

In the Wake of Vaccines

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The founder of the National Vaccine Information Center raises profound questions about the relationship between the rise in chronic illness and the increase in childhood vaccinations.

America and America's children are in the midst of an epidemic of chronic disease and disability. Today, the Centers for Disease Control admits that one American child in 166 has been diagnosed with autism spectrum disorder.¹ In 1970, autism affected four in 10,000 children.² By 1991, 5,000 autistic children were in the public school system; by 2001, that number had grown to 94,000.³

Today, the CDC reports that 9 million American children under 18 have been diagnosed with asthma.⁴ In 1979, asthma affected approximately 2 million children under age 14.⁵

Today, nearly 3 million children in public schools are classified as learning disabled. In 1976, there were 796,000 learning-disabled children in public schools.⁶

Today, the CDC reports that 4 million children between the ages of 3 and 17 years have been diagnosed with ADHD.⁷ The government has only recently begun monitoring the numbers of children with ADHD. In 1997, ADHD was reported to affect about 1.6 million elementary school children.

Today, 206,000 Americans under the age of 20 have type 1 diabetes, while type 2 diabetes is mysteriously on the rise in children and adolescents. The CDC estimates that 1 in 400 to 500 American children and adolescents are now diabetic.⁸ Between 1945 and 1969, the incidence of diabetes in children aged 6 to 18 was approximately 1 in 7,100 children.⁹

Today, arthritis affects one in three Americans, and about 300,000 American children have juvenile rheumatoid arthritis.¹⁰ Juvenile rheumatoid arthritis used to be so rare that statistics were not kept until its recent rise in children.

These brain and immune-system disorders plaguing millions of the most highly vaccinated children in the world are preventing too many of them from thriving, learning, and achieving in the ways past generations of children have thrived, learned, and achieved. And our nation is only beginning to understand the enormous price tag that comes with the burden of chronic disease. In America, the cost of health care for chronic disease is estimated to be \$425 billion a year, and it is rising.¹¹

Yet the current costs to our society of dealing with chronic illness pales in comparison with what it will cost in the future, as these ill and disabled children grow up and cannot produce for our society, but will instead require lifelong financial support. Some of the more compromised children, including severely autistic children, will need full-time custodial care later in life as their parents age and cannot cope with their adult children's 24-hour-a-day needs. In California, the minimum estimated cost for the state to provide educational services to an autistic child is \$5,000 per year. However, the minimum annual cost to provide full-time custodial care for an autistic adult is between \$30,000 and \$40,000, for a staggering total lifetime cost of between \$2 and \$5 million, depending on the severity of the autism.¹²

It wasn't always like this. What is happening to the health of our nation? Could it have anything to do with exposing our children to more and more bacterial and live virus vaccines in the first five years of life, when the brain and immune system develop most rapidly? And could we be compromising the integrity of our immune systems by eliminating all experience of natural infection?

For more than 100 years, doctors have been publishing articles in the medical literature about the brain-damaging side effects of vaccines. The mother of all vaccines—the smallpox vaccine, created by Britain's Edward Jenner in 1796—was found to cause inflammation of the brain in one in 3,200 persons.¹³ After Pasteur began to inject patients with rabies vaccine in the

1880s, it became obvious that brain inflammation was a side effect that affected as many as one in 400 vaccinated persons.¹⁴ And by the 1960s and '70s, the medical literature was full of reports that the pertussis (whooping cough) vaccine was causing brain inflammation and death in babies getting the DPT shot.^{15, 16}

Doctors and public health officials were talking to each other in the pages of medical journals about the fact that vaccines could injure children's brains, but those being vaccinated had no clue. Mothers taking their children to pediatricians to be vaccinated placed a blind trust in the complete safety and effectiveness of those vaccines.

From Healthy to Sick after Vaccination

I trusted without questioning when I took my newborn to my pediatrician for baby shots in the late 1970s. At the time, I considered myself a woman very well-educated in science and medicine. My mother and grandmother had been nurses, and I had become a medical writer at a teaching hospital after graduating from college.

