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HOW TO MAKE INCONVENIENT VACCINE INJURY DATA GO AWAY

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http://fearlessparent.org/how-to-make-inconvenient-vaccine-injury-data-go-away-recording-3/

Dr. Hooker: So you're getting ready to head out for vacation?

Dr. Thompson: Yeah, we're leaving tomorrow.

Dr. Hooker: Okay, okay. Do you have time to talk tonight?

Dr. Thompson: Yeah, yeah...

Dr. Hooker: I mean, I don't want it to be too long because I know you've got work in the morning.

Dr. Thompson: Yeah. Now is better than any other time, so why don't we talk now?

Dr. Hooker: Okay, okay. I appreciate it.

I wanted to talk to you about the MMR study. Just to let you know, I wrote a paper on my results on MMR.

Dr. Thompson: Yeah.

Dr. Hooker: That paper is out for peer review right now. I was thinking about this and it hadn't dawned on me before, but it will most likely include—depending on the peer review and everything—something that I got from you. I wanted to let you know that as soon as possible. I haven't heard back from the peer review. I'm not sure how long it's going to take. They have a web system.

But one of the things they demonstrated in the paper was that by taking the cohort of African-Americans and then limiting it to only those that had the valid

Georgia birth certificate, that the relationship went away.

Dr. Thompson: Yeah.

Dr. Hooker: So, anyhow, I'll keep you apprised on that. But I'm concerned. I wanted to ask you a few questions. You had said earlier, you were referring to the MMR study and you had said something about being locked in on specific analyses. I wasn't sure what you meant. I thought, "Well, maybe you have an IRB and they lock you in to what you're going to run..."

Dr. Thompson: Let me just give you the three studies. There was...

Dr. Hooker: Sorry about the background. I don't know if you hear that, but I'm up in a hotel at a superfund site for my other research. And this has been a crazy experience so far.

Dr. Thompson: Okay. There were three big studies I worked on—the 2007 New England Journal paper. And we had an external panel of consultants that included Sally Bernard. Then we had the 2010 [Price] Autism Thimerosal paper. And we had an external panel that included Sally Bernard. And then for this one—

Well, let me just say for those two. For those two, we agreed with the panel upfront what the analyses would be and then we didn't deviate from those analyses. We presented them as we found them. And then we said, We're making public use datasets, and people can go do additional analyses if they want."

Dr. Hooker: And you've done that?

Dr. Thompson: Yeah, we did that.

Now, with the MMR autism one, we had an analysis plan that we were supposed to execute as was written and I'm going to be sharing these draft analysis plans that we had, and you can see whether we did what we said we're going to do.

Dr. Hooker: Right! What I'm trying to establish is if anything—

Dr. Thompson: And let me just, so you understand this. We didn't have an external review panel for the MMR autism one. So, it was the one study where we could end up just replicating exactly what Tom Verstraeten ended up doing, which was just creating a mess while the CDC tried to sort out something they couldn't understand.

Dr. Hooker: Right.

Dr. Thompson: Okay. So, go ahead.

Dr. Hooker: I'm thinking about this like a trial lawyer. Down the road, this becomes public, and CDC says, "Well, that's Bill Thompson. He's crazy."

Dr. Thompson: Yeah, they will.

Dr. Hooker: But then, we have a case that shows, "These are the analyses that you agreed upon. And then, you had your Verstraeten "Oh, shit!" moment, and then you basically deviated from that particular plan in order to reduce the statistical significance that you saw in the African-American cohort."

Dr. Thompson: Well, we didn't report findings that—all I will say is we didn't report those findings. I can tell you what the other co-authors will say. They'll say that they didn't think the rates variable was reliable. That's what they're going to say.

Dr. Hooker: Okay. Playing that out as a statistician, that doesn't make any sense.

Dr. Thompson: I'm not going to defend it, I'm just trying to...

Dr. Hooker: No, I understand. I just think that if other co-authors were coming forward or were trying to dispute and say, "Well, we didn't think that was a good, that rates was reliable," I'm trying to play that out. When they say something like that, they basically paint themselves in a corner.

Dr. Thompson: Well, that's all I'm going to say is they're going to say that.

Dr. Hooker: Okay.

