing into the search box.



## The vaccines-autism evidence

Google's auto-completion prompts as shown here in Figures 6.15 and 6.16 reflect the extent of the notion of an association of these two things.

Part of the problem with the vaccines-autism controversy is that it isn't one controversy but instead as many controversies as you want to make it. It resembles the common experience of gardening in which you finally get rid of all the nettles only to find a week later that a load of prickly thistles have sprung up in their place, followed by couch grass, then horsetail, .....

At this point I remind you of the principle I explained in Chapter 2, that as a professional researcher it is far better if you can blame a gene or virus, as genes and viruses can't get angry or take legal action against you for accusing them. Whereas you should avoid blaming something which some person or company has made or used, because then that company or person may indeed get angry and attack. Well, there is another side to this phenomenon, namely the side from the perspective of the injured person and their family. They conversely would prefer to blame a manufactured product or medical procedure, because they could then (at least supposedly) make a legal claim for injury against those responsible, whereas they could not sue their own genes or a virus.

So, imagine the scene .... Loads of parents are finding their children becoming autistic. Huge mystery of what's causing this. Huge shiftiness becoming all too discernable in the actions of various government officials, corporate officials, corporatised researchers, and authors of books about false prophets. The big questions get asked: "What changed?", and "What did this to my child?".

And one answer which none of them come up with is "non-gamma-2 dental amalgams". Because no-one has even heard of them, not even the dentists. And anyway, babies don't get dental fillings anyway, and the use of amalgam hasn't suddenly started or increased recently anyway. So dental amalgams would seem not to rate even a second look.

Meanwhile there is an industry of outstanding shysters, namely vaccines (as documented by Humphries & Bystryanyk, 2013). And the vaccine schedules hugely increased. And they get given to babies. And the observation of thousands of parents has been that "My child was perfectly healthy until he got a vaccine shot, and then his illness immediately [well, sort-of-immediately] began".

I remind you here again of the parrotting training which professional researchers benefit from. One of the most revered of their parrotting-lines goes as follows.

"The plural of anecdote is not data!!!!!!"

This invocation is rather useful because anecdotes are produced by unqualified non-professionals who need to be regularly shut up as per many previous paragraphs of this book. Competent evidence can

only come from proper systematic trials, we are told. Incorrectly as it happens. *Very* incorrectly.

There are anecdotes and anecdotes, and like with genes, some are more important than others, and some are more valuable than others. Consider for instance if I just now saw a nine-legged luminous woman walk into this room. Well, you wouldn't believe me if I said so. But perhaps I made a video of it happening, including my expression of amazement. Could such a report rightly be dismissed as "merely anecdotal"? You might of course seek to argue that my video was a fake produced to deceive the gullible. But note that that is not the same argument as saying it is "merely anecdotal". Hundreds of parents have been reporting that their autistic children majorly recovered after chelating out the mercury with OSR#1 (before the FDA "helpfully" banned them from obtaining it). Some backed up their assertions with videos. And their reports have since been supported by actual studies such as Blaukoc-Busch et al. (2012). Such reports cannot be properly dismissed as "merely anecdotal", any more than the finding of a new species of dinosaur fossil can be reasonably ridiculed as an unscientific "mere anecdote". (The moon landing was a mere anecdote too.)

But the anecdotal reports of parents blaming vaccines for causing their childrens' autism do not have the same evidential value as those anecdotal reports of the recoveries. That is because we already know that children become autistic anyway and that almost all children have vaccinations at about that age anyway. So it would be *expected anyway* that some would become autistic at much the same time as the vaccinations. It wouldn't constitute any great evidence that the one caused the other. "My child became autistic in the morning and then later that very same day he got vaccinated – outrageous." For rather obvious reasons you aren't going to hear such a complaint.

It is sometimes asserted that the parents know "what happened" from direct experience and that that needs to be respected. But the parents only have direct experience of their own case and a limited number of others they have contact with, and probably biased contact even then. Ten thousand minimally-informed reports do not necessarily add up to one adequately-informed report.

Another unsound supposed form of evidence is court judgments finding vaccines to blame for causing autism. Court judgments may or may not be well-founded but they are not evidence. The evidence is fed into the court via witnesses and documents. The output from a court is merely a hopefully impartial guess from that evidence of

whether that particular case was probably caused by the vaccine. Likewise, statements from government officials, or from whistle-blowers alleging fraud, are not scientific evidence.

