AUTISM MYTHS

Myth #1 Autism is genetic.

There is no evidence to suggest autism is genetic. No autism gene has ever been found. Autism is nothing more than mercury poisoning – the search for an autism gene will be endless. Furthermore, it is impossible to have a "genetic epidemic" as epidemics happen at a far faster rate than the proliferation of each generation would allow for. Unless children began to procreate and bear children at the ages of 3-5, it would be impossible to have a genetic epidemic.

Myth #2 Autism is life long.

There is a growing body of evidence that children properly treated for mercury poisoning are indiscernible from their neurotypical peers. Any toxicologist will tell you that mercury poisoning represents a temporary, correctable state. Thorough removal of mercury will typically resolve some or all of the symptoms. Autism is only life long if mercury poisoning is never treated.

Myth #3 Autistic children are not affectionate and do not like to be held or touched.

This is an unfortunate myth. Many autistic children are extremely affectionate and love to be held and hugged.

Myth #4 Autistic children are in their own world and are not interested in other people.

Mercury poisoning overloads the senses and can make sights, sounds, and smells almost intolerable. This sensory overload causes some autistic children to withdraw inward as a means of survival – it is their body's way of coping with the massive sensory overload. Parents often remark, as the mercury is removed from their children's bodies, that they see their child "in our world" for the first time. The removal of mercury lowers the sensory overload, making the world a safer and more tolerable place again. Using our own frame of reference, we mistake an autistic child's retreat inward as an "aloofness" or "indifference" to those around them. Nothing could be further from the truth.

Myth #5 If you have autism, you are mentally handicapped.

Some autistic children are given IQ tests, which were created for people not suffering from mercury poisoning. Because of the limitations caused by sensory overload, some autistic children perform poorly on the IQ test, and are labeled "mentally handicapped." Many recovered autistic children are performing well above their peer group in a variety of topics in school. There is even some evidence to suggest that intelligence and a limited ability to detoxify may be related through DNA and that we are in fact poisoning are most intelligent children. Most parents of autistic children know that their child is very bright and many clinicians treating autistic children assert that their patients are universally among the most intelligent children they have ever seen.

Myth #6 There is no autism epidemic, it's just better diagnosis

This myth persists despite being refuted by a wide range of scientists, policy makers, and health care organizations. All the available data points to an epidemic. Between 1992-2002, the Department of Education estimates that there has been a 714% increase in the number of autistic children. In the 1970s, autism was estimated to

occur in 1 in 25,000 children. Between 1970 and 1990, that number increased to about 1 in 2,500. Today, the CDC acknowledges the number is about 1 in 166, even Eli Lilly says it's 1 in 150, and many believe it is closer to 1 in 125. The anecdotal evidence that we are in an epidemic is overwhelming. If there is no epidemic, where are all the autistic adults? Ask any doctor, teacher, or day care worker who has been around for 20 or more years and they will tell you that the epidemic is unprecedented.

Myth #7 The reason that boys represent 80-90% of the epidemic is that autism is an extreme form of the more rigid and scientific male mind.

Testosterone is a synergistic toxin with mercury which means it enhances the toxicity of mercury in the body while estrogen appears to protect the body from mercury's toxicity. This is the reason for the high ratio of males in the epidemic. Boyd Haley,

Ph.D., Professor and Chair of the Chemistry Department, University of Kentucky discusses the issue of testosterone and mercury:

"One of the conundrums of autism is the 4:1 ratio of boys to girls that get the disease. We therefore decided to test the effects of both female and male hormones on the neurotoxicity of thimerosal. The results were eye-opening. For example, 50 nanomolar thimerosal causes less than 5% neuron death within the first three hours incubation and 1 micromolar testosterone causes no significant death within this time frame. However, mix these two together and 100% neuron death was observed at the earliest time point checked. This represents a severe enhancement of thimerosal toxicity."

Myth #8 Autism is a complex, multi-factorial epidemic.

There are many different causes that all work together. Mercury may be one of the factors in creating autism, but saying it is only mercury is way too simplistic.

This assertion violates a truth that history demonstrates very clearly: ALL epidemics in the history of mankind have a simple cause.