Dr. Thompson: I know that is what they will say. And I can tell you, the only two people that can really answer that question will be Marshalyn or Colleen. Frank does not know that. I wouldn't know that because I don't know that surveillance system. Tanya has left, and Tanya is gone. So the only two people that could defend that particular question would be Marshalynn or Colleen. And that's all I can say.

Dr. Hooker: Okay. Okay, okay. Well, yeah, that makes sense. Okay, okay.

Now, on the runs you supplied SAS programs. You supplied a lot of different SAS programs to me. I haven't tried to see if they'll run on SAS Enterprise edition. I need to try that. But I was wondering, did you save any of your SAS output?

Dr. Thompson: Yeah, I have SAS output. But I only kept SAS output for the final, the near final programs after we had gone through six to nine months of this sorting through the results. So, the only documentation I have are those Excel spreadsheets that list out all these findings over time.

Dr. Hooker: Okay, okay. But you don't have the SAS listing file or...?

Dr. Thompson: Nah. Nope.

Dr. Hooker: Okay, okay. I understand. What was in the output is in the spreadsheets.

Dr. Thompson: Every time we met, I would create a new Excel spreadsheet and I would put in the new results in that Excel spreadsheet. And then we would meet and we would discuss them. Then I would go back and run more analyses.

Dr. Hooker: Right, right. Now, going back to when the DeStefano study was first initiated, was race a big factor? Essentially, what it appears in the final publication is that race, in general, is downplayed.

Dr. Thompson: Of course, it is.

Dr. Hooker: Right! It's downplayed. But was that a major objective? If you can show me what was planned in terms of the SAS runs, that's going to answer that question. But when you had the discussion—I think of metropolitan Atlanta, and I think, "Okay, this is a great place to get African-Americans because there's more African-Americans that live in Atlanta than live in Redding, California."

Dr. Thompson: Right. It would be the perfect city to do it. But as you can tell from the sample—and I think this is, in general, true at the time—and it's still true—is that whites get diagnosed from that system that still exists and that we still publish the prevalence rates from.

Whites get diagnosed with autism at two times the rate of blacks. So, in 1996 when that was done, that's before the big explosion.

Dr. Hooker: You mean whites are getting diagnosed twice as much as blacks... There's not enough data really to do a socioeconomic breakdown on that.

Dr. Thompson: Well, you can. Did we include—no, I don't think...

Dr. Hooker: No. I think there's maternal education might be there.

Dr. Thompson: This is the reason. They were getting the records from the schools and from the clinics. So you don't have the sociodemographic data in there.

Dr. Hooker: Okay, okay.

Dr. Thompson: That brings up another interesting point, which I've never even thought of. That's amazing. The thimerosal studies, it was so important to get education and income

because there's a reverse association if you don't adjust for it.

In fact, you could argue that the DeStafano paper was a bunch of crap because the better educated moms get their kids vaccinated earlier. So if we didn't adjust for that variable, you could argue from the other two studies, we had a crap study because we weren't even adjusting for the appropriate variables. I never even thought of that.

Dr. Hooker: How would that play out? How would that play out? More educated moms, if we do that, then basically, what we're saying is probably the level of education in the African-American community for moms is going to be lower. And so therefore, they're probably going to get vaccinated later.

Dr. Thompson: Right! And in fact, what this was suggesting is that among the blacks, the ones that were getting vaccinated earlier were more likely to have autism.

Now, the way that would play out, if you thought of this bias, you would say the ones getting vaccinated earlier are the ones from higher income backgrounds. And therefore, they could get—I mean, if you just wanted to assume that bias was real, then you could argue that it's the educated black moms that are getting their kids vaccinated earlier, and that's why you found that effect.

Dr. Hooker: And they're getting that effect. And the ones that are getting vaccinated later are under-diagnosed.

Dr. Thompson: Yes.

Dr. Hooker: Okay. And remembering that this was...

Dr. Thompson: This is 1996, so...

Dr. Hooker: 1996, so the level—you didn't get early diagnoses then. The age cut-off was between 6 and 13 years of age. So, I felt pretty comfortable using the full cohort. I didn't feel like, "Oh, I need to exclude anybody because the average of age of autism diagnosis..." But still, yeah, I can see that being a point that could be argued.

Dr. Thompson: Yeah.

Dr. Hooker: Okay. Okay, good. Good to know.

Dr. Thompson: I didn't even think about that. I didn't even think about that until just now.

