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Response to Comments on PubPeer About Our Review of the Vaccinated vs. Unvaccinated Study Discussed at the US Senate Hearing on September 9, 2025 Chaired by Senator Ron Johnson of Wisconsin

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Abstract

Comments at PubPeer.com critiquing Oller, Broudy, and Hulscher (2025) are addressed here. The comments came either from an anonymous human, or possibly an AI 'bot, known only as *Anisotoma glabra*. The remarks claimed to be about our peer-review of Lamerato et al. (2022-2025), but contrary to what was written or implied: (1) we did take time into consideration in all of our statistical analyses of the Lamerato et al. data; (2) the 16,511 vaccinated individuals were, it is true, seen more frequently and followed-up over longer periods of time than the 1,057 unvaccinated participants, but this was caused entirely by the CDC vaccine schedule requiring the vaccinated cohort to receive a median of 18 vaccines while the unvaccinated individuals were receiving exactly zero, 0, doses; (3) Lamerato et al. found that the CDC vaccine schedule is causally associated with 22 of the defining symptoms of the autism spectrum — refuting the CDC's long-standing mantra that "vaccines do not cause autism"; (4) all of the contrasts we highlighted between the vaccinated and unvaccinated cohorts, contrary to the PubPeer claims were and are statistically significant because of the size of the contrasts and the number of individuals in the two cohorts (all of this, according to the Central Limit Theorem of statistical mathematics and probability theory); and (5) the reviewer appears unaware that linguistics as the science of human language logically supersedes all the other sciences of meaningful sign systems — including mathematics, logic, physics, chemistry, biochemistry, genetics, epigenetics, proteomics, etc., along with all the research in medicine and pharmaceuticals — since they all ground their existence in human language capacity.

Keywords: *autism, CDC vaccine schedule, chronic health conditions, human language capacity, linguistics, sciences, neurological disorders, vaccinated versus unvaccinated*

Introduction

This comment responds to the anonymous, possibly non-human, reviewer at PubPeer.com. We answer five specific comments published at the PubPeer website concerning our review of Lamerato et al. (Oller et al., 2025).

(1) The Time Dimension Was Taken into Account Throughout

Contrasting our review and analysis of Lamerato et al. (2022-2025) at the Henry Ford Health System with the Lamerato et al. report itself which was critically examined at the September 9, 2025 US Senate Hearing by Senators Johnson and Blumenthal et al. (2025), the reviewer — possibly an AI 'bot at PubPeer.com — claims that we ignored "the time dimension altogether, . . ." whereas, the original authors in reporting "incidence rates . . . per 1,000,000 patient-years" took time into consideration. The critic is correct in saying Lamerato et al. took time into consideration, but they did so in an obscure manner. The problem for human readers of the Lamerato et al. research is to make sense of contrasting incidence rates expressed in terms of units calibrated in relation to a million "patient-years" in the context of cohorts of patients examined over a maximum of an 18-year time span. This is something like examining ants with a telescope positioned on the moon.

The PubPeer critic is mistaken in supposing that we did not take time into consideration. Given the reported time over which every piece of data was collected, in *comparing proportional incidence rates for vaccinated and unvaccinated cohorts, it is utterly impossible to exclude time from consideration. The time over which vaccines were accepted by the vaccinated cohort and refused by the unvaccinated cohort was taken into account in every conceivable part or aspect of our review and reanalysis of the Lamerato et al. data. Given the nature of the data collection, it would be impossible in principle and in fact not to take time into consideration in comparing the two cohorts.*

Moreover, our methods of analysis are more straightforward, simpler, and more transparent than those of Lamerato et al. The contrasts in the proportion of the vaccinated versus unvaccinated cohorts on individual or grouped chronic conditions show that compliance with the CDC vaccine schedule was disastrous. The vaccinated cohort was sicker to begin with, almost certainly because of compliant and vaccinated parents, and the individuals in the vaccinated cohort only got worse, not better, with additional exposures to vaccines over the 18 years examined. Vaccines are supposed to prevent disease rather than cause disease conditions both to occur and/or to get worse than before the vaccines were administered.

