

April 16, 2009

Legislator Becker Continues Fight For Autism Awareness

Nassau County



Legislature

Francis X. Becker, Jr.
Legislator, District 6

Dr. Maria Carney, Commissioner
Nassau County Board of Health
106 Charles Lindberg Blvd.
Uniondale, NY 11553

Dear Dr. Carney,

Please accept my sincere congratulations on being named our new Commissioner of the Nassau County Board of Health.

I am writing to you today with a great sense of urgency. Certainly you are aware of the controversy regarding the potential link between autism and vaccinations. For some time the medical community has ignored the concerns of parents with autistic children who feel that there is a link between their children's autism, especially regressive autism, and the vaccines they received as babies. However, over the past several months that has now changed. Please listen to the enclosed tape and read the attached materials I have provided to you. In addition, for the first time, a parent was successful in vaccine court in establishing that their child's autism was caused by a vaccine their daughter received as a child.

Each day, more and more professionals, many highly regarded in the medical community, are changing their position on this issue and are now calling on the federal and state governments to do immediate independent research (not affiliated with the pharmaceutical industry) to once and for all determine if children are at risk of autism from being given the many vaccines they receive in the first two years of birth.

My grandchild, Luke, was developing normally in every way until he was 18 months old, when after given certain vaccinations started to regress, losing his speech and other skills. Up to then, he knew the entire alphabet and was calling his mother MaMa and communicating as a child his age should. Suddenly he was a different child barely recognizing his parents. My daughter, Beth, and son-in-law, Neil, felt as though they had lost their son.

I ask you, how does a child go from knowing the entire alphabet to barely recognizing a letter? Not knowing anything about what was happening to our grandson, my wife and I immediately began to research autism and try to understand what had happened to our grandson? How could this be happening to thousands of children all of a sudden, nationwide? What has caused this new phenomenon? We also began to question how the medical community and all health professionals could not be urgently trying to find out what is causing autism in so many children.

Dr. Maria Carney, Commissioner

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At one time, autism was diagnosed in perhaps one in every 160,000 children. Today, children, especially boys, are being diagnosed one in every 160 children. If I were the Health Commissioner and was being told that one in every 160 children within my protective domain were contracting some mysterious brain disorder, I would be declaring an epidemic, a health emergency in my county, to try and determine what it was that was causing this terrible illness. Not only are children's lives being DAMAGED negatively forever, but the cost of therapy and the chance that these children will be wards of the state till death is enormous. The cost to local and state governments will be in the hundred's of millions and likely billions of dollars every year. How are we going to pay for this care? Yet, the medical community and health commissioners are silent on this issue allowing it to occur as if there were no crises at all. This deeply angers and frustrates me and has spurred me to write this letter to you.

If I were the commissioner, knowing the cost and that children's lives are at risk every day, I would not rest until I could be absolutely sure that there was no cause and effect between vaccines and autism. I would be studying this crisis with every resource and such great intensity to make absolutely sure that we are not over-vaccinating our children thus causing the disease of autism. And if it is not vaccinations causing autism, then what? If we through investigation find that some children have sensitivity towards receiving accumulated vaccines and autism, these families should be informed immediately. In addition, we may need to quickly rethink the vaccination schedule for these sensitized children.

I fear what is happening is that the people who should be at the forefront of this issue—health commissioners and all elected officials—are putting their heads in the sand. We are ignoring the issue for fear that families will not vaccinate their children—once knowing the risk of autism—perhaps creating some other kind of unknown epidemic. To me, this is insanity.

We can no longer take a wait and see attitude. I feel it is imperative that you as our health commissioner act immediately. As stated, I wonder why health commissioners everywhere haven't banded together already to come to terms with this new phenomenon where one in every 160 children is being diagnosed as autistic—because it is your communities that are going to have to pay for the heavy and costly toll of special need services for these children. Why are health commissioners everywhere not pressing those responsible, demanding answers, to this mysterious dramatic rise in autism? I am shocked that health commissioners everywhere have not already treated autism as an epidemic of monumental proportions. I ask you, what happens if it is discovered that to stop autism was something as simple as eliminating unnecessary vaccines and changing the schedule in which children receive them to a time when their immune systems are more developed. It is a crime and negligent on our part not to do the research and educate parents now to save other children and their families from this disease.

Dr. Maria Carney, Commissioner

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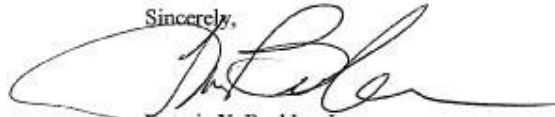
No person in either of my daughter or son-in-law's family had any such issue in our medical histories. Also, I come from a family of 12. Growing up I have learned that in my family, and other families of our time, we had been given, at most, perhaps 10 vaccines as children. Today, we learn that children are given sometimes 36 vaccinations all before the age of two—and sometimes up to eight at a time are injected. This is insanity. For my wife and I, simple common sense tells us that there must be a strong potential link to the rise in vaccines—or the heavy schedule of vaccines given to children under two—and the rise in autism. Some talk about needing more science, how about the science of common sense?

