

## “Falsus in Uno, Falsus in Omnibus” — A Thimerosal-preserved Vaccine Conundrum

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### Introduction

The “safety” of using Thimerosal as a preservative in vaccines is a proverbial “house of cards” that lacks a scientifically sound toxicological foundation.

As with any such unstable structure, if one of the key “cards” that are propping up this foundationless claim of Thimerosal’s “safety” is proven false, the entire structure is doomed to collapse.

This is the case because proof that the findings are false in any one of the key statistical population studies overseen by the U.S. Centers for Disease Control and Prevention (CDC) and/or those studies or reports produced by those who the CDC hires (the Institute of Medicine), works with (the consultants and academics), regulates (the vaccine makers), influences (the public health officials) or funds taints all such studies and reports.

Further, it unhinges all of the administrative proceedings (e.g., the ‘vaccine court hearings’) that relied upon such “falsified” studies to justify their decisions.

A recent paper<sup>1</sup>, reiterated this thought by stating, “... *the very efforts designed to produce legitimacy in this type of lopsided dispute will be counter-mobilized as evidence of injustice, helping us understand why settling a scientific controversy in court does not necessarily mean changing anyone’s mind*” based on: a) confusing the administrative vaccine-injury hearings by “special masters” with “courts” and b) the perception that the key scientific papers upon which this “*scientific controversy*” is based are “proven science”.

The key to this concluding remark becomes the validity of the “science” upon which the World Health Organization (WHO) is relying.

### Key Denmark Study’s ‘Findings’ Proven to Differ from the Facts

One of the key studies that has been repeatedly used to “disprove” evidence of a causal connection between the developing child’s exposure to Thimerosal in Thimerosal-preserved vaccines and “autism” is, “*Thimerosal and the Occurrence of Autism: Negative Ecological Evidence From Danish Population-Based Data*”, which was: a) authored by Kreesten M. Madsen, Marlene B. Lauritsen, Carsten B. Pedersen, Poul Thorsen, Anne-Marie Plesner, Peter H. Andersen and Preben B. Mortensen; b) published in the journal *Pediatrics* (2003; **112**: 604-606), and c) in its abstract, stated, “*The discontinuation of thimerosal-containing vaccines in Denmark in 1992 was followed by an increase in the incidence of autism*”.

If the true incidence and prevalence rates for autism in Denmark actually had significantly increased after all of the Thimerosal-preserved vaccines were removed from the Danish vaccination schedule in 1992, then, this finding would be powerful evidence that:

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<sup>1</sup> Kirkland A. Credibility battles in the autism litigation. *Social Studies of Science* 2012Apr; **42**(2): 237-261.

- ❖ There was no causal linkage between Thimerosal exposure and the risk of autism, and
- ❖ Denmark should have re-introduced the Thimerosal-preserved vaccines because the study's published findings clearly indicated that Thimerosal-preserved vaccines "suppressed" the risk of autism.

However, the Danes did not reintroduce the Thimerosal-preserved vaccines and the 2004 estimate (made more than a decade after Thimerosal's removal) for the incidence of autism in Denmark children aged 5 to 9 years in 1995-2000 had, for several reasons, changed to the point that it was about 1 child in "1400"<sup>2</sup>.

In contrast, in the USA, where no effort was made to "remove" Thimerosal-preserved vaccines from the market until after 2000, the latest estimate for the raw incidence<sup>3</sup> of "autism" as "autism spectrum disorders" (ASDs) in 8-year-old-children born in 1999-2000<sup>4</sup> and appraised in 2008 is, *on average*, "1 in 88" in the disjoint districts in the surveillance areas where, *in some states (e.g., in New Jersey and in Utah)*, the raw incidence rates were *greater than 2%* (1 in < 50).

How can anyone fail to understand that the action taken by Denmark, and the outcomes reported in Denmark and the USA are not consistent with the hypothesis that Thimerosal-preserved vaccines have no causal effect on the risk for, and incidence of, "autism"?

The answer is simple: Recently revealed documents obtained from the CDC using the U.S. Freedom of Information Act (FOIA) process have uncovered proof that, on, or after, "*Wed 13-11-2002*", some, *if not all*, of the authors in the key Danish study cited in this discussion and the CDC's liaison person knew that "*the incidence and prevalence*" [of "autism"] "*are still decreasing in 2001*"<sup>5</sup>.

Thus, "autism" rates decreased after the Thimerosal-preserved vaccines were removed.

Therefore, the abstract's statement, "*The discontinuation of thimerosal-containing vaccines in Denmark in 1992 was followed by an increase in the incidence of autism*", was, and is, an obviously problematic declaration at best.

Now, the 2008 survey "autism" rate for 8-year olds in the USA ("1 in 88") and the 2004 "autism" rate for Danish children 5-9 years of age in 1995-2000 (1 in "1400") make perfect

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<sup>2</sup> From **Table 1**, 5-9 Age Group, 1995-2000, Prevalence in 2000 ("71.44" per 100,000) in Goldman GS. Yazbak FE. An Investigation of the Association Between MMR Vaccination and Autism in Denmark *Journal of American Physicians and Surgeons* 2004 Fall; 9(3): 70-75.

