

CDC Data Manipulation Exposed: Four Years Later

Brian S. Hooker, Ph.D., P.E.

It has been more than four years since I received that first phone call from Dr. William Thompson, a scientist at the Centers for Disease Control and Prevention (CDC), who is now under whistleblower protection. During these years, I was in direct contact with Dr. Thompson. We probably had more than 40 phone conversations and exchanged more than 10,000 pages of documents. All of the information was then shared with Rep. William J. Posey (R-8-Fla.) The phone conversations including both audio and written transcripts are available at the website: <http://fearlessparent.org/why-is-thimerosal-still-in-vaccines-recording-1/>. Dr. Thompson's story has now been told in two books, *Vaccine Whistleblower* by Kevin Barry¹ and *Inoculated* by Kent Heckenlively,² and has also been the subject of the movie *Vaxxed* directed by Dr. Andrew Wakefield.

I will not repeat the details laid out in these works, but I want to highlight the "opportunity missed" by CDC and the federal government in light of Dr. Thompson's revelations.

Dr. Thompson revealed to me the gross bias of CDC leadership in covering up for vaccines at all costs. One CDC official worked especially hard in the background to dilute Dr. Thompson's strong and statistically significant finding in his 2007 paper in the *New England Journal of Medicine*³ that thimerosal exposure via infant vaccines causes tics in boys. In addition, she supervised numerous efforts within CDC's Immunization Safety Office to cover up the relationship between vaccines and autism, among many other childhood developmental disorders.

Two other CDC officials were central figures in hiding the relationship between the measles, mumps, and rubella (MMR) vaccine and autism in African-American boys. A CDC official ordered that all documents showing this relationship be destroyed, as was done in a September 2002 meeting, prior to the publication of the now discredited 2004 paper by DeStefano et al. in the journal *Pediatrics*.⁴ Further, a CDC official was complicit in the whole debacle involving Dr. Poul Thorsen, in which data showing that autism rates went down in Denmark after the removal of thimerosal from vaccines were omitted from the now thoroughly debunked 2003 *Pediatrics* paper by Madsen et al.⁵

Yet, these individuals remain in place in their comfortable leadership jobs at CDC, despite the revelation of data manipulation. This destroys confidence in the CDC's assurances of the safety of the now-bloated vaccine schedule and instead shows its leaders' dedication to protecting their institution at all costs.

In light of their information concerning MMR vaccine in black boys and its relationship to "isolated autism," now more commonly referred to as regressive autism, which was

shown in numerous documents Dr. Thompson provided, has CDC revisited this subject? The answer is a resounding NO! There has been no additional study. In fact, my own paper,⁶ in which these data were re-analyzed correctly, was retracted, without any scientific rationale, by the journal *Translational Neurodegeneration*. This presumably occurred after CDC leadership complained to the journal of an undisclosed conflict of interest on my part, a patently false assertion. More importantly, the many children denied vaccine injury claims based on the fatally flawed 2004 paper by Destefano et al.⁴ were never allowed to have their cases reopened in the National Vaccine Injury Compensation Program in light of the whistleblower's revelations.

Regarding Dr. Thompson's earlier work, he asked me to start a campaign to publicize the fact that multiple CDC-sanctioned publications show that thimerosal causes tics.^{3,7-9} This issue has never been addressed by CDC. Instead, CDC's website falsely states: "There is no evidence of harm caused by the low doses of thimerosal in vaccines, except for minor reactions like redness and swelling at the injection site."

Soon after the revelations of the CDC whistleblower went public in August 2014, I filed a complaint with the Department of Health and Human Services (DHHS) Office of Research Integrity (ORI) regarding the data manipulation associated with the 2004 Destefano paper.⁴ The ORI handed the complaint over to CDC to "investigate itself." Obviously, this type of self-review inspires no confidence, especially given CDC's very poor track record.

When the CDC team responsible for the paper by Destefano et al.⁴ originally completed the analysis regarding MMR timing and autism in black male children, an odds ratio of 2.56 was obtained when comparing those children receiving the MMR vaccine before 36 months of age with those who didn't receive MMR until after 36 months of age. This result was statistically significant, with a *p*-value less than 0.01. This result alarmed Dr. Thompson's co-authors on the paper, especially those who were in leadership positions at CDC.

