

THE SUPPRESSION OF SCIENCE

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I believe that we are coming to the end of a very dark time in the relatively short but dramatic history of autism. That we are in a time of rapid and dramatic change is clearly evident. Earlier denial of the epidemic in the United States and the United Kingdom is giving way to the reality of a pandemic throughout the developed world and the exclusive genetic model of autism is yielding to realization of an environmentally-driven catastrophe. The rejection of a parent's insights by many in the medical system and the prejudice against children through exclusive insurance coverage, medical ignorance, and refusal to honor parental vaccination choices is driving a grassroots revolution.

The medical system—rooted in a profound ignorance of this disorder, yet unwilling to take the clues that parents' narratives and appropriate investigation of affected children have to offer—has failed you, for which I am ashamed. Science has failed parents and children alike, with investment in poor and corrupted population studies reminiscent of the “tobacco is good for you” pseudo-science of the 1950s and 1960s. Inevitably, however, that failure is being exposed: the corruption, the collusion of influence, and the rife and undisclosed conflicts of interest are floating to the surface.

We also have had to deal, inevitably, with a systematic and ruthless attack on the science that is indicative of a vaccine-autism link, in the form of an expensive,

deceitful, and ultimately futile public relations campaign intended to protect policy and profit. Unfortunately, this has been at the expense of children.

As explained so clearly by Brian Martin, Professor of Social Sciences in Woolongon, Australia, supporters of dominant scientific theories—in this case, the inviolable status of the vaccine program—sometimes attack competing, less favored theories in ways that conflict with expectations of proper scientific behavior.¹ To reduce concern about their actions, supporters of the dominant theory can—as they do in the case of the vaccine-autism debate—use a variety of techniques:

- Cover up the violation of expectations;
- Devalue the competing theory and its advocates;
- Interpret their own process as proper;
- Use expert panels, meetings, and other formal processes to give a stamp of approval to the dominant view; and
- Intimidate opponents.

All of these methods, and more, are used regularly by perpetrators of actions widely seen as unjust. The ability to exploit these methods is enhanced by seemingly limitless resources, which is vastly disproportionate to the ability and financial resources of those concerned about vaccine safety and vaccination choice.

The media is an obvious and favored conduit through which supporters of orthodoxy have a tactical advantage over challengers. Various, journalists are “educated” in-house by the Centers for Diseases Control and Prevention (CDC), recruited and paid, lazy, or just plain ignorant of the facts. For those journalists who have been sympathetic to parental and medical concerns, the consequences have been open criticism, intimidation, and dismissal. Mainstream media outlets not only are frequently dependent upon advertising revenues and share board members with Big Pharma companies, but also are very susceptible to the threat that “if you give any credibility to this theory and children die as a consequence, you will be to blame.” When these methods fail, however—as they most certainly will—the attack can backfire on the attackers.

Social media, on the other hand, is an Achilles’ heel in the ability of orthodoxy to sustain the big, hungry lie. It is also the device through which the backfire is being felt by an increasingly desperate and disconsolate system.

Turning specifically to my own experience in the arena of MMR vaccine and autism, what has happened to me and my colleagues in the United Kingdom is intended as a lesson, as Voltaire observed, “to encourage the others.”

When investigated diligently and appropriately, the twelve *Lancet* children featured in the humble 1998 case series, and thousands who came after them, turned out to have intestinal inflammation, and there are reasons to believe that this inflammation may, in turn, be linked to their neurological disorder. Thus, the paper captured the essential elements of a new disease syndrome—a potentially treatable syndrome—and that should have been cause for some small celebration. Had the children’s regression followed natural chickenpox, the response would have been very different. It didn’t. For nine children, behavioral changes and subsequent developmental regression followed exposure to the MMR vaccine; and thereby hangs my own tale.

Those potentially responsible for the catastrophe had a problem, however. The 1998 *Lancet* paper that ignited the fuse of the autism-vaccine wars had to be extinguished in florid, repetitious sound bites delivered through a media sometimes conflicted by corporate cross-pollination, compromised by dependence on advertising revenues, and assisted by pharmaceutical special interest groups.

In an act of editorial genocide, there has been a ruthless effort to expunge these children and their disease from the scientific record.

In 1998, I recommended that children continue to be protected against serious infectious diseases by vaccination, but that single vaccines were my preferred option. I urged that parents be given the choice of how to protect their children. Why? Because as part of the process of due diligence, I researched the safety studies of the combination MMR vaccine and came to the conclusion that they were inadequate. Others have since come to this same conclusion.