But I knew nothing about the risks of vaccines, which I assumed were 100 percent safe and effective. It never occurred to me that a medical intervention designed to keep a healthy child healthy could ever harm that child. The concept of risk associated with prevention is quite different from the concept of risk associated with a cure.

Like many women who had babies in the late 1970s, I was part of the natural childbirth movement. I attended Lamaze classes to prepare myself for birth without medication, and I knew I would breastfeed my baby. I took vitamins during pregnancy, but never drank alcohol. I ate all the right foods, and endured the occasional headache without reaching for an aspirin. I was determined to do nothing that would harm the baby in my womb, and do everything once my baby was born to give him the best start he could get in life.

Except for a milk allergy that gave him colic his first few months, my son, Chris, was a lively, contented baby who always wanted to be around people and always seemed to be doing things ahead of schedule. He had begun saying words at seven months and speaking in full sentences at age two. At two and a half years, he could identify the upper- and lower-case alphabets and numbers up to 20. He could name every card in the deck, and had created a card-identification game to entertain himself and our family. He was beginning to recognize words in the books we read together each day. One doctor told me he was cognitively gifted.

I remember that, for several weeks following Chris's third DPT shot, when he was seven months old, there was a hard, red, hot lump at the site of the injection. I called my pediatrician's office and was told by the nurse that it was "a bad lot of DPT vaccine," and not to worry about it. I asked if I should bring Chris in for another shot, because I thought she meant the "bad vaccine" might not have been strong enough. I wanted my baby protected.

The day of his fourth DPT and OPV shots, when he was two and a half, Chris was healthy except for slight diarrhea left over from a 48-hour bout with the stomach flu he had had at the beach three weeks earlier. He had just come off of a round of antibiotics because, back then, antibiotics were given for everything from flu to pneumonia. The pediatrician, as well as the nurse preparing to give Chris his shots, said he didn't have a fever, and that a little diarrhea didn't matter.

Several hours after we got home, I realized how quiet it was in the house, and went upstairs to look for Chris. I walked into his bedroom to find him sitting in a rocking chair staring straight ahead, as if he couldn't see me standing in the doorway. His face was white and his lips were slightly blue. When I called out his name, his eyelids fluttered, his eyes rolled back in his head, and his head fell to his shoulder. It was as if he had suddenly fallen asleep sitting up.

This was unusual—I had never before seen him fall asleep while sitting up. When I picked him up and carried him to his bed, he was like a dead weight in my arms. I remember thinking that maybe he was so tired because of what had happened at the doctor's office, or maybe he was having a relapse of the flu. Chris slept in his bed without moving for more than six hours, through dinnertime, until I called my mom, who told me to try to wake him.

I climbed into Chris's bed, lifted his limp body, and cradled his back against my chest as I rocked us both from side to side, calling out his name. I could feel him struggling to awake. He began mumbling the word bathroom, but he couldn't sit up on his own or walk. I picked him up and carried him to the bathroom, where he had severe diarrhea and then, again, fell asleep sitting up. He slept for 12 more hours.

This was 1980. I had been given no information by my doctor about how to recognize a vaccine reaction.

In the following days and weeks, Chris deteriorated. He no longer knew his alphabet or numbers, and couldn't identify the cards he once knew so well. He would not look at the books we had once read together every day. He couldn't concentrate for more than a few seconds at a time. My little boy, once so happy-go-lucky, no longer smiled. He was now listless and emotionally fragile, crying or becoming angry at the slightest frustration.

Chris's physical deterioration was just as profound. He had constant diarrhea, stopped eating, stopped growing, and was plagued with respiratory and ear infections for the first time in his life. The pediatrician told me it was just a stage he was going through and not to worry about it. After eight months of such deterioration, I took Chris to another pediatrician. He was tested for cystic fibrosis and celiac disease, but the tests came back negative. None of the doctors knew what was wrong with my son, who had become an entirely different child physically, mentally, and emotionally.

