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Thinking ... For a Change

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WHY IS THIMEROSAL STILL IN VACCINES?

WITH WILLIAM THOMPSON, PHD AND BRIAN HOOKER, PHD

<http://fearlessparent.org/why-is-thimerosal-still-in-vaccines-recording-1/>

Dr. Hooker: I just wanted to get your thoughts if you would have any ideas on how to fix this? If you were in a position to do so, how would we ban—first and foremost, I think that getting thimerosal out of vaccines is just long overdue.

Dr. Thompson: Well, let me tell you my thought on that. In the United States, the only vaccine that it's in is for pregnant woman, right?

Dr. Hooker: Right!

Dr. Thompson: So, my theory on that is that the drug companies think if it's at least in that one vaccine, then no one could argue that it should be out of the other vaccines outside of the U.S.. So, I don't know why they still give it to pregnant women. That's the last person I would give mercury to.

Dr. Hooker: Yeah. It makes absolutely no sense. And it's a full 25 micrograms. It even exceeds in the infant formulation for the flu shot—which you're not supposed to give flu shots until six months of age.

The infant formulation have 12.5 micrograms. But the maternal flu shot still has 25 micrograms. And it's given in any trimester.

Dr. Thompson: Right. So, I still think—I don't know, I guess, you didn't like the idea. I still think that starting a campaign that thimerosal from vaccines cause tics. You start a campaign and you just make that your mantra. I really do believe...

Dr. Hooker: I do like that idea. It does cause tics.

The thing that is getting a little disconcerting is that, you know, I work with Focus Autism. I work with the head of Focus Autism who's a guy named Barry Segal. Barry, his wealth came from a roofing company, a roofing materials company called Bradco. He recently wrote a letter to Thomas Frieden. And one of the things that—and I wrote the letter. I wrote the letter.

One of the things that we highlighted was that even with the CDC's publications, there hasn't yet been a publication except for Tozzi in 2009 where you've been able to obviate the relationship between thimerosal and tics, and tics in boys.

And so we get a letter back from Beth Bell. You know who she is?

Dr. Thompson: Yup! I know who she is, yup. [Beth P. Bell, MD, MPH is Director of the national Center for Emerging and Zoonotic Infectious Diseases at the CDC]

Dr. Hooker: Okay.

Dr. Thompson: She knows who I am. We know each other.

Dr. Hooker: You know each other.

Dr. Thompson: Yeah.

Dr. Hooker: And it was like she didn't even read our letter. She quoted the 2011 Institute of Medicine Vaccine Adverse Events Meetings & Reports. And 2011, IOM didn't even consider thimerosal. They were basically told by the CDC not to look at mercury. It wasn't a part of their...

Dr. Thompson: Well, they were working on the NVPO [National Vaccine Program Office] plan for a long time. And that was being run by Larry Pickering. Larry Pickering ran the NVPO plan. And I thought—I helped them write that. I thought they kept verbal IQ and tics in there. That's the last time I had looked at it. I thought it was in there.

Dr. Hooker: What they did—and I have a taped transcript of this. Ellen Clayton who was the chair for the Vaccine Adverse Events and Causality Committee said specifically, "We were not asked to look at mercury at all—and so we didn't." I guess the petitioners in the National Vaccine Injury Compensation Program had a yearly conference. And this particular year, it was back in Oakland. And so they had specific presentations. You were able to get transcripts of the presentation. And I did. I got an mp3 of it and I have it on transcript.

So, anyhow, what we're doing is we're going to go back and I wrote a rebuttal to the letter that Beth Bell sent because there were a lot of things in there that—it

was like...

Dr. Thompson: Let me just tell you why Beth Bell wrote you. Do you know why she wrote you? Do you understand the structure?

Dr. Hooker: A little bit, but go ahead and tell me anyway.

Dr. Thompson: They move to "make immunization independent of the immunization program," they moved it into a separate center.

Dr. Hooker: The National Center of Emerging and Zoonotic Infectious Diseases, is that right?

Dr. Thompson: Yeah. Yeah. And so it's in a really silly place, but they did it theoretically because they were trying to make them independent groups. They are not independent at all. That's the bottom line. She's tight with all these people.

Dr. Hooker: Oh, absolutely! Yeah, I have no doubt.

