EDITOR'S NOTEBOOK/Bernard Rimland, Ph.D.

Vaccinations: The Overlooked Factors

Vaccinations, like motherhood and apple pie, have long been regarded as taboo topics, beyond criticism. No more. The publication in *The Lancet* of the article by Andrew Wakefield and associates, providing a well-documented mechanism for the long-suspected role of MMR vaccines in causing autism, has raised an international furor.

I began to suspect a link between the DPT vaccination and autism as early as in the mid-1960s, based on letters from and interviews with many parents. Our Form E-3 parent questionnaire, dating from 1967, asked parents about their children's reaction to the DPT shot. H. L. Coulter and B. L. Fisher state, in their excellent book, DPT: Shot in the Dark (1985), "The phenomenon of early infantile autism was first observed and discussed by physicians in the early 1940s, a few years after the pertussis vaccine became more widely used in the United States.... The parallel to certain areas of pertussis vaccine damage is striking" (p. 123).

Readers of the ARRI are well aware of the autism-vaccine controversy (see ARRI 10/4, 10/1, 9/3, 9/2, 9/1, 6/3), but until now the mass media have been kept largely in the dark. In Britain, where there has been an epidemic of autism, with hundreds of families registering for projected class-action law suits, some newspapers have been devoting half-page or larger articles to the controversy.

Dr. Wakefield and his courageous collaborators have endured a torrent of criticism and abuse from those dedicated to silencing anyone challenging the sacred-cow status of vaccines. The fact is, vaccines are not nearly as safe, nor anywhere near as effective, as vaccination proponents claim.

Wakefield's opponents argue, quite speciously, that he is confusing association with causation, and that the MMR/autism link may be merely "coincidental."

I find it doubly ironic that the vaccine advocates accuse Wakefield of this elementary error in logic. That very argument was used just as wrongly—against vaccinations—by the opponents of Edward Jenner when he introduced vaccination to Europe. (It was used earlier in Asia.) Jenner's observation that milkmaids exposed to pox-infected cows developed a resistance to smallpox was attributed to coincidence. Fortunately for today's vaccine proponents, Jenner's critics did not succeed in dismissing his observations as merely "coincidence."

The second irony is that the critics who accuse Dr. Wakefield of confusing association with causation are guilty of doing that very thing—deliberately, not mistakenly—while trying to influence public policy, by claiming that vaccines cause steep declines in the incidence of disease when there is good evidence that the decline was often due to other factors—that is, to coincidence.

In their reply to Wakefield's article, "Vaccine adverse effects: causal or coincidental?." R. T. Chen and F. DeStephano (Lancet 2/28/ 98) present a table implying that the incidence of a number of diseases was enormously reduced by vaccinations. In fact, judging from data presented by Neil Z. Miller in his book Vaccines, are They Safe and Effective?, The reductions Chen and DeStephano cite are often coincidental rather than causal. In the case of measles, the death rate did drop precipitously over a period of four decades, but the death rate fell 95% before the measles vaccine was introduced! In the case of polio, the death rate had dropped 60% from its peak in the 1920s and '30s before the vaccines arrived in the 1950s. There is considerable evidence that the claims of benefit for other vaccines (e.g., pertussis, tetanus) are also greatly inflated.

There is an enormous amount of credible evidence that vaccines can and do cause harm. In response to what was seen as a cause-and-effect relationship with sudden infant death syndrome (SIDS), the Japanese government, in 1979, ordered the postponement of routine DPT shots until after the age of two. "SIDS has virtually disappeared from Japan" (Neil Z. Miller, Immunization, Theory vs. Reality (1996).) In an article titled, "The Dark Side of Immunizations?," Science News (November 22, 1997) reported findings by scientists implicating the rise in diabetes and asthma to vaccines, and these allegations are just the tip of a very large iceberg. (The medical establishment's ferocious defense of vaccines as irrefutably safe and beneficial somehow reminds me of the Titanic.)

I am not saying that vaccinations are without value. I am saying that their benefits have been overstated, and their dangers dismissed much too carelessly.

QUESTIONS. The Black Death is estimated to have killed one third of the population of Europe before it subsided. Why did it subside? Largely because the immune system is a marvelously adaptable instrument which learned, naturally, how to cope with the plague.

Interesting though it is that one out of three died of the plague, it is even more interesting that two out of three lived. Why?

Although the headlines alarmed us all when some people died as a result of the swine flu vaccine and some people died when exposed to Legionnaire's disease, it is even more interesting that most people survived. Why? Why are some children injured by MMR shots and others not?

The answer is that people are very different, in many ways. Part of the difference is genetic. Another part is environmental.

We can't do much about the genetic part right now, but we can do a lot about each person's susceptibility to disease, including vaccine-induced disease, by dealing intelligently with the environment.

TOXIC EXPOSURE. It is no secret that our environment is loaded with toxins, many of which greatly impair not only the brain but also the immune system. Lead, mercury, pesticides, and solvents all can create havoc with the immune system. There is of course a huge literature on this topic. Two excellent recent books are: Our Toxic World: Who is Looking After our Kids?, by H. E. Buttram, M.D., and Richard Piccolo (1996), and Is This Your Child's World? by Doris Rapp, M.D. (1997).

NUTRITION. In my view, the most important, and by far the most feasible, approach to preventing damage by toxins of all kinds, including the toxins in vaccines (vaccines contain mercury, aluminum and formaldehyde, in addition to germs) is to help the child's developing, immature immune system by providing generous amounts of the nutrients the body needs if it is going to be able to protect itself from a dangerous, toxin-laden world.

In his book Every Second Child (1981), Archie Kalokerinos, an Australian physician, tells us that the death rate among the aborigine children he was assigned to help was an astounding 50%! His investigation showed these deaths to be associated with vaccinations, and he found the children's diets to be severely deficient in vitamin C. By merely administering vitamin C (100 mg per month of age), he dropped the death rate to nearly zero.

In my view, and in the view of many others who have studied these problems, every mother-to-be, starting well before conception, should be taking significant (several grams a day, at least) amounts of vitamin C, and every child should also be given supplements—especially in view of the stress on the immune system imposed by vaccines.

But vitamin C is by no means the only nutrient that should be supplemented if the immune system is to develop and function effectively. Nutrients known to be effective in autism, vitamin B6 and DMG, have been shown in laboratory studies to enhance immune function. The minerals zinc and selenium, both implicated in many cases of autism, are critical in immune function.

Nutrition is the single most important determinant of immune function, according to world authority R. K. Chandra, who specifically mentions zinc, selenium, iron, copper, vitamins A, C, E, B6, and folic acid.

The message is very clear: mothers should take a high quality, broad-spectrum vitamin and mineral supplement before conception, and during pregnancy and lactation. And every child should also be getting extra nutrients through mother's milk or along with food, if the immune system is to develop properly. The cost of not doing so may be very high.

Send SASE for list of references.