It would be another year before I stood in my kitchen and watched the Emmy Award-winning NBC-TV documentary *DPT: Vaccine Roulette*, produced by consumer reporter Lea Thompson in spring 1982. I called the television station and asked to see the medical research that had been used to document the show. There, in the pages of *Pediatrics*, *The New England Journal of Medicine*, *The Lancet*, and *The British Medical Journal*, I found clinical descriptions of reactions to the pertussis vaccine that exactly matched the symptoms I had witnessed my son have within four hours of his fourth DPT shot.

I learned that, in 1981, the British National Childhood Encephalopathy Study had reported a statistically significant correlation between DPT vaccine and brain inflammation leading to chronic neurological damage,¹⁷ and that the UCLA-FDA study published in *Pediatrics* in 1981 had found that one in 875 DPT shots is followed within 48 hours by a convulsion or collapse/shock reaction just like the one my son had suffered.¹⁸ As I leafed through more than 50 years of medical literature documenting the fact that the complications of pertussis disease, or whooping cough, were identical to the complications of whole-cell pertussis vaccine, I was stunned. I felt betrayed by a medical profession I had revered all my life.

The day Chris had his vaccine reaction, he should have been in an emergency room, not unconscious in his bed. As his mother, I should have had the information I needed to recognize what was happening to him and take steps to deal with it, including calling my doctor and, later, making sure the reaction was recorded in his medical record and reported to the vaccine manufacturer and health officials.

At age six, when Chris could not learn to read or write, he was given an extensive battery of tests that confirmed minimal brain damage that took the form of multiple learning disabilities, including: fine motor and short-term memory delays; dyslexia; auditory processing deficits; attention deficit disorder; and other developmental delays. He was removed from the Montessori school he attended and placed in a self-contained classroom for the learning-

disabled in public school, where he stayed throughout elementary, junior, and high school, despite repeated unsuccessful efforts by the schools to “mainstream” him.

As a teenager, Chris struggled to deal with the big gaps between certain aspects of his intelligence—such as his creativity and his unusual ability to think on an abstract level, mixed with his inability to concentrate for long periods of time or to organize and process certain kinds of information he saw or heard. He was angry and frustrated because he couldn’t do what his peers could do, and was troubled both in and out of school. After working in a warehouse and mail room following high school, he eventually earned an associate degree in video and film production at a school where a third of the students are learning disabled and receive in-depth tutorial support. Chris is now making his way in the world using his creative gifts. He continually adjusts for the learning disabilities that will always be a part of who he is, but that he is determined will not define who he is.

The Vaccine Reaction Pattern Repeats Itself

My son’s vaccine reaction nearly a quarter century ago is identical to those that Harris Coulter and I reported in 1985 in *DPT: A Shot in the Dark*, and those that thousands of other mothers have reported to the National Vaccine Information Center (NVIC) for the past 22 years.¹⁹ These mothers tell us how they took healthy, bright children to doctors to be vaccinated and, within hours, days, or weeks, their children got sick, regressed, and became different children. Whether a child recovers, is left with minimal brain damage as my son was, or is more severely injured—as was the case with the children who were awarded nearly \$2 billion in compensation under the National Childhood Vaccine Injury Act of 1986²⁰—a pattern of common experience emerges. This pattern, repeated over and over in homes across America, has contributed in no small way to why the issue of vaccine safety will not go away.

Mothers call the NVIC and describe how, within days of vaccination, their babies run fevers; scream for hours, fall into a deep sleep, and wake up screaming again; start twitching, jerking, or staring into space as if they can’t hear or see; are covered with body rashes; become restless and irritable; or have a dramatic change in eating or sleeping habits.

Others describe a gradual deterioration in overall health, a picture that includes constant ear and respiratory infections and onset of allergies, including asthma; unexplained rashes; new sensitivity to foods such as milk; persistent diarrhea; sleep disturbances that turn night into day and day into night; loss of developmental milestones such as the ability to roll over or sit up; loss of speech, eye-contact, and communication skills; development of strange or violent behaviors that include hyperactivity, biting, hitting, social withdrawal, and repetitive movements such as flapping, rocking, and head banging. Older children and adults complain of muscle weakness, joint pain, crippling headaches, disabling fatigue, loss of memory, or being unable to concentrate and think clearly.