But where do we push? One of the things that—

Dr. Thompson: Let me just say, I see a lot of your stuff online. I saw you interviewed Congressman Posey, is it?

Dr. Hooker: Posey, right. That was not my best interview. I basically was the king of "uhm." I was also breathing heavily in the phone. Not good at all.

Dr. Thompson: No, I know. But I just think there has to be a mantra. The mantra should be, "We know thimerosal causes tics. That's been demonstrated. That's been demonstrated in the big studies." Just keep saying that, "We know thimerosal causes tics" because the CDC never says, "Thimerosal doesn't cause tics." The CDC always says, "Thimerosal doesn't cause autism." So, you have to take it off that. You have to take it off that. And I really do it's a public relations campaign.

But I also have to say, these drug companies and their promoters, they're making such a big deal of these measles outbreaks. Now, they're making a big deal that polio is coming back. And polio comes back all the time in Third World countries. It's like a never ending thing where the press just loves to hype it. And it scares people. It scares the crap out of people when they hype those two types of outbreaks.

But they teach you at the CDC, you have to stay on message. The message I think would start getting out, then you wouldn't have the press jumping on you saying, "Well, vaccines don't cause autism." If you said, "Yeah, that's true. But vaccines do

cause tics." And then, eventually, you could get the message over to, oh, tics are like five times as common among kids with autism or whatever the number is.

Dr. Hooker: Right, right. It's about four times. But yes, yes, absolutely.

Dr. Thompson: So, I really do think it's staying on message with something different than autism because the press and everyone, you know, Jenny McCarthy and all those people, you bring up autism and vaccines and you just get hammered. Who's the company who sponsored one of your groups?

Dr. Hooker: Oh, Chili's.

Dr. Thompson: Chili's. Chili's got fried. They just completely got fried.

Dr. Hooker: Yeah, yeah. I saw that. Yeah.

Dr. Thompson: So, I think in the short-term, you take it off to something that's true and it's a different story. It's a different story. You can point to that Italy study and just look at the means. And the means are quite different in that study for tics. I really do think that actually supports the idea.

And then, the other thing about the Italy study, the Italy study was the only randomly assigned study and it was a much smaller exposure. So if you find something in there—and they found two positive effects, right? If I'm recalling correctly. Again, it's a study that's randomly assigned. It's the only study I know where there is random assignment. And you found two negative associations where it was increased likelihood of verbal IQ.

Dr. Hooker: Verbal IQ, right, right.

Dr. Thompson: Yeah, verbal IQ and I can't remember the other one. But tics, I'm telling you, if my recollection is correct, tics were significant in earlier drafts of the paper.

Dr. Hooker: Right, right. And what happened with that information request, they put it into the FOIA Office.

Dr. Thompson: Yeah. And once it's in the FOIA Office, it's gone.

Dr. Hooker: It's gonna take forever. It's gonna take forever.

Dr. Thompson: No, I know. It's going to take two or three years, right? They tell me they're 2 years behind. They actually said with the Tozzi thing, they treat it as FOIA because he's not the head of a committee. So, again, I think you got to come up with a different message where you won't get hammered and they can't deny it.

Right?

The only thing I know for sure is that I really can say pretty confidently vaccines cause tics. And we replicated that. The Barile article replicated that and showed that once you took into account the number of tests and reduced them down to constructs, the one thing you couldn't get to go away was the tic effect.

Dr. Hooker: Was the tic effect, right, I agree.

And I'm even using that in my son's vaccine court case because he has tics. So, we have that. It's been confirmed in several studies, not to mention your study. And in the Barile study that was a re-analysis in 2012—and I'll go back and I'll look at those means on Tozzi as well. That's a good idea.

Dr. Thompson: Look at the means. Look at the means. They're very close. You could do a simple t-test and see they're very close to significance.

The other thing I want to ask you, have you ever contacted Dr. Dorea in South America, the person who's done the vaccine studies?

Dr. Hooker: I'm in contact with Jose. Yeah, I'm in contact with Jose.

Dr. Thompson: Is it a male or a female? Is it a male or a female?

Dr. Hooker: It's a male. It's a male. And then I believe the way that it goes is his wife works with him as well. So there is a male and a female.