Dr. Hooker: Right, right. Well, it does play backwards in terms of will those kids that got

vaccinated later, then you would expect less healthcare-seeking behavior, so they would be less likely overall to get an autism diagnosis. But if you had the maternal education, then you could correct for that.

Dr. Thompson: You could argue the most important confounder was not included in that study. So why would you even consider the results valid?

Dr. Hooker: Valid, right, right. You can't say either way.

Dr. Thompson: Exactly.

Dr. Hooker: Essentially.

Dr. Thompson: And you can use the other two studies to make that argument.

Dr. Hooker: Uh-huh. But it's interesting because we don't see an effect whatsoever in whites. I mean, you take African-Americans out of the mix so you don't see the effect in non-blacks, period.

Dr. Thompson: Yeah. I actually think the most interesting results are the elevated ones for the isolated... ones that don't have any co-morbid conditions.

Dr. Hooker: Right.

Dr. Thompson: But I think it's interesting because I've always believed that you would most likely find—if you could find an effect, you would find it among the ones without mental retardation. Those are the ones where the results would be more sensitive. The kids without other co-morbid conditions would be more likely to have something due to some exposure versus something that's just biological.

Dr. Hooker: Right, right. So something biological, then you would expect co-morbidities.

Dr. Thompson: Well, the kids with mental retardation, it's probably unlikely that mercury exposure causes mental retardation.

Dr. Hooker: How well, though, like you said before, you're not really the person to answer this, but how well do you have those records? A lot of times, if you have an isolated autism case, you're going to have mental retardation. I don't know. I'm out in the community and I don't really know many autistic kids that aren't mentally retarded.

Dr. Thompson: I actually don't know that for sure. But my reading of our own papers, the recent papers, is there's a huge increase in the number of kids who don't have mental retardation. That number, proportionately, is going up.

Dr. Hooker: Right!

Dr. Thompson: So, I still...

Dr. Hooker: But part of that could be a healthcare-seeking behavior because if it's in vogue to get an autism—and I deal with this as a parent all the time. Some genius walks up and tries to have a conversation with my kid. I'll look up the parent and say, "Oh, my son has autism. He's non-verbal. He doesn't speak." They'll look at me and they'll say, "Yeah, my kid has autism, too." I'm just like, "What the fuck? Really? We should be so lucky to have that kind of autism."

Dr. Thompson: Yeah. I didn't know what type of autism your son had.

So... many forms of retardation have a strong biological basis based on some prenatal insult or genetic predisposition.

Dr. Hooker: Sure.

Dr. Thompson: So, I would just assume—and I may be assuming wrong—that if you have mental retardation, it's less likely going to be due to an environmental exposure. The environmental exposures are going to cause more subtle effects. That's my assumption, but I'm not—again...

Dr. Hooker: No, no. I understand. You're not familiar with that particular data set. You used the data, but you didn't...

Dr. Thompson: Well, let me give you an example. What makes sense to me is that you would see something similar to the mercury fish exposure. You would see a couple of points decline in IQ. But you wouldn't assume that it would be a 15-point decline on average which would put a lot of people into the mental retardation category. But three or four IQ points, I could see that. And that's essentially what lead does. Lead decreases your IQ. Lead exposure decreases your IQ by three or four points.

Dr. Hooker: Right. Okay, okay. Yeah, this is making sense. Now, I want to switch gears here really quick. Going to the SEED data...

Dr. Thompson: Yeah.

Dr. Hooker: From my conversation I had with you back at the end of May, you have access to SEED data, right?

Dr. Thompson: I do.

Dr. Hooker: You actually cleaned it up after Diana Schendel left. So you have access to that

database.

Dr. Thompson: I have direct access to that data.

Dr. Hooker: Data, okay. So, if I got a scientist that I would assume is trusted—it would never be me in my wildest dreams. As much as I would love to get into the SEED database, I'm not even going to think about it. In fact, I did request access to the Public Use Dataset people and they referred me to the State of Georgia SEED site. So, I looked at the response and laughed. I thought, "Okay, this is what I expected."

But if I had another trusted scientist, somebody like Cathy DeSoto, for example—there are others—is there a way to get them on the SEED team? You had said, "Yeah, I could talk to Posey about it" and I have talked to one of Posey's staffers. But is that team pre-assembled or...?