Mercury poisoning manifests itself in a wide variety of ways in different people. Differences in manifestations are due to individual biochemistry, amount of mercury received, form of mercury, timing of exposure, and other toxins present during the time of exposure, to name a few. Therefore, mercury poisoning's symptoms are varied and complex. But, the cause is simple and always will be: mercury toxicity. The simplicity of cause highlights the simplicity of treatment: mercury removal through chelation.

Myth #9 Saying that vaccines cause autism will create a return to unvaccinated children dying from many childhood diseases we have nearly eradicated.

Thimerosal contains ethylmercury, a potent neurotoxin. The injection of Thimerosal into developing brains is the root cause of the autism epidemic. Thimerosal is an untested, unnecessary vaccine preservative. Today, most vaccines are available without Thimerosal (with the unfortunate exception of the flu vaccine) and are still effective.

Placing a potent neurotoxin in vaccines targeting infants and children has seriously eroded the public's trust in the vaccine program. The unwillingness of most public authorities to acknowledge the true cause of the current epidemic will only further erode this trust. To try to turn the argument back around and accuse advocates of the

mercury-autism connection as being "anti-vaccine" is nothing more than an attempt to muddy the debate for reasons of self-interest and self-protection.

Myth #10 The mercury used in vaccines is the safe kind of mercury that the body disposes of quickly.

The assertion that certain forms of mercury are quickly and easily excreted by the body violates basic principles of chemistry and physics. There is no such thing as a safe form of the second-most toxic substance on earth. Dozens of studies have demonstrated the extreme toxicity of Thimerosal and the fact that most children retain meaningful quantities of mercury in their major organs after receiving vaccines containing Thimerosal. Parents who have chelated their autistic children have fecal, urine, and hair toxic metals tests showing mercury being excreted at levels 10-50x normal.

Myth #11 The mercury received in a vaccine is no greater than in a can of tuna.

Eating a can of tuna has certainly never caused autism.

This myth has received a lot of publicity because it offers an analogy anyone can understand and makes the mercury-autism connection appear trivial.

The analogy can be improved by comparing a 200-pound male adult consuming tuna with the infant who receives a single vaccine on their first day of birth (since day-old infants don't eat tuna). On the first day of birth an infant receives the Hep B vaccine with about 25 micrograms of ethlymercury – this does approximate the 30 micrograms of methlymercury in an average can of tuna. Since the average infant weighs about 7 pounds, the weight equivalent number of cans of tuna for an adult would be 28 cans.

If you take those 28 cans of tuna and distill it down to mercury content, you would have 840 micrograms of mercury. Keep in mind that the stomach successfully absorbs and excretes about 90% of any mercury ingested through food, leaving only about 10% of the mercury for the bloodstream. Since the mercury in vaccines is injected directly into the bloodstream where 100% of it can be absorbed by the organs, you'd need an additional 252 cans of tuna to get the equivalent amount of mercury into the bloodstream for a total of 280 cans of tuna and 8,400 micrograms of methlymercury.

So, receiving the Hep B vaccine on the first day of birth is the equivalent of a 200-pound adult male consuming 280 cans of tuna in a single day. One final adjustment: the adult male in the analogy needs to have no capacity to excrete mercury. As Boyd Haley, Ph.D. notes, "it is very well known that infants do not produce significant levels of bile or have adult renal capacity for several months after birth. Bilary transport is the major biochemical route by which mercury is removed from the body, and infants cannot do this very well."

So, a 200-pound male who consumes 280 cans of tuna in a single day and has their ability to excrete mercury severely diminished is the same as a day-old infant receiving the Hep B vaccine. That's a fair analogy. Tuna anyone?

Myth #12 The mercury received through a vaccine has always been at trace levels, but not ever enough to cause harm.

The World Health Organization has stated that there is no safe level of mercury. 246 micrograms of mercury, the amount received by children born between 1990 and 2002, has created an epidemic of neurodevelopmental issues.

Even Dr. Pierre Lavigne, a spokesman for Aventis Pasteur, a manufacturer of vaccines, states, "The important thing to note is that thimerosal is an issue really only for pediatric vaccines for small children. The developing nervous system is very sensitive, so if they're exposed to mercury it's more likely to cause damage."

Neal Halsey M.D., the Former Chairman of the American Academy of Pediatrics committee on infectious diseases (who makes recommendation on vaccinations) states, "In most vaccine containers, thimerosal is listed as a mercury derivative, a hundredth of a percent. And what I believed, and what everybody else believed, was that it was truly a trace, a biologically insignificant amount. My honest belief is that if the labels had had the mercury content in micrograms, this would have been uncovered years ago. But the fact is, no one did the calculation."

