Editorial

Interview with Dr. Mark Geier and David Geier concerning Thimerosal, testosterone, and autism treatment hypothesis

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Abstract

In this transcript of an interview given by Dr. Mark and David Geier, these researchers provide insight into the growing proof of Thimerosal toxicity manifesting in children after routine vaccinations, as evidenced within the CDC's own Vaccine Safety Datalink (VSD) database. The interview conducted on January 13, 2005, gives indication of cover-ups on the part of senior public health officials, who have found within the statistics of VSD such compelling evidence that they are unable to obfuscate it with statistical manipulations. Topics broached include illegal collusion of authorities with industry; perjury from experts in sworn testimonies before Congress; and non-cooperation with Congressional orders that independent bodies (namely the Geiers) access the critical VSD data. The public health ramifications for the nation are discussed, as well as the possible mechanisms of Thimerosal's adverse neurodevelopmental outcomes, and—if this assessment turns out to be accurate—some potential steps that might be taken to assuage the widespread damage now being observed in children. The Geier's treatment hypothesis was developed based on their observation of testosterone-mercury toxicity.

Keywords: Thimerosal, testosterone, mercury, precocious puberty, institutional malfeasance, adverse vaccine reactions, autism, neurological developmental disorders

My guests today are Dr. Mark Geier, President of the Genetic Centers of America (Silver Springs, MD), and David Geier, President of MedCon, Inc. They are the first and only researchers to be allowed to examine the CDC Vaccine Safety Datalink (VSD) database. Their findings surprised even them. But they have had the courage, integrity and no-nonsense approach to keep telling it like it is. Their renowned published study, Thimerosal in Childhood Vaccines, Neurodevelopment Disorders, and Heart Disease in the United States, in the Journal of American Physicians and Surgeons of Spring, 2003, provided "strong epidemiological evidence for a link between increasing mercury from Thimerosal-containing childhood vaccines and neurodevelopment disorders" saying, "a causal relationship between Thimerosal-containing childhood vaccines and neurodevelopment disorders and heart disease appears to be confirmed." They will not tolerate more of America's children becoming needlessly debilitated or kept debilitated by autism. And their latest published paper, The Potential Importance of Steroids in the Treatment of Autistic Spectrum Disorders and other Disorders involving Mercury Toxicity, in the current issue of Medical Hypotheses may help do just that—prevent many of our children on the autism spectrum from remaining needlessly debilitated.

Dr. Geier has been an invited expert before the House Government Reform Committee; the Geiers have twice in the last year been invited to present to the Institute of Medicine (IOM) of the National Academy of Sciences on vaccine issues; the Geiers have been involved in vaccine cases for the no-fault National Vaccine Injury Compensation Program (NVICP) and in civil litigation.

It was a Sunday in 2002, you were in the midst of vacation playing tennis, minding your own business, as the saying goes, and you received a call from a Congressional staff person asking you to be there on Tuesday to render an opinion on the connection between Thimerosal and autism and to investigate the secret Vaccine Safety Datalink database. Who called you, and why did they choose you to call?

In 2002, Congressional staff person, Beth Clay in Congressman Burton's office [Burton who was Chairman of the Government Reform Committee, US House of Representatives] called [us] to attend an upcoming meeting to render an opinion between the connection between Thimerosal and autism and to help investigate the secret Vaccine Safety Datalink (VSD) database. I think we were chosen because we had been essentially the only independent group that had been investigating vaccines. We had been working with the CDC—they had been supplying us with databases and numbers in order to investigate the issue. Congress wanted an independent group to look at the secret database. I guess our names came up and they wanted to hear what we had to say.

What were your findings?

We only got to see the VSD—the Vaccine Safety Datalink--under very difficult conditions. It took us from the time that we were called, another year and a half almost in order to get to see

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it. Because although Congress had agreed to a compromise that CDC would allow independent researchers into their database, CDC did not make it particularly easy to go there to see it. In fact, it took weekly conference calls with Congress people on the line to finally force them to allow us to see it. And when we saw it, we saw in their database, the same thing we've seen in all the other databases, which was that the more mercury from Thimerosal-containing vaccines children received, the more likely they were to have autism and other neurological disorders.