Dr. Thompson: Here's the deal. And I've been having a lot of discussions about this. It seems like I've sparked a conversation which I'm very happy about. There's the projects officer who does all the contract stuff for the study. She came into my office today and she said, "I heard you told Marshalyn that you think someone outside should deal with the vaccine studies." So, it sounds like Marshalyn is trying to move forward on that idea.

Dr. Hooker: Oh, wow!

Dr. Thompson: But, I think what Marshalyn wants is one of the principal investigators from one of the sites to take the lead. As I told her, I said, you should include outside groups with opposing viewpoints. The CDC shouldn't be involved at all. Bring in outside people, and let them be involved.

Anyway, it's really—I'm having this debate as we speak about whether this system is an open system or a closed system because I keep saying if it's a closed system, then Diana Schendel shouldn't be allowed to be co-authors on papers anymore. If it is an open system then anyone should be allowed to use the data.

Dr. Hooker: Right, right, regardless of what they published in the past in terms of—well, I mean, regardless of their good peer-reviewed science that they've published in the past. I'm not suggesting that we get Joe Schmoe who is inflammatory.

Dr. Thompson: Yeah! I can promise you, if you apply political pressure, things can happen. I promise you, it will happen. If we make Posey aware of, that this is the largest case control study in the world right now with objectively identified autism cases and all the exposures, including vaccines, and prenatal vaccines, it's sitting there

for the taking.

Dr. Hooker: Okay. Disney, Disney for this question.

Dr. Thompson: It is Disney. It is Disney on steroids relative to (inaudible) assessment.

Dr. Hooker: Right, right.

So, let me play this out. My paper gets published, my MMR paper gets published. I get heavily critized because I haven't corrected for socio-economic factors or maternal education. Yeah, I'll take my hit. And then, eventually, it gets published.

And then, there's a piece of information that I receive from the CDC but I don't source. Is that going to be a red flag?

Dr. Thompson: Say it again, if you do what?

Dr. Hooker: I have a piece of information saying that the CDC got this result and the CDC got this result on November 7th, 2001. And then, what they did was they took the cohort and they looked only at birth certificates or those individuals with Georgia birth certificates, and that obviated that particular result. And so, I report that.

Dr. Thompson: Alright, so I have one question for you. Why are you using that particular date?

Dr. Hooker: Because that's the earliest date. That's the earliest date that the African-American effect was seen.

Dr. Thompson: For some reason, I don't think it would seem that early, but if I sent you a document that has that date...

Dr. Hooker: It's in there. It was November 7th, 2001. Yeah, it's in there.

Dr. Thompson: I didn't think I had documents that had documented it that early. I thought it was several months later, but that's fine.

But if someone ask, just say, "You got it from Posey's office."

Dr. Hooker: Well, yeah. You turned it over to Posey's office, right? I mean, you turned it over to people who were going to turn it over Posey's office.

Dr. Thompson: No, I know. But I have no idea what they gave to Posey. And as you have been seeing from the emails I've been seeing, they're coming up with every reason not to provide anything. The recent email suggested to me that they provided nothing previously on this MMR autism study.

So right now, I'm copying all those documents—any documents I send to you, I'm turning into PDFs. They're all going to be PDFs. I'm going to provide them as part of this request. I'm going to make it very clear that these were provided because I have indications that they may not have provided everything this last time around. So I'm trying to do everything I can to get it out the door.

But anyway, if you get asked, I would just say you got it from Posey's office. I'm just trying to get comfortable with everything I've shared with you I can share with you. I don't want to take a stand on anything. You have what you have. You're going to do what you're going to do with it. I've tried to share with you as much information as possible.

If you say you spoke to me, I promise you, everyone will paint me out to be the bad guy. They'll dig up all these type of stuff. I'll become the story about why I'm the next Brian Hooker and can't be listened to.

Dr. Hooker: See, this is—in thinking of history and posterity and all that type of stuff, I can't foresee doing that to you.

Dr. Thompson: No, no, no. I'm just saying I'm just playing it out. If played out, I would just become the next Brian Hooker. I would be the next scapegoat for the drug company.

Dr. Hooker: What about those inside that are sympathetic with you? Do they exist?

Dr. Thompson: I don't think there's anyone sympathetic inside to what I am doing. My position is one that the drug companies will jump all over. I mean, right now, they feel like they have you pretty isolated as an extremist. And so...