(2) Vaccinated Individuals Got More Followup Because of Vaccines

The critic also says, "the vaccinated cohort was followed up for about twice as long as the unvaccinated cohort": this complaint may be true in a vague sense of the word "*followup*", but it is misleading. The term,"*followup*", as applied by Lamerato, et al., had to do with the number of doctor visits required for the vaccinated cohort both to receive additional injections after the first vaccine and/or to be treated for disease conditions. Much of the "*followup*" time at issue consists not only of injecting the vaccinated participants frequently with challenging toxin-loaded shots, but it also involves visits pertaining to illnesses occurring after a median of 18 toxic exposures to vaccines. It is unclear from the Lamerato et al. report whether the individuals in the vaccinated cohort actually received a median of 18 possibly multivalent shots targeting an even greater number of potential disease agents, or if they received shots targeting a median of 18 disease agents. Regardless, given the negative outcomes for the vaccinated cohort, it is certain that many of the "well-patient" doctor-

visits for the vaccinated cohort involved illnesses following the multiple vaccination visits required to get the injections recommended by the CDC.

Meanwhile, the unvaccinated cohort received no shots and saw a doctor only 2 times on the average while the vaccinated individuals were, according to Lamerato et al., appearing on at least 7 occasions, of which 6 would qualify as increasing the "*followup*" time for the vaccinated individuals. It follows, therefore, that the greater amount of time spent in "*followup*" for the vaccinated cohort is *because of compliance with the CDC vaccination* as compared against *the lack of compliance by the unvaccinated cohort*. It really matters very little how the term "*followup*" is construed a great deal more "followups" were needed for the vaccinated cohort from the beginning to the end of the study. Moreover, given the obvious fact that the vaccines were making the vaccinated cohort sicker rather than healthier, the imbalance between the cohorts could only be expected to continue increasing for the rest of the lives of the vaccinated and unvaccinated individuals.

Of equal importance is the fact that all contrasts between vaccinated and unvaccinated cohorts at one year, three years, and ten years were found by Lamerato et al. to be statistically significant and relatively huge. The reason for more "*followup*" in the vaccinated individuals? They had to see a doctor many more times than the unvaccinated *in order to be injected, injured, sickened, and then followed-up because of the CDC vaccine schedule*.

Moreover, given the fact that the CDC schedule is to blame for the contrasts across the board between the entire population of vaccinated and unvaccinated individuals, the critic's complaint is actually an admission that the vaccines are the reason for all the noteworthy contrasts including the amount of "*followup*" judged necessary for *the entire population in the designated age-range from birth to 18 years in the Henry Ford Health Center database*.

(3) Autism Was in Focus at the Start

The critic claims that "in an effort to show that vaccines cause autism, . . . they [Oller, Broudy, and Hulscher] lumped a number of different conditions ([1] brain dysfunction, [2] food allergy, [3] mental health disorder, [4] neurodevelopmental disorder, [5] ADHD, [6] behavioral disability, [7] developmental delay, [8] learning disability, [9] intellectual disability, [10] speech disorder, [11] motor disability, [12] tics, [13] neurological disorder, [and 14] seizure disorder) together as 'diagnostic symptoms commonly seen in children on the autism spectrum'." The critic says these can "occur in the absence of" a concomitant diagnosis of "autism", but that fact is a non sequitur. Train wrecks can occur in the absence of autism, but that does not get the CDC vaccine schedule off the hook when it comes to being involved in the causation of autism in all its varieties.

In the Lamerato et al. study, all the autism symptomatic conditions together occurred 549% more commonly in the vaccinated cohort than in the unvaccinated. We did not need to make any special "effort" to bring autism into the picture because Lamerato et al. had already done that at the outset of their study. In fact, the whole purpose of the Lamerato et al. study — according to the interview between Zervos and Bigtree (2025) as as well as the September 9, 2025 US Senate Hearing by Senators Johnson and Blumenthal et al. (2025) — was to test, in the hope of empirically affirming, the CDC's longstanding claim that "vaccines do not cause autism" — because as the CDC also claimed year after year "vaccines are safe and effective", "prevent diseases", "save millions of lives annually", and so forth. But the plan backfired. The Lamerato et al. study effectively disproved the null hypothesis about autism and, furthermore, showed that the rest of the marketing slogans supporting vaccines to be utterly false.