Initially, when we first started off looking at Thimerosal in late 2001, early 2002, we were very, very skeptical that Thimerosal could be causing autism. It did not make a whole lot of sense—after all Thimerosal in vaccines was very, very low level. We are taking about children that weigh several pounds and the amount of mercury in the micrograms. It didn't make a whole lot of sense how that could be toxic. So parents said, "Well, if you look around, the amount of autism went up with the amount of immunizations being given." They said that the two must be linked. And our first response was that the amount of television watching has gone up in the last 10 or 15 years and we don't say that that's linked with autism. But autism parents wouldn't leave us alone, "You are studying vaccines—you are looking at the Vaccine Adverse Event Reporting System (VAERS), surely there must be some kind of study that you can do on this." I personally got so upset, I said, "Leave me alone and if you keep doing this, I will testify against you guys." Because I said there were genuine safety concerns and I thought that we were addressing them through peer-reviewed scientific publications. But parents of these children with autism were distracting away from the genuine study of vaccine safety concerns.

In working with CDC, analyzing the VAERS database, they provided us a key that allowed us to be able to look at the Thimerosal question. The way in which we looked at it was that when they provided us with the number of doses administered not only by vaccine type, but also by vaccine manufacturer, because it turns out that there were manufacturers of Diphtheria, Tetanus and acellular Pertusis vaccine during the 1990s that did not use Thimerosal as a preservative—they used an alternate preservative called 2-Phenoxyethanol. So now we had a group that had received Thimerosal in the DTaP vaccine—millions of children, and we had a group of children that did not receive Thimerosal—they received the 2-Phenoxyethanol. So we went to the VAERS database to compare the rate, almost positive that there would be no difference in the rate of neurodevelopmental disorders. But when we did that in our first study, we found the rate of autism was six times higher in those who got Thimerosal-containing DTaP versus Thimerosal-free DTaP. Then we went and looked at other kinds of neurodevelopmental disorders—things like mental retardation, speech disorders, and found that they too were also statistically significantly elevated with the Thimerosal-containing DTaP vaccine. So our first thought was "these results surely must be biased." Maybe parents with children that received Thimerosal-containing vaccine were so upset that they went and contacted their doctors to file VAERS reports. We went and looked at things that we did not think could be linked to Thimerosal in the vaccine—things like fever, injection site pain, rashes, and we found that they were similar in both groups. We were seeing just a neurodevelopmental disorder effect. We put this together in our first paper which was written in December 2002, accepted some time after the Congressional hearing convened in December, and the manuscript was not published until June, 2003 in *Experimental Biology in Medicine*.

In the interim, while we were waiting, this was right around the time of the Congressional hearing, Lyn Redwood contacted us from SafeMinds and what she showed us was that the CDC had been studying this Thimerosal question via the Vaccine Safety Datalink (VSD) database. And she showed us graphs that showed a dose response effect of Thimerosal—meaning that the more mercury children got, the more risk they had of developing neurodevelopmental disorders—including autism. This is a very, very powerful way to show an effect in science. If you noticed, we asked the question, "Did you get Thimerosal-containing vaccines?" It was "yes or no." They asked, "Did you get a little bit of Thimerosal, did you get a little bit of effect? If you got a lot of Thimerosal, did you get a lot of effect? The answer was "Yes." This was the first time we got very scared that maybe, indeed, Thimerosal really was contributing to a large number of autism cases out there. So we went back and did a second study in the *Journal of American Physicians and Surgeons* where we decided that we were really going to do an in-depth analysis of this subject. And what we did in that paper was to look at several different important points. First, we looked to see how much mercury children were receiving. We read [that] CDC claimed children received mercury from the vaccines that might have exceeded safety guidelines ever so slightly. So what we did was go to the Environmental Protection Agency (EPA) which established the limit for methylmercury exposure orally of 0.1 micrograms of methylmercury exposure orally ingested per kilogram body weight per day and used that as the limit for the ethylmercury in the vaccine—which is what the CDC did.