In the fall of 1998, six months after *The Lancet* paper was published, choice in the United Kingdom was denied to parents when the government removed the license for the importation of the single measles vaccine. Let me state that again. At a time when demand for single vaccines was at its highest and parents were choosing to continue vaccinating against measles, mumps, and rubella with the single vaccines, choice was removed. When I asked a senior member of the United Kingdom’s equivalent of the CDC why, she said that allowing parents to choose single vaccines would destroy their established MMR program. Nevertheless, removing the choice between the triple vaccine and single vaccines did not have the effect they intended—parents chose not to vaccinate against

MMR rather than to use the triple vaccine, and MMR vaccination rates fell in the United Kingdom. The regulators chose to protect policy above children.

The more I looked, the more concerned I became. I found a government whistle-blower, evidence of a secret deal between the government and pharma, the licensing of a dangerous MMR vaccine, collusion, lies, and cover-up; all are now revealed in *Callous Disregard: Autism and Vaccines—The Truth Behind a Tragedy*. And this is just the beginning. I am not alone; what befell me also befell my friend and colleague Arthur Krigsman, a U.S. gastroenterologist who has devoted his career to helping heal children with autism. His story also will be told.

Choice involves informed consent. Informed consent is a crucial element of the foundation upon which ethical medical practice rests. Providing parents with an honest assessment of the risks and benefits of any medical procedure allows them to make an informed choice. The process requires the physician to be, to the best of his or her ability, informed. My research revealed that there is no information available on the medium- to long-term health outcomes in vaccinated versus unvaccinated children. As an example of this, the U.K. government introduced and received cursory twenty-one-day follow-up “safety” data on two dangerous MMR vaccines that caused meningitis that, in the majority of cases, didn’t even start until after twenty-one days.² They knew this. They missed the signal and it was four years later—four years too late—that this dangerous vaccine that should never have been licensed was withdrawn.

Those who are a threat to public confidence, who do not mandate a “safety first” agenda, who deny choice, are the greatest threat to the vaccine program; they are the ones who are ultimately anti-vaccine. Where do the regulators and the vaccine industry stand in 2011 with their coercive vaccination mandates, their costly public relations programs, their ruthless, pragmatic exorcism of dissent, and their public confidence rating? A recent study from University of Michigan shows that one in four parents think vaccines cause autism³ and fifty-four percent of parents are worried about serious adverse effects caused by vaccines. The Harris Interactive survey⁴ conducted just three months later suggests that vaccine safety, parental rights, and vaccination choice are mainstream parental concerns. The regulators and vaccine industry have failed.

The latest initiative: the American Academy of Pediatrics’ industry-sponsored Protect Tomorrow campaign is being thrust into our faces and claims to “[bring] to life the memories of the terrible diseases of the past.” It is a campaign

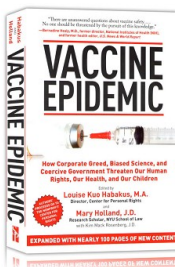
rooted in fear. The campaign is a measure of the failure of its architects, rather than the success of their policies.

To parents I would say, trust your instincts above all else. When considering how to vaccinate your children, read, get educated, and demand fully informed consent and answers to your questions. When you are stonewalled or these answers are not to your satisfaction, trust your instinct. I say this as someone who has studied and engaged in the science and who has become aware of the limitations of our knowledge and understanding of vaccine safety issues. Maternal instinct, in contrast, has been a steady hand upon the tiller of evolution; we would not be here without it. As the Buddha said, “Believe nothing, no matter where you read it, or who said it, unless your own reason and your own common sense agree.”

To the vaccine industry, regulators, public health officials and doctors, pediatricians, and Bill and Melinda Gates, I would say this: the success of vaccination programs requires the willing participation of consumers. The key to any success, therefore, is public confidence in the scientists, doctors, and policy makers—including the pharmaceutical industry—that shape these programs. In turn, the key to that confidence is a safety first vaccine agenda. Those whose priority is safety first are not anti-vaccine. By analogy, those who ordered the recall of multiple Toyota brands for sticking gas pedals are not anti-car.

Callous Disregard might have been the log of a doomed captain written in the cabin of a war-torn frigate, tacking on shredded sails, running from another—perhaps final—broadside; but it is not. It was written from the bridge, the helm secure, the wind at our backs, and the sails full as the aggressor slips back below an uncertain horizon. The day will belong to Reason. Vaccination choice is a human right.

There will be victory of a sort, and it will be a victory from the bottom up. In the true spirit of the U.S. Constitution, the people will have their say—vaccination choice is a human right. The victory will not come from the top down because a phalanx of lobbyists, “experts,” and true believers stands between the President and the people he is sworn to serve. In your commitment to achieving this victory, remember: “Every man is guilty of all the good he did not do.”



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