

Vaccine Scene 2001: Update and Overview

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In our office we are frequently asked our opinion and position on vaccination in both children and adults. This lengthy monograph is an attempt to express a minority view and position that is contrary to current government, public and medical opinion on the subject.

However, whatever position on the vaccination decision one chooses to adopt, we feel **the most important point is parental choice!**

Therefore, we ardently believe the best approach to this very controversial subject is to present both the pros and cons, good and bad, known and unknown about immunizations, and then help guide the patient or parents to choose what is best for them or their children.

This is termed "**informed consent**" and should be the basis of every medical test or treatment; vaccinations being no exception. Consequently, our Healing Research Centers honor and respect the patient's or parent's choice in this matter and will immunize or not immunize accordingly.

Any medical therapy must balance the "effectiveness" versus the "safety" of its actions on the human body. For instance, aspirin therapy is effective in preventing a second heart attack after having a first heart attack; and it is quite safe, only having a small incidence of stomach or intestinal bleeding as a potential long-term side effect.

As you read the following monograph, please keep these key points in mind in terms of "effectiveness" versus "safety" of vaccinations:

Scientific evidence does support the effectiveness of immunizations. They do prevent infectious diseases; some better than others, but this point is not disputed.

Scientific evidence does not support the safety of immunizations:

Safety studies on vaccinations are limited to short time periods only: several days to several weeks. There are NO (NONE!) long-term (months or years) safety studies on any vaccination or immunization.

There is limited but rapidly growing scientific evidence of long-term adverse side effects of vaccines that need much more study.

In August, 1999 and April, 2000 Congressional hearings were held in Washington D.C. dealing with questions of vaccine safety. Congressman Dan Burton, Chairman of the U.S. House Government Reform Committee, called the hearings.

On the weekend of October 2nd and 3rd, 1999, an autism conference was held at Cherry Hill, New Jersey, sponsored by the Autism Research Institute of San Diego, California. Over 1,000 people

were in attendance, the great majority of whom were parents of autistic children. At one point in the meeting, when the chairman asked those in the audience who believed that their child's autism was caused by vaccines to stand, a largely majority of the audience rose to their feet.

With these and other indications of growing public concerns about current childhood immunization programs, it is hoped that this review will be of timely interest.

Are the Benefits of Vaccines Exaggerated?

From an historical perspective it is important to keep in mind that, in the early days of immunizations, there were relatively few vaccines, and for the most part they were given separately.

Also, it would appear that it was in those early days that vaccines had their greatest successes, with eradication of smallpox from the world (although there are disturbing reports of current appearances in parts of the Far East), and eradication of polio from the Western Hemisphere, the last case of wild polio having taken place in 1979.

Parenthetically, the average person today believes that mass smallpox vaccines were responsible for eradicating smallpox from the world. This is not so, for the simple reason that mass vaccination programs did not take place in many areas. In some third world countries 10% or less of the populations were immunized against smallpox due to financial and other limitations, which necessitated a policy of "quarantine and containment," whereby all contacts in an infected village and outlying areas were immunized.

If limited vaccines together with quarantine were effective in the case of smallpox, this raises question about the necessity of ongoing mass vaccines in other diseases as well, a question which we believe will assume growing importance as more is learned about the adverse effects of vaccines.

Among vaccine's other successes, there were less than 100 reported cases of measles in the U.S.A. in 1998, and most of these were imported.

However, vaccine proponents would have us believe that vaccines have been largely responsible for controlling virtually all of the former epidemics of killer diseases 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 (whooping cough)**
- **scarlet fever**
- **measles**

However, by 1945 the combined death rates from these causes had declined by 95% before the implementation of mass vaccine programs.(1) Other statistical information provided much the same pattern.(2)

According to a report in Morbidity and Mortality Weekly Report, July 30, 1999, improvements in

- **sanitation**
- **water quality**
- **hygiene**

and the introduction of antibiotics have been the most important factors in control of infectious diseases in the past century. Although vaccines were mentioned, they were not included among the major factors.(3)

Another factor, which is commonly overlooked, is that the virulence of micro-organisms tends to be weakened or attenuated with the passage of time and with the serial passages through human hosts.(4)

Also, populations develop immunity with continued or repeated exposure.

One example of this is whooping cough (pertussis) which is clearly a milder disease in Western nations than it was 100 or so years ago.

