Johns Hopkins Continues to Mislead the Pub on the State of the Science on Vaccines and Autism

Major medical institutions just are not getting the message. The science is not only n settled: The question is the most important neglected question in medical science - e

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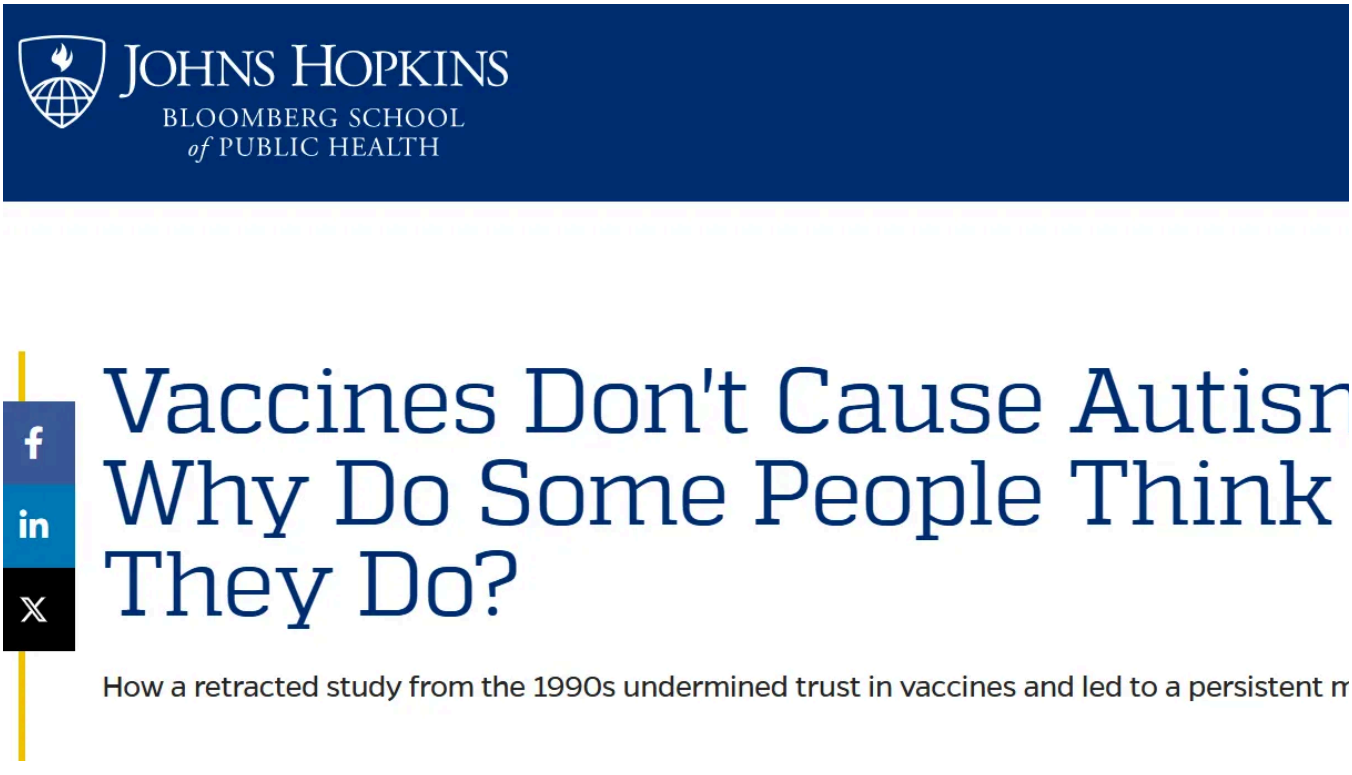

"The science is settled" is a phrase invoked not to convey certainty but to halt inquiry. This rhetorical flourish has been used repeatedly in public health communications, particularly regarding the long-standing controversy over a potential link between vaccines and autism spectrum disorders (ASD). A recen example of this can be found in the March 19, 2025 article from *Johns Hopkins H Health*, titled "*Vaccines Don't Cause Autism. Why Do Some People Think They Do*?"

In the article, Dr. Daniel Salmon, a vaccinologist and director of the Johns Hopki Institute for Vaccine Safety, discusses the origins of the vaccine-autism debate, attributing it mainly to the 1998 case series published by Dr. Andrew Wakefield a colleagues. The article, which claims that 16 studies exist that definitively answe question of vaccines and autism, argues that Wakefield's now-retracted paper in a cascade of misinformation that public health authorities have spent decades re It claims that a wealth of rigorous studies has "settled the science" and that the persistence of public doubt stems from cognitive biases and unfortunate timing than legitimate scientific controversy.

