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Thinking ... For a Change

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## CDC SCIENTIST CONNECTS VACCINES TO TICS, LANGUAGE DELAY

WITH WILLIAM THOMPSON, PHD AND BRIAN HOOKER, PHD

<http://fearlessparent.org/cdc-scientist-connects-vaccines-to-tics-language-delay-recording-4/>

**Dr. Hooker:** I'll tell you the reason that I wanted to talk to you is that I have been in Issa's office and I've seen your handiwork.

**Dr. Thompson:** I worked hard on it!

**Dr. Hooker:** Oh it's all yours, it's all yours. I had seen some earlier stuff but Issa staff had to redact the personal information and yours took the longest. So, I saw everything you had, everything from the letter C to the letter Z is that what they had. Now, they are not releasing this to me. They are letting me see it and transcribe it by hand so I'm trying to work behind the scenes with their office and with Posey to get them to release this and there may be...

**Dr. Thompson:** It would be so great if you could get them to release everything. I'm just telling you that. Because it would take me off the hook. Then everything would be off of me because then the records would be public and then I could discuss them.

**Dr. Hooker:** I will let you know how that goes. The clearest legal pathway is if they release them. There are some procedural issues with whether a committee chair like Issa can release those files directly. But I told them, I said look if you can release them to Posey, Posey doesn't have the same restrictions because he is not a committee chair. I'll keep on pursuing those avenues. There's got to be, I would not be surprised if you turned over 20,000 pages worth of documents... because I didn't even touch them, I skimmed.

**Dr. Thompson:** I think I provided 100-something pages so when you said you went through that many...

- Dr. Hooker: I'm probably low balling it. I know that there are some things that I have seen that were not in the documents that were in Issa's office so that was a little interesting. Obviously some things aren't making it through the filter. But, I wanted to go Barile.
- Dr. Thompson: Barile...Jack Barile
- Dr. Hooker: Is it Barile? I can never pronounce it right. Barile.
- Dr. Thompson: Speaking of... these are the types of things...whether you want to think it's a coincidence or not. I actually had coffee with him this afternoon. He is a great guy. He is a really young guy. When we did that thimerosal paper, he was still in graduate school.
- Dr. Hooker: Yeah, I bet he has a great tan.
- Dr. Thompson: He does.
- Dr. Hooker: I got to say that, I'm from California. Anyhow, what I saw... I saw some of the original versions of the Barile manuscript and I'm going to read some excerpts from the original if you can humor me. It said: "In light of these findings, the researchers conclude that the greater exposure to thimerosal from vaccines is potentially associated with an increased risk for the presence of tics in boys between ages 7 to 10."And that, I don't think that made it into the final manuscript. How does the CDC react to this?
- Dr. Thompson: Did I tell you the story about this paper?
- Dr. Hooker: You told me that they hired the tics guy, that you got this guy from Rochester. Are you there? You're kind of breaking up. Are you still there? Let me check my connection, Bill. It might be me. Hold on. No, I'm getting good connection. Can you hear me?
- Dr. Thompson: Yeah, I'm going to go outside just to make sure I have the best connection. Just a sec.
- Okay! This paper was the longest paper in clearance I've ever had. It was in clearance for a year. There is a really interesting story about this. GabeKuperminc, one of the other authors on the paper. Gabe and I went to graduate school together.
- Dr. Hooker: Oh no way. He was John Barile's advisor, right?

**Dr. Thompson:** Yes. So Gabe and I knew each other. Gabe said that he had this great graduate student and I said "great! I want to talk to you guys about a study I want to do." And I said, "I promise you this isn't going to be easy but I promise you it's going to be interesting." I told Jack he was going to be first author. I said that because you guys are outside the CDC we'll have more leverage because you will have fewer constraints than I will. If it gets really crazy, I'm willing to drop off as the co-author and let you guys just publish this.