That means that an average newborn weighs about 3 kilograms, about 7 pounds, so they were allowed 0.3 micrograms of mercury. They got a Hepatitis B vaccine that had 12.5 micrograms of mercury, so they were 40-fold in excess of the safety guidelines on the day of birth. Then at two months of age, children got another Hepatitis B vaccine, with 12.5 micrograms, they got a *Haemophilus influenzae* type B (or Hib) vaccine and they got a DTaP vaccine, each with 25 more micrograms. So now they got 62.5 micrograms. The average child weighed about 5 kilograms, so they were allowed 0.5 micrograms. Now they were 129-fold in excess of the safety guidelines. And this is a trend that continued. At 4-months they were many, many fold over again, at 6-months again, and so on. Through most of the first year of life, children were over the safety guidelines. And those safety guidelines, now in retrospect that we mention in our paper, actually were a considerable underestimate of the true exposure to mercury children received. Because in our estimates, we assumed that there was no environmental mercury. Clearly children were exposed to between 80 and 100 micrograms of mercury just breathing the air, drinking the water, eating food—and that is per the CDC's own numbers. And then on top of that, when you give a shot, let's say the Hepatitis B at birth, that shot, the amount of mercury has a half life, it doesn't all go away immediately. Some is going to be remaining at 2-

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months and some from 2-months will remain at 4-months. So these estimates, even though we said there was 129-fold over, are a considerable underestimate of true exposure. Then we went back to VAERS and we analyzed, just like the CDC, the dose response effect of Thimerosal. So we saw that the more mercury children got, Thimerosal-containing DTaP compared to those getting the Thimerosal-free one, the more risk you had of getting a neurological disorder. Then, thirdly, we went to the U.S. Department of Education database—which is independent—and did a cohort prevalence—which means we calculated when children were born; we looked at the average amount of mercury they got from their vaccines and we plotted that versus the prevalence of autism in the Department of Education. And what we found was a striking correlation that the more mercury children got in their vaccines, the more prevalence of autism. Then we went to look and see what others had reported in the literature. This is something anybody can do. You go to *www.pubmed.com* or *Medline* and simply type in the word "Thimerosal." And what you'll find is that there are hundreds of articles published on the toxicity of Thimerosal in peer-reviewed publications dating back to the 1950s and 1960s.

You have established causality here; a good background for reason to be suspicious and to think that there is a connection between Thimerosal and neurodevelopment disorders. And one of the things that I really appreciated about your paper, Thimerosal in Childhood Vaccines: Neurodevelopmental Disorders and Heart Disease in the United States, was that I got the sense that you had gone into this being actually skeptical that you would find a connection. So you sort of went into it with an open mind and you did find the connection. You were willing to stand by that finding and defend and protect these children.

Now, Dr. Geier, we know there was a cover up of the statistically significant correlation between Thimerosal and adverse neurodevelopmental outcomes. Was there even another report that the general public does not know about that showed an even higher correlation—any sort of preliminary report?

Yes, we got some information on what the CDC did initially--when they first looked into this. And it was looked into by Dr. Verstraeten. And he looked into it probably the same way we would have, except he used their own private database. In his initial look, he found that the relative risk of autism was statistically significantly elevated with the increasing amounts of Thimerosal. This is in contradiction to what the CDC people and the FDA people and the American Academy of Pediatrics have been testifying under oath--that they have never found a statistically significant correlation. And in fact they did. In fact we also have e-mails where the initial author is writing to various people like Bob Davis and [Frank] DeStefano and they keep saying that well, we have to find another way to look at it to make this go away. And the next e-mail will say, "It just won't go away" or that we tried that…we did something else. The next e-mail says, "It all came back" or it seems to really be there. And they spent a considerable length of time trying to find a way to manipulate the data so that the effect would become smaller and smaller. And when they got it down to about 2-1/2 times relative risk, they wrote a paper—a complete paper—never sent it. But we have a copy of the paper. It has references; it has an introduction; it is a completely finished paper saying that they found Thimerosal was associated with neurodevelopmental disorders, speech disorders, developmental delays, and autism. We also have their memo saying that we must publish this right away. But they didn't publish it. What they did is they had a secret illegal meeting at a place called Simpsonwood, Georgia. And in this meeting they invited CDC, FDA, and members of the industry. And there's a law in this county--you can have a meeting among CDC people privately—no problem. But the minute you invite the industry, it has to be an open meeting. It has to be announced in the Federal register; it has to be announced to Congress; there is a whole list of things they have to do. They have to put all documents they are going to discuss out for public display. They did none of this. They had a secret meeting. And in the meeting, just to make sure you knew it was secret, they kept a transcript--which was foolish on their part--because we got to see what they said. And in the transcript they say, "Now everybody understand, we have to keep this completely secret."