This narrative is both misleading and incomplete. It fails to acknowledge a subst body of peer-reviewed evidence across disciplines—epidemiology, immunology, toxicology, molecular biology, and clinical medicine—that supports concern ove vaccine-related neurodevelopmental outcomes. It omits biological plausibility, disregards whistleblower disclosures and court-admitted vaccine injuries, and re on an artificially narrow scope of reference. It also ignores the history of the CD sharing 27 studies, 22 of which where rejected by the National Academy of Scien Institutes of Medicine, leaving 5; four of these were underpowered, leaving one s That history will be part of future article.

The purpose of this rebuttal is not to assert that vaccines *do* cause autism in all c but to make the case—based on published literature and verifiable findings—tha issue remains scientifically unresolved, and prematurely declaring it "settled" is disservice to science, to public trust, and to families seeking answers, and that th Johns Hopkins article blissfully ignores peer-reviewed studies worth considering show their conclusion is recklessly irresponsible.

Beyond Wakefield: The Ignored Landscape of Peer-Reviewed Evidence

The Johns Hopkins article frames the entire vaccine-autism controversy as a consequence of a single discredited case series—Andrew Wakefield's 1998 paper *The Lancet*. While that paper did draw international attention, it was a pilot study

never concluded that vaccines cause autism. It was also not the first nor the mos substantial source of information on the topic raising concerns about vaccine saf Reducing decades of inquiry to one retracted article is both historically and scientifically false.

CDC's Own Early Findings: The Verstraeten Signal

In 1999, CDC epidemiologist Thomas Verstraeten presented findings at the CDC Epidemic Intelligence Service (EIS) conference based on internal analyses of the Vaccine Safety Datalink (VSD). The results showed a **relative risk (RR) of 7.6** (95% 1.8–31.5) for autism in children receiving **more than 25 µg of mercury from thimerosal-containing vaccines** (TCVs) in the first month of life compared to th with no exposure (Verstraeten et al., Simpsonwood VSD communication). The de of institutional suppression found in the minutes of the meeting is massive. Nota this finding was never published in its original form. Instead, subsequent iteratic the dataset were revised over four years, after discussion by participants:

"The number of dose related relationships [between mercury and autism] are line and statistically significant. You can play with this all you want. They are linear. are statistically significant." - *Dr. William Weil, American Academy of Pediatrics. Simpsonwood, GA, June 7, 2000*

"The issue is that it is impossible, unethical to leave kids unimmunized, so you w never, ever resolve that issue [regarding the impact of mercury]." - *Dr. Robert Chei Chief of Vaccine Safety and Development, Centers For Disease Control, Simpsonwood, June 7, 2000*

"Forgive this personal comment, but I got called out at eight o'clock for an emer call and my daughter-in-law delivered a son by c-section. Our first male in the lir the next generation and I do not want that grandson to get a Thimerosal contain vaccine until we know better what is going on. It will probably take a long time. meantime, and I know there are probably implications for this internationally, bu the meanwhile I think I want that grandson to only be given Thimerosal-free

vaccines." - *Dr. Robert Johnson, Immunologist, University of Colorado, Simpsonwood, June 7, 2000*

Whistleblower Testimony: Dr. William Thompson and D Removal

In 2014, CDC senior scientist **Dr. William Thompson** disclosed that he and othe authors **omitted statistically significant data** from a 2004 study on MMR timing autism risk in African-American boys. According to Thompson, removing subje without "valid Georgia birth certificates" - certainly NOT a justifiable confoundi variable - reduced the odds ratio from **3.36** to a non-significant result (Hooker et 2014). These statements were corroborated with internal documents and audio recordings, yet have never been addressed in CDC policy or mainstream narrativ

Independent VSD Analyses: Increased Risk Across Mult Disorders

Several independent studies have re-analyzed VSD data and confirmed increased

- **Young, Geier, & Geier (2008)**: This study found **significantly increased rate for autism, tics, ADHD, and emotional disturbances** among children expos mercury from TCVs. Control outcomes (e.g., head injury, fractures) showed r increase, strengthening causal plausibility.
- **Geier et al. (2013)** conducted a two-phase study. Phase I found a **higher risk ASD** following **thimerosal-containing DTaP** compared to thimerosal-free versions. Phase II confirmed increased odds of ASD for infants who received **thimerosal-containing hepatitis B vaccines** in the first six months of life.

These studies were based on the **same CDC-linked datasets** previously used to d any vaccine-autism connection, yet reached very different conclusions when ana without institutional filtering.

Mercury Metabolism and ASD Susceptibility: Holmes e (2003)

In a novel analysis, Holmes, Blaxill, and Haley (2003) measured mercury levels in **baby haircuts** of autistic children and matched neurotypical controls. Autistic ch had an **8-fold lower** mean mercury level (0.47 ppm vs. 3.63 ppm), suggesting **impa excretion** and a possible susceptibility to mercury retention. Among children wi severe autism, levels were even lower (0.21 ppm), reinforcing the idea that **differe detoxification** mechanisms may play a critical role in ASD vulnerability.