It is noteworthy that only two months after the Senate Hearing where the Lamerato et al. study was discussed, the intrinsically unprovable null hypothesis that "vaccines do not cause autism" was adjusted by the CDC on November 19, 2025 on their website titled "Autism and Vaccines". They themselves re-adjusted and said that the often repeated assertion "vaccines do not cause autism" was not "evidence-based . . . because studies have not ruled out the possibility that infant vaccines cause autism". They do not seem to take account of the fact that a thousand studies, or perhaps millions, seeming to affirm the null claim about autism could all be refuted *by just one study like that of Lamerato et al. showing that individuals refusing to comply with the CDC vaccine schedule are vanishingly less likely to be diagnosed with autism than individuals who are compliant with that schedule.*

Also, given that the autism diagnosis is commonly side-stepped in favor of diagnostic categories more likely to be compensated by the government (e.g., see the story of the Omnibus Autism Proceeding for 5,500 cases and how Hannah Poling received compensation by being re-classified as having a diagnosis of "regressive encephalopathy" rather than of "autism"; Cases, see page 210; Oller et al., 2010/2025), the effort exerted by parents seeking redress for vaccine injuries would normally predispose them toward almost any diagnosis *other than "autism".*

Thus, it follows that the critic's claim that we made a special "effort" to "lump" symptoms of autism together inverts the fact that Lamerato et al. divided the autism spectrum into 22 supposedly distinct chronic conditions. The effect, whether intended or not, was to hide the whole forest behind 22 of its distinguishable trees. But dividing the diagnosis of autism into however many distinct parts cannot logically dissolve the fact that the disease conditions collectively and individually, according to results reported by Lamerato et al., *are being caused in large measure by the CDC vaccine schedule — just as Hulscher et al. (2025) recently demonstrated in their critical review of 136 empirical studies aiming to discover determinants of the autism diagnosis.*

(4) Statistical Significance Was Not Neglected

The critic also writes that "a statistical analysis is completely missing". But this complaint, also, is invalid. Given the proofs of the Central Limit Theorem (Pólya, 1920; Le Cam, 1986) — and given the thousands of participants in the contrasting cohorts (1,057 unvaccinated and 16,511 vaccinated) — as we pointed out in our paper, *all the contrasts are statistically significant at vanishingly minuscule probability levels, especially when combinations of chronic disease conditions are in view.*

The Central Limit Theorem shows that as the size of a random sample drawn from a given population increases up to the number 25, the reliability of that sample and its representativeness of the whole population increases on a steep upward slope toward the theoretical absolute minimum of zero unreliability, or perfect reliability. As the number of cases examined exceeds the number 25 its representativeness of the whole population continues to increase toward the theoretical absolute limit of no unreliability (no error of that kind) at all.

It follows that when the sample represents the whole population — as it does for the Henry Ford Health Center database in the Lamerato et al. study of individuals between birth and age 18 years, that is, the entire group of 18,468 of the qualified vaccinated and unvaccinated individuals who were included in the database at the Henry Ford Health Center were the sample — the contrasts observed are bound to be statistically significant because the unreliability of the sample falls to zero when the whole population is in view.

Of course, we must take for granted that there is some validity to the counting of doctor visits, vaccines administered, and the diagnosis of disease conditions by the doctors and clinicians involved. If the doctors and clinicians were merely making valid observations on the whole, it

follows that the CDC vaccine schedule is decidedly not making the vaccinated cohort healthier. The reverse is occurring. What is wrong with this picture?

We are assured by the Central Limit Theorem that no measured contrast in the data of Lamerato et al., with the whole population in view, can fail to achieve statistical significance. The likelihood that any measured contrast could be attributed to chance must approximate absolute zero. It follows that the observed contrasts are statistically significant even when they seem to be relatively small; in fact, the contrasts in the Lamerato et al. study are strikingly large. In almost all instances they are relatively huge.