So anyway, we did the whole thing. We wrote the manuscript. We initially had pretty strong wording, like what you're saying, about the association and then it sat in clearance for a year. And people just hammered away at the paper and watered it down more and more and more until you got the manuscript you ended up with, which is the published manuscript. Not the published, you ended up with the final cleared manuscript, which is the most whitewashed discussion ever. And then we got those reviews and we were just thrilled with the reviews and we were like, this is great! Now we can put back in our original text.

**Dr. Hooker:** Right. I have one of the whitewashed comments. It said, "Despite the significant association between thimerosal exposure in early life and the presence of tics in boys ages 7 through 10 years, we think thimerosal exposure is not a major causal agent for tic disorder for several reasons. First, the magnitude of the potential contribution from early thimerosal exposure in the present study is small." I didn't get that. I mean, was that referring to the risk ratios or the odds ratios? I wasn't sure.

**Dr. Thompson:** Well, there's for a linear regression model, I call them beta coefficients. The beta coefficients were...I'll give you my perspective – any effect you find for any analysis like this is going to be small. I really do believe that any analysis like this if we found something, it's not going to explain the huge increase in autism cases or things like that. So, whatever we found could explain a percentage of it. But you know, I have to see the actual draft you are looking at. So, are you reading a comment that one of the reviewers made?

**Dr. Hooker:** No. I don't know if this was from the final paper or if it was from a severely revised manuscript that then went out to publication. I couldn't really tell. I haven't cross referenced this with the final paper.

**Dr. Thompson:** Yeah, I can't remember off the top of my head. All I have to tell you is that we had a pretty strong discussion about this when it was in clearance. I knew they would whitewash it and then we got these wonderful reviews, which was, you know, it was

like a reality check for me.

**Dr. Hooker:** I've seen those reviews. I got those in documents from Posey, actually. It was good. It was an eye-opener. I hope it was helpful.

**Dr. Thompson:** Oh! It was three independent opinions, right? Three people who have no vested interest in the outcome other than to say, "Why aren't you talking about significant results in the paper?"

**Dr. Hooker:** Right. It goes on...if I can ask...I have a quote, I have an email, this was to you, and it's not concerning the Barile paper, but your original Thompson 2007 paper. This is from Nancy Levine, and she's looking and she says "Bill, I think this document still needs language clarifying that the tic finding even though it's statistically significant and repeats the finding from previous studies is something you would normally find in this population." Well, they're kids. But. I don't get that. I'm also concerned about...

**Dr. Thompson:** And you know, Nancy Levine is not a scientist so... that is even crazier. That's even crazier.

**Dr. Hooker:** I mean, my first question is, who the hell is Nancy Levine?

**Dr. Thompson:** She is not a scientist; she's like an admin person. So, I'm just wondering if you're reading it right. I'm wondering if she might've forwarded someone's comment.

**Dr. Hooker:** Ohhhhh. So, okay.

**Dr. Thompson:** It would be really surprising for her to make a comment like that, but she might've. But that's what I mean... these are the type of people. She is a policy person. I think she calls herself a policy person. But I can't remember. She knows nothing about science. That's all I'll say.

**Dr. Hooker:** Right. Well, I was pretty sure because she referred to... "I am also concerned about saying that this finding should be studied further." I thought that was a travesty. Of course it should be studied further.

**Dr. Thompson:** Of course it should be.

**Dr. Hooker:** "I'm not sure we want to say this or do this but I'll leave it up to you and Ed" -- and that's Ed Travathan.

**Dr. Thompson:** Ed Travathan who was the center director at the time.

**Dr. Hooker:** OK. So, if indeed these were her words, she was way out on a limb because she is

not a scientist.

Dr. Thompson: Completely.

Dr. Hooker: Okay. Okay. Now, in your 2007 paper, was it submitted to Journal of American Medical Association or did it just go directly to New England Journal of Medicine?

Dr. Thompson: I thought it went straight to New England Journal but it might have gone to JAMA first. I can't remember. We all think the New England Journal is a much better paper.

Dr. Hooker: It was just a hint of something that I saw.

