A Commentary on Current Childhood Vaccine Programs by Harold Buttram M.D., published by Philosophical Publishing Co., PO Box 77, Quakertown, PA 18951

Chapter 1. The Urgent Need and Rationale for This Booklet

A. Ominous Health Trends among our Children

Many years ago in my former medical practice we began asking school teachers whether or not they were observing adverse changes in children. Without exception, they replied that there had been dramatic changes, most notably since the early 1980s. Steadily increasing numbers of children, they reported, were showing autistic-like behaviors, were restless, impulsive, less focused, less able to concentrate, and therefore less able to learn.

It has been demonstrated that a sharp and persisting rise in childhood autism commenced following the 1978 introduction of the MMR vaccine (measles, mumps, rubella) in the U.S.A [1-2], a time when mercury-laced Hepatitis B and Hemophilus influenza type b vaccines were also introduced. For a number of years previously the measles, mumps, and rubella vaccines had been administered separately with negligible increases in autism. It was only after they were combined into the MMR vaccine that the incidence of autism began abruptly soaring with 1 in 150 children up to 8 years being affected, according to a U.S. multi-site study in 2000 [3], as compared with 1 in 10,000 several generations ago. According to more recent information, the incidence of autism may now be even higher with 1 in 88 military children in the U.S.A. having autism [4], and 1 in 86 in the United Kingdom now having autism [5]. Considering that the incidence of autism in boys is four times larger than in girls, the relative incidence of autism in boys would be even greater.

In addition to the autism epidemic, in 2004 almost five million children were classified as learning disabled [6], representing a three-fold increase since 1976-7, according to the *Digest of Education Statistics* [7]. Comparable increases have taken place in attention deficit hyperactive disorder (ADHD), with four and one half million children between ages 3 and 17 being diagnosed with this condition in 2004 [8].

In a bulletin sponsored by the American Academy of Pediatrics, January, 2004 entitled AUTISM A.L.A.R.M, in addition to an announcement of the increasing incidence of autism, it was announced that *1 in 6 American children were diagnosed with a learning disability and/or significant behavioral disorder.*

In a similar fashion the incidence of asthma has increased from roughly two and a half million children ages 6-17 years in 1979 to nine million children 0-17 years in 2004 [8], roughly 12 percent of that age group, in a time period in which this age-group population increased 114 percent compared to a 360 percent increase in asthma.

As described and documented by Dr. Kenneth Bock, approximately one third of America's children are afflicted by "The 4-A Disorders: Autism, ADHD, Asthma, and Allergies" [9].

Autoimmune diseases are also increasing, including juvenile diabetes, multiple sclerosis, Guillain-Barre Syndrome, and Crohn's inflammatory bowel disease. According to the work of Vijendra Singh, who demonstrated marked elevations of brain antibodies in the form of myelin basic protein antibodies in autistic children [10-11], autism itself can be considered an autoimmune disease, at least in part.

As a comparison, during this author's adolescence, which took place during the 1930s in Oklahoma, I don't recall ever seeing a child or adolescent with easily recognizable conditions such

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as ADHD or autism, nor do I recall seeing child, adolescent, or adult whose health was seriously affected by asthma, even though I had fairly broad exposures to different strata of society.

During the present year of 2010 there are grave general concerns about the U.S. economy with its continually growing deficits. Of much greater concerns are the steadily growing physical and mental health deficits taking place among America's children, with no end or relief in sight. No nation or society can continue to prosper or even survive with the current rate of health attrition taking place among our children.

Current health authorities deny any relationship between vaccines and these adverse health trends, but if current vaccine programs are not causally involved, then *what is causing these ominous childhood health trends?* Representatives of the CDC (Centers for Disease Control and Prevention) and FDA (Food and Drug Administration), and NIH (National Institute of Health) have remained strangely silent about this question.

B. Gross Deficiencies in State-of-the-Art Vaccine Safety Tests

Future times will undoubtedly look back on the series of U.S. Congressional Hearings on issues of vaccine safety (1999-Dec., 2004) as one of the major landmarks in both our medical and national histories. The hearings were called and chaired by Congressman Dan Burton, who had two grandchildren who he believed had been damaged by vaccines, one of which was autistic. As chronicled by reporter David Kirby in his book, *Evidence of Harm,* [12] it was during these hearings that gross deficiencies in vaccine safety testing were disclosed, with none of the federal government health agencies able to produce a single safety study which would meet with current scientific standards.