Molecular and Genetic Factors: Geier & Geier (2007)

In a case series of 11 children with ASD and confirmed mercury toxic encephalo the authors reported elevated porphyrins and neurological findings consistent w mercury poisoning. These children also exhibited a regressive pattern consistent what has been observed in thousands of parental reports and clinical observatior (Geier & Geier, 2007).

These findings were available long before the public was told that the "science w settled." They were not produced by Wakefield. They came from the CDC, whistleblowers, and independent researchers analyzing government-linked data. erasing this rich and troubling landscape of evidence, the Johns Hopkins article not promote scientific clarity—it enforces a sanitized and politically convenient narrative.

Thimerosal and Mercury: Evidence from Epidemiology, Mechanisms, and Models

Thimerosal, an ethylmercury-containing preservative, was widely used in childh vaccines until the early 2000s and remains in flu vaccines today. Despite longstar claims that ethylmercury is rapidly cleared and thus biologically insignificant, multiple lines of evidence suggest otherwise. These include **epidemiological associations**, **animal studies showing CNS toxicity**, and **biochemical evidence o differential detoxification in autistic children**, and the rhesus monkey study by Burbacher et al. that found that mercury from thimerosal stays in the brain

indefinitely, compared to that from methylmercury, which in fact clears from the brain.

Epidemiological Evidence: Elevated Risk Ratios Across Studies

We've already noted Verstraeten et al. (1999), who found a **7.6-fold increased risk** autism in infants receiving >25 μg of mercury from TCVs in the first month. Seve other studies expand upon this finding:

- **Geier et al. (2013)** (Translational Neurodegeneration): This two-phase study showed that children receiving TCVs—particularly thimerosal-containing **D** and **HepB vaccines**—had **significantly increased odds of ASD**. The risk was especially pronounced when exposure occurred in the **first six months of lif**
- **Young et al. (2008)** (Journal of Neurological Sciences): This large-scale asses of VSD data found increased rate ratios for multiple neurodevelopmental disorders (NDDs), including autism, ADHD, and emotional disturbances. Importantly, **no increased risks were observed for unrelated outcomes**, underscoring the specificity of the association.
- **Gallagher & Goodman (2008, 2010)**: Using NHIS data, they found that boys vaccinated with **thimerosal-containing Hepatitis B vaccines** had **three time risk** of autism compared to those vaccinated after one month or not at all. A second study found a **ninefold increased odds** of requiring early intervention special education services among vaccinated boys.

Mercury and Autism: Meta-Analytical Confirmation

In the most comprehensive meta-analysis to date, **Jafari et al. (2017)** reviewed 44 control studies examining mercury levels in hair, urine, blood, RBCs, and brain t The findings were unequivocal: **mercury levels were significantly higher in auti individuals across nearly all tissue types**, with the authors concluding that "**mer is an important causal factor in the etiology of ASD.**"

Detoxification Impairments in ASD Children

Holmes et al. (2003), as previously noted, found drastically **lower mercury levels i baby haircuts** of autistic children. This has been interpreted not as evidence of reduced exposure, but rather of impaired excretion. Additional research has iden impairments in **glutathione-related pathways**, critical for mercury detoxificatio among children with autism (Kern et al., 2013).

- **Sharpe et al. (2013)** showed that B-lymphocytes from children with autism w **hypersensitive to thimerosal**, exhibiting cytotoxic responses at doses that ha effect on controls or neurotypical siblings.
- **Walker et al. (2006)** found that lymphocytes from autistic children significar upregulated **heat shock protein RNA** when challenged with thimerosal in vi marker of cellular stress.

These findings reinforce the idea that **individual variability in detox pathways**— universal susceptibility—is likely responsible for why only some children are affe

Animal Studies: Reproducible Neurotoxicity

A range of animal models confirms the **neurotoxic potential of thimerosal** at do equivalent to those in pediatric vaccines:

- **Olczak et al. (2010, 2011)**: In Wistar rats, early postnatal thimerosal exposur to **persistent behavioral deficits**, **altered dopamine signaling**, and **structura brain abnormalities** in areas implicated in autism.
- **Laurente et al. (2007)**: Postnatal hamsters injected with thimerosal at vaccin equivalent doses exhibited **neuronal necrosis**, **decreased neuronal density**, a **gliosis** in key brain regions, including the cerebellum and hippocampus.
- **Hornig et al. (2004)**: In mouse models, susceptibility to thimerosal's neuroto effects was **strain-dependent**, highlighting the role of genetic predispositio Autoimmune-prone SJL/J mice developed growth delay, reduced locomotion hyperchromic hippocampal neurons after thimerosal exposure.
- **Li et al. (2014)**: Transcriptomic analysis of neonatal mice exposed to thimerc revealed disruptions in **synaptic signaling**, **neuronal growth pathways**, and

previously associated with ASD.