In order to dilute this association, Dr. Thompson was asked to eliminate any children in the sample who did not possess a valid State of Georgia birth certificate. This eliminated children living in the Atlanta area but not born in Georgia—about 40 percent of the sample. When this was done, the odds ratio was reduced to 1.68 but more importantly, statistical significance was obviated (i.e., *p* > 0.05). In the final paper, only the result for the "birth certificate" sampling was reported. In addition, according to Dr. Thompson, all data showing the original effect for African-Americans were destroyed in the September 2002 meeting, despite the fact

that the original analysis plan for the study⁴ explicitly stated: "The only variable available to be assessed as a potential confounder using the entire sample is child's race." DeStefano et al. deviated from the original analysis plan, expressly to avoid reporting the statistically significant finding.

It is important to note that statistically significant relationships were actually observed and reported in the final paper.⁴ Specifically, the odds ratio for boys in the study was 1.67 (95% CI 1.10–2.53), when comparing those who received the MMR before and after 36 months of age. However, the authors of the paper dismissed these findings by stating:

Vaccination before 36 months was more common among case children than control children, especially among children 3 to 5 years of age, likely reflecting immunization requirements for enrollment in early intervention programs.

If the authors' assertion regarding early intervention had indeed been correct, then a significant effect would have been consistent within all gender, race, and demographic categories studied. However, this was not the case as seen in boys versus girls (odds ratio 1.06, 95% CI 0.51–2.20). Ultimately, the statistically significant result here was specific to blacks, and CDC chose to hide the relationship in order to protect the program, rather than protecting children.

CDC's investigation into itself has dragged on for three years now with no resolution. Unofficially, I have heard that, as a result of the investigation, there may be some type of report released in late 2018. Yet, how many lives of children have been needlessly sacrificed for the good of a profit-

driven vaccination program over this protracted period during which CDC has failed to resolve the issue long after having been exposed for data manipulation?

Brian S. Hooker, Ph.D., is associate professor of biology, Simpson University, 1095 Hilltop Drive, Suite 404, Redding, Calif. 96003, drbrianhooker@gmail.com.

Disclosures: The author is a member of the Advisory Board to the Board of Trustees for Focus For Health. Dr. Hooker has also received grant funds from Focus For Health.

REFERENCES

1. Barry K. *Vaccine Whistleblower*. New York, N.Y.: Skyhorse Publishers; 2015.
2. Cardiff CA, Heckenlively K. *Inoculated: How Science Lost Its Soul in Autism*. Waterfront Press; 2016.
3. Thompson W, Price C, Goodson B, et al. Early thimerosal exposure and neuropsychological outcomes at 7 to 10 Years. *N Engl J Med* 2007;357:1281-1292.
4. Destefano F, Bhasin T, Thompson W, Yeargin-Allsop M, Boyle C. Age at first measles-mumps-rubella vaccination in children with autism and school-matched control subjects: a population-based study in metropolitan Atlanta. *Pediatrics* 2004;113:259-266.
5. Madsen K, Lauritsen M, Pedersen C, et al. Thimerosal and the occurrence of autism: negative ecological evidence from Danish population-based data. *Pediatrics* 2003;112:604-606.
6. Hooker B. Measles-mumps-rubella vaccination timing and autism among young African-American boys: a reanalysis of CDC Data. *Translational Neurodegeneration* 2014;3:16-21. Retracted.
7. Barile J, Kuperminc G, Weintraub E, et al. Thimerosal exposure in early life and neuropsychological outcomes 7-10 years later. *J Pediatr Psychol* 2011;37:106-118.
8. Verstraeten T, Davis R, Destefano F, et al. Safety of thimerosal-containing vaccines: a two-phased study of computerized health maintenance organization databases. *Pediatrics* 2003;112:1039-1048.
9. Andrews N, Miller E, Grant A, et al. Thimerosal exposure in infants and developmental disorders: a retrospective cohort study in the United Kingdom does not support a causal association. *Pediatrics* 2004;114:584-591.

Subscribe now!

Journal of American Physicians and Surgeons

Please enter my subscription to the *Journal of American Physicians and Surgeons*.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

E-mail: _____ Degree: _____ Specialty: _____

I wish to join AAPS.

M.D., D.O. (\$350)

Associate (\$95)

Subscription only:

Individual (\$75)

Sponsored (\$75)

Institution (\$125)

Send a Subscription with my compliments to: _____

Check enclosed Please charge \$ _____ to my Visa, MasterCard, AmEx # _____ Exp. _____

Signature: _____

Mail to: AAPS, 1601 N. Tucson Blvd. Suite 9, Tucson, AZ 85716
or FAX to 520-325-4230.