Dr. Thompson: Right! So they're the two scientists that actually seem motivated and seem to try, wanting to study the problem. I don't know if they still are. I don't know if they still are but...

Dr. Hooker: You make a good point and because I'm looking at other scientists that do not have "tarnished" reputations to look at these...

Dr. Thompson: Anything that has their name on it, people immediately dismiss. **Dr. Hooker:** Yeah, yeah. You're right, you're right.

Dr. Thompson: And the other thing for you to consider is to find a couple of scientists to trust.

Dr. Hooker: That's true. You know, I'm not very high on the list myself.

Dr. Thompson: No, I know. But I'm just saying that if you're really serious about this, you find a couple of good scientists and you walk them through what you're doing. If you can convince a couple of good scientists that what you're doing makes sense, and then

you encourage them to submit papers—

And here's the other thing. You got to get it out of the medical journals. You've got to move it to the psychology journals. I don't know if you saw but the real article got published in the Psychology Journal. It was actually in Pediatric Psychology.

Dr. Hooker: It was the Journal of Pediatric Psychology. I saw that, yeah.

Dr. Thompson: If you get it out of the medical world and into the psychology world, you're not going to get as much bias from the medical establishment that has such a strong hold over these medical journals.

Dr. Hooker: Right, right. Yeah, that makes a lot of sense. I'm not as well travelled in that realm. Is Journal of Pediatric Psychology a good one to look at?

Dr. Thompson: It's a great journal. It's a very good journal. And we got great reviews from that journal, I'll tell you. So, they actually made us "up" our discussion. They actually said, "Why are you downplaying the association with tics?" So, they actually made [inaudible 00:14:53].

Dr. Hooker: See, this is the deal though. You're a straight shooter. When you did the 2007 paper and the 2012 follow-up paper, you called a spade a spade with these particular effects. And so this is why when I look at Stehr-Green, Stehr-Green was...

Dr. Thompson: He was one of Roger Bernier's former graduate students.

Dr. Hooker: That's right. And one of the things I found out—now, just to ask you the question, and to let you know, I did go to the Office of Oversight & Government Reform, Issa's office. I saw what had been turned over. I will say that over 50% of it came from you because I can tell what comes from you, I just know what you have. So over 50% of it.

In fact, all I did was I got up to the C's, the letter C in the alphabet for your stuff. That was it! The rest of it is still being reviewed by the Office of the General Counsel somewhere. So, I only got up to the letter C in your deck. There was a lot of stuff.

Now, I got kind of worried when I saw that—and I believe I know what's going on. But I saw that email that you forwarded that the Office of General Counsel is trying to pull together like how much effort they've had to put on my FOIAs. I'm

not really—that didn't put me in my happy place.

So, do you think that they're just using that to go back to Issa's staff or...?

Are you still there?

Dr. Thompson: Yeah. Can you hear me?

Dr. Hooker: Yeah, I can. I can. Yeah, yeah.

Dr. Thompson: Now, her sending this email, the fact that they didn't come from someone with a lawyer. It came from this woman who's just out of school and doesn't know her head from her ass. I mean, this is the type of stuff they do.

Dr. Hooker: Right, right.

Dr. Thompson: So they don't say who it's from. They just say OGC. They don't say...

Dr. Hooker: I don't think that's in my FOIA case. In my FOIA case, there aren't any pending motions. The FOIA appeal right now, the decision basically comes from the appellate judge. So both sides have presented their arguments in the appeal. The appellate judge may come back and ask for more information.

So, I don't think that has anything to do with the appeals case. I think it has to do with OGC does not want Issa's office to release any of those documents to me.

I've seen them. They would not let me take them out of their office. I didn't. Believe me, I was tempted. I had half a gigabyte hard drive in my pocket that I could've whipped out when nobody was looking. And I didn't use it. I didn't. I don't want to go to federal prison.

Dr. Thompson: Yeah, yeah, yeah. Yeah. No, you don't.

Dr. Hooker: No, no. But this whole thing was very interesting. But I do think it has something to do with what's going on with Issa's, you know, with that information request.

Dr. Thompson: I don't know. I think they want you as far away those documents as possible.

Dr. Hooker: I mean, there were very compelling things in there. It will be interesting to see what happens. We'll see.