An example of this process is provided in the text, Vaccination, 100 Years of Orthodox Research Shows that Vaccines Represent a Medical Assault on the Immune System, by Vera Scheibner, Ph.D.,(5) in which the author reviews the Swedish experience with whooping cough (pertussis) and the pertussis vaccine.

In 1979 Sweden banned the pertussis vaccine because of a return of the disease in fully vaccinated children and also because of side effects which they considered unacceptable, including brain damage.

In spite of this ban, which remains in effect today, the infant mortality in Sweden from pertussis is no greater than in fully vaccinated populations (3 infant deaths were recorded in Sweden 1987 to 1991, as compared with 4 infant deaths in New South Wales, Australia, during a slightly longer time period).

However, it must be recognized that pertussis remains a serious illness in many third world countries, carrying significant morbidity and mortality due to factors which often include poor sanitation and lack of adequate medical facilities. Also many are "virgin populations" in which whooping cough is a relatively new infection, and therefore they are lacking in natural immunity which is present in most Western nations where there is inherited immunity from earlier epidemics.

Vaccine Safety not Proven:

It should be pointed out that **today's children receive from 22 to 35 vaccines before school age**, whereas most of today's senior citizens received only one, the smallpox vaccine. Some of the vaccines contain **mercury**, a known neurotoxin under some circumstances.

With the growing public concern about potential adverse reactions of these heavy burdens of foreign immunologic materials on the immature immune systems of children, it is reasonable to ask ourselves what is known about these reactions.

A small but growing minority of physicians and scientists are becoming aware that safety testing for the various vaccines has been woefully **inadequate**. As one of many examples, a 1994 special

committee of the National Academy of Sciences (Institute of Medicine) published a comprehensive review of the safety of the hepatitis B vaccine.

When the committee, which carries the responsibility for determining the safety of vaccines by Congressional mandate, investigated five possible and plausible adverse effects, they were unable to come to conclusion for four of them because they found that relevant safety research had not been done. Furthermore, they found that serious "gaps and limitations" exist in both the knowledge and infrastructure needed to study vaccine adverse events.

Among the 76 types of vaccine adverse events reviewed by the IOM, the basic scientific evidence was inadequate to assess definitive vaccine causality for 50 (66%). The IOM also noted that "if research...(is) not improved, future reviews of vaccine safety will be similarly handicapped.(6)

The clear implication of this report, which in our experience is fairly representative of a haphazard pattern towards issues of safety throughout the vaccine field, is that adverse reactions to the vaccines may be occurring on a large scale without being recognized as to their true nature.

In support of this statement, two pioneering studies will be reviewed below, one from 1955 and the other from 1984, both sounding alarms on potential side effects from vaccines:

One of the most intriguing studies from older medical literature dealing with the pertussis vaccine was that of A.L. Low (Chicago, 1955) who performed electroencephalograms (EEGs) on 83 children before and after pertussis immunization.

In 2 of these children he found that the EEGs turned abnormal following the immunizations without other signs or symptoms of abnormal reactions. In his report he commented: "This study shows that mild but possibly significant (emphasis ours) cerebral reactions may occur in addition to the reported very severe neurological changes."(7)

Another intriguing study, this one from Germany, was reported in a little-noted letter-to-the editor in the New England Journal of Medicine, in 1984.(8) In the 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 4 of the subjects, the T-helper lymphocytes fell to levels seen in active AIDS patients.

The implications of these two studies are enormous.

In regards to the latter (German) study, if this was the result of a single vaccine in healthy adults, it is sobering to think of the possible consequences of multiple vaccines (19 vaccines within the first six months of life at latest count) given to infants with their immature and vulnerable immune systems. Unfortunately, other than clinical observations, we can only speculate as to these consequences, as this test has never been repeated.

As for the Low study with EEGs before-and-after pertussis immunization, at a time when myriads of our children are suffering from various degrees and phases of brain dysfunction, it is possible that vaccine reactions may be occurring on a large scale, unrecognized as to their true nature, and contributing to this pool of unfortunate children.

It is both sad and shameful that neither of these studies have had follow-ups in American laboratories and medical centers, as should have been the case. Had they been done, discovering

and documenting adverse neurological and immunological effects of the vaccines, they would have led to safer forms and combinations of childhood vaccines than at present.

