Editorial

Reminiscences of America's children in the 1930s as compared with today, and the possible role of vaccines in causing retrogressive changes

Harold Buttram, MD, FAACP
5724 Clymer Road
Quakertown, PA 18951
Email: HButtrum@woodmed.com

Abstract

It is now universally recognized that we have a steadily growing epidemic of childhood autism, learning disabilities, and other developmental disorders, with comparable increases in asthma and allergies. By any measure now available, these conditions were rare during the 1930s and 1940s. If this trend is to be reversed, we must seek for causes.

As largely disclosed during the U.S. Congressional Hearings on issues of vaccine safety, which took place from 1999 to December, 2004, there are gross deficiencies in vaccine safety testing. Because of this lack, we have no means of identifying or proving adverse reactions when they do occur.

Almost totally lacking until now, the great need is for definitive before-and-after tests specifically designed to search for adverse effects of vaccines on the neurological and immune systems as well as genetics of our children, and in findings adverse effects to make appropriate safety modifications in vaccine programs. Over the years there have been a scattering of before-and-after vaccine tests showing that there can be harm to the immune and central nervous systems, bringing suspicion on vaccines as an underlying cause of current childhood epidemics. However, these have always been of limited scale, seldom if ever with adequate follow-up.

In the opinion of this observer, until the safety of vaccine programs can be assured by such testing, any further mandating of childhood vaccines well remain morally and ethically untenable.

This article was originally written in support of "Vaccination News."

© Copyright 2007, Medical Veritas International Inc. All rights reserved.

Keywords: allergies, asthma, autism, ADHD, hyperactivity, vaccines, safety tests

As one of today's senior citizens who grew up in a Midwestern state in the 1930s, and as a doctor who has treated many children, I may have a special vantage point of time and experience in regard to the changes that have taken place in the health of America's children since the relatively innocent times of the 1930s. At summer camps in the New Mexico Mountains that I was fortunate to attend, no boy had allergies, none was on medication, and no boy was ever sick with the common ailments of today. It was much the same in schools. I don't recall ever seeing a child with easily recognized behaviors now described as hyperactivity (ADHD) or autism.

Today in stark contrast, approximately one third of our youngsters are afflicted with the 4-A Disorders (Autism, ADHD, Asthma, and Allergies), as described and documented by Dr. Kenneth Bock [1]. School budgets are being strained to the breaking points in providing special education classes for autistic and learning disabled children. Allergy problems are proliferating, as indicated by long lines of children at school nursing stations for their noontime medications.

Could today's infant and childhood vaccine programs, with their steadily increasing numbers of vaccines, be a contributory cause of this ominous health trend? As reflected in the U.S. Congressional Hearings (1999 to Dec., 2004) on issues of vaccine safety, in which major deficiencies in vaccine safety testing were disclosed, it is a real possibility that vaccines may be one of the major, if not *the* major cause of this trend.(2)

Epidemiologic surveys from four widely separated geographic areas found that fully vaccinated children had significantly more allergic disorders than those with limited or no vaccines [3-6].

Although public health officials remain in denial about a causal relation between the mercurial vaccine preservative, Thimerosal, and the current epidemic of autism, the facts remain irrefutable. Thimerosal has now been removed from most vaccines, but in the 1990s, when the incidence of childhood autism peaked, infants commonly received up to 100-times the safe dose of mercury (according to current EPA and FDA standards) at 2 months age, again at 4 months, and again at 6 months [7].

Although Thimerosal has been largely removed from vaccines (with exception of some flu and most tetanus booster vaccines), new cases of autism are still emerging. The probable reason may be the ever-increasing number of vaccines given during infancy [8]. From the standpoint of infants' immune systems, giving seven or eight vaccines together on three separate occasions during infancy might be comparable with the infants' immune systems being faced with seven or eight diseases at the same time. There is little wonder that their immune as well as nervous systems commonly run amuck under such challenges.