But I am not calling on you or anyone to stop vaccinating children. I am calling on you to take a proactive position demanding that research be done to determine the cause of autism. Secondly, the health department should be educating and sharing with parents that there are options available to how many vaccines and how often they are being given to their children. In one of the articles I am sending you, one speaks about a "User Friendly Vaccination Program". Why can't articles like this be disseminated to the public through your office. Why do we load up children with 36 vaccinations before the age of two? As stated, this is insanity. Parents should know they have options. Also, please read the article about children in the Amish community who are not given vaccinations for religious reasons. There is almost no incidence of autism within Amish families.

The health department is responsible with protecting the health and welfare of its citizens—most of all the elderly and children. Once again, I am writing to you to take a proactive stance in educating parents about vaccinations and the possible link to autism. If it is proven—and I believe it will be—that there is a link, Nassau will be at the forefront in taking action on this "health crises". Otherwise, I feel families will one day sue our county stating we were negligent in not taking action or at least informing the public on the issue of vaccinations and the potential link to autism.

I plead with you to take action now, to inform and educate parents as to the potential link between autism and vaccinations. I urge you to vigorously determine why there has been this dramatic rise in autism within our county and country. I repeat, if it is not vaccinations then what could it possibly be? We are in a health crises—a health emergency. Please take action.

Sincerely,



Francis X. Beckler, Jr.
Legislator—6th District

Dr. Maria Carney, Commissioner

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P.S. Once again, I am not suggesting that vaccinations not be given, but that parents be educated to make informed decisions about how often, when and what vaccinations are given to their children.

P.S. Recently another one of my grandchildren was diagnosed with childhood diabetes. I am told that there is a dramatic rise in this disease among children nationwide, as well. Are we poisoning our children with all the vaccinations they are getting as babies? Once again, there has not been any case within my family history of diabetes. Can we be absolutely sure, as protectors of the people, that there is no link between these childhood diseases and vaccinations? If you cannot say with absolute certainty there is not, then you must take action.

cc: County Executive Tom Suozzi
Newsday
Nassau County Legislators, All
News 12



May 15, 2008 9:38am

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WASHINGTON, May 12, 2008

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(CBS) CBS News correspondent Sheryl Adkisson wrote this story for CBSNews.com.

Jordan King was a typical baby. His parents called him vocal and vivacious.

Then just before age 2, after a large battery of vaccinations, he simply withdrew from the world.

"The real scary thing was when I noticed he wasn't looking at us any more in the eyes," Myrinda King, Jordan's mother, said.

William Mead was a Pottery Barn baby model and not at all the typical milestone. Then, also at age 2, after a set of vaccinations, William became very ill and he, too, changed forever.

At 5½, both sets of parents suspected hearing problems.

"The reason we had him tested for a hearing deficit was because he wouldn't respond to us," Mead said. "He no longer uses any of his language."

"We had him tested for deafness. It was clear that King said: 'I mean, you could slam a sock on the floor and he wouldn't turn around to see what the sound was. It was like he was in this bubble of somewhere else, like he'd left the planet or something."

Doctors said it wasn't a hearing problem ... it was the brain disorder autism.

In both children, batteries of tests revealed dangerous levels of the brain toxin mercury in their systems. Their only known exposure: the mercury preservative once widely used in childhood shots.

"Our doctor, Dr. Green, said 'you can stop looking for sources,' King said. "I know where it came from and I was ... when he told us it was the vaccines, you just

Healy On Vaccine-Autism Link

"Only On The Web" In an exclusive interview, former NIH Director Dr. Bernadine Healy tells CBS News' Sheryl Adkisson that the question of a link between vaccines and autism is still open for debate. | Sheryl Adkisson

Healy On Vaccine-Autism Link (5:54) | Sheryl Adkisson

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can't believe it."

Now, William and Jordan are two test cases among nearly 5,000 autism claims filed in federal vaccine court. Most claim that mercury, or MMR shots, or both, resulted in their children's autism.

Government officials and many scientists insist there's nothing about vaccines that can lead to autism. "I think it's important for the average parent to know that the government hasn't made a link between vaccines and autism," said Dr. Anne Schuchat of the Centers for Disease Control.

Dr. Bernadine Healy is the former head of the National Institutes of Health, and the most well-known medical voice yet to break with her colleagues on the vaccine-autism question.