But I did want to ask, I pretty much completed the re-analysis on the DeStefano MMR study.

Dr. Thompson: Yup!

- Dr. Hooker: And, those spreadsheets that you sent me...
- Dr. Thompson: [Yeah, I'm out here talking!] What was that?
- Dr. Hooker: The spreadsheets that you sent me—race 1, race 2, and race 3—can I ask where those came from? Where those just ones that you had or where you compiled results or...?
- Dr. Thompson: Those were analyses I ran for a group. Every single Excel spreadsheet you've seen is an analysis I ran for our group over a several year period where I was presenting results to the group.
- Dr. Hooker: Right, right. So, these were your analysis files. And you basically presented them directly to the...
- Dr. Thompson: I would on a weekly basis meet with the four co-authors, and we would discuss results. You can see how those progressed over time. You want to know... the only way I was able to keep track of the dates on those files—the servers would change all the time and they would change the dates on the files. Thank goodness I put the actual date in the name of the file because otherwise, you wouldn't know the week that I had done it.
- [side conversation]
- What was that? I was just talking to my daughter.
- Dr. Hooker: No, no. That's fine. No, that's fine.
- The question I had, if you go to race 3, then you had alternative models. You have a results tab. It's like the second tab that's in the spreadsheet. And it looks like on black/on time—and the reason why I'm asking this is like I've told you before, I got a really strong effect with African-American males. I saw the effect. It was statistically significant, at 36 months as well as 24 months. It wasn't as high at 24 obviously. It was like 1.73 or something.
- So, that black/on time, do you know, was this just a conditional logistic regression that was matched?
- Dr. Thompson: Yes, yes. It was a conditional logistic regression.
- Dr. Hooker: Okay. So the numbers then would—the way I understand this, the odds ratios that you came up with then if you just ran it as on time, then you would get a specific odds ratio... but would that be assigned to a 36-month cut-off? Or how would

that work?

Dr. Thompson: No. On time would be—if I'm remembering it correctly. I don't have it sitting in front of me—on time would have been that they would've been vaccinated by 24 months of age. They would've been vaccinated by the recommended age.

Dr. Hooker: By the recommended, okay. And then it looks like you did this unmatched and probably, also, conditional logistic regression. And then it went up just by a little bit. They were basically the same. They were basically the same in each one.

Dr. Thompson: Yeah. Yup!

Dr. Hooker: Now, did you ever run that—did you slice it further just to look at African-American males?

Dr. Thompson: My guess is I did, but I can't tell. Honestly, the only thing in terms of memory—like I can look at those files and I know I ran those things. I don't know what else I ran. I could look through the SAS programs. I never looked through those historically. But I believe I have them historically. I think they're there. I can't remember off the top of my head.

Honestly, the way I remember things is I dump them into files, and I save 'em. And then I can go back and review them.

Dr. Hooker: Review them, okay. Yeah, would you be able to do that? I really...

Dr. Thompson: I can track down the SAS programs.

Dr. Hooker: Okay. And one of the things that I did find—and it's weird—is that when I use the 36 month cut-off for African-American males, I only have seven cases in the after 36th month. So, the cohort was getting small.

Dr. Thompson: Yup!

Dr. Hooker: I had like seven cases and I can't remember how many controls. And then, obviously, the lion's share of the cases were for individuals that got the MMR before 36 months.

Now, I wanted to correct for low birth weight, so I threw out low birth weight. But what I found was in my cases, in the cases of individuals getting MMR after 36 months, I wasn't throwing out low birth weight. I was throwing out individuals that didn't have birth weight reported at all. So, you basically look at that and it's essentially saying it's the birth certificate cohort.

Does that make sense? I can explain it one other way. When you look at the data, and you look at African-American cases of autism, there are seven cases. There are four cases that did have a birth certificate and that were normal birth weight. And then, the three remaining cases didn't have a birth certificate so they didn't have birth weight information at all.

Dr. Thompson: Hmm... that were vaccinated late.

Dr. Hooker: They were vaccinated late. And so, I did not include that in my analysis because I felt like a cohort has less than five cases in it, I just didn't want to include.

Dr. Thompson: Yeah, you're going to be criticized if you did for that small a group.

Dr. Hooker: Right! So, I threw that particular one out. Don't take it as a criticism. I'm just trying to understanding what was in the paper.

