Any medical therapy must balance the "effectiveness" versus the "safety" of its actions on the human body.

For instance, aspirin therapy is effective in preventing a second heart attack after having a first heart attack, and it is quite safe, only having a very small incidence of stomach or intestinal bleeding as a potential long-term side effect. As you read the following, please keep these key points in mind in terms of "effectiveness" versus the "safety" of vaccinations:

Scientific evidence does support the effectiveness of immunizations. They do prevent infectious diseases; some better than others, but this point is not disputed.

Scientific evidence does not support the safety of immunizations. Safety studies on vaccinations are limited to short time periods only: several days to several weeks. There are no long-term (months to years) safety studies on any vaccination or immunization. There is small but increasing scientific evidence of long-term side effects from immunizations that need much more study.

Inadequate Proof of Benefit of Vaccines

It is true that there may be situations where extreme measures may be justified to preserve life and health. The basic question, therefore, is whether the benefits of current childhood vaccines outweigh the harm or whether the reverse is true.

As to the benefits of vaccines, polio has been eliminated from the Western Hemisphere, and smallpox may have been eliminated worldwide. Vaccine proponents would have us believe that vaccines have been largely responsible for controlling virtually all of the former epidemics of killer diseases in the U.S. With the exceptions cited above, the facts do not bear this out. According to the records of the Metropolitan Life Insurance Company, from 1911 to 1935 the four leading causes of childhood deaths from infectious diseases in the U.S. were

- Diphtheria
- Pertussis (whooping cough)
- Scarlet fever
- Measles

However, by 1945 the combined death rates from these causes had declined by 95 percent, before the implementation of mass immunization programs. By far the greatest factors in this decline were sanitation through:

- Public health measures
- Improved nutrition
- Better housing with less crowded conditions
- Introduction of antibiotics

Also, the virulence of microorganisms tends to become weakened or attenuated with the passage of time and serial passages through human hosts, one example of which is whooping cough (pertussis), which is clearly a much milder disease today in Western nations than it was 100 or so years ago.

Safety Not Proven

It should be pointed out that today's children receive 22 or more vaccines before school age, whereas today's senior citizens received only one, the smallpox vaccine. Some of these vaccines contain
potentially toxic mercury (though mercury-free types have recently been produced in response to safety concerns).

With growing public concerns about potential adverse reactions on the immature immune systems of children, it is reasonable to ask ourselves what is already known about such reactions. There is a school of thought that the so-called "minor childhood illnesses" of former times including:

- Measles
- Mumps
- Rubella (German measles)
- Chicken pox

that entered the body through the mucous membranes, served a necessary and positive purpose in challenging and strengthening the immune system of these membranes.

In contrast, so the theory goes, the respective vaccines of these diseases are injected by needle directly into the system of the child, thereby bypassing the mucosal immune system. As a result, mucosal immunity remains relatively weak and stunted in many children, complications of which may be the rapid increase in asthma and eczema now being seen, both in terms of frequency and severity.

This concept tends to be confirmed by four controlled studies, widely separated geographically, in which vaccinated children were found to have significantly more atopic disorders than controls. In commenting on the increased incidence of asthma and other atopic disorders in the United Kingdom in the article, "Measles and atopy in Guinea-Bissau," the authors made the following comment:

"The rise of allergic disease among children in the UK over the past 30 years remains unexplained. One hypothesis is that infections in early childhood prevent allergic sensitization, and that successive generations of children have lost this protection as their exposure to infectious disease in early life has declined. Consequently the prevalence of atopy and concomitant allergic disease has risen."

It is true that in former times there were occasional serious complications from these childhood diseases, but this is an area in which nutritional approaches and homeopathy traditionally have been at their best. If these approaches were made widely available, it is probable that most of these complications could be eliminated. No one wants to see serious complications in our children, but the vaccine route may in time prove to be the worst possible choice that could have been made, as concerns the minor childhood diseases.

**Threat of Brain Damage**

Perhaps the greatest concern with vaccines today rests with their possible causal relation to the growing epidemic of childhood autism, developmental delay and attention deficit hyperactivity disorder (ADHD). Regarding the latter, a recent news item stated that ADHD has increased from 900,000 in 1991 to nearly 5 million today.

Statistics may be open to question, but one cannot question the observations of veteran elementary school teachers who, in our experience, unanimously and emphatically report a marked increase in this disorder in recent years. Regarding autism, a recent survey mandated by the California state legislature found an increase of 273 percent in California in the past 11 years.