Depending on the child and the specific therapy interventions, there is either gradual full recovery or the child is eventually diagnosed with various kinds of chronic health problems. My son regressed after his DPT shot but stopped just short of autism. Why? I don’t know. Vaccine-induced brain injuries appear to be on a continuum ranging from milder forms such as ADD or ADHD and learning disabilities to autism-spectrum and seizure disorders to severe mental retardation, all the way to death. On this continuum, and often coinciding with brain dysfunction, is immune-system dysfunction ranging from development of severe allergies and asthma to intestinal bowel disorders, rheumatoid arthritis, and diabetes.

Genetic and Biological Vulnerability

Many of the parents who contact the NVIC report that their child suffered previous vaccine-reaction symptoms that were written off by their doctors as unrelated or unimportant. Others say their child was sick at the time of vaccination, often on antibiotics. Still others describe strong family histories of autoimmune disorders such as thyroid disease, lupus, rheumatoid arthritis, and diabetes, and severe allergies to milk, pollen, medications, and vaccines. Still other babies, especially those who die after vaccination, were born premature, had difficult

births, were underweight, or had histories of health problems before receiving multiple vaccines.

How Many Vaccine-Injured Children Are There?

But how many children have vaccine reactions every year? Is it really only one in 110,000 or one in a million who are left permanently disabled after vaccination? Former FDA Commissioner David Kessler observed in 1993 that less than 1 percent of doctors report adverse events following prescription drug use.²¹ There have been estimates that perhaps less than 5 or 10 percent of doctors report hospitalizations, injuries, deaths, or other serious health problems following vaccination. The 1986 Vaccine Injury Act contained no legal sanctions for not reporting; doctors can refuse to report and suffer no consequences.

Even so, each year about 12,000 reports are made to the Vaccine Adverse Event Reporting System; parents as well as doctors can make those reports.²² However, if that number represents only 10 percent of what is actually occurring, then the actual number may be 120,000 vaccine-adverse events. If doctors report vaccine reactions as infrequently as Dr. Kessler said they report prescription-drug reactions, and the number 12,000 is only 1 percent of the actual total, then the real number may be 1.2 million vaccine-adverse events annually. The larger unanswered question that haunts every new vaccine mandate is: Has the repeated manipulation of the immune system with multiple vaccines in the first three years of life, when the interrelated brain and immune systems develop most rapidly outside the womb, been an unrecognized cofactor in the epidemics of chronic disease and disability plaguing so many children today?

A Vacuum of Scientific Knowledge

When you look at the possible biological mechanisms for vaccine-induced neuroimmune dysfunction, including chronic inflammation, the scientific picture is complicated by the presence of potentially toxic components added to vaccines as stabilizers, preservatives, and adjuvants. These include many substances—heavy metals such as mercury and aluminum, yeast, monosodium glutamate (MSG), formalin, and antibiotics—that, together with residual DNA and possible adventitious agent contamination from animal and human cell substrates, have unknown biological effects.²³ For example, the monkey virus SV40, which contaminated oral polio vaccine given to American children until 1999, has been found in children and adults suffering from bone, brain, and lung cancers, as well as from non-Hodgkin's lymphoma.²⁴

There is an astonishing lack of basic scientific knowledge about how viral and bacterial vaccines, given in combination, act to disrupt brain and immune-system function in the human body at the cellular and molecular levels.^{25, 26} Pre-licensure studies conducted by industry to demonstrate the safety of new vaccines rarely study large numbers of children given the experimental vaccine in combination with other vaccines,²⁷ and follow-up for serious health problems following vaccination is limited to a few days or weeks.²⁸ For example, the flu vaccine that the CDC recommends all healthy babies get has never been studied for safety when given in combination with other vaccines.²⁹

In addition, there have never been any large, prospective, long-term studies comparing the long-term health of highly vaccinated individuals versus those who have never been vaccinated at all. Therefore, the background rates for ADHD, learning disabilities, autism, seizure disorders, asthma, diabetes, intestinal bowel disorders, rheumatoid arthritis, and other brain and immune-system dysfunction in a genetically diverse unvaccinated population remains unknown.