Dr. Thompson: You can criticize. Let me just clarify for you. You can criticize the hell out of this. I don't think it was perfect. And I will tell you, we were locked in to analyses. That's the problem with all of this is... we agreed upfront what actually this paper...

Dr. Hooker: Right, right. No, I...

Dr. Thompson: In this paper, we deviated from what we agreed to upfront. So it's fine. So criticize away!

Dr. Hooker: But the only thing, if you look at the final paper, when they looked at the effect of race, they only looked at the effect of race in the birth certificate cohort.

Dr. Thompson: I know!

Dr. Hooker: That doesn't seem right to me. Why would you toss out—you don't need a birth certificate.

Dr. Thompson: I agree! No, I thought you found that immediately. You told me you found that immediately.

Dr. Hooker: Yes, I did find that immediately, but I wasn't sure. I want to go back to these things. I'm not, Bill, I'm not an epidemiologist by training.

Dr. Thompson: No, no, no. I know, I know. But I just want to say that you found what I consider the biggest problem. Here's what I want to be careful of. I want to be careful of not—here's what I want to say.

If I were forced to testify or something like that, I'm not going to lie. But I also

don't want to say things to you right now that aren't in some written form.

Dr. Hooker: Right!

Dr. Thompson: I want to be very truthful about that. And I will say if I'm forced, if it comes to legitimate channels and I'm forced to answer questions, I'm not going to lie. I basically have stopped lying.

Dr. Hooker: Did you raise that issue at the time? Were you allowed to...?

Dr. Thompson: I raised this. I will say I raised this issue. I will say I raised this issue two days before...

The fact that I can talk honestly to you about this now is so freeing. So, I'll just say that.

Dr. Hooker: Okay. Good. Good, good, good. I'm glad to hear that.

Okay! Well, let me check. I jotted down a few notes on this. One of the things that I noticed when I was back in DC going through the documents at OGR—and you've told this to me several times—nobody is ever going to put, nobody is stupid enough to put an email, "Oh, we need to dilute down this relationship."

Dr. Thompson: Never. Never! Never.

Dr. Hooker: ...or get rid of this relationship.

Dr. Thompson: Never. Never, never, never, never, never.

Dr. Hooker: What is said in these closed doors meetings? I mean, do people say, "Oh, well, this is unacceptable?" Or is it just, do they always say, "Oh, this can't be right"... or?

Dr. Thompson: I wish I could tell you the quote that was said, but there's a specific quote about this very finding that will be etched in my head for life.

Dr. Hooker: Okay. And you don't have to tell me, that's fine.

Dr. Thompson: I'm not going to tell you. It's from one of the other co-authors. But it is etched in my head for life.

Dr. Hooker: Mm-hmmm... mm-hmmm...

Okay. Well, you've given me a lot to think about. You always give me so much to think about. Really, I want to go back and I want to think about this whole issue with tics.

If I was to press the soft spot in the CDC in terms of submitting the response letter, I think the response letter will come back. I'm going to sign it. We're going to get some other scientists to sign off on the letter as well—as well as Barry Segal.

And one of the things that I thought regarding thimerosal is it should go to Frieden because Frieden could be the guy that save the day. I mean he's got clean hands, I think.

Dr. Thompson: He does have clean hands. But I don't know where he stands on all this. I really don't.

Dr. Hooker: Okay.

Dr. Thompson: I do think this. This is what I think Frieden has done. I think he has closed himself off from all of these and avoid it and says, "This is Colleen Boyle's and Melinda Wharton's problem."

Dr. Hooker: Really?

Dr. Thompson: Well, I'm guessing. I don't know that for sure.

Dr. Hooker: No, no.

Dr. Thompson: I'm guessing that this is just a political hot potato and they made a lot of mistakes. There's a lot of documents they don't want you to see.

Dr. Hooker: Mm-hmmm...

Dr. Thompson: What I was relieved about when I sent you what the NCIRD did in terms of their request, they don't usually include Melinda Wharton and Kristin Pope in those requests. They usually just include David Shay and I. So, we're often the targets of all the FOIA's and they don't make it broader. What I find even funnier is Kristin Pope is the person directing this document gathering.

Dr. Hooker: How odd...

