

For Parents Wishing to Limit or Avoid Immunizations for Their Children

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At the present time there are growing public and professional concerns about the safety of currently mandated childhood vaccine programs, as reflected in by a series of annual Congressional hearings in Washington DC that have taken place since 1999, sponsored by the U.S. House Government Reform Committee under the chairmanship of Congressman Dan Burton.

At an annual conference of the American College for the Advancement of Medicine during April 2001, with several hundred physicians in attendance, when one of the speakers asked how many in attendance had concerns about the safety of current childhood vaccines, a large majority raised their hands.

The Autism Research Institute of San Diego is now widely known as an active support group for families with autistic children and is one of the more active organizations in this field. Its founding director, Bernard Rimland, Ph.D., has provided the statistics that, in their experience, from 50 to 60% of parents with autistic children believe that their children were damaged by vaccines.

In our own office we have seen many autistic children in recent years, and our own experience has been very similar, many parents reporting that deterioration of their children took place following vaccines.

As reviewed in presentations at the Congressional hearings mentioned above, the following evidence has been brought forward by various presenters as reasons for the growing concerns about vaccine safety:

Safety studies on vaccinations are limited to short time periods only: several days to several weeks. **There are no long-term (months or years) safety studies on any vaccination or immunization.** For this reason, there are valid grounds for suspecting that many delayed-type vaccine reactions may be taking place unrecognized as to their true nature.

A meaningful basic science is grossly deficient for the vaccines. By way of explanation, there are two general categories which comprise a basic science for any form of medical intervention, in this case the vaccines:

- First, long-term surveillance following the vaccines it to all intents and purposes non-existent as previously mentioned, and
- Second, before-and-after testing to determine the effects of the vaccines on various organ systems of the body, especially the neurologic, immunologic, and hematologic systems, have never been done in any definitive or systematic fashion.

There are a few isolated reports of before-and-after testing of the vaccines in the medical literature, but as far as I am aware, these have never had proper follow up. Although there are others, the one example given below will give some insight into the scope of the problem:

As reported in a letter to the New England Journal of Medicine in 1984, tests of T-lymphocyte subpopulations were done on 11 healthy adults before-and-after routine tetanus booster immunizations.

Tests showed a significant though temporary drop in T-helper lymphocytes (a class of white blood cells which helps govern the immune system) in all of the subjects. Special concern rests in the fact that in 4 of the subjects the T-helper cells fell to levels found in active AIDS patients. (2)

If this was the result of a single vaccine in healthy adults, it is sobering to think of the consequences of the multiple vaccines (twenty-one at last count) routinely given to infants with their immature systems during the first six months of life. However, we can only speculate as to the consequences, as this test has never been repeated.

Dating back to the 1930s pharmaceuticals have added thimerosal (made up of ethyl mercury) to many of the vaccines given to children.

However, it was not until 1999 that the FDA was compelled by a Congressional mandate to disclose the quantity of mercury in the vaccines.

Many became gravely concerned when it was learned that for many years infants had been routinely receiving 25 to 50 or more times the amount of mercury in a given day than was considered safe by the U.S. Environmental Protection Agency standards. (3)

For centuries mercury has been known to be one of the most toxic of the heavy metals. Very recently an animal study has revealed a possible mechanism for this toxicity in which mercury vapor exposures resulted in retrograde degeneration of neuronal (brain) membranes, producing molecular lesions similar to those seen in the brains of patients dying with Alzheimer's disease. (4)

The Sequel To This Story Is Very Interesting

Apparently as an offshoot of the Congressional hearings in which the thimerosal issue had been raised, the Institute of Medicine (a scientific advisory board for the federal government) issued a report on October 1, 2001 entitled "Thimerosal-Containing Vaccines and Neurodevelopmental Outcomes."

In essence the statement gave the opinion that, although a causal relation between thimerosal-containing vaccines and the increasing incidence of neurodevelopmental problems in children has not yet been proven, "the hypothesis is biologically plausible."

In other words, the Institute of Medicine admits that there are valid grounds for suspicion that thimerosal-containing vaccines could be contributing to the current epidemic of neurobehavioral problems in American children including autism, attention deficit, hyperactivity, learning disabilities, and behavioral disorders. However, due to deficiencies in scientific infrastructure (their own words), there is insufficient data to prove the matter one way or the other.

Proceeding next from the issue of vaccine safety to the question of the need or necessity for childhood vaccines:

It is true that vaccines played a major role in the worldwide eradication of smallpox and eradication of polio from the Western Hemisphere, but vaccine proponents would have us believe that

vaccines have been largely responsible for controlling virtually all of the former epidemics of killer disease in the U.S.A. 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.A. were diphtheria, pertussis, scarlet fever, and measles. However, by 1945 the combined death rates from these causes had declined by 95% before the implementation of mass vaccine programs. (5)

According to a report in Morbidity and Mortality Weekly Report of July 30, 1999, improvements in sanitation, water quality, hygiene, and the introduction of antibiotics have been the most important factors in control of infectious disease in the past century.

Although vaccines were mentioned, they were not included among the major factors. (6)

In conclusion, with such a scenario as described above for current childhood vaccine programs. I do not feel there is any moral justification for the current mandating of childhood vaccines at any level.

It is for this reason that, for many years, I have supported the freedom of choice of parents to accept or reject vaccines for their children based on informed consent.

Harold E Buttram, MD March 2002

DR. MERCOLA'S COMMENT:

Many thanks to Dr. Buttram for his continued updates on this important topic. If you found his above article helpful you will want to read some of his other reviews below.

Related Articles:

[The Controversy of the Latent Period Following Immunizations](#)

[Vaccine Scene 2000 -- Review and Update](#)

[Vaccine Scene 2001: Update and Overview](#)

[Measles-Mumps-Rubella \(MMR\) Vaccine as a Potential Cause of Encephalitis \(Brain Inflammation\) in Children](#)