This vacuum of basic scientific knowledge fatally compromises the statistical conclusions of every recent epidemiological study conducted by government and industry to try to prove that vaccines do not cause chronic health problems such as autism. The recently released Institute of Medicine report that denied a causal relationship between autism and vaccines and called for an end to all research into vaccine-associated autism relied almost exclusively on epidemiological studies.³⁰ Researchers conducting epidemiological studies to estimate the

incidence of disease in vaccinated individuals often look at old medical records to do their statistical analyses. But the scientific truth about a vaccine's ability to cause chronic health problems has not been determined with any degree of certainty because so little research has ever been conducted into the biological mechanisms involved in vaccine-induced brain and immune-system dysfunction, and all of the participants in epidemiological studies are vaccinated.

It is possible that when all children were exposed to only DPT and polio vaccines in the 1960s, a tiny fraction of those genetically susceptible to responding adversely to vaccination were affected. But with the addition of the combination measles, mumps, and rubella (MMR) vaccine to the routine vaccination schedule in 1979, and then the Hib, hepatitis B, chickenpox, and pneumococcal vaccines in the late 1980s and 1990s, far more of the genetically vulnerable are now being brought into the group of vaccine-adverse responders.

Government and industry refuse to investigate the genetic and other biological high-risk factors for vaccine-induced chronic health problems. But independent research is being conducted at the M.I.N.D. Institute at UC Davis, and by other nongovernment, nonindustry researchers around the world. Their research may well eventually confirm that there is a critical interaction between a child's genetic susceptibility to respond adversely to vaccination and one or more cofactors, such as a coinciding illness or concurrent exposure to medications or other environmental toxins while in the womb or after birth.

A Primitive Inflammatory Response Gone Wrong

However, the damaging effects of vaccines in the genetically vulnerable is potentially only one part of the explanation of why there has been an explosion of chronic disease in ours, the most highly vaccinated population in the world. Mass vaccination with multiple vaccines in early childhood has removed most natural infection from the human experience. This human intervention is only about 50 years old. When you consider the evolution of human beings and our place in the natural order, an order that was created long before Edward Jenner first came up with the idea of vaccination, 50 years is a very short period of time.

Humans and infectious microbes have coexisted for as long as we have walked the earth, and the human immune system has developed an efficient way of meeting the challenge from viruses and bacteria. When infected with viruses, parasites, and cancer cells, the body's first line of defense is for the cellular, or "innate," part of the immune system to mount an inflammatory response, which then signals the humoral, or "learned," part of the immune system to produce anti-inflammatory chemicals and antibodies that resolve inflammation so that healing can take place.

"Babies are born with a very immature cellular immune system," says Lawrence Palevsky, MD, a New York pediatrician and cofounder of the Holistic Pediatric Association. "Childhood viral infectious diseases like measles, mumps, and chickenpox initially stimulate the cellular part of the immune system, which leads to the production of the signs of inflammation—fever, redness, swelling, and mucus. This cellular immune response stimulates the humoral part of the immune system to produce anti-inflammatory chemicals and antibodies that assist in recovery from these illnesses. This natural process helps the cellular and humoral immune systems mature. A healthy, mature immune system for children requires an equal balance of cellular and humoral immune-system responses."

Palevsky points out that vaccination largely bypasses the cellular immune system in favor of stimulating the humoral part of the immune system. "Vaccination does not mimic the natural infection process. Although vaccines stimulate production of antibodies in an attempt to artificially induce immunity to disease, chronic inflammation can be a by-product of vaccination by disrupting the balance of cellular and humoral immune-system responses, especially in those children genetically predisposed to inflammatory conditions such as autoimmune disorders."