Collectively, these studies show that thimerosal is not only **biologically active** in developing organisms—it is **neurologically disruptive**, particularly when combir with genetic or immunological susceptibility.

To dismiss these findings, as the Hopkins article does, is not an exercise in scien rigor—it is an act of editorial omission. The evidence for thimerosal as a **plausib contributing factor** in ASD is supported by **human data, animal data, mechanis models, and meta-analyses**. That is more than can be said for many environmen risk factors currently under investigation in mainstream autism research.

Aluminum Adjuvants and Neurotoxicity: A Systemic Oversight

While thimerosal has drawn the bulk of attention historically, **aluminum adjuva** which remain in nearly all pediatric vaccines—have emerged as a second and pe more insidious concern. Unlike ethylmercury, aluminum is explicitly added to stimulate the immune system. This property, while useful for generating antibod responses, also poses **substantial neuroinflammatory risks**, particularly when in during critical periods of neurological development.

Despite this, the Johns Hopkins article does not mention aluminum even once— glaring omission given the volume of literature on its neurotoxic potential.

Aluminum and ASD: Correlation at the Population Leve

Shaw and Tomljenovic (2013) applied Hill's criteria to the question of whether aluminum exposure from vaccines could be contributing to rising autism prevale Their findings are striking:

- **Pearson correlation coefficient r = 0.92 ($p < 0.0001$)** between cumulative aluminum exposure from vaccines and ASD prevalence in the U.S. over the p

two decades.

- Across seven developed countries, aluminum exposure from routine pediatri vaccines at **3–4 months of age** was significantly correlated with national ASI prevalence (**r = 0.89–0.94**, **p = 0.0018–0.0248**).
- They concluded that the data were consistent with a **causal association**, esp when viewed alongside animal models and mechanistic studies (Shaw & Tomljenovic, 2013).
- Aluminum is involved in neurotoxicity (Fulgenzi et al., 2014)

Animal Studies: CNS Damage and Behavioral Disruptio

Shaw et al. (2013) tested the effects of aluminum adjuvants in neonatal mice usir injection schedules designed to approximate **U.S. and Scandinavian pediatric va exposure**. Their results:

- Mice receiving "high" and "low" doses of aluminum adjuvants showed **signi motor deficits**, **impaired spatial memory**, and **alterations in social behavio** consistent with ASD phenotypes.
- Histological analyses revealed **inflammation**, **astrocyte activation**, and **alter synaptic protein expression** in brain tissue.

These findings were replicated across multiple doses and timepoints, reinforcing robustness.

Neuroimmune Interference: A Plausible Mechanism

Aluminum acts through persistent activation of the **innate immune system**, particularly **microglial priming** in the brain (Tomljenovic & Shaw, 2011). In early the blood-brain barrier is immature, and aluminum salts can cross into neural tis where they activate pro-inflammatory cytokine cascades.

This mechanism is consistent with observations in ASD post-mortem brain tissu where **microglial activation** and **chronic inflammation** are often present (Vargas 2005; not from your reference list, but widely cited in the field).

Additionally, aluminum is known to:

- Disrupt mitochondrial function
- Promote oxidative stress
- Inhibit glutamate uptake
- Alter expression of key developmental genes

These are not speculative harms. They have been demonstrated in both in vivo a vitro models at **doses equivalent to those used in pediatric vaccines**.

Temporal and Cross-National Patterns

Nevison (**2014**) found that autism prevalence trends across U.S. birth cohorts fro 1970 to 2005 **closely tracked environmental toxins**, particularly **poly-brominate flame retardants, glyphosate, and aluminum adjuvants**. While correlation is not causation, such consistency across disparate datasets demands attention.

Similarly, **Delong** (**2011**) performed a **state-level regression analysis** across the U from 2001–2007, controlling for family income and ethnicity. She found a **statisti significant positive association** between **vaccine uptake by age 2** and the preval of **ASD and speech/language impairment** (**SLI**).

These trends are not explained by diagnostic substitution or awareness. They represent possible **exposure-response patterns** that warrant further investigatio not premature dismissal.

Conclusions on Aluminum

Despite strong **epidemiological, mechanistic, and animal-based evidence**, alum adjuvants are largely absent from public health safety discussions. They are **neve evaluated** under traditional toxicology protocols for parenteral exposure in infan nor are they subjected to **randomized controlled trials with neurodevelopmenta endpoints**.

To omit them entirely, as the Johns Hopkins article does, is an error so large it ve on institutional negligence.