So what would be scientific evidence? The answer is complicated by that problem, that there is a crude bandwagon-parrotting mantra of “vaccines cause autism”, which when challenged splits into any number of separate hydra-heads each with a life of their own. MMR before 3 years old. Thimerosal increasing above 125mcg. Or more thimerosal before 1 year old. Or the interaction of MMR and thimerosal. Or it’s actually the Hib vaccines now. Or aluminium. Or a synergy with mercury.

The thing is that it only needs any *one* of those proto-theories to be found to coincide with enough of the facts, and then all those who have been proclaiming that “Vaccines Cause Autism” can rest on their laurels of saying “see, we were right all along”, and “children with autism = vaccine-damaged children”.

Also you must bear in mind that there are two separate questions in respect of each of these hydra-head subtheories, namely “has vaccine x caused *any* autism cases?”, and “has vaccine x caused *a major increase* of autism?” It is my view that we don’t have enough evidence to answer any of the first category of questions, that we cannot rule out the possibility that *some* vaccines have caused *some* autism.

So in the following I am going to be only concerned with whether any vaccines have caused *the (or at least a) major increase* of autism.

I’ll now try to go through examining as many of these sub-theories as I can manage before going insane myself here. I should point out that the antiinnatia theory (of multiple antiinnatia factors) would be fully compatible with any of these vaccine theories, so I personally have no reason to be biased for or against any here.

*Aluminium in vaccines.* In the earlier section on graphs, I showed that T&S’s data strongly undermines that theory rather than supports it.

*Thimerosal (ethylmercury) in vaccines.* I’ve already pointed out the non-existence of the alleged changepoint of 1988 reckoned to coincide with the increasing of mercury in vaccines. My Figure 6.5 fails to see even the slightest impact of the increase and then decrease of thimerosal. The curve is readily fully explainable in terms of just non-gamma-2 amalgams alone (as per Chapter 3). Furthermore, the removal of thimerosal in Sweden and Denmark did not produce any fall of autism (as discussed in Chapter 3’s section titled “Increased autism?”).

And ditto in the UK and US, even though US levels continuing

to be used via influenza vaccines are much lower than the pre-1999 levels.

Bernard (2003) tried to argue that the data from Denmark in reality showed a decrease following discontinuation of thimerosal. But that is predicated on an assumption that the inpatient/outpatient ratio did not change over some years when autism was apparently rapidly increasing. Whereas in reality it is highly probable that a rapid increase of autism would cause the inpatient ratio to rapidly fall as well, as inpatient resources would fail to keep up with the unexpected demand. And further objections to Bernard (2003) were explained by Hviid (2004).

Advocates of the thimerosal theory of the autism increase have often cited the VSD (Vaccine Safety Datalink) studies as damning proof, particularly with regard to the non-public Simpsonwood conference which discussed them in 2000. There may or may not have been some criminal cover-up in this connection, but more to the point is whether there was some real evidence supporting the theory there. The original version of the data suggested that thimerosal was causing an increase of autism risk between 11-fold and 7-fold. When it eventually got published in 2003 in the AAP's prestigious peer-reviewed trade propaganda rag *Pediatrics*, the risk had been disappeared to nothing.

Rightly or wrongly? The crucial consideration as I see it is that if there really had been that 7- to 11-fold higher level, then it should have been very visible in that time-series graph earlier in this chapter, comparing changing incidence of autism with changing amounts of thimerosal. But there's no sign of its impact whatsoever.

The VSD study author Verstraeten himself claimed that some artifacts had caused the original ratios. That may or may not be true, but I also suggest as a possible key factor the following.

There is liable to be a correlation between accepting/refusing mercury-containing vaccinations and accepting/refusing having great lumps of mercury put in one's teeth (whether due to ignorance, misinformation, laziness, difficulty finding time, bureaucratic inefficiency, concern about healthcare conscientiousness – these would all add to the correlation), and thus vaccine dose is liable to be a strong indirect group measure of amalgam dose, that being the same amalgam which has evidently (per Chapter 3) caused the (mercury-loaded) autism increase. It's notable that the VSD results varied conspicuously between HMOs (Health Management Organisations), which is difficult to explain other than in terms of differing compliance levels between them. Amalgam is a poor-persons' treatment, so would have strong class and race dependence.