Dr. Thompson: We might have been talking about which journal to submit it to. I can find that. That wouldn't be hard to find. No, we sent it to New England Journal, we didn't send it to JAMA.

Dr. Hooker: Yeah. Let me make a note here. That's what I thought. Because it's a good paper, it got good reviews. And the conclusion still stands. Now, I went back, this whole thing...

Dr. Thompson: Which reminds me I want to talk about the Verstraeten paper after we talk about this because I have something really interesting to say to you.

Dr. Hooker: Okay. That would be great. I went back to Tozzi. Because it looked like... and this I know, Tozzi was rejected by New England Journal of Medicine first, and there was a whole... the Tozzi. Alberto Tozzi's paper.

Dr. Thompson: Oh, Tozzi. I thought you were saying Posey, the Congressman. I think they call him Tozzi. Alberto. Yeah. He got rejected by New England Journal and JAMA.

Dr. Hooker: Okay. I'm going to write that down. What I did, I went ahead and I looked at his results for tics and we've talked about this before. And so, I just did a really simple student's T-test because we have the mean, the standard deviation, and the number [unintelligible 19:50.5 mark]. They are statistically different.

Dr. Thompson: Exactly. Exactly. I know!! I'm telling you... I know! That's why I wanted you to look at it.

Dr. Hooker: Motor tics and phonic tics. Thank you so much because they are statistically, completely different. Now the only thing that's odd... I'm sorry, go ahead.

Dr. Thompson: I know, I know, I know. I know. But it really wasn't analyzed correctly, but I never went and did what you did but I was looking at it. And I was like, I wish I had done

it. But I wanted you to look at it because I thought those raw numbers would be statistically significant. Just the numbers right in that table. So you have confirmed what I thought. Yeah.

**Dr. Hooker:** I haven't done males and females segregated yet but overall there is a statistically significant difference both in motor and phonic tics.

**Dr. Thompson:** That's why you got to get the raw data. You can get the raw data if you just put pressure on these guys. And speaking of... Nancy Levine was poking her head around to try and find out where the Italian data was. They were trying to find it to see if they could get it. Nancy Levine is this policy person and when you started requesting the data sets, I sent an email to Frank DeStefano and said, "Why don't we get the Italy data, that would be great to have because XY and Z." And, you know, he replied back that he didn't think we could get it.

**Dr. Hooker:** How did, with David Shay, I saw an email between you and him. It said, "Hey, sorry to bother you. I'm trying to pull together everything I sent to Alberto et al. You don't want to know why." So that piqued my interest. "Can you recall when you sent me and can you find your original edit to the... (unintelligible) graphs we got from Alberto... (unintelligible) December, early January of this year?" They were funded by CDC right?

**Dr. Thompson:** Yeah, completely.

**Dr. Hooker:** Okay. Who was the project manager on that? Was there project oversight?

**Dr. Thompson:** Here's where you just got to understand the transitions. So, David Shay was the project officer. I was really the person who was doing all the work because I designed the (unintelligible) neurodevelopment study and we basically had Alberto do the exact same thing. We had Alberto take every instrument we could find and do it in Italian or whatever they wanted to do it in. And he basically replicated our design. So I spent a lot of time with Alberto. Now David Shay is a pediatrician and he sat back and listened a lot but he was technically the project officer. He was also the team lead at that point. As I told you, he resigned in November of 2003 and went back to the flu division. And then I think he tried to stay on as the project officer but Frank took over. Frank is an Italian and he owned property in Italy for a long time. So there is a long term relationship with him and Alberto.

We funded the whole thing. If you pushed it, they would probably say it was jointly funded but I believe the only grant money they had was from us. Understand my position – this was the best study of all of them, is the first thing I want to say.

Second, it had a larger sample size than our New England Journal paper. Third, there was true, true, true random assignment. And three [sic], it also found a language effect. So it found a tic effect and a language effect. So the two effects were replicated!