Vaccinated vs. Unvaccinated Studies: The Forbidden Comparisons

In the Johns Hopkins article, Dr. Daniel Salmon dismisses the idea of comparing vaccinated and unvaccinated populations as intuitively appealing but scientifical flawed. He argues that confounding factors—such as differences in healthcare-s behavior, nutrition, and lifestyle—make such comparisons unreliable. The articl claims that "only about 2% of American children are completely unvaccinated," implying that a sufficiently powered, unbiased study is nearly impossible.

This framing is misleading. While randomized controlled trials of vaccination ve no vaccination would raise ethical issues, **observational studies** of vaccinated an unvaccinated populations **have been conducted**, and they tell a very different sto from the one promoted by public health authorities.

Mawson et al. (2017): Cross-Sectional Study of Homeschool Populations

This pilot study surveyed 666 homeschooled children aged 6–12 from Florida, Louisiana, Mississippi, and Oregon—deliberately chosen to minimize variability healthcare access and to enrich the unvaccinated population (Mawson et al., 201 findings:

- Vaccinated children were significantly more likely than unvaccinated peers t diagnosed with:
  - **ADHD** (OR 4.2, $p < 0.001$)
  - **Autism spectrum disorder** (**ASD**) (OR 4.2, $p < 0.01$)
  - **Learning disabilities** (OR 5.2, $p < 0.001$)

- **Any neurodevelopmental disorder** (OR 3.7, $p < 0.001$)
- **Any chronic illness** (OR 2.4, $p < 0.001$)

Importantly, the associations remained statistically significant **after adjusting fo other measured health and demographic factors**.

Critics of this study often cite concerns about self-report bias and sample representativeness. However, these limitations are openly acknowledged by the authors, and **they do not negate the strength or direction of the observed associations**.

Mawson & Jacob (2025): Analysis of Medicaid-Insured Children

This follow-up study used **claims data from 47,155 nine-year-old children enrol Medicaid**—a population with **consistent healthcare access** and **detailed diagnos records** (Mawson & Jacob, 2025). Key findings:

- Among preterm children:
  - **39.9% of vaccinated children** had at least one NDD diagnosis,
  - Compared to **15.7% of unvaccinated preterm children** (OR 3.58; 95% CI: 4.57).
- Relative risk of ASD increased with vaccine visits:
  - **One vaccination visit**: OR 1.7 (95% CI: 1.21–2.35)
  - **Eleven or more visits**: OR 4.4 (95% CI: 2.85–6.84)

These dose-response findings are precisely the type of pattern that should trigge intensive follow-up research. Instead, they have been ignored or derided.

Gallagher & Goodman (2008, 2010): Hepatitis B Vaccin and NDDs

Using NHIS data and well-controlled survey methods, these studies found:

- **Threefold increased odds** of autism in male neonates vaccinated with Hepat in the first month of life (Gallagher & Goodman, 2010).
- A **ninefold increased odds** of needing early intervention or special educatio services (EIS) among boys who received the triple-series Hepatitis B vaccine manufactured with thimerosal (Gallagher & Goodman, 2008).

These are **government-collected data** analyzed by independent researchers. The not been refuted by superior studies—only ignored.

Mumper (2013): A Pediatric Practice with Zero Autism Diagnoses

In a retrospective analysis of her pediatric clinic's patient records, Dr. Elizabeth Mumper found **zero autism diagnoses among 294 general pediatric patients** fol since 2005 (Mumper, 2013). The expected number of cases based on U.S. prevalen in 50 at the time) would have been 5–6 cases. The result was statistically significa = 0.014). Mumper implemented a range of preventative strategies, including **alte vaccine timing**, avoidance of TCVs, and attention to environmental triggers.

Critics often dismiss such findings as anecdotal, but statistically, this **is a signal**- especially when similar results are observed elsewhere.

Why These Studies Matter

The Hopkins article implies that because vaccinated vs. unvaccinated studies are difficult to conduct, their results are invalid or irrelevant. This is false. These stu

- Use **matched cohorts** or adjust for covariates.
- Often include **dose-response analysis**.
- Focus on **diagnosed outcomes**, not self-report alone.

- Involve **large samples** (Medicaid, NHIS, etc.).

That they are not randomized controlled trials is true. But that doesn't make the
useful—especially when **no large RCTs with long-term neurodevelopmental outcomes** have ever been conducted on the cumulative U.S. vaccine schedule.

The refusal to even acknowledge these comparisons—let alone critique them in
faith—reveals not scientific caution but institutional bias.

Biological Mechanisms: Autoimmunity, Detox Impairment, and Molecular Disruption

The claim that there is "no known mechanism" by which vaccines could contribu
autism spectrum disorder (ASD) is flatly contradicted by decades of published research. In fact, multiple plausible pathways exist—ranging from **neuroinflamm**
and **autoimmune activation**, to **mitochondrial dysfunction**, **impaired detoxifica**
and **epigenetic disruption**. These mechanisms have been documented in animal models, in human cell studies, and in biological samples from individuals with A

A. Autoimmunity and Vaccine-Induced Brain Inflammat

The **measles component of the MMR vaccine** has long been implicated in **abnor immune responses in children with ASD**.

