

Vaccine Choice

ANH Vaccine Choice campaign launches 6th February 2009

Our medical director, Dr Damien Downing, a practicing medical doctor and President of the British Society for Ecological Medicine, who has taken a deep interest in this issue for some years, tries to get closer to the truth about vaccine efficacy and safety.

Millions of parents every year face a grave dilemma; should we give our child the usual vaccines and risk autism, or refuse them and risk meningitis and other complications, plus increasing pressure to vaccinate from the authorities? How to evaluate the evidence? Who can we trust?

Government policy, in the UK and USA, is clear; all your children should have all the vaccines. If they don't you may be prosecuted (New York), and proposals to bar unvaccinated children are being considered (UK). Some countries may refuse immigration of unvaccinated children (Australia). And year by year the list of vaccines just grows.

Because vaccines are the new Pharma. While most of the big-earning drugs are nearing the end of their profit cycles, vaccines are just selling more and more; over \$10 billion per annum worldwide, not a profit centre any company wants to abandon. The pharmaceutical multinationals not only have preferential access to government circles via lobbyists and other less transparent links; they are the 'jewel in the crown' of industry, so successful that governments dare not threaten them lest they take their jobs and taxes elsewhere.

Do I — don't I?

What should you do? Should you give your child the MMR? Should your daughter have the cervical cancer jab? Should you have the flu jab yourself?

The first principle is that, in a democracy, it should be your choice. Most of us in Europe used to be a democracy until recently, but now, where the Lisbon Treaty is still being pushed through despite a 100% rejection rate by any citizens (France, Holland, Ireland) asked for their opinion, they talk about post-democracy. Post-democracy is a system where most policies and laws are made not by elected representatives voting according to the wishes of the electorate, but by regulations, establishing quangos, and presidential-style decrees that largely bypass any democratic process.

Where countries go to war despite the will of the people; where indeed the elections are not representative. And where compulsory vaccination, alongside compulsory medication of our children for their putative ADHD (attention deficit hyperactivity disorder), is imposed against our will. And where nutrients that can provide cheap, safe and effective treatments for many problems are being outlawed on the basis of manipulated and flawed evidence.

The second is that you should be provided with the information necessary to make an informed decision. But you won't get the truth from the government or from the manufacturers. You certainly don't get the truth from your broadcasters, as those of us in the UK have found out to our chagrin now that dear Old Aunty (the BBC) seems to be towing the pro-pharma pro-vaccine health line. You won't even necessarily get the truth from your doctors; although there are many excellent doctors who acknowledge and stand up for their patients' rights, there are many who are, as some of them will admit, afraid to put their heads above the parapet. They have learnt what not to say in order to get on, to have a career. This couldn't be truer of the UK's National Health Service (NHS).

How do you decide when you don't know who to trust? You do your own research and make up your own mind. You know that when people or websites are selling something they may not be offering completely

unbiased information — and that goes for governments and companies as well as individuals of course. You know that medical research isn't always pure and unbiased. You know that you have to form your own judgment even about what we say — and we wouldn't have it otherwise. So listen to what we say, then look at some of the links we provide, then exercise your vaccine choice.

The official line: "Vaccine-autism link disproved"

The frequently-repeated assertion at the heart of autism-denial is that research has proved that there is no link between vaccines and autism. Much of the time this refers back to one paper by a Danish group^[i] in 2003—a group with a vested interest, working as they did for the state-run vaccine industry. The paper considered children diagnosed with autism between 1971 and 2000; thimerosal was removed from vaccines in Denmark in 1992, and the paper argued that because they found that autism cases continued to rise after that date, thimerosal could not have been a causative factor. But regressive autism typically manifests in the second year of life, but is not diagnosed for some years; 75% of affected children in Denmark are thought to be diagnosed and reported between the ages of 5 and 19 years, so the reporting rate would not be expected to fall significantly in the 8 years from the removal of thimerosal to the end of the study.

This is not the most glaring problem in the study, however; that would be the fact that the authors moved the goalposts from 1995 onwards by including children diagnosed as out-patients; prior to that date only in-patients were included. Naturally, out-patients made up the vast majority—93% of all cases in the analysis, guaranteeing a rise in numbers whatever the mechanism.

The next favourite paper is by Andrews, Miller and others in the UK in 2004^[ii]; again there are questions about both the ethical probity and the methodological soundness of the study. Ethical questions arose because the two main authors worked for the Health Protection Agency—so they were partly responsible for the vaccination policy which they were reviewing—and because they did not declare in the paper that they had received money from several vaccine manufacturers; multiple conflicts of interest in fact. The methodological issues included inadequacies in the UK General Practitioner Research database on which the study was based, and the fact that the authors, despite their affiliations, even got the dose of thimerosal wrong, throwing out their calculations. This came to light subsequently, but the study has never been withdrawn, and continues to be cited as valid.