If you believe the tic effects were significant, which it blew my mind when, the paper disappeared, the results disappeared for several years before I finally saw a draft. And that's why I think that email that you saw was me like trying to figure out what happened to everything we saw originally. It was like, what the heck happened? How did it change so much? Because I was really thrilled that it looked like we had something that had replicated. But anyway...

**Dr. Hooker:** But it was very interesting. And the reason why I keyed in on this is then I saw, I think it was a letter, I want to say it was from Melinda Wharton or somebody in the ISO, and it was to a pediatrician who was very concerned about thimerosal and tics. And in this letter she went on to say, "Oh well, we didn't see a (unintelligible) association because we did this Italian study by Tozzi et al and they did not see an association with tics." And then she was talking about speech delay and how there were several studies that you can see a consistent association across the board. And once I did my analysis I was like, bullshit, come on!

**Dr. Thompson:** Total bullshit, no, I know! You have to realize, I worked with someone who worked closely, and I just have to tell you I do not care for Larry Pickering. I can tell you story after story about why that guy is... I don't want to disparage him. I'll just say, I don't think highly of him. But I had a go between between Larry and I. We went back and forth on what should go on the NVPO with things to follow up on. And if you notice or know what that list is, it was tics and language delays. Those were the two things that went on... So NVPO put it into what the CDC was supposed to follow up on and the CDC never followed up on it. So it went into a national, strategic plan for vaccine safety. That's what frustrated the hell out of me is they never did an additional study after that.

**Dr. Hooker:** Right, right. I did see... There was one thing I couldn't find the date on it, it was ISO's response regarding recommendation 19 for tics and there was some odd number of recommendations, assessing whether thimerosal is associated with clinically important tics will be a research need for the ISO scientific agenda. ISO confers with NVAC of a low priority score. Again, I just scratch my head. This is the piece with thimerosal that is still left hanging.

**Dr. Thompson:** Absolutely. NVAC still has it on its list. So it's on their list but NVAC and ISO



decide for themselves it's a low priority. So a very biased political agenda made it a low priority and created a situation that would be difficult to get additional funding for.

**Dr. Hooker:** Do you think they would ever be revisit it, I mean, if we applied pressure and we started publicizing...

**Dr. Thompson:** Absolutely. Absolutely. They absolutely would. And I do think you could do more studies and I have lots of ideas of studies we could do, so...

**Dr. Hooker:** Right. Because we want to apply pressure and this is pressure that we could get somebody like Posey to appear at a press conference and talk specifically about this. I really want the Tozzi data. You kind of inspired me to double my efforts in order to get that particular data because I think it would be very, very useful. And their analysis, they don't really do any types of testing to show that their populations are different outside of mean +/- one standard deviation.

**Dr. Thompson:** The other thing I was going to say to you about that analysis is...as opposed to the non-experimental studies where you need to adjust for things... from a theoretical basis, you don't need to adjust for anything in that study. The second thing is they had an unbelievable response rate, they had an 80% response rate from the original study. It was like your world's greatest dream and the reason is because most kids in most of those villages don't move so they are very easy to find.

**Dr. Hooker:** I'm going to call him. I have not tried that yet. I'll just call Alberto Tozzi directly. Hopefully he won't think that I'm a demon like the rest of the CDC but I'm sure I can get his phone number.

**Dr. Thompson:** Sure you could get his phone number. You could at least at least email him.

**Dr. Hooker:** Oh yeah, I've done that. He does not respond to the email. So, but I am not beyond stalking people, you know that.

**Dr. Thompson:** Don't do it! Don't do it! Don't do it! I'm just saying if he doesn't respond, you're not going to get him to talk to you on the phone.

**Dr. Hooker:** Really? Ok. I'll keep trying other avenues. Now talk to me about Verstraeten. You were getting ready to talk to me about Verstraeten...

