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

The autism-vaccine disaster

er voice cracked. She fought back tears, but went on with her story. "I had to phone you," she said. "Ted [not his real name] came back from speaking at a small autism conference last night. He was obviously disturbed. Agitated. After a time I asked what was wrong. He broke down and cried. I've never seen my husband cry before. As a laboratory scientist, he has studied blood and urine samples from autistic children for many years, but has had almost no direct contact with any of the kids. But he had to wait several hours at the airport after the conference. The parents of an autistic child, also returning from the conference, sat near him at the airport so he had his first direct experience of what life is like for these families. It really upset him emotionally, and me too. It is terrible."

Like Ted, society in the U.S., and in almost all the other so-called "developed" countries, is finally beginning to experience autism for the first time, "up close and personal." The experience is not pleasant, or easily forgotten.

In our 1995 editorial, "Is there an autism epidemic?" (ARRI 9/3), we asserted that the numbers of autistic children were increasing alarmingly, and that vaccine damage was a likely cause of the increase. That was seven years ago, and our views were rejected and reviled by the supposed authorities. "No epidemic," they all said, "just greater awareness. And vaccines are perfectly safe."

Now the stark reality of the epidemic is all too well documented, and has become front-page news. The lame excuses have been swept aside by the California study (page 1), which systematically showed that increased awareness, changing diagnostic criteria, and immigration by families seeking services could not account for the huge increase in numbers.

"Experts puzzled by autism increase," the headlines say, in response to the tap-dancing by medical and public health authorities who continue to ignore the mounting evidence that over-vaccination, particularly with mercury-containing vaccines, is by far the most probable cause of the epidemic.

Do vaccines cause autism? For the past several years in the U.S., and for longer in the U.K., the debate has been raging. The number of vaccine doses given before age two has risen from three in 1940, when autism occurred in perhaps one case per 10,000 births, to 22 vaccine doses before age two in the year 2000. The best current estimates are that autism occurs in 45 to 65 children per 10,000 live births. And most vaccines have contained toxic levels of the mercury-based preservative thimerosal, to which many children are exquisitely sensitive.

It is by no means unusual for a "scientific" controversy to have significant social, political and economic implications. The current controversy over the safety of childhood vaccines, however, has implications of truly enormous and long-enduring proportions. There is so much at stake that science has been forced into the back seat. Both sides realize that winning is the crucial issue, and each side feels its future is at stake. And it is.

The parents who charge that their autistic children are vaccine-injured note the lack of long-term studies of vaccine safety and the admission by a former FDA commissioner that as few as one percent of adverse reactions have been reported under the purely voluntary U.S. Vaccine Adverse Event Reporting System (VAERS).

They are supported by a small cadre of professionals who risk derision and censure from their peers by producing data and citing studies which would seem to support these parents' claims.

The medical establishment has sponsored a series of irrelevant and misleading epidemiological studies, such as the recent badly flawed Denmark study (see page 1), in its attempt to exonerate vaccine injury as the major cause of the epidemic. Thus far, laboratory medicine has played only a minor role in the controversy. The U.S. Congressional hearings and Institute of Medicine reports make little more than passing reference to the laboratory studies, but that will change as the vaccine injury lawsuits reach the courts. Past issues of the ARRI have featured many of these studies (see ARRI 16/ 2, 16/1, 15/4, 15/3, 15/1, 14/4, 14/3, 13/3, 12/1), and more are forthcoming.

n the one side are the parents who feel their children were injured by the vaccines. They assert that their children were normal until an adverse vaccine reactions was observed. They often have home videos, school records and other documentation to bolster their claims. They note the lack of long-term studies of vaccine safety and the admission by a former FDA commissioner that as few as one percent of adverse reactions have been reported under the purely voluntary U.S. Vaccine Adverse Event Reporting System (VAERS). They are supported by a small cadre of professionals who risk derision and censure from their peers by producing data and citing studies which would seem to support these parents' claims.

They face enormously powerful and influential opposition: the very wealthy drug companies with their legions of researchers and attorneys, the prestigious and affluent medical societies such as the American Academy of Pediatrics, and of course the virtually unlimited resources of such agencies as the Centers for Disease Control and the Food and Drug Administration. The medical establishment argues that by casting doubt on vaccine safety, the parents and their supporters will lower the vaccination rate and cause the return of deadly epidemics which, they say—and it is contested—have been banished by vaccinating close to 100 percent of the children.

A class action lawsuit has been in the U.K. court system for several years, and at least seven vaccine injury court cases have been filed in the U.S. in recent months, with many more in the pre-filing stage as this is written.

Billions of dollars in compensation are at stake. Estimates for the lifetime care of each autistic child are in the two-million-dollar range, and if recent studies in the U.K. and the U.S. are to be believed (the results are contested), the prevalence of autism has increased in the past decade by 1,000 percent or more—from 4.5 per 10,000 births to 45 or more per 10,000.

A trial lawyer active in the tobacco industry injury-compensation litigation recently said, "If you think the cigarette companies were hit hard, wait 'till these vaccine cases get to the juries. The jurors, who awarded millions of dollars to the plaintiffs, had limited sympathy for them, since the risks of emphysema and lung cancer were well known, and the plaintiffs had only a few years left in any case. But the children didn't choose to be vaccinated—and their whole lives, and their families' lives, have been ruined."

But it is not just money—drug com pany money—that is at stake. Credibility is a major issue. The entire medical establishment—the drug companies, the medical schools, the medical societies, and the government agencies—have all staked their reputations on the safety of vaccines. The public has already indicated its growing distrust of conventional medicine by moving its money toward alternative approaches. If the court cases come down in favor of the families, the high esteem which conventional medicine has enjoyed is likely to erode rapidly. Rebuilding public confidence would not be easy.