In an exclusive interview with CBS News, Healy said the question is still open.

"I think that the public health officials have been too quick to dismiss the hypothesis as irrational," Healy said.

"But public health officials have been saying they know, they've been implying to the public there's enough evidence and they know it's not causal," Adkisson said.

"I think you can't say that," Healy said. "You can't say that."

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Healy goes on to say public health officials have intentionally avoided researching whether subsets of children are "susceptible" to vaccine side effects - afraid the answer will scare the public.

"You're saying that public health officials have turned their back on a viable area of research largely because they're afraid of what might be found?" Attkisson asked.

Healy said, "There is a completely expressed concern that they don't want to pursue a hypothesis because that hypothesis could be damaging to the public health community at large by scaring people. First of all," Healy said, "I think the public is smarter than that. The public values vaccines. But more importantly, I don't think you should ever turn your back on any scientific hypothesis because you're afraid of what it might show."

As an example, Healy points to the existing vaccine court claims.

CBS News has learned the government has paid more than 1,300 brain injury claims in vaccine court since 1986, but is not studying those cases or tracking how many of them resulted in autism.

The branch of the government that handles vaccine court told CBS News: "Some children who have been compensated for vaccine injuries...may ultimately end up with autism or autistic symptoms, but we do not track cases on this basis."

"What we're seeing in the bulk of the population, vaccines are safe," said Healy. "But there may be this susceptible group. The fact that there is concern, that you don't want to know that susceptible group is a real disappointment to me. If you know that susceptible group, you can save those children. If you turn your back on the notion that there is a susceptible group... what can I say?"

Government officials would not respond directly to Healy's views... but reiterated, vaccines are safe.

Like Healy, the Kings and the Meads support vaccination, but say it can be made safer.

At age 10, William's life is full of intensive therapy.

"Identifying is a good word," his father George said. "It was horrendous to watch your own child become, in effect, a zombie. It's something I wouldn't wish on my worst enemy. It was awful."

Jordan, also 10, can't even communicate as well as he did as a toddler.

"Oh yeah, he doesn't talk at all anymore" said Jordan's father, Fred.

Public health officials insist there's no connection to their shots. Thousands of families are hoping for a different answer in vaccine court.

[For a list of more than 60 supporting studies, click here.](#)

By **Sheryl Attkisson**
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A User-Friendly Vaccination Schedule

by **Donald W. Miller, Jr., MD**

by Donald W. Miller, Jr., MD

Vaccination is a controversial subject, and many parents worry about subjecting their children to them. Readers of my article "[Mercury on the Mind](#)," about vaccines and dental amalgams, have asked what vaccines I would recommend their children receive. This article addresses that question.

In the Recommended Childhood Immunization Schedule put out by the CDC (Centers for Disease Control and Prevention), 12 vaccines are given to children before they reach the age of two. Providers inject them against hepatitis B, diphtheria, tetanus (lockjaw), pertussis (whooping cough), polio, pneumococcal infections, *Hemophilus influenzae* type b infections, measles, mumps, rubella (German measles), chickenpox, and influenza (the flu).

Infectious disease was the leading cause of death in children 100 years ago, with diphtheria, measles, scarlet fever, and pertussis accounting for most them. Today the leading causes of death in children less than five years of age are accidents, genetic abnormalities, developmental disorders, sudden infant death syndrome, and cancer. A basic tenet of modern medicine is that vaccines are the reason. There is growing evidence that this is so, but perhaps not quite in the way conventional medical wisdom would have it.

A 15-member Advisory Committee on Immunization Practices at the CDC decides which vaccines should be on the [Childhood Immunization Schedule](#). It calls for one vaccine, against hepatitis B, to be given on the day of birth; 7 vaccines at two months; 6 more (including booster shots) at four months; and as many as 8 vaccines on the six month well-baby visit. Before a child reaches the age of two he or she will have received 32 vaccinations on this schedule, including four doses each of vaccines for *Hemophilus influenzae* type b infections, diphtheria, tetanus, and pertussis – all of them given during the first 12 months of life. Seven vaccines injected into a 13 lb. two-month old infant are equivalent to 70 doses in a 130 lb. adult.

The schedule states, "Your child can safely receive all vaccines recommended for a particular age during one visit." Public health officials, however, have not proven that it is indeed safe to inject this many vaccines into infants. What's more, they cannot explain why, concurrent with an increasing number of vaccinations, there has been an explosion of neurologic and immune system disorders in our nation's children.

Fifty years ago, when the immunization schedule contained only four vaccines (for diphtheria, tetanus, pertussis, and smallpox), autism was virtually unknown. First discovered in 1943, this most devastating malady in what is now a spectrum of pervasive developmental disorders afflicted less than 1 in 10,000 children. Today, one in every 68 American families has an autistic child. Other, less severe developmental disorders, rarely seen before the vaccine era, have also reached epidemic proportions. Four million American children have Attention Deficit Hyperactivity Disorder. One in six American

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children are now classified as "Learning Disabled."