**Dr. Thompson:** Yes, so I was reviewing a paper that was doing a reanalysis of the Verstraeten study. I re-read the Verstraeten article. I was actually talking to Chris Price this



week about this this week because I thought this is really interesting. So, if you have re-read the Verstraeten study lately, you will see in the message section that for northern, for the big... I'm not supposed to say who HMO it is, but for the big HMO, the one with 110,000 subjects, that's the one that had the tic effect, right? And it's primarily because they had such a big sample size. The other HMO's had I believe positive effects but they weren't statistically significant. Right?

**Dr. Hooker:** That is correct. Both the Harvard Pilgrim and the Group Health Northwest, or whatever it was, didn't have the effect.

**Dr. Thompson:** Right, so if you look at that, you would just say they didn't have enough subjects when they did the other two HMOs. But regardless, what is interesting to me is about other potential effects and the reason I say that is... they have this sentence in there. And I never really understood why they did it but now I understand why it would significantly reduce the size of the effects. So if you look in the message section, it says for NCK, we adjusted for which clinic the people were seen at, because in some clinics they said there were higher rates of particular disorders.

Now, and I think this is true at this particular HMO clinic, but I'm not positive. If the kids who have... If you test positive on a screener for any condition and then that triggers something for you to be sent to one of the Kaiser specialists. Let's say you appear to have symptoms of autism and then they say well, let's send him to the autism clinic to see if he has autism. Right? If you do that, then what you would do is be essentially creating a situation where some clinics look like they have higher autism rates than other clinics. And it could also be the case, for example, if you live out... 60 miles out of town and the autism specialist is in town, right? You could drive in and go and see that person. So if that's true and they adjust for that, they essentially adjust out any possibility for finding an association between the thimerosal and the effect because what they are basically doing is saying, I'm going to co-vary out all the variation associated with neurodevelopmental outcomes from specialists where you would get the diagnosis from. I never really quite understood why they did that. I didn't have the data myself. I couldn't look at the data. But now I'm very suspicious about what that might do with some of the effects. I guess you guys have access to that data so I might be overstating it but it would be interesting to look at some of the other types of...

**Dr. Hooker:** Actually, I don't. I don't personally have the access. I requested a public use data set for Versraeten and they told me to apply to the VSD. I tried to get around something all the hoops that the Geiers had to jump through to get into the

VSD because I had to go through all these different IRBs for each HMO they were approved for, and it was time consuming and expensive. The Geiers are not approved to merge vaccine files. So you can't reconstruct Verstraeten because you can't come up with the thimerosal dose.

Dr. Thompson: Why?

Dr. Hooker: For some reason the way that they worded their proposal... and Peter Meyer, he's different, he may go for it. I have nothing to lose by proposing a VSD study. The worst they could say is "No" and I would just do a preliminary proposal and see where it went. Because the RDC [Research Data Center] is very, very different than it was in early 2000s. It's a much friendlier place.

Dr. Thompson: When the Geiers went in there, there was no way they could manipulate the data appropriately just because of the constraints they were under.

Dr. Hooker: And they didn't know SAS. They didn't know anything.

Dr. Thompson: No, no, I know. There were many reasons. That was a big mess both on the CDC end and the Geier end. It went very poorly for everyone. If you could get access to the data now and look at some of these things, my guess is they put that adjustment in there because they didn't like what they were finding. They only did it for one HMO.

Dr. Hooker: That's right. Oh, I remember reading that. That's for the biggest HMO. They stratified based on clinic. Oh, wow. You hit the nail on the head. See, I always questioned that because I felt like you were matching out any variability in thimerosal but I never really thought to question that out in terms of specialty clinics, in terms of specialists.

Dr. Thompson: If it was specialty clinics, then you are completely throwing off the association because you're basically chucking out all the variance associated with the actual outcome.

Dr. Hooker: Right, you're comparing high with high, and high within high and you can't do that. That is really... I'm glad you caught that. That's pretty amazing. And it would be interesting to see what the tic outcome again would be if you could throw out those constraints. For sure. Okay. Alrighty, thank you.

I'm looking at my list, I have my bucket list of questions. About Nancy Levine. Talked about David Shay. The MMR paper. It looked like it was accepted in Pediatrics in July 2003 but it didn't come out until 2004. Is that pretty typical for

Pediatrics? Does it take that long to get them...?

