

Editor's Notebook: Bernard Rimland, Ph.D.

The autism increase: research needed on the vaccine connection

Growing concerns about vaccines, and their possible connection to autism, have prompted the United States Congress to hold hearings on the issue of vaccine safety. Following is an excerpt from the testimony I presented before the House Committee on Government Reform on April 6, 2000:

My son Mark was born in 1956. It was obvious from birth that this perfectly normal-looking infant had something drastically wrong with him. I had earned my Ph.D. in experimental psychology three years earlier and had never encountered the word "autism." Our pediatrician, with 35 years of experience, had never heard of autism either. Autism was extremely rare then—it is extremely common now.

Some supposed experts will tell you that the increase reflects only greater awareness. That is nonsense. Any pediatrician, teacher, or school official with 20 or more years experience will confirm what the studies tell us: there is a real increase in autism, and the numbers are huge and growing.

Soon after my textbook on autism was published in 1964, I began to hear from other parents. Many parents told me that their children were normal until getting a triple vaccine—the DPT shot. In 1965, I began systematically collecting data on the symptoms and possible causes of autism. Thirty-three years ago, in 1967, I began querying the parents specifically about the child's response to the DPT shot. Many had reported marked deterioration.

During the past few years, the Autism Research Institute has been flooded with an upsurge in pleas for help from parents throughout the world—from wherever the World

Health Organization vaccine guidelines are followed. The majority of these parents say their children were normal until getting the MMR—another triple vaccine.

Let me dispel several myths promoted by those who deny the autism-vaccine connection:

1. They claim the vaccines are safe, but physicians are indoctrinated to discredit claims of harm and are not trained to recognize nor required to report any adverse reactions. From 90% to 99% of the adverse reactions reported to doctors are never reported by those doctors to the government's extremely lax Vaccine Adverse Event Reporting System, known as the VAERS.

2. They say that the suspected linkage between the MMR vaccination and autism has been disproved by a study conducted by Brent Taylor and his colleagues in London, and published last year in *The Lancet*. The Taylor study is seriously flawed in many ways, as has been noted in a number of letters to the editor of *The Lancet* and in a number of additional letters on the subject which have been posted on the Internet. It was subject to strong attack at a recent meeting of the British Statistical Society. I have been a full-time researcher my entire professional life, for almost 50 years, and I respectfully asked Dr. Taylor for a copy of the data so that I could reanalyze them. He refused this ordinary professional courtesy, and I have subsequently written to the editor of *The Lancet* requesting that an impartial committee be asked to reexamine Dr. Taylor's statistical methods. If he refuses again, I urged *The Lancet* to retract his paper.

3. They say that autism has a large genetic component, and therefore vaccines must

play a minimal role, if any, in the causation of autism. My book *Infantile Autism*, published in 1964, was the first systematic attempt to marshal the evidence for genetics as a contributing cause of autism, so I am certainly not hostile to that idea. However, genes do not begin to account for the huge increase in the incidence of autism, ranging from 250% to 500% in various places. I might add that we have just reviewed all of the recent genetic studies for the next issue of the *Autism Research Review International*, which I edit. The results are spectacularly inconsistent. The best guess is that there are at least 20 different genes involved in the causation of autism, with none playing a major role. Gene therapy is decades away, and may be infeasible.

4. They claim that autism naturally occurs at about 18 months, when the MMR is routinely given, so the association is merely coincidental and not causal. But the onset of autism at 18 months is a *recent* development. Autism starting at 18 months rose very sharply in the mid-1980s, when the MMR vaccine came into wide use. A coincidence? Hardly! (See graph below.)

Autism is not the only severe chronic illness which has reached epidemic proportions as the number of (highly profitable) vaccines has rapidly increased. Children now receive 33 vaccines before they enter school—a huge increase. The vaccines contain not only live viruses but also very significant amounts of highly toxic substances such as mercury, aluminum, and formaldehyde. Could this be the reason for the upsurge in autism, ADHD, asthma, arthritis, Crohn's disease, lupus, and other chronic disorders?

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U.S. Cases: Autistic children who behaved normally before 18 months. vs. those with no normal period

Medical officials claim that "since autism starts at about 18 months, when the MMR shot is typically given, the parents are mistaken in their belief that the MMR caused their children's autism."

However, data collected by the ARI since the 1960s reveal that the onset of autism at 18 months is a recent development. Parent reports show that from the 1960s through the early 1980s, children autistic from birth outnumbered by 2 to 1 those with onset at 18 months. Starting in the early 1980s, when the MMR triple vaccine was introduced, the picture has reversed: now the "onset at 18 months" children outnumber the "onset at birth" children by 2 to 1.