And in the meeting the author Dr. Verstraeten stands up and states that he thinks there is a significant relationship between Thimerosal and neurodevelopmtnal disorders. And others at the meeting say that Well, we can't let this happen—we can't let this get out. And others say that you can play with this data all you want, (they talk about how they can play with it to make it go away) it is statistically significant. And another gentleman, Dr. Johnston, gets up and says that he's going to make a phone call—he doesn't want his grandson to get this—he was just born. They never tell the public—they hide this. And in fact, two weeks later Dr. Bernier, who was at the meeting, who was the one who said that make sure you keep this secret, gets up in a sworn testimony before Congress and he says that we've never seen any data whatsoever that indicates that there is a problem with Thimerosal, which is of course perjury. Unfortunately, no one pursues it. He can do that because no one is going to charge him.

Yet, they are still letting him speak at IOM meetings. Is that correct?

He speaks at IOM meetings; he sets policy. I have been involved with [him] since the 1980s and at that time he was opposing the switch between DTP vaccine and DTaP. The Japanese had used it on 60 million Japanese children and they had gotten rid of all the problems. And there was many conferences discussing that we could buy it from Japan and have a better vaccine. For 20 years he dragged his feet and finally we switched. And by the way, do you know how we switched? We buy it from Japan. But during those 20 years, many, many—probably tens of thousands of children--died or were damaged by the fact that they dragged their feet. This is the same gentleman that now is getting up and trying to drag his feet on getting rid of Thimerosal even though their own internal memos show, and in fact even their public announcement said, it should be out of the vaccines as soon as possible.

And you must put this in perspective for all our listeners. You must understand what we are taking about. We are not talking about DTP here. We are talking about the worst catas-

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trophic event that has ever happened to the United States and probably the industrialized world. We are talking about, according to the CDC's own estimates, the rate of autism now has risen from in the 1980s, it was something like 1 in 2500, they say now 1 in 166, and it is probably much higher than that. And worse than that, there has been a massive rise in neurodevelopmental disorders, speech delays, mental retardation, so that according to their own A.L.A.R.M.[1] it is now 1 in 6. And according to some other experts that have recently published in the *Washington Post*, it is as high as 1 in 3. The United States of America will not survive as a first rate nation if 1 in 3 of our children are brain damaged. That would mean if it continued, there would be 100 million Americans with brain damage.

We are not going to be the leading country in the world if we don't stop this. In fact, in some ways it is too late already. We have done it to a whole generation. This affects males far more than females. This is something the CDC is hiding. They are not only hiding what happened, but they are continuing to introduce Thimerosal-containing vaccines. This year the flu vaccine was introduced as a required childhood vaccine and it contains a full dose of Thimerosal. And in addition by hiding it, they are stopping any funds going into any kind of research that will help treat these children. And they are pretending that these children don't have mercury poisoning. And if you don't recognize that they have mercury poisoning, then you are not going to design a rational treatment that is going to help it. And so these kids now fill our school systems. And we visited some of the schools. There are many schools now in the country that have more special education kids than they have normal kids—ADD, ADHD, behavioral disorders filling our schools—which were never there before. No matter how much they try to hide it, every parent knows, they just have to go to school, they were not like that. When these kids grow up--this began to happen in 1990/1991 when the United States tripled the amount of vaccines and tripled the amount of mercury—they are not going to be able to work. They are going to need institutionalized care or special care and the bill to this country is going to be so devastating; this country is going to have trouble surviving the way we know it. The estimate from the Congressional committee which had a 3-year hearing, all of which agreed first of all that the evidence was overwhelming—that Thimerosal caused the current epidemic. Secondly, they agreed that CDC and FDA were asleep at the switch and they could have prevented it or curtailed it. "Asleep at the switch," by the way, is in their own memos where they said "we were asleep at the switch." And they also said that FDA and CDC are guilty of "institutional malfeasance for self-protectionism and misplaced protection of the industry." This kind of thing is going to absolutely devastate the United States, and it is happening at just the worst moment. This is the moment in about 4, 5 or 6 years when the baby boomers are going to start to retire. We already had a problem that we don't have enough people to work to support our social security in our whole society. And now these people that are coming up, a good number of them are not going to be able to work. And just to throw on top of that, they are now killing off some more of them in Iraq. This country is in for big trouble. They are hiding it to some extent now--they are not going to be able to hide it when these kids grow up and they need to be put in institutions.