At present, primary suspicion for this epidemic of neurobehavioral disorders rests with the MMR (measles-mumps-rubella) vaccine. Although scientific evidence has not yet reached the standards of
scientific proof, one pioneer researcher in this area, Dr. Vijendra Singh with the Department of Pharmacology, University of Michigan, has published the report of a study in which he found that a large majority of autistic children tested had antibodies to brain tissue in the form of antibodies to myelin basic protein, a protein strongly correlated to measles antibodies (almost all of the children had been immunized with the MMR vaccine, and none had had these diseases).

This study tends to confirm the results of a similar study published in The Lancet in 1998 by Dr. Andrew Wakefield and coworkers of the Royal Free Hospital in London, indicating a possible link between MMR vaccination, Crohn's disease of the bowel and autism. If the MMR vaccine were causing an autoimmune reaction involving the brains of autistic children, what would be the mechanism?

Although research in this area is in its infancy, we do know some things. Both the measles and mumps fractions of the MMR vaccine are cultured in chick embryo tissue. As purely genetic material, viruses are highly susceptible to the process of "jumping genes," in which they may incorporate genetic material from tissue in which they are cultured.

Furthermore, protein sequences in the measles virus have been found to have similarities to those found in brain tissues. As a result, once this foreign genetic material is introduced into the child by a vaccine, it may set in motion an immunologic attack on brain tissues, a process that the work of Dr. Singh would tend to confirm.

Stealth Virus

A similar process may have taken place with the oral (Sabin) polio vaccine, which is cultured in monkey kidney tissue. Years ago Dr. John Martin, then serving as director of the viral oncology branch within the U.S. Food and Drug Administration, found foreign DNA in contemporary polio vaccines.

He later learned that a simian (monkey) cytomegalic virus had been found in all of the 11 African green monkeys imported for production of the polio vaccine. After leaving the FDA, Dr. Martin took a position as professor of pathology with the University of Southern California. There he tested blood samples from patients with chronic fatigue syndrome, autism and other nervous system disorders. This work led to his discovery of unique cell-destroying viruses that were not recognized by the immune system. Termed "stealth viruses," some of which he thought had clearly originated from the simian cytomegalic virus, these viruses were missing specific genes that ordinarily would induce immune responses from the host. It should be admitted that this work is preliminary. No definitive conclusions can be drawn from it, but the need for further intensive investigation should be apparent. Overdue in the opinion of many, on June 17, 1999 U.S. government officials voted to withdraw their recommendation for the use of the live oral polio vaccine and to recommend exclusive use of the inactive (Salk) polio vaccine, because the former vaccine has been the only remaining source of polio cases in the U.S. since 1979.

Damage May Yet Escalate

As another concept, it is highly pertinent that many of today's children are second-generation vaccinees; that is, they are born to mothers previously vaccinated with the measles, mumps, and/or rubella vaccines. It is possible that the reaction rates in the second-generation vaccines may be happening on a much larger scale due to previous sensitization of mothers from their vaccines, this sensitization being transmitted in turn to the fetus during pregnancy.

If this process is taking place, something we cannot know until appropriate research is done, there predictably will be additional increases in autism beyond that already taking place, should the
process be continued into a third generation. Time may prove that vaccine programs went awry when they deviated from the most basic of all medical ethics, the right of parents to accept or reject vaccines for their children.

Freedom of choice provides a system of checks and balances now lacking. At the very least, this would provide the parents the power to compel better safety screening of vaccines. Today we have a system in which vaccine production by the pharmaceutical companies is largely self-regulated.

Naturally these companies are interested in profits from their products, which, in itself, is not wrong. However, when arbitrary decisions in the mandating of vaccines are made by government bureaucracies, who are highly partisan to the pharmaceutical companies, with no recourse open to parents, we have all the potential ingredients for a tragedy of historical proportions.

In closing, it may be appropriate to cite an item which, though seemingly small in itself, may be indicative of the problems with which we are faced. In January 1993 a scientific journal published the results of a study of 89 children with adverse clinical reactions following administrations of various combinations of vaccines. Detailed case histories were taken and blood tests were done to examine various parameters of cellular and humoral immunity.

It was found that children with adverse reactions had marked increases in abnormal blood parameters as compared with children who had had no reactions. The first study of its kind as far as we are aware, perhaps the most striking and significant feature of the report is not the results of the tests, which might have been anticipated, so much as the fact that it was published in a foreign publication, Czechoslovakia Pediatrics. American science has been foremost in the development and promotion of vaccines. That it should be laggard in basic safety testing, of which this study may represent one of the modest beginnings, is a sad reflection on the American scientific community. Do we not have a right to expect better?

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