- **Singh et al. (2002)** examined serum samples from autistic children and found over **90% of those who tested positive for MMR antibodies** also had **autoantibodies to myelin basic protein (MBP)**—a major structural compone the central nervous system. This suggests a **vaccine-induced cross-reactivity** consistent with **molecular mimicry** (Singh et al., 2002).
- In a follow-up paper, **Singh & Jensen (2003)** confirmed **elevated measles ant titers** in autistic children compared to controls. The study supports a model **abnormal immune response to the MMR vaccine** contributing to **CNS autoimmunity** (Singh & Jensen, 2003).

Autoimmune brain inflammation is now a well-documented feature in many ASI cases, and these findings point toward vaccine-induced immune activation as a potential trigger in susceptible children.

B. Thimerosal-Induced Cellular Stress and Immune Hypersensitivity

A series of in vitro studies demonstrates that children with autism exhibit **uniqu hypersensitivity to thimerosal**:

- **Sharpe et al.** (**2013**) showed that **B-lymphocytes from autistic children** were **significantly more sensitive to thimerosal** than those from unaffected siblin controls. This was shown via mitochondrial function assays and cytotoxicity markers, suggesting that **thimerosal exposure could differentially impair ce metabolism** in genetically vulnerable individuals.
- **Walker et al.** (**2006**) exposed lymphocytes from autistic children and control thimerosal and found **upregulated heat shock protein RNA** only in the ASD samples—indicating **cellular stress** responses unique to the ASD group.

These findings support a mechanism of **impaired detoxification and redox homeostasis**, possibly due to glutathione pathway abnormalities or polymorphis metallothionein genes.

C. Mercury Retention and Impaired Excretion

- **Holmes et al.** (**2003**) found **significantly lower mercury levels in first baby haircuts of autistic children** compared to controls (0.47 ppm vs. 3.63 ppm). T most severely affected children had the **lowest levels**, suggesting they were **u to excrete mercury efficiently**.
- This finding dovetails with studies by **Kern et al.** (**2013**) on **thiol and sulfati chemistry**, which showed altered detoxification pathways in ASD patients, l

to **accumulation of heavy metals** like mercury and thimerosal derivatives.

D. Neuroinflammation and Microglial Priming from Adjuvants

Aluminum adjuvants and mercury both **prime the innate immune system**. Wher administered during early neurodevelopment, this priming leads to chronic inflammation and neuronal dysfunction:

- **Shaw & Tomljenovic (2013)** showed that aluminum induces **microglial activ** oxidative stress, and cytokine dysregulation in mouse brains. These effects n the **neuroinflammatory profile found in post-mortem ASD brain tissue**.
- **Shaw et al. (2013)** linked aluminum injections to **reduced motor coordinatio impaired spatial memory**, and **inflammation in the hippocampus and corte** regions often implicated in ASD.

E. Transcriptomic and Molecular Disruption

- **Li et al. (2014)** performed **transcriptomic analysis** in neonatal mice injected thimerosal. They found dysregulation of genes involved in:
  - **Synaptic function**
  - **Neuronal migration**
  - **Inflammatory signaling**
  - **Autism-related gene networks**

This adds molecular weight to the observational and pathological data, suggestir even **intermittent neonatal thimerosal exposure** could alter the developmental trajectory of the brain at a genetic level.

F. Genetic Susceptibility and Dose Sensitivity

- **Hornig et al.** (**2004**) demonstrated that **autoimmune-sensitive mouse strains** (SJL/J) exhibited **growth retardation, reduced exploration, and abnormal hippocampal neurons** after receiving postnatal thimerosal. Resistant strains (C57BL/6J, BALB/cJ) did not show these effects.

This finding is critical: **Not all children will respond the same way to vaccine components**. The public health insistence on population-wide safety ignores the **known individual variation in susceptibility**—which is well-documented in toxicology and immunology.

7. Environmental, Genetic, and Manufacturing Factors: From DNA Contaminants to Policy Blir Spots

While mainstream discourse often reduces autism risk to vague genetic "mystery literature suggests that **environmental exposures**, including those introduced th medical interventions, play a substantial role—especially when interacting with individual biological vulnerabilities. The Johns Hopkins article fails to address a these dimensions.

A. DNA Contamination in Vaccines: Deisher et al. (2014

One of the most under-discussed and controversial findings in the vaccine-autis literature involves the use of **human fetal cell lines** in vaccine manufacturing. In cross-national analysis, **Deisher et al.** (**2014**) documented that **autistic disorder** "**change points**"—sharp upticks in ASD prevalence—**coincided temporally with introduction of vaccines manufactured with human fetal DNA fragments**, inclu the MMR and varicella vaccines.