Our children are also experiencing an epidemic of autoimmune disorders – Type 1 diabetes, rheumatoid arthritis, asthma, and bowel disorders. There has been a 17-fold increase in Type 1 diabetes, from 1 in 7,100 children in the 1950s to 1 in 400 now. Juvenile rheumatoid arthritis afflicts 300,000 American children. Twenty-five years ago this disease was so rare that public health officials did not keep any statistics on it. There has been a 4-fold increase in asthma, and bowel disorders in children are much more common now than they were 50 years ago.

Health officials consider a vaccine to be safe if no bad reactions – like seizures, intestinal obstruction, or anaphylaxis – occur acutely. The CDC has not done any studies to assess the long-term effects of its immunization schedule. To do that one must conduct a randomized controlled trial, the lynchpin of evidence-based medicine, where one group of children is vaccinated on the CDC's schedule and a control group is not vaccinated. Investigators then follow the two groups for a number of years (not just three to four weeks, as has been done in vaccine safety studies). Concerns that vaccinations in infants cause chronic neurologic and immune system disorders would be put to rest, and their safety certified, if the number of children who develop these diseases is the same in both groups. No such studies have been done, so vaccine proponents cannot say that vaccines are indeed as safe as they think they are. (One proponent, interviewed by Dan Rather on 60 Minutes, who has financial ties to the vaccine industry that he did not disclose, claims that vaccines "have a better safety record than vitamins." He neglected to mention that the U.S. government has paid out more than \$1.5 billion in its Vaccine Injury Compensation Program to families of children who have been injured or killed by vaccines.)

There is a growing body of evidence that implicates vaccines as a causative factor in the deteriorating health of children. The hypothesis that vaccines cause neurologic and immune system disorders is a legitimate one – vaccines given in multiple doses, close together, to very young children following the CDC's Immunization Schedule. This hypothesis should be tested by a large-scale, long-term randomized controlled trial.

Rather than obediently following the government's schedule, there is now sufficient evidence, grounded in good science, to justify adopting a more user-friendly vaccination schedule, one which is in the best interests of the individual as opposed to what planners judge best for society as a whole.

New knowledge in neuroimmunology (the study of how the brain's immune system works) raises serious questions about the wisdom of injecting vaccines in children less than two years of age.

The brain has its own specialized immune system, separate from that of the rest of the body. When a person is vaccinated, its specialized immune cells, the microglia, become activated (the blood-brain barrier notwithstanding). Multiple vaccinations spaced close together over-stimulate the microglia, causing them to release a variety of toxic elements – cytokines, chemokines, excitotoxins, proteases, complement, free radicals – that damage brain cells and their synaptic connections. Researchers call the damage caused by these toxic substances "bystander injury." (Pediatricians and other professional colleagues who question this should read these two reviews by the neurosurgeon Russell L. Blaylock: "Interaction of Cytokines, Excitotoxins, Reactive Nitrogen and Oxygen Species in Autism Spectrum Disorders," in the *Journal of the American Nutraceutical Association* [JANA 2003;6(4):21–35], with 167 references. And "Chronic Microglial Activation and Excitotoxicity Secondary to Excessive Immune Stimulation: Possible Factors in Gulf War Syndrome and Autism," in the *Journal of American Physicians and Surgeons* [JAPS 2004;9(2):46–52], posted online, with 54 references.)

In humans, the most rapid period of brain development begins in the third trimester and continues over

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the first two years of extra uterine life. (By then brain development is 80 percent complete.) Until randomized controlled trials demonstrate the safety of giving vaccines during this time of life, it would be prudent not to give any vaccinations to children until they are two years old. From a risk-benefit perspective, there is growing evidence that the risk of neurologic and autoimmune diseases from vaccinations outweigh the benefits of avoiding the childhood infections that they prevent. An exception is hepatitis B vaccine for infants whose mothers test positive for this disease.

A user-friendly vaccination schedule prohibits any vaccines that contain thimerosal, which is 50 percent mercury. Flu vaccines contain thimerosal, which is reason enough to avoid them. (See my article "[Mercury on the Mind](#)" for more on this subject.)

One should also avoid vaccines that contain live viruses. This includes the combined measles, mumps, and rubella (MMR) vaccine; chickenpox (varicella) vaccine, and the live-virus polio (Sabin) vaccine. This stricture would not apply to the smallpox vaccine (also a live-virus one), if a terrorist-instigated outbreak of smallpox should occur.