All 22 of the chronic disease conditions in the Lamerato et al. study, without a single exception, favored the unvaccinated cohort. In 8 of 22 contrasts between the vaccinated and unvaccinated cohorts, there were zero cases of the named disease condition in the unvaccinated cohort. Whereas Lamerato et al. claimed they could not discern any statistical significance for those 8 contrasts, in fact, the significance would have to be judged as infinitely in favor of the hypothesis that the vaccines were causing the observed harm in the vaccinated cohort on those diagnosed conditions. The vaccines were not only making things worse for those particular conditions but would appear to be the sufficient cause of those conditions. The vaccines, in other words, instead of preventing disease conditions, were causing them, and/or making the disease conditions already active even worse. The consistent advantage of non-compliance with the CDC vaccine schedule (the advantage to the unvaccinated cohort), contrasted with the disadvantage of compliance (the harm being done to the vaccinated population in the Henry Ford Health Center database), cannot reasonably be attributed to chance by any stretch of the imagination. The better health of the unvaccinated cohort was precisely because *they refused to comply with the CDC vaccine schedule.*

The critic's implied demand that each contrast must be tested separately in order to infer that the CDC's vaccine schedule is causing the vastly greater proportion of injuries, chronic diseases, and even deaths in the vaccinated cohort makes no sense. It is like saying that a forest fire destroying all the trees of the entire forest cannot be blamed for the destruction of the forest until every individual tree is examined under a microscope to prove that it was damaged by the fire that destroyed the forest. It is like a person being drenched in a rainstorm and swept away in the resulting flood consulting a cell phone to see if it might be raining.

The truth is that as the CDC schedule has grown from DPT, MMR, and polio — 7 distinct disease agents administered in about 3 to 9 doses in the 1980s — to 81+ doses of those 7, plus more than 10 others, in 2025 (according to Figure 1 in Oller, Broudy, & Hulscher, on page 1611), the harm being done has become increasingly evident to the point of becoming undeniable. *The consistent contrasts that were observed by Lamerato et al. initially, and that were re-analyzed in our review of their work, irrespective of all the other factors at play, were evidently caused by compliance with the CDC vaccine schedule.*

(5) Language Is the Premier and Highest Ranking Sign System

In the conclusion, the critic says it is "worrisome that the first author is the Editor-in-Chief of the journal, the second author is also on the editorial board, and both are professors of linguistics rather than a biomedical field".

As noted in the Acknowledgments to our paper on page 1635, its peer-review was handled by a PhD, Christopher A. Shaw, who *is a professor in a School of Medicine* and he was assisted by three members of our Editorial Board *with degrees in medical areas*, as well as six other competent individuals with advanced expertise and publication records in biomedical research.

Nonetheless, we are glad the critic brought up this argument because it highlights a common misapprehension. White lab coats and stethoscopes have long impressed the general public, including the present authors, on account, of the intense professional training and the number of years required of medical doctors in general. Speaking for ourselves, for a long time we trusted doctors to adhere to the dictum of Hippocrates "above all to do no harm", and to be like "the beloved" Greek physician who was still attending to the physical needs of the Apostle Paul during his final imprisonment and until the time of his ultimate beheading by Nero (2 Timothy 4:7). For such reasons, true scholars, along with the general public, have long regarded the medical profession with trust and even a measure of reverence.

However, with the recent revelations concerning the deep and dark history of biowarfare (Fleming, 2021; Robert F. Kennedy, Jr, 2023; Huff, 2022; Huff & Lyons, 2023) leading up to the multitude of disasters of the so-called "COVID-19 pandemic" in which the medical schools, hospitals, and the vast majority of professional physicians participated compliantly (Nevradakis &Smith, 2024), if not whole-heartedly, public trust in the medical profession at large has taken a nose-dive (Tohi, 2025). It remains to be seen if all the kings horses and all the kings men will ever get the pharmaceutical Humpty Dumpty together again.