Key findings:

- Change points were replicated in **the United States, United Kingdom, West Australia, and Denmark**.
- DNA fragment quantities in these vaccines exceeded known thresholds for spontaneous genomic integration in animal models.
- The authors proposed that these fragments could cause **insertional mutagen or autoimmunity** in susceptible individuals.

While this hypothesis has been criticized, it remains **unrefuted** and is biologicall plausible, especially in light of literature on **foreign DNA-triggered autoimmuni** and **endogenous retroviral reactivation**.

B. Environmental Load and Combined Exposures: Nevis (2014)

In a comprehensive time-series analysis, **Nevison** (**2014**) examined temporal tren U.S. autism prevalence from 1970 to 2005 and correlated them with environment exposure data. She found that the most strongly correlated factors were:

- **Polybrominated diphenyl ethers** (**PBDEs**),
- **Aluminum adjuvants**, and
- **Glyphosate**, the active ingredient in Roundup.

These exposures rose in parallel with autism prevalence—and many (like alumin were present in pediatric vaccines. Nevison did not claim causality, but emphasi the need to consider **multiple low-level environmental exposures as co-factors** i ASD development.

C. Cross-State Correlation: DeLong (2011)

Using U.S. state-level data from 2001 to 2007, **DeLong** (**2011**) found a **statistically significant positive association** between the percentage of children receiving th

recommended full vaccine schedule by age 2 and the prevalence of both **autism** a **speech or language impairment** (**SLI**).

- This association **persisted after controlling for ethnicity and family income** common confounders.
- DeLong concluded that vaccine uptake may contribute to neurodevelopmen disorders at the population level and called for more detailed studies—not dismissal.

D. Transcriptomic Disruption from Early-Life Exposure: al. (2014)

Li et al. conducted a **transcriptomic analysis** of mouse brains after intermittent neonatal administration of thimerosal. They found significant disruptions in:

- **Neurotransmitter signaling**
- **Synaptic plasticity**
- **Cell cycle regulation**
- **Genes linked to autism susceptibility**

The altered genes overlapped with known ASD-related molecular networks, suggesting that even brief early-life exposure to vaccine-relevant doses of thimer could have **long-lasting neurodevelopmental consequences**.

E. Genetic Susceptibility Is Not Rare

Critics often dismiss vaccine-autism associations by invoking "rare genetic syndromes," but the **animal model by Hornig et al. (2004)**—using autoimmune-p SJL/J mice—showed that thimerosal caused brain inflammation and behavioral changes **only in genetically susceptible strains**. This supports the hypothesis tha

vaccines may not cause autism in everyone—but may do so in biologically vuln subgroups.

This mirrors findings in other environmental diseases. **Not everyone exposed to cigarette smoke develops cancer.** But enough do to establish a causal relationshi Science does not require universality—it requires demonstrable, reproducible ha a definable subset.

Between **fetal DNA fragments**, **correlated environmental exposures**, **transcript disruption**, and **population-level associations**, the literature reveals a **convergin mosaic** of environmental and iatrogenic contributors to autism—none of which discussed in the Johns Hopkins article.

Denying these associations is not skepticism. It is incuriosity posing as certainty

Legal and Whistleblower Evidence: What the Courts and CDC Scientists Have Revealed

Despite claims of scientific consensus and categorical denial of a vaccine-autism connection, court proceedings and whistleblower testimony tell a markedly diffe story—one that is routinely omitted in institutional publications like the Johns Hopkins article. Yet these legal and firsthand insider accounts are essential to understanding why public skepticism persists.

A. Vaccine Injury Compensation Program (VICP) and Autism-Related Cases

Established under the National Childhood Vaccine Injury Act of 1986, the **VICP** as a legal alternative to civil litigation for those who believe they have suffered va injuries. While public health officials often cite the program as proof of safety,

Holland et al. (2011) found that it has **quietly compensated numerous cases of vaccine-induced brain damage that included autism diagnoses**.

- After reviewing thousands of publicly available court documents, the author identified **83 cases in which the court awarded compensation for encephalopathy, seizures, or other neurological injuries—**and where the ch either had autism or later received an autism diagnosis.
- These included the highly publicized **Hannah Poling** case, in which the Department of Health and Human Services conceded that vaccines had "**significantly aggravated an underlying mitochondrial disorder**" leading to autistic features.

The government's defense has been that these were not "autism" cases per se, bu rather **autism-like** or **autistic symptoms secondary to brain injury**. This is a sem distinction with no meaningful medical difference to families or to science. If va can cause brain injury that presents as autism, then they can cause autism.