<sup>3</sup> Since these data are survey based, the reported "raw counts" values underestimate the true number of affected individuals in the survey population by some amount. Moreover, the disparity in incidence rates in the various survey districts clearly indicates that some districts had a significantly higher level of undercounting than other districts. Had the CDC used another survey source that was independent of the primary survey source(s), identified the cases that were common to both surveys and then appropriately applied capture-recapture statistics, not only should the wide disparity between certain districts have been reduced but the ascertainment-corrected incidence values, though they would have been higher, would have more accurately estimated the probable true population of 8-year-old children having an ASD diagnosis.

<sup>4</sup> In this period, all of the vaccine formulations for the Diphtheria, Tetanus and Pertussis (DPT), Diphtheria and Tetanus (DT and Td), Tetanus toxoid (TT), Haemophilis influenzae type b (Hib), Hepatitis B (Hep B), Influenza, Japanese encephalitis and Meningococcal meningitis vaccines that were licensed by the U.S. Food and Drug Administration (FDA) were Thimerosal-preserved formulations.

<sup>5</sup> See a copy of the included redacted e-mail that reveals this truth. This copy follows the statement provided.

sense – when the Thimerosal-preserved vaccines were removed in 1992 from the vaccines in the Danish vaccination schedule, the autism rate started to decline and, *in 2004's Denmark vaccination program*, appeared to contribute to *not more than 1* “autism” diagnosis in every “1400” Danish children (since the Danes have medical records for all their residents and the data in the cited paper was from a major Danish medical treatment center, this number is a population estimate [see footnote 7], and not a sampled-areas estimate).

Thus, to a first approximation<sup>6</sup>, the level of Thimerosal exposure from the Thimerosal-preserved vaccines given to 8-year-old children who were vaccinated under the 1999-2008 vaccination programs in the USA and evaluated in 2008 has *probably* increased the rate for “autism” in the USA by *more than 25* times the level that would have been observed in those 8-year olds if they had not received any Thimerosal-preserved vaccine doses.

Since the Danes still give the Measles, Mumps and Rubella (MMR) vaccine and still use vaccines that contain aluminum adjuvants at levels similar to those in the U.S. vaccination program in 1999 and 2000, clearly Thimerosal-preserved vaccines are a major causal factor for the large disparity between the 2008 “autism” survey rates in the USA and the tracked, but not openly reported, “autism” incidence and prevalence rates in Denmark, where the latest in estimate, calculated *from data published in October 2010 for Danish children born between 1994 and 2004*<sup>7</sup>, was 1 in 1272 (< 7% of the CDC's reported raw incidence rate for “autism”).

## WHO – “Choose You This Day Who Ye Will Serve”

Given the preceding realities, it seems clear that the WHO has two (2) paths that it can take from this day forward.

Either the WHO can “suddenly” see the light and support the “immediate” banning of the use of Thimerosal and any other mercury compound in the manufacture of any vaccine or other drug product, or the WHO can continue to be a part of the “lie” that Thimerosal is “safe” and risk having the countries of the world discover the “lie” and not only stop the use of Thimerosal but also stop the use of any vaccine – on the basis that, if the WHO/CDC/vaccine makers/public health officials are “lying” about the harm from Thimerosal in vaccines, then they are probably “lying” about the safety of all vaccines – falsus in uno, falsus in omnibus – indicating that any person who willfully falsifies one matter is not credible on any matter.

This commenter does not know the choice the WHO will make but he does understand what the logical outcomes of either choice will probably be.

Thus, the WHO needs to choose its path; but, it should choose carefully since the “lie” that was hidden has been revealed and the truth about this “lie” is spreading rapidly across the world!

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<sup>6</sup> This approximation presumes that: **a)** the districts with the highest case levels more accurately represent the true population number than those with the lower number and **b)** the residual undercounting makes up for any definitional differences in the general usage of the term “autism” to encompass the ASD spectrum between Denmark and the USA.

<sup>7</sup> In 2010, Pia Olsen Dyrhøj, a Danish Parliament member, asked then Danish Health Minister Bertel Haarder to provide official autism rates for Denmark. In November 2010, that member was told that the health officials did not track this data. From data in a US Associated Press (AP) release on jaundice and autism in Danish children that were born between 1994 and 2004, the “autism” rate was about 1 in 1272 [577/733,826] (<http://lubbockonline.com/health/2010-10-11/danish-study-jaundice-autism-newborns-raises-unanswered-questions>, last visited on 31 March 2011).

# Included Redacted Email

10-05-2005 02:55pm From

Schendel, Diana

ORIGINAL EDITED  
FILE COPY  
DO NOT RELEASE

From: Kreesten Meldgaard Madsen [KMM@SOCIAU.DK]  
Sent: Wednesday, November 13, 2002 5:33 AM  
To: Marlene Briclet Lauritsen; Poul Thorsen; Schendel, Diana  
Subject: RE: Manuscript about Thimerosal and autism

Re: Marlene,

I am not currently at the university but I will contact you and Poul tomorrow to make up our minds. Best regards,  
Kreesten

-----Original Message-----

From: Marlene Briclet Lauritsen [mailto:mb1@dadlnet.dk]  
Sent: Wed 13-11-2002 09:24  
To: Poul Thorsen; Kreesten Meldgaard Madsen; dcs6@cdc.gov  
Cc:  
Subject: Manuscript about Thimerosal and autism

Dear Poul, Kreesten and Diane Schendel

Attached I send you the short and long manuscript about Thimerosal and autism in Denmark.

I need to tell you that the figures in the manuscripts do not include the latest data from 2001. I only have these figures as a paper version and they are at work. But the incidence and prevalence are still decreasing in 2001.

I look forward to hear from you again.  
Best regards  
Marlene