Finally, a user-friendly vaccination schedule requires that vaccinations, after the age of two, be given no more than once every six months, one at a time, in order to allow the immune system sufficient time to recover and stabilize between shots.

Which vaccines should be put on this schedule (among those that do not contain live viruses or thimerosal) is not entirely clear. The top four would be the pertussis (acellular – aP – *not* whole cell), diphtheria (D), and tetanus (T) vaccines – given separately (not together, as is usually the case); and the Salk polio vaccine, with an inactivated (dead) virus, one that is cultured in human cells, not monkey kidney cells. Perhaps it should only contain these four vaccines. A good case can be made (for example, see Gary Null's *Vaccines: A Second Opinion*) for avoiding the three other newer vaccines on the CDC's schedule – the hepatitis B, pneumococcal conjugate (PCV7), and *Hemophilus influenzae* type b (Hib) vaccines.

Your pediatrician will not like this schedule. They are taught in medical school and residency training that childhood immunizations are essential to public health. As one pediatrician puts it, "Achieving adequate and timely vaccination of young children is the single most valuable thing a doctor can do for a patient." They do not question what their professors teach them, nor are they inclined to critically examine studies in *Pediatrics* and the *New England Journal of Medicine* that tell them vaccines are safe.

There were 482,000 cases of measles in the U.S in 1962, the year before a vaccine for this disease became available. Now, with all fifty states requiring that children be vaccinated against measles in order to attend school, there were only 56 cases of measles in a population of 290 million people in 2003.

These facts are well known and proudly cited by vaccine proponents. What is less known, and doctors are not taught, is that the death rate for measles declined 97.7 percent during the first 60 years of the 20th century. The mortality rate was 133 deaths per million people in the U.S. in 1900, and had dropped to 0.3 deaths per million by 1960. Measles caused less than 100 deaths a year in the U.S. before there was a vaccine for this disease (in 1963). The same thing happened with diphtheria and pertussis. Mortality rates dropped more than 90 percent in the early 20th century before vaccines for these diseases were introduced. This was due to better nutrition (with rapid delivery of fresh fruit and vegetables to cities and refrigeration), cleaner water, and improved sanitation (removing trash from the streets and better sewage systems), not to vaccines. The World Health Organization promotes mass vaccination, but knowing these facts states, "The best vaccine against common infectious diseases is an adequate diet" –

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fortified, one might add, with vitamin A.

Since the measles vaccine came into widespread use in this country this disease has virtually disappeared, and it has prevented 100 deaths a year. But now, instead, several *thousand* normally developing children become autistic after receiving their MMR shot. Termed "regressive autism," it accounts for about 30 percent of the 10,000 to 20,000 children who are diagnosed with autism in this country each year.

To put to rest concerns that MMR vaccination might cause autism (in a small percentage of children), the *New England Journal of Medicine*, in 2002, published a population-based study from Denmark, where its authors concluded, "This study provides strong evidence against the hypothesis that MMR vaccination causes autism." The *NEJM* did not disclose that the "Statens Serum Institut," where three of the authors work, is a for-profit vaccine manufacturer, Denmark's largest, or that four other authors have financial ties to this company. Only one of the eight authors is not associated with this institute, and the CDC employs him. The study compares the prevalence of autism in 440,000 MMR vaccinated and 97,000 unvaccinated children in Denmark born in the 1990s. A statistical slight-of-hand in age adjustment makes the study show no causal effect; but when unmasked and reformatted, the data actually shows a statistically significant association between MMR vaccine and autism (as Carol Stott and her coauthors make clear in "MMR and Autism in Perspective: the Denmark Story," in the Fall 2004 *Journal of American Physicians and Surgeons*, posted online).

Pediatrics and the *Journal of the American Medical Association* also have published studies like this supporting U.S. vaccine policy, written by authors with similar, undisclosed conflicts of interest. Looking elsewhere, however, one comes across a number of disquieting facts about vaccines. Investigators have found, for example, live measles virus in the cerebral spinal fluid in children who become autistic after MMR vaccination. Antibodies to measles virus are elevated in children with autism but not in normal kids, suggesting that virus-induced autoimmunity may play a causal role. A study published in *Neurology* this year implicates hepatitis B vaccine as a causative factor in multiple sclerosis.

A communitarian ethic increasingly governs health care in the U.S. It places a greater value on the health of the community, on society as a whole, than on the health of particular individuals. Public health officials have put together a vaccination schedule designed to eliminate infectious diseases to which the population is prey. These officials recognize that these vaccines will harm a small percentage of (genetically susceptible) individuals, but it is for the common good. The communitarian code posits that it is morally acceptable, if necessary, to sacrifice a few for the good of the many. Or as one observer more bluntly puts it, "Individual sheep can be sheared and slaughtered if it is for the welfare of their flock."