Dr. Hooker: Yeah, I know. I checked my Wikipedia entry the other day and I saw what an extremist I was. I actually had to become a member of Wikipedia, so I could edit what was said about me.

Dr. Thompson: You've got to do that too. It's going to happen. But just so you know, in the short-term, I'm not going to leave the federal government. Again, based on everything I know right now, I don't think I've broken a single law.

Dr. Hooker: No, no.

Dr. Thompson: Nothing I shared with you was classified. Nothing I shared with you was privileged information in any way. And if anything, people that had been my supervisors had broken laws, but I'm not going to be the judge of that.

Dr. Hooker: Why not? I'm sorry. I meant to put you on the spot. If you feel on the spot,

mission accomplished. But if they're doing things that are illegal that are hurting children, I mean...

Dr. Thompson: I know. I'm not...

Dr. Hooker: I understand the quandary if you can't prove it. I mean, if you can't prove it, you can't prove it and you can't go on record because they're going to make you look like shit.

Dr. Thompson: No! Again, it's going to turn into hearsay. It's going to be my opinion versus four other co-authors. And the four other co-authors have a lot of support from the rest of the CDC. There is no one that would come to my defense. The rest of them are all senior level people. And everyone would rally around them and try and figure a way out.

And they would figure a way out! That's the deal. That's what I keep seeing again and again and again. And I've been involved in a separate situation unrelated to this where the senior people just do completely unethical, vile things and no one holds them accountable.

Dr. Hooker: Does it have to do with vaccine safety or...?

Dr. Thompson: No, no, no, no, no. This is completely unrelated.

Dr. Hooker: Unrelated, okay, okay. I'm not going to pursue it then.

This is not isolated to DeStefano et al 2004. I've got all the records. I see that on a New England Journal of Medicine paper, you were pressured to downplay the relationship between thimerosal and tics.

Dr. Thompson: Let me just say this. I did a follow-up study because I wanted my opinion on the record. I talked to a graduate student outside the CDC to analyze the data. It wouldn't even be me who was leading it. And then, I went through this process where that paper was in clearance for a year. I was asked to bring a co-author on in the middle of clearance which is one of the most...

Dr. Hooker: Right, right, the guy from Rochester, yeah.

Dr. Thompson: Yeah.

So, the point is—well, here's where I think—and it's almost impossible to prove because I've already heard people respond to it. I've said things like, "Why didn't you guys follow up on the significant thimerosal effect?" It went into the NVPO

plan. It's been almost two years writing the plan on what they would follow up on. They were supposed to follow up on tics, and they never did a single additional study on tics.

So, they were supposed to follow up on that. That's the one thing I wanted to see if they would follow up on and they never did.

Dr. Hooker: See, the NVPO is like Fort Knox when it comes to FOIA.

Dr. Thompson: No, I know. The bigger problem is they're not actually following up on things they say they're going to follow up on.

Dr. Hooker: Right, right. See, there was a concerted effort not to look at it. Because if they were going to follow up on it, then that would've been as part of the 2011 IOM and the 2013 IOM, and they didn't look at thimerosal whatsoever. They were just like, "Okay, you know what? If we don't talk about this, then the final word will be 2004." If they said thimerosal doesn't cause autism, that's the end of it.

Dr. Thompson: I know. But like I said, they never say thimerosal doesn't cause tics.

Dr. Hooker: Right, right, which we do have a plan for, by the way. You'll see something out in the press hopefully by the end of this month.

Dr. Thompson: Okay, good. That should be your mantra. That should be your mantra.

Dr. Hooker: That is our mantra. It's been very, very difficult to get through, but yes, it is our mantra. The thing that the medical community seems to think that on the developmental disability scale that tics are bottom-feeders. It's like, "Oh, no big deal. No big deal."

Dr. Thompson: No, I know. The question is, "What is it linked to? What is it representative of?"

Dr. Hooker: Right.

Dr. Thompson: It's the canary in the coal mine. That's what it is. It's manifestation of an exposure that may have had a lot of other effects such as verbal learning problems, which were also found in several studies.

Dr. Hooker: Right, right. And I found a study that basically said... that there were LD [Learning Disability] co-morbidities in 76% of the cases of tics.

Dr. Thompson: Right!

Dr. Hooker: So, there was ADHD, ADD, behavioral regulation, speech and language delay, and

autism.