At any rate, it cannot be over-emphasized, with respect to sign systems in general, that linguistics surpasses the other sciences and their derived fields of study including genetics, epigenetics, proteomics, etc. (Oller, 2010, 2014). Simple logic also shows that we cannot introduce toxicants and deliberate lies (false strings of signs) into discursive systems, including biological ones, without doing downstream harm (Shaw, 2017; Oller & Shaw, 2019; Broudy et al., 2020; Broudy & Kyrie, 2021; Broudy, 2025; Wood et al., 2025; Hulscher, 2025a, 2025b, 2025c).

It is noteworthy, and no secret to scientists at large, that scholarly pursuits in mathematics, physics, chemistry, biochemistry, and so forth depend entirely on the human language capacity for their very existence. Biosignaling systems are, in fact, only just beginning to be understood on the basis of what can only be discovered by deploying the human language capacity (Woese, 1967; Nirenberg, 2004; Faltýnek et al., 2019; Granögger, 2019). In fact, historical advances in the study of biological sign systems have depended largely, if not entirely, on the search for biological signaling processes and whole systems that are analogous to those already known to exist in natural language discourse made known to us through linguistic studies.

All that being said, even if all of our foregoing remarks were false — and, in fact, we believe that none of them are — the PubPeer critic's professed uneasiness about the background of the authors *has no bearing whatsoever on the factual outcomes of our analyses of the data originally reported by* Lamerato et al., (2022-2025).

What is most relevant to the current discussion is that the general crisis of the traditional trust in medical doctors is critically centered in the subject of "vaccines" and related technologies of biowarfare.[1] The vast and growing mountain of evidence shows that the CDC vaccine schedule, and

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[1] After this response was completed and had been reviewed, the anonymous critic at PubPeer was joined by the star performer at that site, the distinguished Elizabeth M. Bik, MSc, PhD, specialist in "image duplication and other malpractices" in mainstream scientific publishing who has supposedly produced 10,278 of the 12,925 critical articles published at https://PubPeer.com. For evidence from the site in question see the immediately following piece here on *IJVTPR* for the details about Bik's alleged productivity at PubPeer. Her interest in the gut micribiome seems to have emerged from her PhD dissertation on *Vibrio cholerae* evolution and the development of a vaccine against it. She said she shared certain "concerns" of *Anisotoma glabra* — the anonymous critic/'bot that objected to our work reviewing Lamerato et al. — and she complained specifically about our use of certain descriptive words and phrases such as "the

the more recently deployed COVID-19 genetic engineering technologies — the latter being falsely represented as remedial "vaccines" for SARS-CoV-2 when in fact they were derived from a bioweapon (Fleming, 2021; Huff, 2022; Huff & Lyons, 2023) — have already brought disease and death to millions and will continue to do so wherever they are compliantly accepted by the general public.

Acknowledgments

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Conflicts of Interest

The authors have no conflicts of interest to declare.

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religion of vaccines" (a phrase from Aaron Siri's 2025 book), "*captured* federal agencies" (the CDC and FDA), and "vaccine *propaganda*" referring to the mantras that "vaccines are safe and effective" and "vaccines do not cause autism". She noted that the composition and health status of the two groups studied by Lamerato et al. was different at the outset (a fact also in all probability attributable to compliance of the parents of the vaccinated cohort with the CDC vaccine schedule. She she failed, however, to take note of the overwhelmingly salient difference brought about by the number of doctor visits required of the vaccinated cohort to get vaccinated repeatedly. The undeniable difference in focus throughout, not mentioned by Bik, was *compliance with the CDC vaccine schedule in the vaccinated cohort as contrasted with complete rejection of vaccines by the healthier cohort*. She said we provided no supporting data for our assertion that the CDC vaccine schedule is the "*money machine at the center of the pharmaceutical industry*", but on p. 1629 we referred to the "trillions of dollars committed by the pharmaceutical industry to vaccines" and we cited the E. P. I. C. Magazine (2017) as an authoritative source. What we said about the money in the pharmaceutical industry is a well-known fact.

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