In this framework, health care providers become agents of the state charged with injecting vaccines into people that the central planners deem necessary. Physicians who remain true to their Hippocratic Oath and place the interests of their patient above that of the herd are considered to be out of step with the times, if not an anachronism.

Like central planners everywhere, the CDC's Advisory Committee on Immunization Practices (ACIP) promulgates a self-serving, one-size-fits-all vaccine policy. Members of this committee have ties to vaccine makers, such that the CDC must grant them waivers from statutory conflict of interest rules. Even so, and with little evidence to show that it is safe to subject young children to the ACIP's crowded immunization schedule, states nevertheless dutifully make its vaccine recommendations compulsory.

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All 50 states require children to be immunized against measles, diphtheria, Hemophilus influenzae type b, polio, and rubella in order to enroll in day care and/or public school. Forty-nine states also require vaccination against tetanus; 47, against hepatitis B and mumps; and 43 states now require vaccination against chickenpox. In order to shield themselves from any liability for making vaccinations compulsory, all states **provide a medical exemption and 47, a religious exemption**. Nineteen states allow a philosophical exemption. Some require only a letter from a parent and others, from a physician or church leader. (To see the exemptions allowed in your state, their wording and requirements, click [here](#).) **Parents, of course, can refuse vaccination; but if they want to enroll their child in public school they will need to obtain one of these exemptions.**

Doctors who conclude that the risks of the government's immunization schedule outweigh its benefits are placed in a difficult position. If they counsel parents not to have their children follow it, health care plans, which track vaccine compliance as a measure of "quality," will find them wanting. And if their patient should contract and develop complications from the disease the vaccine would have prevented they may find themselves confronting a lawsuit. If a child becomes autistic following a vaccination, however, the doctor is protected from any liability because the government requires it and the child's parents, if they had chosen to do so, could have obtained an exemption. (Anti-vaccine advocates call developing autism, asthma, and Type I diabetes after vaccinations "vaccination roulette.")

Parents should have the freedom to select whatever vaccination schedule they want their children to follow, especially since health care providers and the government (except via its Vaccine Injury Compensation Program) cannot be held accountable for any adverse outcomes that might occur. But if parents elect to not follow the CDC's immunization schedule, delaying some vaccinations, refusing others, or avoiding them altogether, then they must accept the risk that their child might contract the disease that the vaccine against it most likely would have prevented.

One consideration, which vaccine proponents do not address, is this: Could contracting childhood diseases like measles, mumps, rubella, and chickenpox play a constructive role in the maturation of a person's immune system? Or, to put it another way, does removing natural infection from human experience have any adverse consequences?

Our species' immune system – a one-trillion-cell army that patrols our (100-trillion-cell) body – serves two main purposes. It destroys foreign invaders – viruses, bacteria, and other pathogens. And it destroys aberrant cells in the body that run amuck and cause cancer. Behind the barricades of skin and mucosa, our innate immune system (composed of phagocytes, natural killer cells, and the 20-protein complement system), which all animals have, is the body's first line of defense. It reacts to invaders lightening fast and indiscriminately, but it is not very good at eliminating viruses and cancerous cells. Vertebrates have evolved a second line of defense – the adaptive immune system. It targets specific viruses and bacteria and has better artillery for eliminating cancerous cells. This system matures during childhood, and it has a cellular (Th1) and humoral (Th2) component (Th = helper T cell).

The viruses that cause measles, mumps, and chickenpox have infected countless generations of humans, akin to a rite of passage for each member of our species. Contracting these diseases strengthens both parts of the adaptive immune system (Th1 and Th2). Mothers who have had measles, mumps, and chickenpox transfer antibodies against them to their babies in utero, which protect them during the first year of life from contracting these infections. Vaccinations do not have the same effect on the immune system as naturally acquired diseases do. They stimulate predominantly the Th2 part of this system and not Th1. (Over-stimulation of Th2 causes autoimmune diseases.) The cellular Th1 side thwarts cancer, and if it does not become fully developed in childhood a person can be more prone to have cancer as an adult. Women who had mumps during childhood, for example, are found to be less likely to have ovarian cancer than women who did not have this infection. (This study was published in *Cancer*.)

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Could the fact that cancer has become a leading cause of death in children be a result of vaccinations? Only a randomized controlled trial can conclusively answer this question

With rare exception, a well-nourished child who contracts measles will recover smoothly from the infection. Fifty years ago almost all children in the U.S. had measles. And after contracting this disease, one has life-long immunity to it. The protection provided by vaccination is temporary. Adults who contract measles (when the protective effects of the vaccine wears off) are much more likely to have neurological, testicular, and ovarian complications. Likewise, rubella is a benign disease in children, but if a woman acquires it during pregnancy fetal malformations may develop. One can argue, heretical as such an argument may be, that it would be better to let children have measles, at an age when the infection helps the adaptive immune system mature in a balanced Th1/Th2 fashion and complications from this disease are minimal, rather than vaccinate them against this disease (especially considering the risks of vaccination).

