

Date: September 25, 2008

To: Editor, The Royal Gazette

From: Gary Null, PhD & Richard Gale

RE: Letter to the Editor in Response to Dr. Bente Lundh, et al.

Dear Sir and Royal Gazette Readers,

During the recent Motherbaby International Festival, I was handed a copy of a "Letter to the Editor" published under the heading "Doctors Hit Out at Film" in the September 13, 2008 edition of *The Royal Gazette*. The letter, written by pediatrician Dr. Bente Lundh and her colleagues, criticizes my film *Vaccine Nation*, which was featured at the festival. Now, I have been an avid fan of the Big Screen all my life, but I can never recall a film critic reviewing a film he or she has not watched in its entirety. But I have dealt with these kinds of attacks numerous times during my long career, and Dr. Lundh's motivations should be quite apparent to all: they were intended to instill a bias against the film before its presentation. I am sure the documented information I provide below will unveil the falsehood of these pediatricians' claims and strengthen the evidence for vaccine's health risks conveyed in my documentary and in many other excellent scientific sources.

Dr. Lundh and her co-workers attempt to convince readers of vaccines' safety by dispelling any doubt that the preservative ethylmercury, commonly known as thimerosal, is a major cause for the dramatic increase in autism and other neurological disorders among children. They charge *Vaccine Nation* with misleading viewers and promoting "unfounded hypotheses, unconfirmed and anecdotal data... and numerous mistruths." Throughout my thirty years as a national broadcaster on natural health and a researcher and health consultant who has reversed countless diseases in patients, I have relied on good independent science; that is, science not solely influenced by invested corporate and government interests. All of my award-winning documentaries have relied on good science, albeit it is a science that might not support Dr. Lundh's medical beliefs.

Although the inclusion of thimerosal in vaccine preparation has been dramatically reduced, it is still used in trace amounts in most vaccines, except for the influenza vaccine which uses it as a major ingredient. When the FDA ruled to discontinue manufacturing vaccines with thimerosal, they did not rule against ceasing distribution of thimerosal-laced vaccines that were stockpiled by vaccine manufacturers. Until recently, these vaccines have continued to be distributed to low-budget clinics serving poorer communities and developing nations.

What I am about to share are the exact words of the very same high level pro-vaccine officials in the government health agencies, their academic medical advisors and pharmaceutical leaders. These are the people who shape the propaganda supporting the vaccine safety that Dr. Lundh and her colleagues faithfully adopt. I would direct readers to a transcript of the now infamous secret meeting held by high level officials and scientists from the CDC, FDA, World Health Organization and representatives of every major vaccine manufacturer, including GlaxoSmithKline, Merck, Wyeth and Aventis. This private meeting was held at a Christian retreat center in Simpsonwood, Georgia, during June of 2000. Although the CDC placed a condition that everything discussed and all notes should not leave the meeting, a 262 page official transcript of the gathering later leaked out and can be read on the Internet at www.autismhelpforyou.com.

I will simply quote some of the more important comments from this meeting. All quotes are taken directly from the transcript.

The closed meeting was urgently called to address the results of an alarming Centers for Disease Control study. CDC epidemiologist, Dr. Tom Verstraeten, after analyzing medical records of 100,000 children, noted thimerosal was the likely culprit for the large increase in neurological disorders, including speech problems, ADD and autism in vaccinated children. He stated, "I was actually stunned at what I saw." A top consultant for the American Academy of Pediatrics, Dr. Bill Weil, told the assembly, "you can play with this all you want... [the results] are statistically significant." Dr. Richard Johnston, a pro-vaccine immunologist and pediatrician from the University Colorado excused himself early from the gathering after stating, "Forgive my personal comment—I do not want my grandson to get a thimerosal-containing vaccine until we know better what is going on."

But much of the meeting's discussion dealt with how the parties might cover up the CDC study's findings in order to avoid what Dr. Robert Brent, a leading pediatrician at Alfred DuPont Hospital for Children in Delaware, called a "bad position from the standpoint of defending lawsuits." Dr. John Clements, vaccine advisor for the World Health Organization stated the research "should not have been done at all..... [the study] will be taken by others and will be used in ways beyond the control of this group." Let me remind you, these are the voices of the expert scientists and the leading pro-vaccine spokespersons who for years denied publicly any relationship between immunization and childhood neurological disorders. These are also the guiding voices behind the very websites Dr. Lundh directs readers to support her pro-vaccination stance.

The rest of the story is well documented and deals with how the CDC made attempts to hide the study by depositing the evidence of the meeting with a private firm and then whitewashing thimerosal's health dangers with subjectively designed studies published in subsequent years and

released for dissemination through national health agencies and professional medical associations for pediatricians to follow obediently.