Dr. Thompson: I was very impressed that you had dug up that one tic and mercury exposure thing. I've never seen that.

Dr. Hooker: Yeah. It was mercury, methylmercury, in a Chinese herbal spray.

Dr. Thompson: Yup, I thought so, too.

Dr. Hooker: So, yeah, yeah. It was very interesting. And then, as the blood mercury levels drop, then they saw the tics subside.

Dr. Thompson: Right! I think that's wonderful of them to say so.

I was going to ask you this. So, there were a couple of interesting rat studies that I read a while ago. In one of the studies that was interesting, they were trying to find the toxic level of thimerosal to see how they would do a study. And I've never seen anyone replicate it, but I thought it was a really interesting study, and it could be replicated really easily.

So, they took male and female rats. We're trying to find out the toxic dose that would essentially kill them before they lowered the dose to see the effect of thimerosal.

Well, in this one study that is in the literature, all the males died and the females didn't. So they got to a certain level and all the male rats died.

So, to me, again, it shows that thimerosal had a differential effect on males and females which would be consistent with whatever mechanism...

Dr. Hooker: With a lot of LD, not just autism, but with a lot of LD.

Dr. Thompson: Yeah, yeah, yeah. It was fascinating.

Dr. Hooker: Can you send me the reference for that?

Dr. Thompson: I can try and dig it up. I'm sure I can find it again.

Dr. Hooker: Okay, yeah. I appreciate it. But getting back to... you had our favorite person, Tanja Popovic...

Dr. Thompson: Yup! She may have resigned. No one will say whether she really resigned or not. Did she resign?

Dr. Hooker: I don't know. I'm supposed to get a (inaudible). That was part of my Posey request,

was to get all of her emails that said thimerosal or autism. And I wanted to get in there really quick because I thought I have a two-week and all those emails will just be down the drain. It's bad.

Dr. Thompson: Yeah.

Dr. Hooker: So, how does it work? Is it an issue when it goes through clearance or that it gets bounced back?

Dr. Thompson: What gets bounced back?

Dr. Hooker: If they see an effect, then they will bounce it back to you during the clearance process? For example, what you said for the Barile paper, that it was in clearance and then they want you to get the second author or this additional author.

Dr. Thompson: That was a very, very, very rare—I've never seen it happen before. That's the first time I've ever seen something like that happen before. That they had no knowledge that this was coming through versus the two thimerosal studies. Those people knew about the results two years before it went into clearance.

So, almost—or I would say—every study that has ever come out in Immunization Safety, the people above, if there's a significant finding, they know months in advance of it going into clearance.

So, my paper, I put into clearance without them knowing anything about it. It caught people off-guard. And then, we went through the process we went through which was slow, laborious, but I kept pounding away. They kept watering it down. They watered it down. Then we sent it out to the journals. Then the journals were just like, "What the fuck?! This is stupid. You're not even talking about this significant finding you found."

Dr. Hooker: Right, right, the three reviewers. That page on that PowerPoint presentation, that's dynamic. That's radioactive.

Dr. Thompson: Yeah.

Dr. Hooker: And it's such an indictment.

Dr. Thompson: Yeah. It's an indictment of the whole process.

Dr. Hooker: Right, right.

So, did you feel in the 2007 paper that you were pressured to downplay significant results?

Dr. Thompson: No, because in both those cases, Abt had the results. And they presented them to—I mean, myself and Sally Bernard saw them, the results for the first time at the same time.

Dr. Hooker: She is.

Dr. Thompson: So that's why she was on the panel. But she was the token representative of the anti-vaccine contingent.

Dr. Hooker: Contingent, right, right.

Dr. Thompson: She was supposed to represent that contingent.

Well, anyway, when they presented the results to me, I was seeing them at the same time she was. We were all shitting in our pants. Those two studies, we didn't know what we were going to see when we showed up into the room.

Dr. Hooker: Right.

Dr. Thompson: I was very happy about that. I was happy that we wouldn't be able to spin it, that it was put on the table and Sally could walk away with a handout of the result. I don't think she released the results to the public until after it was published.

Dr. Hooker: No, she didn't, she didn't. And I was trying to get the result. I wasn't getting them from her. I was trying to get them from the FOIA. But no, those weren't released—and understandably so. You're looking at the FOIA exemptions, I understand why. And it wouldn't be defensible. I couldn't go to court to get those results prior to publication. They would be considered pre-decisional.