Dr. Thompson: I don't think it's that typical for it to take that long.

Dr. Hooker: I just thought maybe there was a story there or something.

Dr. Thompson: If there is a story there, I don't know. Pediatrics, JAMA and New England Journal have very tight ties with the CDC. You could do this. You could email Pediatrics and say "What's the average time to publication when a journal gets accepted?" Actually, just go look at the journal Pediatrics because they say when the article is received and then when it was published. So you can just go look. Go look at a couple of articles and see what the turnaround time is.

Dr. Hooker: I wasn't sure maybe if there was a peer review issue or... yeah, I'll look. I'll look, for sure. It was very intriguing because in your collection of information that went to Issa's office, there was precious little about MMR. Everything, thimerosal/tics, thimerosal/autism; the Price study; Thompson study; Barile study were all there. Nothing about what was there under DeStefano. I thought that was pretty interesting.

Dr. Thompson: Remember I led all the analyses with the DeStefano thing. Literally everyone else got rid of their documents. So the only documents that exist right now from that study are mine. And it was the five of us. The reason you don't see anything else circulating on the study is, it was five of us, behind closed doors for two years. That is why you don't see anything else. What you do see if you notice is when I start getting pissed off that we were about to release some results internally. I don't know if those documents made it... I think you've seen those. I've sent those to you.

In October 2002, I was starting to share results. That's when they reprimanded Bob Chen. It was early September 2002. I was ready to show results and I have notes that say we were even going to show them earlier. I do that in early September. And then within two weeks Bob Chen gets reprimanded. And then several weeks later, we get FOIA'ed and we get legal people asking for all of our documents. And that's where the email exchange between Colleen Boyle and I. About... you know, I was the only one that had documents, everyone knew I was the only one that had documents. That's when I considered becoming a whistleblower, la di da di da.

Dr. Hooker: Right. Right. Now, I did see that you proposed a thimerosal Alzheimer's study at some point. Whatever happened to that? Did it just not fly?

Dr. Thompson: Yeah, it just didn't fly. The problem with that is you wouldn't have any people

exposed to thimerosal that would be old enough that you'd actually find cases of Alzheimer's. You have to realize that heavy doses of thimerosal came in the 1990s so if you followed these people for 50 years then you could do that.

Dr. Hooker: Right, so the VSD would not be appropriate to study that, in that timeframe.

Dr. Thompson: Yeah, from 1995 plus 50 which would be 2045, then you would.

Dr. Hooker: Oh, you'd retire before then. Let's hope so. There were several documents that refer to what was called Environmental Exposures in Autism. Is that just another name for the Price study?

Dr. Thompson: No. (hesitates)

Dr. Hooker: Because it looked like it was beyond thimerosal and that's what intrigued me.

Dr. Thompson: Do you have a name affiliated with it? Because there are lots of tables where we describe studies. There is one interesting study, too. You and I have never talked about this study. There's a 2008 study that has Larry Pickering as an author, where they went and did the biopsies. It was Larry Pickering, Ian Lipkin.

Dr. Hooker: Oh yeah, I know all about this.

Dr. Thompson: Ok, did you and I talk about this study?

Dr. Hooker: No, you and I have never but I've talked to Ian Lipkin about it. In fact, Ian and I are not speaking right now because he doesn't like me very much.

Dr. Thompson: Ian Lipkin is one of those... well, I'll give you an example. When I was trying to hold them accountable, it was funded by the CDC, the money was sent to the NIH, it was the worst mismanagement of federal funds that I have ever seen in terms of how that study was carried out. If you looked at the original study design and the fact that they only ended up with 25 autism cases, it is just insane. I took over as project officer in the middle of that and I kept trying to hold people accountable for what they were doing with the money. The project officer on their end eventually dropped off the study; she was so fed up and tired with it. In the middle of the study, Ian Lipkin was asking for more money. I don't think I kept that email, but it's the one email I wish I had kept. It was where he said he was going to go talk to his Congressman if we didn't give him more money.