Contrary to Dr. Lundh's assumptions that *Vaccine Nation* is one-sided, I can put her unease to rest and assure her that during the years of producing the documentary we invited most of the sitting members on the Centers for Disease Control's Advisory Committee for Vaccine Practice to be interviewed and filmed. Among this panel are officials from the American Medical Association, Centers for Disease Control, the FDA, the NIH, the NIAID, Merck, Sanofi, Wyeth and several universities who create national immunization policies. Yes, as the pediatricians rightfully charge, the film does not provide "the whole truth." But let us be very clear, neither the vaccine industry nor the immunization and healthcare policy makers want parents and citizens to know the whole truth. In no instance did any of the Advisory Committee members return our requests or agree to be interviewed—which only proves the old adage "silence is golden." For a multi-billion dollar vaccine industry in constant fear of keeping its back covered it is essential to cherry pick their "good science." Of course, this is no fault of practicing pediatricians working with children in their communities. They are simply the messengers, the foot soldiers as it were, faithfully following the dictates of their masters.

The late Professor Emeritus Dr. Eugene Robin, one of the world's leading experts on risk/benefit analysis in medicine stated, "Accurate assessment of the risk/benefit ratio of the vaccine by means of a controlled clinical trial (sic) should be obligatory." (Here, Dr. Robin was referring to the Hepatitis B vaccine). Tragically, after extensive research, I have determined there have been almost no double blind, placebo controlled studies proving the efficacy or safety of any of the required vaccinations for children. It is grossly irresponsible and immoral to risk the health and well-being of our children on vaccinations that have never been subjected to rigorous double blind studies similar to those required for other pharmaceutical drugs.

I often hear the argument, "But Gary, haven't vaccines been responsible for eradicating some diseases and preventing their spread throughout the population?" The pro-vaccine community certainly wants you to believe so. But this old argument has a mythological dimension. Statistical studies have been conducted in different countries to identify trends in the incidence of infections and death rates before and after certain vaccines were introduced for mass immunization. In every case for certain infectious diseases—whooping cough (pertussis), diphtheria, measles, scarlet fever, typhoid, polio and influenza—there was a steady downward trend of incidence and death starting from the beginning of the twentieth century until the respective vaccine was launched. This data has been well documented in the International Mortality Statistics compiled by Michael Alderson and by Greg Beattie in his *Vaccination: A Parent's Dilemma*. Even Metropolitan Life Insurance Company reported that the combined mortality rate of diphtheria, measles and whooping cough declined 95

percent among children ages 1 to 14 from 1911 to 1945 before any immunization programs. Dr. Lundh uses polio as her example to prove her point. US deaths due to polio were 49,000 in 1901 and had already steadily declined to under 4,000 per year by the time a polio vaccine was introduced in 1954. The decline is even more significant when the concurrent rate of rising population growth is factored in, as well. No pediatrician can prove with absolute certainty the effectiveness of their precious vaccines. It is equally possible that the decline in these infectious diseases was the result of healthier lifestyles, cleaner water and improved sanitation, more effective medical treatment for other diseases, and better living conditions in our communities.

Those who fully endorse widespread vaccination of children will find little agreement with my position regarding vaccine health safety and immunizations' long-term risks threatening children. Dr. Lundh, her colleagues and I can send letters to the Royal Gazette editor endlessly without finding much common ground. Nevertheless, I would encourage parents and future parents to take it upon themselves to become educated about vaccines. Remember, your children's brains and neurological systems are growing at an extremely rapid rate during their early years. Any toxic substance injected directly into a child's bloodstream—regardless of what officials on the hill might rule as a safe level—is a potential danger to normal cell growth. Ask your pediatrician which vaccines he or she would inoculate your child with, what are their brand names and who are the manufacturers. The product information for all vaccines is provided by manufacturers on their websites. Read the fine print and review the list of ingredients, contra-indications and minor and major adverse effects associated with each.

I debated in this letter against thimerosal's safety. But what about other vaccine ingredients, such as aluminum compounds that have been shown to strengthen mercury's toxicity, even if in trace amounts? Or how about the presence of a virus' or bacteria's DNA and RNA that might interfere with the genetic disposition of a child. Or the many other ingredients such as formaldehyde, formalin, different antibiotics, cells from a variety of animal organs, yeast? Would you use these ingredients to spice up your children's breakfast, let alone inject it into their blood systems? Vaccine manufacturers are required to provide this information to pediatricians and yourself. This is the same information your pediatrician should have memorized by now so he or she can intelligently address your questions and fears. When you better educate yourself about vaccination risks, I have very little doubt that you may discover you can better educate your pediatrician so he or she can make more intelligent decisions in providing better care to your child and the children in your schools and communities.