Plus the parents won't always be around to take care of them because they are aging. But part of the reason that we have you here today, a main reason, is so that we can prevent our children from having to be put into an institutionalized setting. So let's move on to your new treatment hypothesis. You've given us the background on your findings of the relationship between Thimerosal and adverse neurodevelopmental outcomes. What is the scientific background between your new treatment theory for Thimerosal and how this may mitigate mercury toxicity?

Let me give you a little background. I am an MD, Ph.D. and I practice obstetrical genetics. I don't take care of children. So you might think, well, the Geiers have been involved with vaccines all the back to my 10 years at the NIH which goes back to the 1970s, so it might be surprising that we would be also contributing a new treatment method. The way this happened was that we were attending various conferences. And at the conferences were many doctors who treat Thimerosal-damaged children. And they had meetings where they discussed the current therapies. And they kept inviting us to come to the meetings. And my first reaction was, "Well, you know, I don't treat children—no offense, but I'll probably fall asleep at your meeting because that is not what I do." But they kept insisting, so I kept going. David and I both kept going. And we started seeing that indeed some of these children were helped by various therapies. And so let me go over a few of these therapies and how they made sense to me.

The most obvious one that makes sense is "if children have too much mercury, you should try to get rid of the mercury." So a number of these treaters were using various methods of chelation. Chelation is a method of using a chemical that binds heavy metals. There is a chelator that is approved for lead toxicity. They were trying to use this chelator to get some of the mercury out of the kids. And they were able to show, in fact, these kids had a lot of mercury and that they could release mercury. In some cases some of the kids responded very well to this and got quite a bit better.

There is another group of doctors who try to manipulate the glutathione pathway. This is the pathway by which mercury is eliminated naturally and it has been shown by us and others in the publications coming out all the time now that one of the reasons that children who are affected by the mercury as opposed to those who are not, is that they have poor ability to get rid of mercury and have problems with the glutathione pathway. So people were starting and trying to manipulate that pathway and again occasionally they would get some good success—the child would get a lot better by giving various elements of this pathway.

Then we ran into people that were giving Secretin. Secretin is a substance that is given primarily because these children have bowel problems. Secretin controls the function of the bowel. But some of these kids not only got better with their bowels when they got Secretin, they got better mentally.

Then we talked to some people that gave growth hormone. Some of those kids got better. Then we found some people that gave antibiotics that kill yeast—they were trying again to help the bowel. Again some of these kids got better.

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So I am taking home that, first of all, these are hardworking honest clinicians. There are some amazing stories of how kids got better. But it did not make a whole lot of sense to me: how could these treatments that had nothing to do with each other make kids better? Now, the other thing is that I started getting interested—because my background is in obstetrics, in fertility, and in vitro fertilization, and I'm a biochemical geneticist—I decided I did not know much about the glutathione pathway, but I would look at the testosterone pathway because it had been shown that, first of all, males are far more affected than females by mercury. Not just in this autism epidemic, but wherever mercury poisoning appears it often affects males more than females. Also Boyd Haley and some other people had done experiments where they throw Thimerosal/mercury in and they kill neurons. And if you throw in testosterone, it kills 100 times better, whereas estrogen tends to ameliorate Thimerosal/mercury toxicity.