Myth #13 There have been many autistic children who showed no sign of mercury after testing. Therefore, the idea that autism is nothing more than mercury poisoning is implausible.

It is unfortunately true that some autistic children, tested for mercury poisoning, showed no signs of mercury excretion during initial testing. This was due to either faulty testing or a lack of understanding of the "non-excretor phenomenon".

A non-excretor of mercury is someone who, even after the administration of a chelating agent (which is how a mercury toxicity test is typically performed), is unable to excrete any mercury. A majority of autistic children are non-excretors. Mercury has effectively shut down their body's ability to excrete the mercury, thereby exacerbating their mercury poisoning. The non-excretor phenomenon has only been recently understood and studied. Unfortunately, many autistic children were given a single chelation challenge test, showed no mercury excretion in their mercury, and falsely told that, "mercury is not an issue here." A non-excretor may have to go through months of chelation before they show any mercury coming out of their body. As Dr. Rashid Buttar noted in a recent study he did of chelating autistic children:

"Virtually all patients reviewed in the study did NOT show any appreciable amount of mercury level on baseline tests. Results however clearly showed that as treatment continued, an increase in the level of mercury being excreted was increased."

Myth #14 The CDC did a study and proved there was no link between mercury in vaccines and autism.

The CDC did do an epidemiological study (a statistical analysis of population data) that ultimately concluded there was no connection between Thimerosal and autism. This study was written by Thomas Verstraeten of the CDC, who was later hired by GlaxoSmithKline, a company facing many Thimerosal-related lawsuits. Dr. Mark Geier provides some perspective on the study:

"this very study was the topic of secret-closed meetings between members of the CDC and other government organizations, as well as members of the vaccine manufacturers held at Simpsonwood, Georgia from 7-8 June 2000. The transcript of this meeting has been obtained under the Freedom of Information Act. This transcript reveals that the study initially found statistically significant dose-response effects between increasing doses of mercury from thimerosal-containing childhood vaccines and various types of neurodevelopmental disorders. The transcript documents that the data was real and statistically significant for many types of neurodevelopmental disorders, but that the meeting participants expressed that the data had to be "handled." Despite, discussion about how to "handle" the data, some participants expressed concern that the work

that had already been done would be obtained by others through the Freedom of Information Act. In this event, even if professional bodies expressed the opinion that there was no association between thimerosal and neurodevelopmental disorders, it was already too late to do anything. In addition, other participants expressed that the vaccine manufacturers were in a horrible position to be able to defend any lawsuits alleging a relationship between thimerosal and neurodevelopmental disorders, since no one would say with the available data that there was no relationship between thimerosal and neurodevelopmental disorders. Even Verstraeten, in an email following the Simpsonwood meeting, expressed surprise that the data was to be manipulated, stating that ones desire to disprove an unpleasant theory should not interfere with sound scientific methods to evaluate the relationship between thimerosal and neurodevelopmental disorders."

Some of the many documents that refute the CDC findings include:

1. Analysis and Critique of the CDC's Handling of the Thimerosal Exposure Assessment Based on the Vaccine Safety Datalink Information Safe Minds October 2003

2. Study Misses Link Between Thimerosal and Neurodevlopmental Disorders Letter to the Editor of Pediatrics Dr. Mark Geier February 23, 2004

3. Immunization Safety Review Letter to the Institute of Medicine written by Safe Minds

4. Internal Email From Thomas Verstraeten of the CDC Noting the Thimerosal/Autism Link in the Data "Won't Go Away" Internal Email Correspondence at the CDC December 17, 1999

Myth #15 The IOM did a study and proved there was no link between mercury in vaccines and autism.