Dr. Hooker: That sounds exactly like Ian Lipkin. Oh my goodness.

Dr. Thompson: And then the first author, Mady Horning, I think she's first author on it, who was

doing animal studies is his significant other.

Dr. Hooker: Right, they're shacking up, they're not married.

Dr. Thompson: So anyway that was criminal because they published that study with 25 autism cases and the power was like zero and they tried to give the impression that they did a study of gut biopsies...

Dr. Hooker: They ran PCR in the cases; they ran PCR in the controls. They found measles virus in several of the cases and they found measles virus in the controls. And then they concluded there was no effect. But the actual conclusion of the study should be: It's a really crappy study, we can't tell anything.

Dr. Thompson: It was the worst study ever.

Dr. Hooker: Thank you, thank you. When you talk to Ian Lipkin, he's like, this is definitive; this shows there's no correlation. There's no such thing as autistic enterocolitis that has MMR...

Okay, last question, have you thought anymore about perhaps talking with me to Posey's Chief of Staff?

Dr. Thompson: Here's the deal. I told you I've been down this road before in 1993. I'll tell you my experience in 1993. The staff members of Congressmen are infamous for promising things they can't do. It just isn't going to work well for me and the primary reason is that if I was going to do that, I would have to tell my wife and I know my wife would say: Absolutely not. I don't want to put my family in that situation right now. But again, if you can get people to start releasing documents... once documents are out, I'm...

Dr. Hooker: Let me get the documents released. I feel like I'm close. I have to be very, very careful with how I finesse this....but there is a possibility that Posey will approach Issa directly on the House floor and say: Hey, can I have those documents? Once they are in Posey's hands, I can get them. Posey is not constrained.

Dr. Thompson: Let me tell you one thing about the Posey request. The Posey request is the first time that I went and took those Excel spreadsheets from the original files. I have hard copies with written notes from Frank DeStefano and Colleen Boyle, and then I have the electronic files, too. The first time I scanned everything and put it into a PDF to make sure they couldn't claim they didn't have it. And then I also gave it a very good label so if they do searches -- and they always say they do searches and they find nothing -- I gave the file a name you could never miss in the search. If

you haven't seen the Excel files, if they didn't print them out, that's a red flag that they haven't provided everything. If they did print them out, then you would see the things I had sent you but my guess is they didn't. But I have no idea.

**Dr. Hooker:** Did you make PDFs of the Excel spreadsheets? Did you scan them physically and make a PDF or did you use like Adobe to make a PDF?

**Dr. Thompson:** No, recently I scanned them, made a PDF and I have a file directory as part of the Posey request. I provided all the scanned documents. But that's the first time I scanned them and created a situation that would be very easy to...

**Dr. Hooker:** CDC has not released anything from that Posey request, the one that you are talking about. CDC has not given anything to Posey.

**Dr. Thompson:** No, I know. They are not going to. In the earlier request, I provided the Excel file. I don't know if they actually printed them for you guys or not.

**Dr. Hooker:** Ohhh. No, no, those were never produced. I mean, and I would know.

**Dr. Thompson:** Yes, I know. I am just telling you I provided those in that first round. The second round of the Posey request which it may not see for another year or two, and I was told that... I told you that they hired folks... used \$300,000 to hire people to go through my files. So people are going through my files.

**Dr. Hooker:** It's well worth it. As long as they get released, that's all I can say. It's saving a lot of time. Okay, let me chew on this. You have given me a lot of assignments. I love you and hate you for this. But let me chew on this and I'll keep you in the loop in terms of the production that we are getting from Issa... if we get anything from him, so...

**Dr. Thompson:** We're going to give you an honorary degree in epidemiology, Ph.D. in epidemiology if you follow through on these tasks..

**Dr. Hooker:** Bitchin'! You got it. Okay, okay. Alright. Hey, thanks so much, Bill. We'll talk to you soon.