We've all heard it—mercury has been taken out of vaccines and was never connected to autism. However, no matter how often these claims are repeated by vaccine officials, trust in the nation's immunization program continues to deteriorate. At the heart of this distrust is simply parents’ desire to provide their children with the best healthcare available. Unfortunately, parents are confronted with another reality on discovery that these well-worn claims designed to inspire trust are false.
Why the Vaccine Debate of Mercury and Autism Continues to Rage

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Recent factors contributing to the increase in the crisis of faith regarding the recommended childhood immunization schedule are last year’s federal compensation to the Poling family for their daughter’s vaccine-induced autism; former NIH Director Dr. Bernadine Healy stating that the mercury-autism hypothesis had been too quickly dismissed by federal agencies for fear of where the path would lead; and NIH-funded research by U.C. Davis M.I.N.D. Institute published in January’s Epidemiology confirming that autism’s rise is real and not a result of expanded diagnostic criteria or heightened awareness leading to earlier diagnosis. Determining total health outcomes from multiple vaccine toxicants (e.g. mercury, aluminum, formaldehyde, antigens), will require a comprehensive study of vaccinated vs. unvaccinated populations to assess the long-term effects of vaccines. This is a study that CDC’s former Director, Dr. Julie Gerberding, has stated could and should be done. Yet, there is notable resistance on the part of federal agencies charged with vaccine safety and oversight to conduct such a study.

This resistance was on full display at the January 14th meeting of the NIH Interagency Autism Coordinating Committee (IACC), charged with creating a national autism research agenda inclusive of the investigation of vaccines and their components in relation to autism. Departing from procedure, government representatives on the IACC voted against conducting vaccine-autism research, despite their prior approval at the IACC’s December meeting. These research objectives were supported by numerous autism organizations, and requested by the IACC’s scientific work groups and Congress. The maneuver to conduct a revote on these objectives was led by CDC’s representative to the IACC. Just prior to the revote, IACC Chairman and NIMH Director, Dr. Insel, acknowledged existing conflicts of interests, due to the more than 5,000 lawsuits pending against the Federal Health and Human Services agency (HHS), of which CDC is a member, alleging vaccine-induced injury regression into autism.

Some of these conflicts include the extensive conflicts of interest between CDC and vaccine manufacturers, CDC’s vested financial interests in the owning of vaccine patents, and the billions of dollars spent by CDC on vaccine promotion with virtually nothing spent on vaccine safety. These conflicts preclude the CDC’s ability to objectively conduct safety monitoring and oversight of the immunization program and necessitate the creation of a new independent agency to take on this mandate.

The refusal to close vaccine safety research gaps sends a dangerous message and serves only to heighten parents’ concerns about vaccines. Gaps in vaccine safety research must be closed.
Instead, thousands of informed parents have been mischaracterized as anti-vaccine, when in fact these parents understand that the immunization schedule currently in place is unable to accurately quantify the risk/benefit of vaccines.

The best short-term precautionary action is the immediate removal of mercury from all vaccines, which is supported by existing supplies of mercury-free vaccines. The long-term solution requires that vaccine-safety research move forward in determining total health outcomes, the creation of an independent agency to conduct safety monitoring and oversight of the immunization program, and that these remedies be transparent and free from conflicts of interest. Such action will secure an accurate understanding of vaccines and their role in both public and individual health.