Dr. Thompson: Right. So anyway, I don't know how we got on that topic.

Dr. Hooker: Oh, that's alright. I'm sorry. That was me. I drove you over there, sorry.

Dr. Thompson: So, to answer your question, there was no pressure on those two studies because essentially, Abt handed us a book of results, and then we wrote up a paper based on that book.

They all show up in the room, everyone gets handed in the book, the book is the book, and then we write up the papers. It was like the most straightforward thing in the world because everyone agreed upfront what the analyses would be. A book comes in, it has everything. And we write it up and publish it.

It's just very different from this other process where we were just wandering. And then, when I find out, what was going on in the background with these

other studies with Diana Schendel. I'm like, "Oh! We were wondering while she's money laundering with the person that's—the landmark study that dismisses any association."

Dr. Hooker: Exactly, exactly.

Dr. Thompson: I mean, she spent the summer in Denmark the year she published that study.

Dr. Hooker: Which one are you referring to? I'm sorry. I should know this.

Dr. Thompson: 2003 and 2004 papers?

Dr. Hooker: Oh, Madsen... she spent the summer for Madsen 2003?

Dr. Thompson: She took a summer, and essentially vacationed in Denmark. I'm sure she said she was working.

Dr. Hooker: I could tell you stories about that study. Oh, my goodness! They cherry-pick data. Well, Madsen, it's so fatally flawed with the changing diagnostic criteria, the inclusion criteria regarding clinics, the in-patient versus out-patient. I mean, it's such a mess.

Dr. Thompson: No, I know. But I'm just saying—while, I'm defending a dissertation on a weekly basis, she's out in Denmark money laundering...

Dr. Hooker: Yes, party at Thorson's house. Okay.

Dr. Thompson: Sitting at the seaside with Thorson entirely in his second house in Atlanta.

Dr. Hooker: Going back to Thompson, was maternal education and—that was a co-variant in that one, right?

Dr. Thompson: Yeah!

Dr. Hooker: And maternal age?

Dr. Thompson: Yup.

Dr. Hooker: Okay. Were those strong co-variants? Do you remember?

Dr. Thompson: Yes, they were very strong.

Dr. Hooker: They were very strong. Okay, okay. That makes sense. I'm just wondering though the majority of the metrics that were tested. They were tested by, interviewed by folks that were employed by Abt Associates.

Dr. Thompson: They were all brought in for three hours, neuro-psychologically test study, a group of master's level trained folks were all taught in a standardized way to give a full neuropsych test battery

Dr. Hooker: Okay.

Dr. Thompson: The kids were brought in for three hours at the four different HMOs that participated. The family was invited in. The kid would be given a 3 hour test. Sat down and given an IQ test and all that type of stuff. The mother was given a short, quick IQ test that we used as a co-variant.

I'm telling you, it was very labor-intensive. That study was done really well.

Dr. Hooker: Right.

Dr. Thompson: Yup!

Dr. Hooker: Right. It and Barile 2012 stand alone.

Dr. Thompson: Well, they were as good as you could do. I will say, in hindsight, I think it was a big mistake to wait until they were seven years old to test them because, again, mercury exposure, there are other things—you and I talked about this. There are other things that could come in. People with financial resources could bring in things to essentially ameliorate any deficits that might have occurred.

Dr. Hooker: Right. Yeah, that makes sense. The socioeconomic status is going to work for—well, healthcare-seeking behavior is a moot point because they're testing everybody. You're leveling the playing field. But socioeconomic factors could weigh in otherwise in test scores.

Dr. Thompson: Yeah, between birth and seven years. So personally if I was going to redo it, I would've done it at three years of age or four years of age.

Dr. Hooker: That makes sense.

Dr. Thompson: At that point, that would probably be the earliest point you'd start seeing deficits show up. And they would be before you'd get a lot of early intervention, education stuff that people with resources could do.

Dr. Hooker: Sure, sure. That makes sense.

So, you weren't involved in Verstraeten in 2003 at all, were you?

Dr. Thompson: No.

Dr. Hooker: You laugh. Yes, yes.

Dr. Thompson: That was a circus. That was a total circus. And then, he goes to the IOM... then he gives this presentation that he's going to work for a drug company. I mean, that was as dark as Julie Gerberding going to work for Merck Vaccine. I mean, it was just—

Dr. Hooker: Right, right. That's...