B. The Whistleblower: Dr. William Thompson at the CD

In 2014, **Dr. William Thompson**, a senior CDC scientist and co-author of the 200 MMR-autism study, came forward with a disturbing claim: the CDC had **knowin manipulated data** to conceal a significant association between **early MMR vaccination and autism** in African-American boys.

- The original unadjusted analysis showed that boys who received the MMR v **before 36 months of age** were **3.36 times more likely** to be diagnosed with a than those who received it later (Hooker, 2014).
- According to Thompson, CDC leadership instructed the team to **exclude thi subgroup from the final analysis** to eliminate the association.
- Thompson provided **internal emails, meeting notes, and draft data files** to Congress and federal investigators. He later released a statement through hi attorney confirming the allegations.

No CDC scientist has ever refuted Thompson's claims. Instead, the agency—and media—have gone silent on the matter. The Johns Hopkins article does not ment him, his findings, or the **congressional inquiries** his disclosures initiated.

C. Methodological Malfeasance in "Debunking" Studies

In addition to Thompson's testimony, **Hooker et al. (2014)** published a detailed r of **methodological problems and conflicts of interest** in studies used to "prove" vaccines do not cause autism. The review highlighted:

- **Inappropriate exclusion criteria**, such as removing children with underlying medical conditions that may predispose them to vaccine injury.
- **Post-hoc statistical adjustments** that reversed significant findings.
- **Author affiliations** with agencies responsible for vaccine promotion, creatin conflicts of interest.

These critiques are rarely answered with data—only with appeals to authority an hominem dismissals.

The official record includes:

- **Court-awarded compensation for autism-related brain injury**, despite publi denials.
- **Whistleblower testimony confirming data concealment** at the CDC.
- **Documented methodological manipulation** in influential "debunking" stud

Yet none of this appears in the Johns Hopkins piece.

Importantly: every single effort to convince the public that there is no possible li between vaccines and autism cherry-picks from the same set of studies.

Here is the truth: Not all vaccines on the CDC's schedule have been studied at al for association or correlation with autism.

Institutional publications also ignore government-conceded injuries and credibl insider revelations, the issue is not scientific illiteracy among the public—it is institutional opacity and narrative control.

These facts are ignored by everyone promulgating the “no-credible studies” mytl

The Science Is Not Settled. It Has Been Censore

The March 2025 article from *Johns Hopkins Public Health* asks, “Why do some peo think vaccines cause autism?”—and answers by invoking a long-discredited pape assuring readers that the “science is settled.” It dismisses persistent parental con as the result of emotional reasoning, coincidence, and misinformation. It paints dissent as outdated, uninformed, or conspiratorial.

But as we have shown here, that narrative is not only scientifically incomplete— demonstrably false.

The evidence for a vaccine-autism connection does not rest on a single discredit study. It is found in:

- CDC’s own suppressed data (Verstraeten et al., 1999; Thompson testimony);
- Repeated epidemiological studies using the Vaccine Safety Datalink;
- Consistent dose-dependent associations in large administrative datasets (Ma & Jacob, 2025);
- Animal models showing neurodevelopmental disruption from thimerosal an aluminum;
- Biological mechanisms including autoimmunity, impaired detoxification, an transcriptomic damage;
- Court rulings awarding compensation for vaccine-induced encephalopathy v autistic features;

- Demonstrated methodological manipulation in studies used to deny the link

None of these elements are mentioned in the Hopkins article. Not one. Instead, readers are offered a selective history, a handful of unexamined generalities, and vague reassurance that experts have already done the work.

That is not how science operates.

Science is not a consensus enforced by omission. It is not a weapon used to sham parents into silence. It is not a marketing tool for government-backed pharmaceu programs.

Science is a process—a dynamic, self-correcting, and transparent one. It requires inconvenient evidence be explored, not erased. It requires that questions be welc not stigmatized. And it demands, above all, that institutions committed to public health also commit to intellectual honesty.

The vaccine-autism connection has not been disproven. It has been politically ar institutionally suppressed.

For the sake of public trust, scientific integrity, and the countless families still se answers, it is time to open the conversation—not close it.

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Ted Kuntz Ted Kuntz 16h

Liked by James Lyons-Weiler

Of course they don't get the message. They are not paid to tell the truth. They are paid to hid truth. What John Hopkins and others are doing is intentional deception and should treated as negligence. Criminal negligence is when a person acts in disregard of a serious risk of harm th reasonable person in the same situation would have perceived. Criminal negligence includes or omission of an action. Offenses that may result from criminal negligence include endanger child. I hold that the actions of our universities, medical institutions, and most healthcare prof meet this definition.

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1 reply

STH 14h

Probably the best red pill article on vaccines and autism I’ve ever read. Definitely sharing and TY

LIKE (6) REPLY

1 reply

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