By way of explanation, ***valid vaccine safety tests*** are those in which before-and-after-vaccine tests are performed that are specifically designed to test for possible adverse effects of vaccines on the neurological, immunological, hematological, genetic, and other systems of the body, with significant numbers of test subjects and (when appropriate) control subjects to be statistically significant. As an example, in a little noted 1984 study from Germany by Eibl *et al* [13], a significant though temporary drop of T-helper lymphocytes (a class of white blood cell that governs the immune system) was found in 11 healthy adults following routine vaccinations with **mercury-containing** tetanus booster vaccinations. Special concern rests in the fact that, in four of the subjects, T-helper lymphocytes dropped to levels seen in active AIDS patients. If this was the result of a single vaccine in healthy adults, one must wonder what the results must be in today's mandatory childhood vaccine programs (over 36 vaccines before school age).

The above study was far too small to be statistically significant, but otherwise it could well serve as a prototype of vaccine safety tests that should be taking place. To the best of my knowledge to date, it has never been repeated. One must wonder why, considering its obvious importance in vaccine safety concerns.

As long as this single study remains unaddressed, *there can be no assurance of safetyin current vaccine programs* (Emphasis added).

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C. Evidence-Based Medicine and the Quality of Evidence Ratings (QER).

As reviewed in 2003 by Mark Donohoe [14], in recent years there has been a clear move towards basing medical practice opinions on the best available medical and scientific evidence. The process has been termed *Evidence-based medicine,* which requires a position of objectivity and neutrality in the testing of clinical hypotheses. The process has been placed in four categories:

> "Compelling evidence comes from consistent findings in 2 or more well- constructed trials or population-based epidemiologic studies (i.e., level I or II evidence). By contrast, clinical practice guidelines with level IV evidence (the lowest level of scientific credibility) represent consensus statements of the expert panel according to clinical experience and limited scientific data. Although these (level IV) statements may influence current practice, they are likely to be modified by further research findings. Data from a single case series without control subjects provide little more than a stimulus for subsequent hypothesis testing" [14]

During the Congressional Hearings on Vaccine Safety, an FDA panel was repeatedly asked, "where are your (safety) studies?" The panel could only reply with unsatisfactory answers such as, "They would be very expensive." However, it was not until Jan. 14th, 2009 that it became evident that the avoidance of meaningful vaccine safety studies has long been an established policy by the National Institute of Health, the primary federal agency responsible for funding health research in America, as reported by the autistic support group, *Age of Autism:*

January 17, 2009
National Autism Association on IACC Removal of
Vaccine Safety Research, a Press Release from
The National Autism Association:

> "Washington DC – In an unprecedented move on Wednesday, Jan. 14,th the Interagency Autism Coordinating Committee (IACC) removed previously approved vaccine safety research from the Strategic Plan for Autism Research objectives. With apparent backing from the CDC representation, committee chair and HIMH director Tom Insel implied that vaccine research conducted by the National Institutes of Health (NIH) would constitute a conflict given the involvement of Health and Human Services with ongoing autism cases filed in the federal vaccine court. The committee's action is in direct opposition to the majority of its pubic members who support vaccine research, and to the Congressional directive of the Combating Autism Act of 2006 (CAA) which specifically called for research into "potential links between vaccines, vaccine components, and the autism spectrum disorder.

"In addition to the CAA's mandate for vaccine research, the legislation specifically called for

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> the establishment of key research activities to arrive from meaningful public involvement and advice through the IACC which includes both government and private representatives.
>
> " 'Ignoring the Congressional mandate for investigation to links between vaccines and the development of autism is a slap in the face to both Congress and the citizens of this country,' said National Autism Association board chair and parent Lori Mellwain.'Even the most basic studies comparing health outcomes of vaccinated vs nonvaccinated populations are consistently ignored despite the increasing support for them from legislatures, physicians, and parents.'
>
> " 'Dr. Insel's observation that the NIH is incapable of conducting conflict-free research supports what a growing number of parents believe,' commented Ms. Mellwain. 'While the motivation for refusing to allow this critical research to go forward is likely more related to fear of what such studies would reveal, it is clear that the system managing our vaccine program is corrupt beyond repair and needs a complete overhaul…….' "[15].

Based on these revelations, the claims of health authorities that there is no proof of a relationship between vaccines has been technically correct, but this is only because the tests which could prove such a relationship have been systematically and knowingly avoided by the NIH and other government health agencies over a period of many years, which is confirmed by the above declaration by the National Autism Association.

However, since the U.S. Congressional Hearings on Vaccine Safety, 1999-December, 2004, and undoubtedly in large measure because of them, steadily increasing numbers of highly reputable studies (Q.E.R. classes I and II) have been appearing in the medical literature, indicating that significant harm may be taking place from current childhood vaccine programs. Selected examples of these will be presented in the next chapter.

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