Some vaccine-blaters resort to a notion that all these various

time-trend statistics of autism prevalence and vaccine usage are fabricated lies anyway – that various governments are all colluding in falsifying their health statistics. In my experience, government health departments are indeed full of deceiving crooks (as per for instance the “claimant count now controlled” distortion of my Figure 5 in Chapter 3). And yet I find it too improbable that all these autism/vaccination statistics have just been concocted in several countries so as to cover up a causation. A problem with such a rationale is that once you start dismissing any conflicting data as just lies, then you can pseudo-justify believing just about anything. You’re no longer discussing evidence and reasoning but instead just whatever you prefer to believe. My own independent experience of studying thousands of studies is that the data is almost never outrightly falsified, even though its interpretation is very often unsound. (But pharma corporations’ clinical studies of pharmaceuticals are an exception to this rule.)

(This chapter now jumps to the next page so as to keep graphs together with the corresponding text.)

*MMR (or MMR AND other vaccines)* I have shown in Chapter 3 why the autism increase must be largely something to do with mercury. So the autism increase somehow being caused by any non-mercury-containing vaccines is implausible. Especially as the entire increase data can be more than adequately explained in terms of just non-gamma-2 dental amalgam alone. And the time-series data does little to undermine this conclusion. I've already pointed out the unsoundness of the notion that certain supposed "changepoints" coincided with certain MMR events. I also pointed out how the graph in Figure 6.6 did not justify the conclusion that it showed an effect of MMR. If MMR had indeed caused an autism increase we would expect to see a fairly conspicuous step-up at (or in years around) the time of its introduction. But we don't. Furthermore there is the data from the UK as shown in this Figure 6.17 here, and from California in this Figure 6.18, which in my view leaves the MMR theory all-but written off. In Figure 6.18 you can see that:

(a) the autism in California substantially increased from 1980 to 1987 and from 1989 to 1994 even though the MMR coverage was hardly changing in those years; and

(b) the conspicuous upward jump of MMR from 1987 to 1989 made no discernable impact on the smoothly steepening increase of autism over those decades.

To my eyes this data strongly suggests that the autism increase has had nothing whatsoever to do with MMR. I consider Dr Wakefield an honourable and conscientious person with great competence in gastroenterology, but sadly as confused as too many others when it comes to epidemiology.

In Figure 6.17 you can also see the annotations by the childhealthsafety website, indicating their theory that much increase was caused by a succession of MMR, then DTP, then Hib. I think at this point the debate is getting rather strained. Even with their more elaborated theory the problem remains unanswered of where the mercury has come from.

*MMR affecting specifically black boys.* This is the conclusion some are drawing from suppressed data recently leaked by the CDC whistleblower William Thompson, which is alleged to show that there was a significant association with autism among black boys even though there was no association in other groups. On that basis some people are advancing a theory that MMR has indeed caused a great increase of autism, but only or mainly among black boys. The problem with that theory is that if true, then the autism increase, and the recent autism prevalence, must have been largely of black boys. And if that were indeed the case then it would have become rather obvious by now. But on the contrary, a study of 1,626,354



children including 7540 autistic found nothing of the sort, and instead white autistic outnumbered black autistic more than three-fold (1897/618) (Becerra et al., 2014).

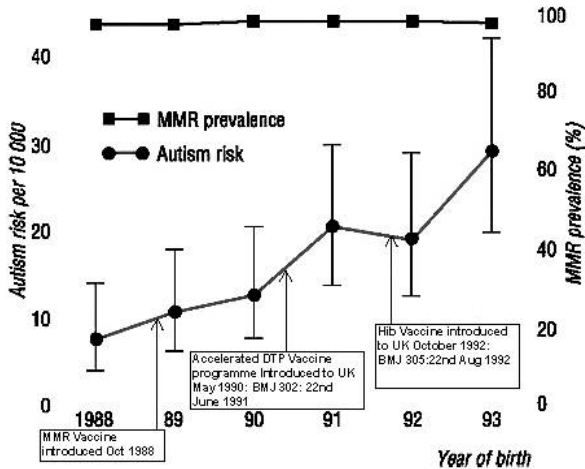


Figure 6.17. Autism diagnoses in UK related to MMR coverage and other changes of UK vaccination schedules. Based on a chart in Kaye et al. (2001) with added annotations by childhealthsafety (2013) website. Vertical bars indicate 95% confidence range.