Dr. Thompson: Nothing pissed me off more than him doing that.

Dr. Hooker: I'm sorry?

Dr. Thompson: Nothing pissed me off more than having him doing that at the IOM meeting saying, "I now work for a drug manufacturer."

Dr. Hooker: Yeah, yeah. He basically resigned onstage.

Dr. Thompson: And it was a total slap in the face. It's just like how insulting would that be to these people who are looking for an unbiased viewpoint?

Dr. Hooker: Right! Well, yeah. It had a dramatic, chilling effect. Let's put it that way.

Dr. Thompson: But I wouldn't believe another word coming out of someone's mouth who, onstage, says, "Oh! And today, I accepted a job with a drug manufacturer."

Dr. Hooker: Yeah. No, no. He was done. As soon as he said that, he was done. You're right, you're absolutely right.

So, you and I are in agreement, vaccine safety should not be in the CDC.

Dr. Thompson: Absolutely!

Dr. Hooker: So, how do you see this all ending? I mean, how would this end? How...?

Dr. Thompson: Right! It would end this way. You would end up with an agency like the National Transportation Safety Board. There's the FAA, then there'd be NTSB. The FAA is responsible for regulating all sorts of things. But then, when an accident happens, you would bring in the NTSB.

So, you would have the equivalent of an NTSB-like organization that would do vaccine safety studies independently. But here's...

Dr. Hooker: But how do we get there? My fundamental question is, "How do we get there? We are here now. How do we get there, without shrapnel, preferably?"

Dr. Thompson: Well, I'm becoming skeptical of these things as I look at it over time. I look at the Environmental Protection Agency and it seems like they're being watered down. They're being less and less effective. So, I just think the trend right now is towards not allowing the government to say anything negative about any industry.

Dr. Hooker: Right, yeah. What's going on in USDA with the Monsanto Protection Act? Trust me, I genetically modify plants for a living. That's what I did. That's how I cut my teeth on my research post, essentially what would be referred to as my post-doc years at the National Laboratory. You don't want to eat GM food. You don't want to eat RoundUp-ready anything because Monsanto is now the insider. They're the government insiders. And the environment is getting increasingly hostile for those that would speak out within the government, that would speak out against the government.

Dr. Thompson: Yes, exactly. So that seems to be the trend. I just don't think the time is right right now. You're not going to get a lot of—believe it or not, when Bob Chen was the branch chief in Immunization Safety, he was the one that was pushing really hard to get immunization safety moved out of the CDC. I think he actually almost succeeded. But then they reprimanded him and slapped him around and...

Dr. Hooker: ...transferred him.

Dr. Thompson: Yeah! Then moved him out.

Dr. Hooker: Right, right.

Dr. Thompson: So, I just think the current environment in the federal government—and you know this because you're in the federal government—is hostile to anyone who says anything negative about any industry. I don't know what the answer is. I don't know how we get independent studies.

What I want to say is the NIH should be funding all the studies. That's what I want to say. But I'm beginning not to trust the NIH with vaccine studies.

Dr. Hooker: Sure, sure. Some of the comments that Tom Insel made, he had a preconceived notion of how his "vaccine safety study" that he was working on, his vax-unvax study, was going to come out. I mean, he was very, very clear.

Dr. Thompson: Have you heard any more about that? Have you asked anyone about that study?

Dr. Hooker: I haven't heard anything—not for lack of trying. I haven't heard anything about that study. I may call Lyn Redwood... because she's on IACC and she might know. I

may call her.

Dr. Thompson: And I asked Marshalyn. And Marshalyn didn't know.

Dr. Hooker: No, no. I'm not sure who is doing what. But if it's anything like that, that one meta-analysis that came out of Australia, good luck!

Dr. Thompson: That meta-analysis was the saddest paper I've ever seen. The amount of press that piece of crap paper got was so depressing.

Dr. Hooker: Right.

Dr. Thompson: It was mind-numbing to think how much press that got, which described it as the nail in the coffin. Anyway...

Dr. Hooker: That's it, man. It's late.

Dr. Thompson: Alright! Have a good night.

Dr. Hooker: Alrightee! Hey, thanks a bunch, Bill. We'll talk to you soon.

Dr. Thompson: That's right.

Dr. Hooker: Bye bye. Have a great vacation.