Pertussis and Diphtheria are a different matter. These diseases are more virulent. Children who contract whooping cough (pertussis) can be incapacitated for more than a month. Polio can be devastating in susceptible individuals. And no one wants to get tetanus (lockjaw). A user-friendly vaccination schedule would include vaccines against these diseases.

Whatever vaccination schedule one chooses, mothers should breast-feed their child for as long as possible – a year or more. Failing that, add Omega-3 fatty acids, especially DHA (docosahexanoic acid), to the child's formula.

In summary, this is a vaccination schedule that I would recommend:

1. No vaccinations until a child is two years old.
2. No vaccines that contain thimerosal (mercury).
3. No live virus vaccines (except for smallpox, should it recur).
4. These vaccines, to be given one at a time, every six months, beginning at age 2:
 - a. Pertussis (acellular, not whole cell)
 - b. Diphtheria
 - c. Tetanus
 - d. Polio (the Salk vaccine, cultured in human cells)

American children are the most highly vaccinated kids in the world. This schedule is an alternative to the one that rules our "vaccine nation" (as the *Village Voice* terms it). In contrast to the CDC's immunization schedule, it is user-friendly.

December 10, 2004

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The Age of Autism: 'A pretty big secret'

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By DAN OLMSTED

UPI Senior Editor

CHICAGO, Dec. 7 (UPI) -- It's a far piece from the horse-and-buggies of Lancaster County, Pa., to the cars and freeways of Cook County, Ill.

But thousands of children cared for by Homefirst Health Services in metropolitan Chicago have at least two things in common with thousands of Amish children in rural Lancaster: They have never been vaccinated. And they don't have autism.

"We have a fairly large practice. We have about 30,000 or 35,000 children that we've taken care of over the years, and I don't think we have a single case of autism in children delivered by us who never received vaccines," said Dr. Mayer Eisenstein, Homefirst's medical director who founded the practice in 1973. Homefirst doctors have delivered more than 15,000 babies at home, and thousands of them have never been vaccinated.

The few autistic children Homefirst sees were vaccinated before their families became patients, Eisenstein said. "I can think of two or three autistic children who we've delivered their mother's next baby, and we aren't really totally taking care of that child -- they have special care needs. But they bring the younger children to us. I don't have a single case that I can think of that wasn't vaccinated."

The autism rate in Illinois public schools is 38 per 10,000, according to state Education Department data; the Centers for Disease Control and Prevention puts the national rate of autism spectrum disorders at 1 in 166 -- 60 per 10,000.

"We do have enough of a sample," Eisenstein said. "The numbers are too large to not see it. We would absolutely know. We're all family doctors. If I have a child with autism come in, there's no communication. It's frightening. You can't touch them. It's not something that anyone would miss."

No one knows what causes autism, but federal health authorities say it isn't

childhood immunizations. Some parents and a small minority of doctors and scientists, however, assert vaccines are responsible.

This column has been looking for autism in never-vaccinated U.S. children in an effort to shed light on the issue. We went to Chicago to meet with Eisenstein at the suggestion of a reader, and we also visited Homefirst's office in northwest suburban Rolling Meadows. Homefirst has four other offices in the Chicago area and a total of six doctors.

Eisenstein stresses his observations are not scientific. "The trouble is this is just anecdotal in a sense, because what if every autistic child goes somewhere else and (their family) never calls us or they moved out of state?"

In practice, that's unlikely to account for the pronounced absence of autism, says Eisenstein, who also has a bachelor's degree in statistics, a master's degree in public health and a law degree.

Homefirst follows state immunization mandates, but Illinois allows religious exemptions if parents object based either on tenets of their faith or specific personal religious views. Homefirst does not exclude or discourage such families. Eisenstein, in fact, is author of the book "Don't Vaccinate Before You Educate!" and is critical of the CDC's vaccination policy in the 1990s, when several new immunizations were added to the schedule, including Hepatitis B as early as the day of birth. Several of the vaccines -- HepB included -- contained a mercury-based preservative that has since been phased out of most childhood vaccines in the United States.

Medical practices with Homefirst's approach to immunizations are rare. "Because of that, we tend to attract families that have questions about that issue," said Dr. Paul Schattauer, who has been with Homefirst for 20 years and treats "at least" 100 children a week.

Schattauer seconded Eisenstein's observations. "All I know is in my practice I don't see autism. There is no striking 1-in-166," he said.

