John Stone, UK Editor Age of Autism

Age of Autism [1] is a United States based web journal founded in 2007 dealing with issues such as autism and vaccine injury, but also with wider issues to do with health and potential environmental harm – and ultimately of civil rights. Since 2008 I have published hundreds of carefully researched, fact based articles on the site [2], only two of which I have ever taken down - and even in those cases not because of legal challenges. I write as a well-informed citizen and parent, not as a professional. The sources of my information come in the main from government websites, peer reviewed publications, industry websites and mainstream media - only often viewed from a different critical angle or simply just highlighted in a different context.

The view of Age of Autism is that having great bureaucracies working on behalf of governments and corporate interests deciding what is true – or even machines operating algorithms to decide it - is a prospect little different from the world of George Orwell’s 1984. It is troubling in an era when the mainstream media cannot be relied upon to provide reliable information that attention and suspicion is being diverted to other sources on the internet. The internet is presently a chaotic place, but that is infinitely better than the alternative which would be information controlled on behalf of governments and global corporations, which could never be held to account.

The present author remembers visiting a bookshop in East Berlin across Unter den Linden from the gigantic Soviet Embassy in the early 1980s: there were perhaps no more than ten different titles for sale. There were quite a lot of copies of each, although I do not know that anyone wanted to buy them. The East German population was then controlled by the notorious Stasi. Of course, we can have a pseudo pluralistic situation in which hundreds of different websites report from the same agencies but this kind of controlled reality is equally bogus and shallow. Unfortunately, no historical lesson seems to be learnt for very long.

It is, for example, not at all obvious that discussion of the effects of medical interventions should be controlled through government departments or industry public relations agencies such as Science Media Centre and Sense About Science. In 2005 a House of Commons Health Committee report on the influence of the pharmaceutical industry heavily criticised the Department of Health and the MHRA (the medicines licensing authority) for failing to keep any distance from industry [3], and twelve years later the situation has dramatically deteriorated, not least because the kind of oversight provided by the 2005 Health Committee has never since been replicated. Perhaps this present committee would do better to inquire into the influence of the pharmaceutical industry on the media, which would at least be lot easier to define than “fake news”.

At issue in this instance is not only freedom of information, but things like informed medical consent, or even consent at all. The possibility of becoming a pharmaceutical dictatorship, is not far off – in some respects already with us. And along with forced medication comes the removal from the public domain of open debate, suppression of information about harms, and a captive market for an indefinitely expanding group of products which citizens then have to pay for through their taxes.

In this regard it is disquieting to look at the global campaign by vaccine lobbyists which reached these shores this summer advocating compulsory vaccination, having scored recent successes in Australia, Italy, France and parts of the United States. The British Medical Association jettisoned its
traditional opposition to compulsory vaccination [4] – dismissed only a few years ago by a former chairman, Hamish Meldrum, as “Stalinist” [5] - and called for the matter to be discussed. Just a few days before an article appeared in the on-line Spectator by the CEO of GAVI, a global agency promoting vaccination, calling for “anti-vaxxers” to be excluded from “social media”[6]. It must be emphasised that anyone remotely critical or informed about the vaccine lobby and its products, is placed under the general pejorative label “anti-vaxxer”: it is the vaccine/pharmaceutical lobby that polarises the debate – anyone who is not in favour of their entire open-ended agenda is subject to opprobrium and ad hominem attack. Complex health issues are being reduced in the mainstream arena to “Four legs good, two legs bad” type arguments.

Hot on the heels of this a Guardian editorial appeared calling for vaccination to be made compulsory because “antivaxxers” (who are all apparently very privileged people like Gwyneth Paltrow) were gaining influence – the comedian John Oliver was held up as an authority on “antivaxxers” and what bad people they are. Further, this was illustrated by a picture of demonstrators in Italy, who were in fact demonstrating in large numbers not against vaccination but against compulsory vaccination: without Italy’s new laws there would be no demonstrations at all, nor were most of the people in them anti-vaccinationist in any literal sense [7]. It could be said that this was both manipulative mis-reporting and an inappropriate way to deal with such a serious issue.

The reality, however, is that even with the alleged baleful influence of the eternally scapegoated Andrew Wakefield (who only suggested in this regard that parents may wish to split up the vaccines temporally) [8] there have only been four deaths from measles since 1992 in the United Kingdom according to government statistics, out of perhaps 13 million deaths from all causes. Ironically, the Italian health minister Beatrice Lorenzin, is recorded on youtube as stating that 270 children had died in London in a recent outbreak of measles, at the same time lamenting without irony the false information available on the web [9].