A survey commissioned by *Generation Rescue* compared vaccinated and unvaccinated in nine counties in Oregon and

California. Among more than 9,000 boys age 4-17, the survey found vaccinated boys were two and a half times (155%) more likely to have neurological disorders than their unvaccinated peers. For older vaccinated boys in the 11-17 age bracket, the results were even more pronounced, with 158% more likely to have neurological disorders, 317% more likely to have ADHD, and 112% more likely to have autism [9].

According to this observer, it appears that we are undergoing an unprecedented national tragedy with no end in sight. How could this possibly be happening?

To answer this question I will cite two little-noted studies published many years ago. The first was published in the *New England Journal of Medicine* in 1984 [10]. In this study a significant though temporary drop of T-helper lymphocytes was found in 11 healthy adults following routine tetanus booster vaccinations. Special concern rests in the fact that in four of the eleven subjects their T-lymphocytes fell to levels seen in active AIDS patients. If this was the result of a single vaccine in healthy adults, it is sobering to think of possible consequences from today's multiple vaccines routinely administered to infants. And yet, to the best of my knowledge, this study has never been repeated. In a similar fashion, A. L. Low (Chicago, 1955) performed before and after EEGs on 83 children before and after pertussis immunization [11]. In two of these children he found abnormal EEGs without other signs or symptoms of abnormal reactions.

These two studies, showing clear evidence that significant immunologic and neurological consequences can take place even with single vaccines, do not constitute proof of harm from vaccines, but they are important clues. What they do prove is an ongoing pattern of negligence of many years in following up on these and other similar studies.

Almost totally lacking until now, the great need is for definitive before-and-after tests specifically designed to search for possible adverse effects of vaccines on the neurological and immune systems as well as genetics of our children, and in finding adverse effects, to make appropriate safety modifications in vaccine programs. Based on personal experience, alerting authorities to this need has been like trying to start a fire with wet kindling. Yet our very survival as a society may be involved in this specific issue

In my opinion, the time is long overdue for a total rethinking and redirecting of current childhood vaccine programs. Until the safety of such programs can be assured by thorough and dependable safety testing, any further mandating of childhood vaccines will remain morally and ethically untenable.

References

[1] Bock, Kenneth, Stauth, Cameron. Healing the New Childhood Epidemics: Autism, ADHD, Asthma, and Allergies, Ballantine Books, New York, 2007.
[2] Kirby, David, *Evidence of Harm,* St Martine's Press, New York, 2005.
[3] Shaheen SO, Aaby P, Hall AJ, Barker DJ, Heyes CB, Shiell AW, Goudiaby A. Measles and atopy in Guinea-Bissau, Lancet, June 19, 1996; 347:1792–6.
[4] Odent MR. Pertussis vaccination and asthma: Is there a link? JAMA 1994; 271:229–31.
[5] Alm JS, Swartz J, Lilja G, Scheynius A, Pershagen G. Atopy in children of families with anthroposophic lifestyle, Lancet 1999 May 1; 353(9163):1485–8.
[6] Kemp T, Pearce N, Fitzharris P, Crane J, Fergusson D, St. George I, Wickens K, Beasley R. Is infant immunization a risk factor for childhood asthma or allergy? Epidemiology 1997 Nov.; 8(6):678–80.
[7] Buttram HE. Vaccines, mercury, and genetic change, Vaccine Risk Awareness Network Inc.(VRAN), Winter-Spring, 2007:20.
[8] Blaylock RL. What they don't tell you about vaccination dangers can kill you or ruin your life, *Vaccine Risk Awareness Network, Inc.* Spring/Summer 2005, Page 1.
[9] http://www.medicalnewstoday.com/medicalnews.php?newsid=75333, Issue July 13, 2007. For complete survey results: http://www.Generation Rescue .org.
[10] Eibl NM, Mannhalter JW, Zlabinger G. Abnormal T-lymphocyte subpopulations in healthy subjects after tetanus booster immunizations. (Letter) NEJM 1984 Jan. 19; 310(3):198–9.
[11] Low AL. Electroencephalographic studies following pertussis immunization, Journal Pediatrics 1955; 47:35–9.