Philip Incao, MD, a holistic family-care physician in Colorado, agrees: "Physically, health is about balancing acute inflammatory responses to infection, which stimulate one arm of the immune system, and chronic inflammatory responses to infection, which stimulate the other arm of the immune system. Overuse of vaccines to suppress all acute, externalizing inflammations early in life can set up the immune system to respond to future stresses and infections by developing chronic, internalizing disease later in life."

Back to Nature: The Paradigm Shift

The questions being raised about the wisdom of using large numbers of vaccines to suppress or eradicate all infectious disease are understandable in light of the fact that so many highly vaccinated children and adults are chronically ill. However, the challenge to our system of mass vaccination is also part of the move by educated healthcare consumers away from a technology and a medical model that many believe has failed. Intuitively, people in many technologically advanced countries are becoming increasingly skeptical about not only the safety of vaccines, but also the toxic properties and overuse of prescription drugs and the risks of medical tests and invasive surgeries.

Among the top ten causes of death in the US are toxic reactions to correctly prescribed drugs, which make more than 2 million Americans seriously ill every year and kill 106,000 more.³¹ The realization that dentists have filled our mouths with silver-mercury amalgams and doctors have injected mercury-laced vaccines into our children's bodies are just two examples of why people are beginning to distrust what doctors and public health officials tell them to do.

A 1998 survey found that 39 million Americans made more than 600 million visits to alternative healthcare practitioners in 1997—more than to primary-care physicians.³² These patients paid most of the \$21.2 billion costs out of pocket when insurance plans would not reimburse them, citing a desire to "prevent future illness from occurring" and "maintain health and vitality." Healthcare professions including chiropractic, naturopathy, homeopathy, acupuncture, and other modalities offering a drug-free way to maintain health are becoming more popular as people realize they are healthier when they take fewer drugs and vaccines.

As a new model for staying well struggles to replace an old model that has failed too many, a mighty battle is taking place in the offices of pediatricians, who face increasingly well-educated, independent-thinking parents who demand to be equal partners in making healthcare decisions for their children. At no time is that battle more fierce than when an articulate parent, one who knows more than a pediatrician about vaccine risks, begins to ask questions and demand answers instead of blindly trusting and offering up a child for vaccination.

Educated parents, who suspect that their children are genetically at risk for vaccine complications, are challenging the utilitarian rationale adopted by public health officials to justify forced vaccination. The ideas that everyone has to get vaccinated for the "greater good," and that it is acceptable for some children to be sacrificed for the welfare of the rest, does not feel quite right when one-size-fits-all vaccine policies end up targeting the genetically vulnerable as expendable.

The right to know and the freedom to choose were the reasons I joined with Kathi Williams and other parents of vaccine-injured children, who 22 years ago launched the organized movement for vaccine safety and informed consent in this country. I knew then that I wanted to work to empower other women who become mothers to believe in and stand up for our right to make informed, voluntary decisions about vaccination for the children we love more than we ever thought we could love anyone.

When it comes to the complex job of raising a child day to day, we mothers are on the front line. But when we enter the often paternalistic world of science and medicine, we are made to feel as if we are not smart enough, educated enough, or rational enough to make our own good decisions about what is best for the health and well-being of our children. It is in

pediatricians' offices, public health clinics, and hospital corridors where we have been most conditioned to feel incapable and helpless to do anything other than what we are told to do.

In reality, we are more than capable of using our intelligence, our hearts, and our mothers' intuition to demand to know the truth and make informed choices about any medical intervention that carries a risk of injury or death for our children. No one has more of a right to do this than we, the life-givers, life defenders, and primary caretakers of our children's well-being.

Once you have gathered all the information you can find about infectious diseases and vaccines and have spoken to one or more healthcare professionals, you will know what to do. Once you have made a vaccination decision for your child, don't second-guess yourself. You have made an educated, conscious choice, and no matter what happens, you have been the best mother you can be. As mothers, it is all we can do.

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