So I said, "See if you can figure out how that happens." So I started writing out the testosterone synthesis pathway which begins with cholesterol, it goes to testosterone and then some breakdown products. Then I got to a crucial point in the pathway which is DHEA. This is something you can buy in any health food store—it is not yet a steroid. In DHEA, either the synthesis goes on towards testosterone or most of it actually goes on to DHEA-S, which is adding a sulphur. There is an enzyme which makes DHEA into DHEA-S and I was reading about this enzyme. And I found that it was known that this enzyme is inhibited by mercury and its cofactor is glutathione. So a light bulb went off in my head, and I said, "You know, maybe these kids are not getting better maybe not just because they are removing the mercury." These kids are aggressive, this type of autism often leads to aggression, and testosterone may have something to do with aggression. What if the DHEA step, when there is mercury around, doesn't go to DHEA-S, but instead it goes to testosterone and raises the testosterone, then you remove the mercury to allow the production of DHEA-S and you lower the testosterone. You add glutathione or things related to glutathione, again you allow DHEA-S to be made and you lower the testosterone. So two of the main therapies not only have to do with mercury, but they lower testosterone.

Then I started thinking, well how about the others—how about the secretin and the Nystatin® which is the antibiotic that kills yeast, and the growth hormone—clearly how could those have anything to do with testosterone? Then I started to think about it. Testosterone is controlled by the pituitary axis. The pituitary makes FSH and LH which in girls causes the cycle and in boys causes testosterone. And anything that inhibits that pathway will turn off FSH and LH. In fact, it is a feedback loop. That is, when girls have periods, during their period they make substances that turn it off and that is how it is cyclical. And so I look at the pathway, and guess what is on the pathway? Growth hormone and secretin--both inhibit the pathway. So if you give secretin, you lower FSH and you lower testosterone. And if you give growth hormone, you lower FSH and you lower testosterone. In fact, much to my surprise, Nystatin®, the antibiotic, also affects that pathway and lowers testosterone. There are many publications on this. So I started keeping score and every single therapy that we could find that has had any success, there is one thing in common—they all lower testosterone.

If fact, some of the things that are given in traditional medicine, like Strattera® and Ritalin®—Ritalin® is a surprising drug—because if a normal person takes Ritalin® it makes them worse, but some autistics, some ADD and ADHD, it makes them better. And it was unexpected, but it has been observed. But guess what—that may lower testosterone, too.

So in addition, some people now, we have just been reading, are finding that autistics and neurodevelopment disorder kids have a low level of serotonin which is a brain transmitter. Guess what? The more testosterone you have the less serotonin you have. It is well known, well published, there is a link between the two. **So I came up with the idea that the problem here is not just mercury, but it is the interaction between mercury and testosterone.** And that if you just try to remove the mercury, it will move around—it will react to the testosterone. And there is more data. The mercury actually binds to the testosterone sites in the brain—testosterone receptor sites. So again we found publications for that. Then we found an x-ray crystallography study that showed that actually testosterone itself directly binds to mercury and makes the testosterone form a big sheet which may be why the testosterone level goes higher and higher.

Now when I gave this presentation to some of these doctors, light bulbs went off in their head and they said, "You know, a lot of our patients have precocious puberty." That's what you get when you have too high testosterone. So we came up with the idea that you should lower the testosterone and then remove the mercury. That's the new idea and that's what is coming out in the publication in Medical Hypotheses.

In addition, if you start thinking about this, we all live in a mercury toxic environment. Many people have amalgams in their teeth, they have a lot of mercury--there is mercury in the air, there is mercury in the fish, and, in fact, we calculated almost everybody in our society may be near or over the EPA limit—even if you don't get vaccines—and there is not much we can do about it—short term, not much—long term maybe we can help the environment. So we have got to live with mercury problems.

We started looking at some of the other chronic disorders that go on. We found that testosterone affects the bowel with mercury. And, therefore, that may be the reason why there is a bowel problem in autism. And, then we found that in Alzheimer's many people have observed that mercury levels are higher in the brain. And, by the way, estrogen protects against Alzheimer's disease. And, then there are some forms of heart diseases where it involves testosterone and mercury, and then there are strokes that involve testosterone and mercury. And it looks like a lot of chronic diseases... ALS is another one, Lou Gehrig's disease. There are publications that talk about the effect of testosterone and the effect of mercury. So it looks like a number of these chronic diseases that are sort of overwhelming our society involve testosterone and mercury. And we might well learn how to manipulate the testosterone-mercury combination if we are going to try to help some of these kids.