Since then there have been a number of other studies claiming to demonstrate that there is no vaccine-autism link. Most of them have been reviews of other studies (which allows media to quote them as “new research shows that...” when it is nothing of the sort), but the latest is a study from Italy^[iii] which is actual, not warmed-over research. The paper, by Dr Alberto Tozzi, has been publicized as demonstrating yet again that thimerosal does not contribute to autism or neurodevelopmental problems. But guess what; it also turns out to have ethical and methodological issues. The ethical one is that the author does not declare any conflict of interest, despite having received grants in the past from Wyeth, GlaxoSmithKline and from Novartis — all major vaccine manufacturers. The methodological one is that there was no real control group; the study compared subjects who had received two different doses of thimerosal in a whooping-cough vaccine in 1992-3. The authors themselves have admitted that “comparing children with no exposure to thimerosal could have improved the study”, which didn't prevent it being hyped as further proof of the safety of thimerosal. The other curiosity about the study is that in 1700 students they found only one case of autism; hardly a useful group to compare to primary school children in the UK or USA, where the same number would have more than 20 cases. There may be good reasons why Italian children are different to American ones — chiefly to do with their exposure to other toxins such as pesticides^[iv].

Which science?

The other standard assertion is that there is no research to link autism to mercury, as contained in the thimerosal preservative; but as Bernard Rimland pointed out time and again, you can only make that

assertion by ignoring the evidence — which is what usually happens^[v]. The next step is to muddy the waters by recommending that pregnant mothers should avoid eating fish due to its mercury content — although mercury in vaccines, or in your teeth, is perfectly safe! As is the tapwater, food and the air we breathe; the pesticides, flame retardants and other toxins we can't avoid are all harmless, we're told.

Let's be clear on this. Mercury, wherever it comes from, is poisonous to some degree. The younger you are, the more toxic it is; developing brains are much more vulnerable to mercury and to all the other toxins than our adult brains. The mercury in vaccines is in addition to exposure from incinerator fumes, from the mother's dental fillings, from all the background exposures we all receive. And in addition to the pesticides, flame retardants and so on that pervade our ecosystem. Polar bears, otters, fish, humans, we are all being poisoned. Just removing mercury from vaccines won't solve that, it will only remove the worst culprit.

Wakefield

One team of doctors then came up with some possible evidence for an MMR-autism link. The study was published in one of the world's most prestigious medical journals, *The Lancet* in 1998. Dr Andrew Wakefield and colleagues from the Royal Free Hospital in London reported specific bowel symptoms in a prospective case series of twelve consecutive vaccinated children diagnosed with autism spectrum disorders and other disabilities, and alleged a possible connection with the MMR vaccination. In the wake of the paper's publication, the doctors faced a massive assault from the media, the vaccine manufacturers, the government, the UK's General Medical Council (GMC) and a large clutch of doctors. They were accused of professional misconduct, booted from their jobs and in March 2004 the GMC announced it was going to instigate an inquiry.

Last month, the GMC resumed its hearing in the case of Andrew Wakefield, along with colleagues Dr Simon Murch and Professor John Walker-Smith. This hearing has now been running intermittently for 18 months, has cost the taxpayer millions, has kept good doctors from helping autistic and other children, and incredibly, still manages to control mainstream public opinion. Where are the dissenting views? Where is the news about events in this field in the USA? Well it is all on the web, most notably perhaps at Cry Shame (see also ANH feature, 10 July 2008), an apt name for the site that spearheads the news on this travesty of justice and its role in controlling us all; read Martin Walker's fascinating account there of the entire hearing, and read also what is happening with regard to autism in real life.

Our position on Andrew Wakefield and his co-defendants is clear and unchanging; ethically they had no choice, back in 1998, but to report on their identification of what may still be an important finding in a minority of children with autism. *The Lancet* saw this at the time and published without hesitation; the editor, Richard Horton, must have come under severe pressure thereafter which led him to change his tune, and to allege a conflict of interest on the part of Wakefield. Nevertheless, in the GMC hearing (last year) Horton asserted that the science of the paper "still stands", and that he "wished, wished, wished" that the clock could be turned back and the paper be considered again in the light in which it was first presented. So say we all.

A Fashionable Diagnosis

I couldn't quite believe my ears last week when I heard everybody's 'favourite' media doctor-cum-scientist, Ben Goldacre, on London's BBC Radio 4 suggesting that autism is a fashionable diagnosis. I thought this one had been put to death long ago — if not by Bernard Rimland writing in the *Journal of Nutritional and Environmental Medicine* in 2000, and elsewhere, then by Gillian Baird's *Lancet* paper in 2006.