Meanwhile, GSK’s CEO in Italy boasted to a pharmaceutical website [10]:

> Among the aspects, I also met with Minister Lorenzin and other members of the government who reiterated the sensitivity of the government towards those who invest, create jobs and opportunities for young people. In short, we started on the right foot.

> Such sensitivity in the Roman palaces is not to be dismissed. As for us, Andrew Witty has asked for a few things: clear rules and stability in return for strong investment in advanced research and production equipment. We were of one intent.

What is at stake here? One thing is the crude and often abusive means by which any public debate has been controlled or in fact more or less de-legitimised, which does not suggest the moral high ground. It was notable that in the one mainstream public forum which remained open for tolerant comment during the summer of 2017, BMJ Rapid Responses, the proponents of compulsory vaccination absented themselves from replying to informed criticism despite many challenges to do so, pointing to a complete inability by them to argue their position on a level playing field [11]. The issues are not so straightforward as not wanting children to die from infectious diseases (who wants that?) but more a question of mushrooming rates of neurological disability – such as autism and attention deficit disorder – as well as chronic disease, which are certainly related to environmental influences, and may be in part be related to an expanding vaccine schedule, the effects of which are not being transparently monitored.

To give a concrete example, though the Department of Health has neglected to collect autism (ASD) data for children since 2004 when the figure was effectively frozen at 1 in 100 [12], the actual figures
for schools have continued to rise year on year [13]. A recent news report from Northern Ireland gives the rate there as 1 in 40 [14] and a BBC report earlier this year from London suggested the figure in the capital for those waiting for a diagnosis, who will be mostly young children, has reached 1 in 10 [15,16]. Moreover, local authorities only recognise disability if they absolutely have to, because it costs huge amounts of money.

When such stories are reported they tend to focus on the lack of provision, not on why it is happening. This is damning public data and the Department of Health do not even want to talk about it – implicitly they connect it with vaccination. Ten years ago, when the Observer tried to highlight the issue, it was not only forced to withdraw the article under pressure from Science Media Centre and Guardian journalist Ben Goldacre, the editor lost his job [17]. No one in the British mainstream media is any longer willing to stick their necks out, which may be one reason why powerful interests are turning their attention to social media, where things may still be spoken.

We are apart from anything else confronted with a care crisis of catastrophic proportions and discussing the causes has been placed outside the mainstream agenda: it really is a slippery slope if we are not even then allowed to talk about them publicly at all. At times of national peril the reasons for going to war are debated. If governments, industry or self-appointed agencies need to clamp down on information it suggests that they cannot withstand even minimal scrutiny, and that is their own fault. Meanwhile, common-sense argues that if bodies are placed beyond public scrutiny this will abused. Indeed, the very purpose is abuse.

[6] Seth Berkley, Anti-vaxxers have embraced social media; we paying for fake news with real lives Spectator Health 28 June 2017, https://health.spectator.co.uk/anti-vaxxers-have-embraced-social-media-were-paying-for-fake-news-with-real-lives/

[11] BMJ possibly felt an obligation to host correspondence since its parent body, the BMA, was calling for the discussion. Not every letter submitted was posted: gaps can be detected by the way the letters are numbered that are posted on threads. The editors will always check references if the claims made are controversial, and they also tend not to post letters documenting conflicts of interest (in contrast to past policy). Relevant correspondence included:-

Rapid Responses for Doshi, US government website for collecting adverse events after vaccination is inaccessible to most users, http://www.bmj.com/content/357/bmj.j2449/rapid-responses

Rapid Responses for Moberly, UK doctors re-examine case for mandatory vaccination, http://www.bmj.com/content/358/bmj.j3414/rapid-responses

Rapid Responses for Arie, Compulsory vaccination and growing measles threat, http://www.bmj.com/content/358/bmj.j3429/rapid-responses

Rapid Responses for Cave, Debating the future of mandatory vaccination, http://www.bmj.com/content/358/bmj.j4100/rapid-responses


[13] The figure for schools are published by various government sources: National Statistics, the Department of Education, the Scottish Executive etc. The January 2017 figure for England can be calculated at 1 in 67 and the September 2016 figure for Scotland 1 in 51, however the long term position is much worse since (a) these are 15 year rolling cohorts so the rates are much higher among younger children and (b) data for younger children is still incomplete since there are many who will still not be diagnosed.


The number of pupils in Scottish was 684,415 and the number of pupils with an ASD diagnosis was 13,423: data provided by the Scottish Executive.


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