We need to treat the problem directly. Giving growth hormone does turn off the FSH and LH--but very indirectly and very unreliably. The good news is that we have FDA-approved drugs that can do that kind of thing—that have been used for

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things like precocious puberty and various other things. So if we really want to turn it off, we can really turn it off.

My idea was that we need to study this to find out which testosterone process is causing the problem. We gave the talk and we suggested that probably nobody should do this treatment, but we should find a way to do this research. Of course, the NIH is not going to fund it.

But what happened is, apparently somebody heard this talk, and within two days they called us and one of the doctors said that a patient "accidentally" gave a medicine that lowered testosterone to her child. But anyway, the child got much better for a few days and then as the medicine wore off, got worse.

So we had a friend that had a very severe autistic and she begged us to try it. So she had a developmental pediatrician who was willing to help. We actually found a regimen to lower the testosterone and the child had a remarkable improvement. He never said a word, and now he speaks—this is about five weeks later. He didn't interact and now he is interacting. Within days his bowel problems completely cleared up. So what we are doing is lowering his testosterone and then we are chelating out the mercury.

You can't keep the testosterone level in these kids down to zero forever, they have to go to puberty. But you can keep it down for years. Let's say the kid is 8, you can keep it down from age 8 to 10 while you remove the mercury.

That also brings up another thing that I need to mention. We've got a ticking time bomb here. I believe that once the children reach puberty and their testosterone levels go very high, the damage if the mercury is still there is going to be massive. This problem began in 1990/1991. The oldest kids are starting to get toward puberty. The time bomb is ticking. If we are going to try to ameliorate this, we've got to do it very soon. And if this therapy is going to work and we are really are going to do something about our society we have an unbelievable problem. We have got hundreds of thousands--maybe millions of children who would need to be treated this way. It would take a massive government program to do it. We can do a handful of our friends. But if you wanted to do a million people you would have to have as many treatment centers as there are *McDonalds*® across the country. It would take billions of dollars of investment and only the government has that kind of money. However that would be a wonderful investment because it wouldn't save billions, it would save trillions. And it might save our society and everything that we know.

But, of course, there is a problem, and that is, the Federal people if they support this in a certain way are going to hang themselves. Because to support this program you sort of have to admit that mercury has something to do with it and if mercury has something to do with it--*they* have something to do with it—and that makes it their fault and they don't want to hear about it.

This is a totally experimental treatment, everybody has to understand our experience is very small.

Have you run up across any other roadblocks in trying to do further research in so far as the VSD goes? I know that you were mentioning the clandestine Simpsonwood meeting and I know that Congressman Weldon became concerned about those transcripts and he wanted to look into this. Could you tell us more about that?

Basically what happened, when we started to try to look at the database, Congress was trying to help us to be able do that. I think it came about as a result of the fact that every time that we made a request to CDC—we want to look at this data, we want to look at this HMO's data in the VSD—CDC would basically balk at that kind of idea—so Dr. Weldon and his staff interceded and tried to help do what we needed to do. That went on for a year and a half. When we finally went in and had this brief look at the data, CDC got very, very upset because we reported our preliminary results from that to the Institute of Medicine where we announced that the Vaccine Safety Datalink appears to confirm our other results. CDC's response was, and this was in February of 2004, within one week of our testimony, CDC sends a letter to all the HMO's alleging that we had violated patient confidentiality with VSD. Now you have to understand VSD is assembled for external researchers--it has no names, addresses, phone numbers or any other kind of identifying information. Patients in that database are assigned a randomly assigned number. Then it is has some information about what vaccines they had and what kinds of outcomes.