In 2000 Rimland said^[vi]:

While there are a few Flat-Earthers who insist that there is no real epidemic of autism, only an increased awareness, it is obvious to everyone else that the number of young children with autism spectrum disorders (ASD) has risen, and continues to rise, dramatically.

and went on to substantiate this by reference to a number of studies in several countries.

In 2006 Baird et al said^[vii]:

Prevalence of autism and related ASDs is substantially greater than previously recognised.

and reported that, of 56,000 children aged 9 or 10 they surveyed in the South Thames area, 1 in 86 had autism or ASD. Since then, further doubt has been left in the air by a report in the Observer in 2007 (since removed from the newspaper's website) that the Autism Research Centre in Cambridge had conducted their own studies, and found an incidence of one child in 58. All attempts to get this confirmed or denied have been unsuccessful.

So why do we now have a media 'scientist' jumping back a decade to imply that there is no epidemic of autism, only fashionably neurotic parents, misled by unscrupulous people (like me, I guess)? He's entitled to his opinion, of course, so the question is more "Why do we never hear dissenting voices to the chorus of government, industry and academic voices declaring unanimously that vaccines are entirely safe?" Equally, why do we never hear, unless we log on to certain, mostly American, websites (see below for links), about the constantly accruing evidence that mercury and other toxins can cause autism? Not to mention that mercury is found in junk food.

We know that they are not right about these things, so they must be either lying or stupid. Since "they" includes the FDA in America and New Labour over here, it can't be the latter. Could it be that they're lying?

Information management; the truth and the BBC

Why do we hear no dissenting voice on the media? Why does, for instance, the UK's BBC allow Professor David Salisbury to state, unchallenged and repeatedly on the Radio 4 Today programme, that;

- ***Measles rates have risen as a result of the "scandal" about media scares over MMR.***
- ***Measles is a dangerous disease.***
- ***The MMR-Autism link has been disproved.***
- ***To refuse the vaccine is "irrational".***

The first two statements are questionable, the third is plain falsehood:

"Measles rates have risen as a result of the 'scandal' about media scares over MMR"

Unlikely. The 'scare' started in 1999, but as this graph (from a 2007 London Assembly report^[viii]) shows, vaccination rates did not fall until 2002, and not significantly until 2005. Also, DPT vaccination rates fell exactly the same as MMR at the same time. This suggests a loss of faith in the government statements on the whole subject of vaccine safety — just as many young people lost faith in statements on drugs — rather than a response to the media "scare" about MMR.

Since rates for all vaccinations have always been much lower in London, other ethnic and cultural factors must play a part as well.

"Measles is a dangerous disease"

Up to a point, Minister. Since GPs seem to retire in their 40s these days, I wonder if there are many around with experience of managing measles? The MMR vaccine was introduced in the UK in 1988, and there is no doubt that it slashed measles rates, so very few GPs under 60 now will have seen much. But as a GP in the 70s I had responsibility for seeing a number of children through measles, and it was a relatively easy matter for the large majority; rest, quiet, minimal television, fluids, call again if any problems arise. The only serious risk of complications is in children with pre-existing problems or risk factors (living with two smoker parents for example).

The real problem with measles is the possible complication of measles encephalitis, which can be fatal, but this only happens in one in several million measles sufferers. As a parent, one has to weigh this against the risk of developing autism or a disease on the autistic spectrum, which is currently at least 1 in 100 for boys, and perhaps as high as 1 in 58; if MMR vaccination contributes to this risk, should you have your child vaccinated with it?

"The MMR-Autism link has been disproved"

See above; all the studies that claim to disprove the link have serious questions over their probity and methodology, which are never acknowledged. A reasonable guesstimate of the truth that will no doubt eventually emerge is that MMR is a minor factor in precipitating autism, or perhaps just a common "last straw", but that toxins, particularly but not only mercury preservatives in vaccines, are a major factor.

"To refuse the vaccine is 'irrational'"

What is really irrational is to impose the multiple vaccines, such as MMR, on us all, when there is a real doubt over a link to autism. It is unprincipled for government to "manage" the information, and deny us the wherewithal to make informed judgements for ourselves. It is also "irrational" because it destroys trust in the government's statements, on vaccines or on anything. This is the best explanation for the drop in vaccination rates — an entirely rational suspicion that governments and manufacturers are covering up the truth.

The manufacturers have a simple reason to do this; profit. Profit now, from the current vaccine programme, and future profit from the increasing numbers of vaccines that are being rolled out for other diseases. For government it's about control; in our post-democratic surveillance state they seek to control everything we do, without recourse to the democratic process.