From a careful gleaning of medical literature over many years, we have been able to find only 3 other reports in the literature of studies done before-and-after immunizations, all from foreign medical centers:

In a study from Japan, immunizations (DPT, DT, or BCG) were given to 61 children with a history of febrile seizures or epilepsy, who had not had a seizure for one year. Following immunizations there was a significant increase in "epileptic spikes" in post-vaccine electroencephalograms as compared with those done preceding vaccines.(9)

In January, 1993, a Czechoslovakian medical journal published the results of a study of 89 children with adverse clinical reactions following administrations of various combinations of vaccines. Detailed case histories were taken and blood tests were done to examine various parameters of cellular and humoral immunity. It was found that children with adverse reactions had marked increases in abnormal blood parameters as compared with children who had had no clinical reactions.(10)

In 1997 a study from the University of Alberta, Canada, reported on findings from before-and-after MMR vaccine in which the effects on both the measles specific antibodies and cell mediated immunity, as indicated by cytokine generation, were tested.(11) The significance of this report may not rest so much on the specific findings, which will be reviewed later, as on the fact that it opens up an entirely new avenue of research, designed to reveal the specific mechanisms of actions of the vaccines, and also possibly revealing their side effects.

With these 3 reports from reputable medical centers, published in peer-review journals, the flood-gates of medical research have been opened. The truth about vaccine mechanisms, effects, as well as adverse reactions cannot be long in following. Although late, we would hope that our own medical and research centers would join in this search.

What Is Known about Adverse Vaccine Reactions:

(A cursory Review of the Literature)

Before turning to medical and scientific reports on adverse vaccine reactions, we must reluctantly point out an almost insuperable difficulty in getting dependable data on these reactions due to the extreme reluctance of doctors to report on vaccine reactions, a pattern which has existed since the earliest days of childhood vaccines.

There are a number of reasons for this. From their earliest years of training, medical doctors have been taught to look upon vaccines as one of the greatest achievements in medical science, and any question about them is often looked upon as disloyalty to the profession. In addressing this issue in the classic text, *Shot in the Dark*, by Coulter and Fisher, the authors quoted an attorney specializing in vaccine-damaged children.

In commenting on the deficiency in doctors' reporting of vaccine reactions, the attorney commented, "As is the case with many pertussis-vaccine-injured children, none of the treating physicians would commit themselves to a final etiological diagnosis. It is strange that parents of pertussis-vaccine-damaged children often can only get an etiological diagnosis by hiring an

attorney and seeing one of the few recognized experts in the U.S. on post-pertussis vaccine encephalopathy."(12)

In passing, we believe it is appropriate to mention that we have noticed this same pattern in our office. Having seen quite a few autistic children in the past several years, more than a few of which became autistic in a time-related fashion following vaccination, we have yet to see a single case in which other doctors have implicated vaccines as a possible cause of the autism.

Recombinant Hepatitis B Vaccine - Anecdotal Reports of Adverse Reactions:

A scattering of reports suggest that the hepatitis B vaccine may play a major role, as yet largely unrecognized in hemorrhagic complications from vaccines. In a collection of abstracts from Medline research from 1990 to October, 1997 on adverse reactions from the recombinant hepatitis B vaccine, Dr. Andrea Valeri of Italy catalogued a total of 45 different types of reactions in the world literature.(13)

Among these were necrotizing vasculitis,(14) vaccine-induced autoimmunity,(15) and segmentary of occlusion of the central retinal vein.(16) In addition, a report of vasculitis following hepatitis B vaccine is found in the British Medical Journal.(17)

Thrombocytopenia is listed as a possible complication in the current Physicians' Desk Reference. In a report of 18 deaths of neonates following the hepatitis B vaccine by the Vaccine Adverse Event Reporting System, 1991-1998, hemorrhagic phenomena were common including 2 with cerebral hemorrhages, 4 with pulmonary bleeding, 1 with bloody diarrhea, and several with blood in upper airway passages.(18) A report in Post-Graduate Medicine on acute hemorrhagic encephalitis sites vaccines as one of the possible causes.(19)

Reports of autoimmune/neurological type reactions from hepatitis B vaccine include the following:

optic neuritis(28)	myasthenia gravis(23)	Reiter Syndrome and arthritis(32)
uveitis(21)	rheumatoid arthritis(31)	CNS demyelination(25-27)
autism & colitis(33)	transverse myelitis(29)	Guillain-Barre Syndrome(22)
visual loss(30)	Polyneuropathy(20)	erythema nodosum(24)

Tetanus and Hemophilus Influenza (Hib) Vaccines:

The tetanus vaccine does not carry an aura of controversy which surrounds some of the other vaccines, but in 1991 a report by the National Institute of Medicine did find a causal relation between the tetanus vaccine and anaphylaxis, a potentially life-threatening allergic reaction.(34)

The Hib vaccine shares with the pertussis vaccine a notoriety for its sensitizing potentials,(35) so much so that it has a paradoxical reaction in causing a temporary reduction in antibody in most adults and children following immunization, which may increase the risk of invasive disease should the individual be harboring H influenza micro-organisms at the time of the Hib immunization.(36)

Pertussis (Whooping Cough) and Vaccine-Induced Encephalitis

The Pertussis vaccine carries the dubious distinction as having survived the longest period of controversy among any of current vaccines. This controversy mainly surrounds reports of pertussis-vaccine-induced encephalitis which have beset the vaccine since its earliest days in the late 1920's and 1930's. It is true that public health officialdom maintains that there is no controversy and that brain damage from the vaccine is extremely rare.

However, there are many parents as well as a growing number of physicians and researchers, though still a minority, who consider the pertussis vaccine potentially dangerous.

For those who are interested in a more in-depth review of this intriguing subject, we recommend the following 3 books: Shot in the Dark by Coulter and Harris(12), Vaccination..., by Vera Scheibner, Ph.D.,(5) and Vaccination and Behavioral Disorders, by Greg Wilson,(37)

The basic question surrounding the pertussis vaccine is whether or not, by itself or in combination with other vaccines, it is contributing to the epidemic of neurobehavioral problems now taking place among American children as a result of subtle encephalitic-type brain damage from the vaccine.

At the very least, the studies of Low(7) and Nuono(9) suggest this as a possibility.

This question, which has never been addressed in a meaningful way, becomes of over-riding importance in view of the current adverse health trend among American children, as reflected in an article in a major news magazine which cited a "dramatic rise in learning disabilities among American children" with "one of every six suffering from autism, aggression, dyslexia, or attention deficit hyperactivity disorder."(38)

Could it be that modern medicine has a huge blind spot to a medical problem taking place on a large scale? Historically it has happened before, as in the case of the Austrian obstetrician, Ignaz Semmelweis, who in the mid 1800's was unable to convince his peers to wash their hands before delivering babies or performing surgery.

Returning now to our review of the literature, medical reports of pertussis-vaccine-induced encephalitis, rare at any time in the past, have virtually ceased since the early 1990's when a series of articles appeared in major medical journals attempting to dismiss encephalitis-like events following the pertussis vaccine as coincidental.(39-41)

For this reason, aside from earlier literature, one must search elsewhere to gain some insight into the nature and frequency of adverse pertussis-vaccine reactions taking place today. Although research in this area is largely stagnant, there are a few highly pertinent animal studies which help define the nature of pertussis endotoxin and its potentially damaging effects on the brain.

Turning to these animal models, attempts to dismiss pertussis-vaccine-encephalitis as a myth would appear to founder or should have foundered from the outset based on the simple fact that vaccines like pertussis are actually used to induce encephalitis (experimental allergic encephalomyelitis) in laboratory animals.(42)

Among animal models, four will be cited here:

In an experimental encephalomyelitis performed by Munoz and coworkers, elicited in mice by injecting pertussigen, a derivative of Bordetella pertussis, along with mice

spinal cord extract, there were histological findings of perivascular infiltrates, consisting largely of lymphocytes in the brain and spinal cord.(43)

Although Munoz mentioned nothing about the presence or absence of brain edema, Iwasa stressed the finding of brain edema as a feature of pertussis-induced encephalopathy.(44) Parenthetically, there are anecdotal reports of brain edema in infants who showed signs of increased intracranial pressure, as manifested by bulging fontanelles, following DPT immunizations.(45-47) Also, in 1972 Galazka reviewed autopsies of children who died following the pertussis vaccine. Although limited in number, findings included brain edema, hyperemia, and soft meninges.(101)

In a study devised to provide an animal model for the systemic and neurological complications sometimes observed following the pertussis vaccine in children, Steinman and coworkers discovered a lethal shock-like syndrome in mice after immunization with B pertussis vaccine and sensitization to bovine serum albumin. Post-mortem examination of the brains revealed diffuse vascular congestion and hemorrhages in both cortex and white matter.(48)(Emphasis ours)

In a review of the effects of bacterial endotoxin in microcirculation of the body, McCuskey described the effects of endotoxin in causing vascular inflammation, leading to a pro-coagulation state of the endothelium.(