So they did that. The first response was the HMOs terminated our ability to access the VSD. So we spent months, from February through about August, writing letters, having attorneys write letters to the HMO's stating we did not do anything wrong. As I said, you couldn't violate patient confidentiality if you wanted to. We did not even want to--we are not that kind of people that would even violate it even if we could. Finally when the HMOs met and had discussions about it, a number of HMOs re-approved us, showing that the CDC has raised false, basically malicious kinds of accusations. And what has happened since that time now is that CDC, or what we are really referring to is the National Immunization Program of the CDC, has given up the responsibility of the VSD, even though they bought it for CDC and they're the ones that analyze it, they have decided they are going to wash their hands clean of VSD and passed it on to the National Center for Health Statistics. So we have now been trying to work with the National Center for Health Statistics and there has been terrible problems dealing with them. First they have been very unresponsive. And second, they have the problem, that while I think some of the employees there might like us to actually see the data—they don't even understand what the Vaccine Safety Datalink is and the potential very damaging material it has in it—they don't have the database. Even though the National Immunization Program says they are no longer in charge of it, they still house the VSD database. So when the National Center for Health Statistics wants the database, they have to go back to the CDC.

[1] *Autism A.L.A.R.M.* document, a joint publication by CDC and others. Please see following page.

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Autism A.L.A.R.M.

Autism is prevalent

- 1 out of 6 children are diagnosed with a developmental disorder and/or behavioral problem
- 1 in 166 children are diagnosed with an autism spectrum disorder
- Developmental disorders have subtle signs and may be easily missed

Listen to parents

- Early signs of autism are often present before 18 months
- Parents usually DO have concerns that something is wrong
- Parents generally DO give accurate and quality information
- When parents do not spontaneously raise concerns, ask if they have any

Act early

- Make screening and surveillance an important part of your practice (as endorsed by the AAP)
- Know the subtle differences between typical and atypical development
- Learn to recognize red flags
- Use validated screening tools and identify problems early
- Improve the quality of life for children and their families through early and appropriate intervention

Refer

- To Early Intervention or a local school program (do not wait for a diagnosis)
- To an autism specialist, or team of specialists, immediately for a definitive diagnosis
- To audiology and rule out a hearing impairment
- To local community resources for help and family support

Monitor

- Schedule a follow-up appointment to discuss concerns more thoroughly
- Look for other features known to be associated with autism
- Educate parents and provide them with up-to-date information
- Advocate for families with local early intervention programs, schools, respite care agencies, and insurance companies
- Continue surveillance and watch for additional or late signs of autism and/or other developmental disorders

Medical Veritas Editor's Comment

The Geiers and their insights into the behind-the-scenes machinations by public health authorities reveal the latter's foremost allegiances in a very clear way. It demonstrates that as far as these institutions are concerned, their priority seems to be to protect professional and industrial interests over and above their superficial *raison d'être*, namely the protection of the public's health. The confidential meetings with industry, and the attempted thwarting of efforts of independent parties to truly investigate the data, illustrate that the legal frameworks that are supposed to bind the operations of these organizations are at times seemingly treated with pure contempt.

It is an understatement to note that this is very alarming and should be taken as a "red alert" to all who are concerned with maintaining any semblance of democracy as regards health care in a modern society. It should be deeply disturbing to health practitioners around the world who dispense medical advice and services on the basis of the information that these authorities provide. It should be distressing to health consumers, who have trusted that these authorities act in accordance with their directives rather than serve some professional or economic motive that is abjectly foreign to medicines' supposed aims.

This episode should also be disquieting to everyone who maintains the romantic notion that science is inviolate, that its arguments are automatically untainted by "the non-scientific", and that trust can be implicitly maintained in peer-reviewed scientific publications. This brewing Thimerosal debacle is a lesson in politics of science that needs to be heeded throughout the world.

The Geiers courageously give us some idea of the violations of ethics and corruption of mandates that are occurring at the highest levels of the medical establishment. It should make us wonder how much of the published research of these public health authorities are merely contrived apologetics, rather than attempts to provide medical veritas to the populations of whom they are supposed to serve. If these organizations do not serve the populations in the manner in which their very formation had intended, perhaps this calls for a radical rethinking by bodies such as the *House Government Reform Committee*, regarding the form of, the independence of, and the very authority given to such bodies.

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