Dr. Thompson: What?

Dr. Hooker: How odd...

Dr. Thompson: Oh, I know. She was thick and deep into all of these. She was the go-between. All the communication went from me to Brooke Barry to Kristen. So everything was filtered through Kristin. And Kristin reports them all into Wharton. And it's still

the case.

Dr. Hooker: And it wasn't really Kristin. Brooke was the one that really could not stand me. Brooke Barry could not stand me. I would get on the phone with her. And for the longest time, I would deal with Lorine Spencer. And bless her heart. She did the best she could possibly do with me. I was not a nice person. I was a very, very angry person when I was dealing with Lorine Spencer. But it's interesting to see that Kristin is still kinda in the middle of that because when things got switched around and I was no longer dealing with Lorine Spencer, then I was dealing with Kristin Pope and Brooke Berry.

Dr. Thompson: Yeah. And I have to tell you, Kristin and Brooke knew I was sitting on a lot of documents. And when I shared all these documents, actually, Brooke Berry is probably—I mean, you saw my email. She's probably the only person that I trusted to give me a straight answer. I went over to her office, and I said, "I hear they want us to share everything," and she said, "Yup, they want us to share everything."

Dr. Hooker: Wow! Okay...

Dr. Thompson: So, it was a situation where, for the first time, they said they want everything associated with any thimerosal study.

Dr. Hooker: But they do want this. They are arm-wrestling with Oversight & Government Reform right now—I mean, big time. I've gone back and forth. I get calls from Oversight & Government Reform staff and they'll have a list of questions for me. They want to know about the litigation because CDC is claiming attorney-client privilege.

Dr. Thompson: Yeah. No, they're trying to box you out.

Dr. Hooker: Yeah. Yeah, that's fine. Ok.

Dr. Thompson: No, I know!

Dr. Hooker: I'm sitting on a mountain.

Dr. Thompson: Yeah.

Dr. Hooker: It's alright.

Dr. Thompson: But here's what you have to, honestly. And I'm telling you from the way I've changed my life. Here's what you have to do... is that you just have to try not to get emotions involved. Stay as settled and sound as you can be. Talk to people

about how to market this fact that thimerosal causes tics.

Dr. Hooker: You're right.

Dr. Thompson: It's a marketing thing. It is all about marketing. You have to learn, how do you get a message out. And I'm telling you, if you take autism out of it, you will get that message out. And once you get that message out, do you think a pregnant mother would want to take a vaccine that they knew cause tics?

Dr. Hooker: Absolutely not.

Dr. Thompson: Absolutely not! I would never give my wife a vaccine that I thought caused tics.

Dr. Hooker: Right, right. I mean, it's genius. It's genius. You've told me this before. It just didn't sink in.

Dr. Thompson: It's a marketing thing. It's a marketing thing. You have to figure out how to market this. And it has to come from other voices. It can't just come from you because you, they made you the poster boy of—you know, they want to portray you as crazy.

Honestly, I think you've been persistent. You have been right, I will say, most of the time. I will say the Geiers were not right. The Geiers—you know the Geiers. I don't know them personally. But I know things they did. They took exact copies of papers we wrote and they published them under their own name, word for word.

Dr. Hooker: Okay. Yeah, I know a little bit about that. Yeah, yeah. Okay, okay. Go ahead. Go ahead, I'm sorry.

Dr. Thompson: No, I just want to get back to that.

Dr. Hooker: Okay, okay.

Dr. Thompson: Stay on message. Stay on the message that the press won't jump on you for.

Dr. Hooker: Right, right, absolutely.

Dr. Thompson: And get other people to say it. You've got to get other scientists to say it because, again, you're the poster child for this crazy person bothering the CDC, making their life so difficult, la-di-da-di-da.

Dr. Hooker: Yeah. Yeah, you're right.

Okay. Hey, that's been extremely helpful. If you do get a chance, if you can look at your SAS output and see if you ever did African-American males.

Dr. Thompson: Yeah, yeah. I'll forward you lots of programs. Okay.

Dr. Hooker: Awesome! Alright. Thanks, Bill.

Dr. Thompson: Alright, take care.

Dr. Hooker: Good talking.

Dr. Thompson:: Bye.

Dr. Hooker: Bye bye.