One London paediatrician has given more than 3000 single vaccines, and reports them to be equally as effective as MMR in achieving seroconversion, which is notably less effective than the manufacturers and the government claim; both MMR and single vaccines achieved 90% seroconversion for measles, 93% for rubella and only 80% for mumps, against manufacturers' claims of 97% for all three. Equally important is the fact that none of the 1000 children given single vaccines has gone on to develop autism or ASD, in a population that should probably have contained around 17 cases. So why not make the single vaccines available on the NHS?

"Selfish" is the latest label the pro-vaccination media now give to parents who have thus far avoided vaccinating their children—out of concern for their most beloved. That kind of language pulls at the heart strings and requires even more effort on behalf of busy parents who care about making properly informed choices that effect not only their children but more and more, also themselves. It's not fun being a social outcast because you've apparently decided that it's okay to let other children be vaccinated so your own unvaccinated child's risk is lessened.

Find out more

On the website of the University of Calgary, where the research happened, you will find one of the scariest movies you'll ever see; <http://commons.ucalgary.ca/mercury>. This shows just what mercury can do to nerve cells, and at minute dosages. We don't believe that anybody could view that and then dismiss the mercury-autism theory as "implausible".

On Youtube you will find many other clips, including some of Robert Kennedy Jr. on mercury and autism; he wrote a seminal article in Rolling Stone on the subject. Listen to that and a few more (you'll get both sides of the argument there), read what the excellent anonymous blogger, Acta Non Verba, has to say on his/her blog, and have a look at the links below too. Then make your own mind up.

<http://www.autism.com/triggers/vaccine/thimerosalreferences.htm>
http://www.robertfkennedyjr.com/articles/2005_june_16.html
<http://www.nationalautismassociation.org/library.php>
<http://www.sciam.com/article.cfm?id=autism-rise-driven-by-environment>

What to do?

You decide — it's your right. Personally, if it were my child, I would decide about each vaccine on its merits, and have, or give, single vaccines as and when appropriate. There is no question that vaccines do work, and there are some diseases so dangerous that it's a "no-brainer"; the obvious example is tetanus. Bird flu would be another — if they could make a vaccine that worked. As to the vaccines in MMR; rubella can be very damaging to unborn babies, so girls should definitely be vaccinated before they are old enough to get pregnant. Mumps can be damaging to males' wedding tackle after puberty, and rarely life-threatening. But do all these vaccines have to be given to babies and toddlers? In my opinion, and that of a growing group of my medical colleagues, their immune systems are just not geared up to handle this onslaught. And I would be particularly careful if either parent, or their parents, has a history of allergies or other immune problems, or of problems with chemicals, or of neurological problems such as Alzheimer's or Multiple Sclerosis. There are a few private doctors and clinics around the country who will give you single vaccines (I'm not one of them). You'll find them through any search engine.

But those are my opinions. Now it's your turn to make your choice.

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[i] Madsen KM, Lauritsen MB, Pedersen CB et al. Thimerosal and the occurrence of autism: negative ecological evidence from Danish population-based data. *Pediatrics* 2003;112(3):604–6.

[ii] Andrews N, Miller E, Grant A et al. Thimerosal Exposure in Infants and Developmental Disorders: a retrospective cohort study in the United Kingdom does not support a causal association. *Pediatrics* 2004;114:584-591. <http://pediatrics.aappublications.org/cgi/content/full/114/3/584>

[iii] Tozzi, A. et al. Neuropsychological performance 10 years after immunization in infancy with Thimerosal-containing vaccines. *Pediatrics* 2009; 123(2):475-482. doi: 10.1542/peds.2008-0795.

[iv] D'Amelio M, Ricci I, Sacco R, Liu X, D'Agruma L, Muscarella LA, et al. Paraoxonase gene variants are associated with autism in north america, but not in italy: Possible regional specificity in gene-environment interactions. *Mol Psychiatry* 2005;10(11):1006-16.

[v] <http://www.autism.com/triggers/vaccine/thimerosalreferences.pdf>

[vi] Rimland B. The autism epidemic, vaccinations, and mercury. *J Nutr Environ Med* 2000; 10: 261–6.

[vii] Baird G, Simonoff E, Pickles A, Chandler S, Loucas T, Meldrum D, Charman A. Prevalence of disorders of the autism spectrum in a population cohort of children in South Thames: the Special Needs and Autism Project (SNAP). *Lancet* 2006; 368: 210–5.

[viii] Still Missing the Point? Infant Immunisation in London. London Assembly Health and Public Services Committee, September 2007