In May 2004, the Institute of Medicine release a report titled Immunization Safety Review: Vaccines and Autism and concluded that there did not appear to be a causal link between Thimerosal and the autism epidemic. Much of their conclusion was based on the aforementioned CDC Verstraeten study as well as a review of other available studies. Soon after, Congressmen Burton and Weldon and Congresswoman Watson held a joint press conference. An excerpt from Mothering magazine on the press conference: "Unfortunately, I believe the findings announced in the May 18th IOM report are heavily biased, and unrepresentative of all the available scientific and medical research," stated Chairman Burton. "I think it is highly irresponsible for the IOM Immunization Safety Review Committee to purport definitive findings to the American public, which are based on selective scientific studies that are greatly flawed to begin with." Congresswoman Watson stated, "Just because there is not a preponderance of scientific proof, does not mean that we should discontinue investigations into the effects of mercury containing thimerosal. Unbiased researchers are continuing to produce results that challenge the IOM findings." The Congresswoman further noted that, "The IOM did not make the statement that mercury injected into the body is helpful. Mercury is mercury, and it is a neuro-toxic substance (among other bad things) - name one beneficial use in the human body." Said Congressman Weldon, "The IOM report is premature, perhaps perilously reliant on epidemiology, based on preliminary incomplete information, and may ultimately be repudiated. This report will not deter me from my commitment to seeing that this is fully investigated, nor will it put to rest the concerns of parents who believe their

children were harmed by mercury-containing vaccines or the MMR vaccine." The recently released IOM report is the eighth and final in a series designed to examine the safety of vaccines that contain the mercury- based preservative, thimerosal. In their latest report, the IOM Committee concludes, "The body of epidemiological evidence favors the rejection of a causal relationship between thimerosal-containing vaccines and autism." This statement represents a significant change from the Committee's finding in their 2001 report, which called such a causal relationship, "biologically plausible." The Committee based its final conclusions on their review of approximately 10 previously conducted epidemiological studies. Of those roughly 10 studies, 5 reported probable links between thimerosal-containing vaccines and autism, yet those 5 were summarily dismissed because the Committee determined the manner in which they were conducted was flawed."

Myth #16 Denmark, which removed Thimerosal from vaccines in the early 1990s, did a study and proved there was no link between mercury in vaccines and autism.

The Journal of The American Medical Association published a study done by Danish researchers that refuted the relationship between Thimerosal and Autism. Denmark appears to be a unique environment to better understand the issue because Thimerosal was removed from vaccines in 1992. The Danish researchers who wrote the study are employees of a Danish manufacturer of vaccines. Mothering magazine reported on SafeMind's response to the Danish study:

"Safe Minds released an analysis of the autism registry data from Denmark that showed the rate of autism dropped sharply after removal of thimerosal from infant vaccines in that country in 1992. Their findings showed the rate of autism declined from an incidence of 1 in 500 prior to 1992 to 1 in 1,500 today. The analysis also uncovered a flaw in the methodology of Danish investigators publishing in the October issue of JAMA (Hviid et al), who utilized the same Danish registry data and concluded that autism rates in Denmark rose after thimerosal removal from vaccines. "In our review of the Danish data we identified a flaw which resulted in a substantial loss of autism case records from the registry which essentially renders the findings from the JAMA study by Hviid and colleagues invalid", said Sallie Bernard, executive director of Safe Minds. "The registry allows 10- 25% of diagnosed autism cases to be lost from its records each year. The effect of this loss is such that the records will disappear from older age groups to a much greater degree than from younger age groups in any given registry year." The Hviid findings are based on finding fewer older children in their 2000 registry cohort than younger ones. Since the older children received thimerosal vaccines and the younger ones did not, Hviid falsely concluded that thimerosal is not a factor in autism. The Safe Minds analysis shows instead that the decline is likely due to the loss of records of older children from the registry records, rather than a true decline in autism rates in the older group. Safe Minds reanalyzed the Denmark registry data and used an alternative method to avoid the record removal bias. The analysis looked at same-age children - 5-9 year olds - but from different registry years: 1992, when all of the children received thimerosal-containing vaccines, and 2002, when none of the children received vaccines with thimerosal. After adjusting for the lack of outpatient records in the 1992 registry, the analysis found a 2.3 higher number of autism cases among the 1992 thimerosal-exposed group relative to the 2002 non-exposed group. The analysis then determined an autism incidence rate for the non-thimerosal group of 1 in 1,500, while the thimerosal-exposed group had an incidence of 1 in 500, a 3-fold increase. The

higher figure is comparable to the 1 in 500 incidence level for core autism recently found in England and the 1 in 250 incidence level recently calculated for the US. The thimerosal exposure level and timing in pre-1992 Denmark was comparable to that in England, while that for the US was somewhat more aggressive. "In the Hviid study in JAMA we can clearly see how the data was misinterpreted so a conclusion could be drawn to clear thimerosal from any role in autism," said Lyn Redwood, president of Safe Minds. "This misinterpretation is not surprising given the authors' employment with the manufacturer and promoter of vaccines in Denmark, Statens Serum Institut. This conflict of interest should have been stated by JAMA." Safe Minds is calling for a complete analysis of the Denmark autism registry data set by independent, unbiased epidemiologists who have no involvement in vaccine development, production, promotion, or administration."