Earlier this year we reported the same phenomenon in the mostly unvaccinated Amish. CDC Director Dr. Julie Gerberding told us the Amish "have genetic connectivity that would make them different from populations that are in other sectors of the United States." Gerberding said, however, studies "could and should be done" in more representative unvaccinated groups -- if they could be found and their autism rate documented.

Chicago is America's prototypical "City of Big Shoulders," to quote Carl

Sandburg, and Homefirst's mostly middle-class families seem fairly representative. A substantial number are conservative Christians who home-school their children. They are mostly white, but the Homefirst practice also includes black and Hispanic families and non-home-schooling Jews, Catholics and Muslims.

They tend to be better educated, follow healthier diets and breast-feed their children much longer than the norm -- half of Homefirst's mothers are still breast-feeding at two years. Also, because Homefirst relies less on prescription drugs including antibiotics as a first line of treatment, these children have less exposure to other medicines, not just vaccines.

Schattauer, interviewed at the Rolling Meadows office, said his caseload is too limited to draw conclusions about a possible link between vaccines and autism. "With these numbers you'd have a hard time proving or disproving anything," he said. "You can only get a feeling about it.

"In no way would I be an advocate to stand up and say we need to look at vaccines, because I don't have the science to say that," Schattauer said. "But I don't think the science is there to say that it's not."

Schattauer said Homefirst's patients also have significantly less childhood asthma and juvenile diabetes compared to national rates. An office manager who has been with Homefirst for 17 years said she is aware of only one case of severe asthma in an unvaccinated child.

"Sometimes you feel frustrated because you feel like you've got a pretty big secret," Schattauer said. He argues for more research on all those disorders, independent of political or business pressures.

The asthma rate among Homefirst patients is so low it was noticed by the Blue Cross group with which Homefirst is affiliated, according to Eisenstein.

"In the alternative-medicine network which Homefirst is part of, there are virtually no cases of childhood asthma, in contrast to the overall Blue Cross rate of childhood asthma which is approximately 10 percent," he said. "At first I thought it was because they (Homefirst's children) were breast-fed, but even among the breast-fed we've had asthma. We have virtually no asthma if you're breast-fed and not vaccinated."

Because the diagnosis of asthma is based on emergency-room visits and hospital admissions, Eisenstein said, Homefirst's low rate is hard to dispute. "It's quantifiable -- the definition is not reliant on the doctor's perception of asthma."

Several studies have found a risk of asthma from vaccination; others have not. Studies that include never-vaccinated children generally find little or no asthma in that group.

Earlier this year Florida pediatrician Dr. Jeff Bradstreet said there is virtually no autism in home-schooling families who decline to vaccinate for religious reasons -- lending credence to Eisenstein's observations.

"It's largely non-existent," said Bradstreet, who treats children with autism from around the country. "It's an extremely rare event."

Bradstreet has a son whose autism he attributes to a vaccine reaction at 15 months. His daughter has been home-schooled, he describes himself as a "Christian family physician," and he knows many of the leaders in the home-school movement.

"There was this whole subculture of folks who went into home-schooling so they would never have to vaccinate their kids," he said. "There's this whole cadre who were never vaccinated for religious reasons."

In that subset, he said, "unless they were massively exposed to mercury through lots of amalgams (mercury dental fillings in the mother) and/or big-time fish eating, I've not had a single case."

Federal health authorities and mainstream medical groups emphatically dismiss any link between autism and vaccines, including the mercury-based preservative thimerosal. Last year a panel of the Institute of Medicine, part of the National Academies, said there is no evidence of such a link, and funding should henceforth go to "promising" research.

Thimerosal, which is 49.6 percent ethyl mercury by weight, was phased out of most U.S. childhood immunizations beginning in 1999, but the CDC recommends flu shots for pregnant women and last year began recommending them for children 6 to 23 months old. Most of those shots contain thimerosal.

Thimerosal-preserved vaccines are currently being injected into millions of children in developing countries around the world. "My mandate ... is to make sure at the end of the day that 100,000,000 are immunized ... this year, next year and for many years to come ... and that will have to be with thimerosal-containing vaccines," said John Clements of the World Health Organization at a June 2000 meeting called by the CDC.

That meeting was held to review data that thimerosal might be linked with autism and other neurological problems. But in 2004 the Institute of Medicine panel said evidence against a link is so strong that health authorities, "whether in the United States or other countries, should not include autism as a potential risk" when formulating immunization policies.

But where is the simple, straightforward study of autism in never-vaccinated U.S. children? Based on our admittedly anecdotal and limited reporting among the Amish, the home-schooled and now Chicago's Homefirst, that may prove to be a significant omission.

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This ongoing series on the roots and rise of autism welcomes comment. E-mail: dolmsted@upi.com

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