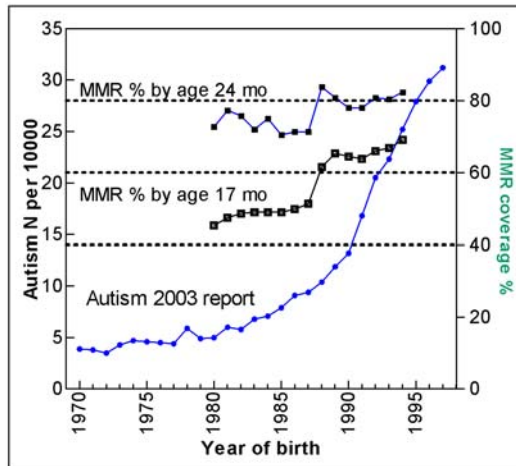


Figure 6.18. MMR coverage and autism enrolment in California. MMR data from Dales et al. (2001)  
Autism data from California (2003).

Some activists have put together compilations of “16 studies showing vaccines caused autism”, or “86 studies supporting the vaccine-autism link”, and so on. I’ve just about managed to stay awake reading through such dossiers but ultimately nothing in them trumps the points I have just made here. For instance, many of the cited studies do indeed show that mercury has been involved in autism, but it doesn’t follow that that mercury came from vaccines rather than amalgam. Or animal or in-vitro studies are cited, but such studies can never trump the direct health data facts about humans living in their actual communities and environments. Much fuss has been made in some quarters about some studies of monkeys, but monkeys are substantially different from humans. They grow up and age much faster than humans, don’t learn languages let alone pass IQ tests, and no studies have yet shown them having outbreaks of autistic handflapping or echolalia or spinning without dizziness or lining up objects.

The graphs I have cited here make clear to me that vaccines have not been the sole or even main cause of the increase. But they do not have the precision required to rule out the possibility that in perhaps a few percent of cases the main cause has been one or another sort of vaccine. Thus it cannot be ruled out that possibly thousands of parental reports of “vaccine-damaged children” were in fact actually true perceptions of what happened to their child. But neither can it be confirmed. Meanwhile if I were a judge in one of these cases, my inclination would be to side with the parents on the basis of the “Callous Disregard” with which the authorities acted.

I shall also mention here another factor which some researchers have been linking to autism, namely paracetamol also known as acetaminophen or Tylenol®. Some of the evidence suggests a real link, but my own guess is that the causation is primarily due to this ridiculous deadly drug-pusher’s profits-generator impairing the glutathione system which is required for lots of important things, not least detoxing of mercury. Thus it makes a person more vulnerable to the amalgam mercury. And the abnormalities of microbiome and immunity are also caused by mercury. The trashy paracetamol is unlikely to account for the autism increase on its own, not least because it is not a mercury source.

This chapter may cause some bruised egos and battered credibilities, of honourable people who have only been doing their well-meaning best in unhelpful circumstances. But the quest for the scientific truth, especially where it relates to such emotionally-salient questions as here, surely has to take precedence over saying that which would be nicer to be able to say about these peoples’ proud publications.

I could go on at much greater length here in responding to the yet more complicated confusions built up by those desperately hoping to find a plausible cause (with no hope of identifying the non-gamma-2 of which they are unaware anyway).

I will just add that I consider that the blame for this ongoing tragic complex of disputes lies very much with the deceitfulness of government authorities and of corporatised “researchers” (and more heavily the faceless entities controlling them). The abysmal book by info-nannying millionaire Offit. The gangs of professional liars who have systematically persecuted Dr Andrew Wakefield. The entirely deceitful “retractions” of Wakefield’s 1998 case report. The professional “studies” of abysmally low quality published in supposedly leading journals such as Pediatrics and NEJM. It is these who should hang their heads in shame at these abuses of science and such contempt for the abused victims. To say nothing of those faceless anonymous “expert” entities which wrote the cheap filth I replied to in my Chapters 4 and 5 here, in aid of covering up a crime ruining the lives of millions.

And yet this collection of abuses reflects a still larger fact, that behind the epidemics of autism and other disabilities there lies a more fundamental epidemic of sickness, the sickness of a system of medical “expertise” wherein the norm is for deadly deceivers to be showered with honours while the honest are vilified and penalised with false indictments. The Lysenkoism of our time and our place. The *Medical Nemesis* of which Ivan Illich wrote 40 years ago.

But to end this chapter on a more positive point, at least there are those such as Tomljenovic, Humphries, and DeSoto who have been refusing to go along with the corrupt money train. Of which more in a later chapter.