Some documents that refute the Denmark findings include:

1. Something is Rotten In Denmark Safe Minds October 2003

2. MMR and Autism In Perspective: The Denmark Story Journal of American Physicians and Surgeons, Volume 9, Number 3 Carol Stott, Ph.D., Mark Blaxill, Dr. Andrew Wakefield Fall 2004

Myth #17 The best treatment for Autism, and the only proven treatment, is behavioral therapy – specifically ABA or Applied Behavior Analysis.

There appears to be clinical evidence that ABA therapy improves autistic symptoms in some autistic children. In general, the use of many forms of behavioral therapy for autism leads to improvement. However, to represent that ABA represents the only form of treatment for autism is simply untrue. There are hundreds of children who have recovered from autism through biomedical treatment and that number is growing everyday.

Myth #18 Autism is a psychological issue and a psychologist should provide treatment.

Autism is an issue of toxicology. A Doctor who understands toxic metals in terms of testing, symptoms, and removal is critical to treating autism effectively.

Myth #19 Chelation therapy is unsafe, unproven voodoo medicine. It is something only desperate parents would consider doing, and has more risks than benefits. Moving metals around in the body is a bad idea.

Chelation therapy has been around for decades and is a safe, effective way to remove heavy metals from the body. This is the coverage position on chelation therapy from CIGNA, one of the country's largest insurance companies: "CIGNA Healthcare consider chelation therapy medically necessary in the following conditions: arsenic, mercury, iron, copper or gold poisoning when long-term exposure to and toxicity has been confirmed through lab results (i.e., blood, plasma, and/or urine results) or clinical findings (i.e., symptoms consistent with metal toxicity)"

Myth #20 Mercury may be one of the causes of autism. It doesn't really matter what the cause - once you have autism, you have autism for life.

Autism is not a disease. There is no medical test for autism. We often say a child "has autism", implicitly assuming it is in fact something one "has" or "acquires" or "catches". Autism is a label for a range of behaviors, typically diagnosed by a psychologist. The hypothesis of autism has been that behind all of these common

symptoms lies some sort of "disease". Autism is typically diagnosed using the "DSM-IV" criteria – 12 behaviors of which a child exhibiting any 6 could produce an autism diagnosis. This means two children exhibiting the opposite six criteria would both be considered autistic. It is entirely plausible that a single child diagnosed separately by five psychologists could receive five separate diagnoses like autism, Asperger's, ADHD, PDD-NOS, and a developmental delay. It is an imperfect and subjective process. That many autistic children seem to share physiological manifestations like food allergies, gastrointestinal distress, gross and fine motor issues, sleep disturbance, and impaired detoxification pathways has not been publicized, noted, or considered by the vast majority of professionals involved with the autism community. You almost never read about these common physical symptoms when researching autism. Practically every child has them, but they have either gone undetected, viewed as coincidence, or somehow considered part of the mysterious "disease". None of these observations change the underlying fact that autism and mercury poisoning have identical symptom profiles. They are one in the same thing. The current paradigm for thinking about these mercury- poisoned children is broken and unhelpful. "Autism" will always be a mystery without a cure. When you begin to think of autism as a misdiagnosis for a mercury-poisoned state, things start to make more sense. Curing autism is a miracle, curing mercury poisoning is a medical procedure. Mercury does not "cause" autism. The notion of cause, once again, provides the illusion that autism is a disease. By saying mercury causes autism, it is implicit that once you "have" autism, your fate has been decided, that you will be "autistic for life", whatever the cause. Instead, mercury causes mercury poisoning. A mercury-poisoned state can be addressed medically. Children greatly resolve their symptoms when the mercury is removed from their bodies and brains. Toxicologists have successfully treated people with mercury poisoning for decades.

Myth #21 Autism, Asperger's, ADHD, and ADD

All of these behavioral diagnoses are mythical: they simply do not exist. Each one places a child somewhere along the "spectrum" of mercury poisoning.