

AUTISM 2003

A GOOD EXAMPLE OF HOW A GENETIC POLYMORPHISM (SNPs) CAN BE TRIGGERED.

Excerpts of this article were taken from Doctor Tim O'Shea, DC. (from the 7th ed. of The Sanctity of Human Blood) Visit his website: www.thedoctorwithin.com

Let's start with what we do know about autism in 2003:

- Autism is now a new brain disorder of 2 year olds.
- Autism is a true epidemic in the Western culture, having now gone from 1 in 10,000 in 1978 to 1 in 150 American children.
- Mainstream medicine is claiming they don't know the cause.
- There is no cure.
- There are now some 500,000 autistic children in the US.
- There is growing scientific evidence that **autism may derive from two sources. Single Nucleotide Polymorphism (SNPs) and standard childhood vaccines:** mercury and the measles component of the MMR shot.
- 95% of all children are born with gene disorders and these disorders make them very susceptible to certain disease. Disease that would never occur if there was not a triggering device to trigger it. Vaccines may be the triggering device for Autism.
- Half of autistics never speak.
- An autistic child devastates a family.

REAL NUMBERS

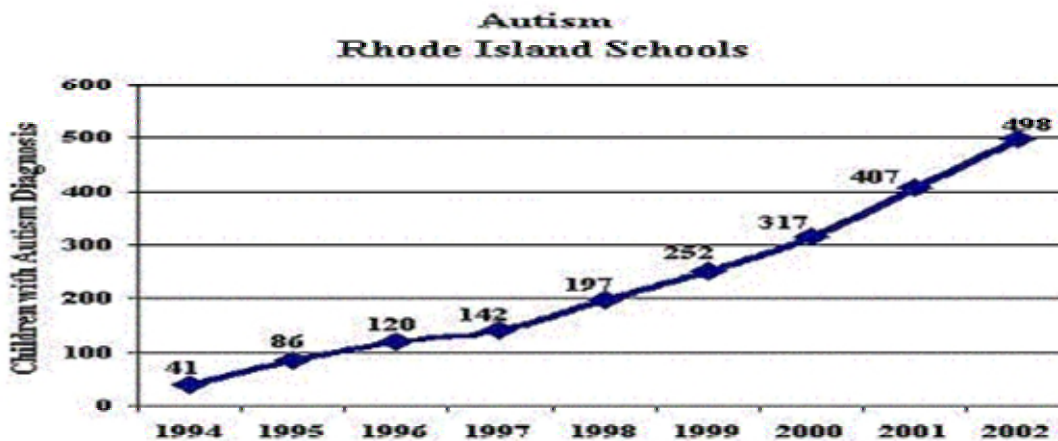
The word epidemic is no hyperbole. **According to the US Dept of Education, autism rose geometrically in all 50 states from 1993 - 2000.**

Difference from 1993 2000

Alabama	68	670
Alaska	8	165
Arizona	199	897
Arkansas	30	60
California	1605	8376
Colorado	14	350
Connecticut	164	1032
Delaware	15	248
Distr. of Columbia	0	65
Florida	582	3114
Georgia	262	1602
Hawaii	52	198
Idaho	39	239
Illinois	5	2435
Indiana	273	2080
Iowa	67	543
Kansas	74	471
Kentucky	38	739
Louisiana	409	1032
Maine	37	358
Maryland	28	1551
Massachusetts	493	543
Michigan	288	3449
Minnesota	296	1958
Mississippi	0	333
Missouri	336	1361
Montana	20	127
Nebraska	4	289
Nevada	5	273
New Hampshire	0	268
New Jersey	446	2378
New Mexico	16	193
New York	1648	4951
North Carolina	786	2391
North Dakota	9	98
Ohio	22	1574
Oklahoma	31	547
Oregon	37	2218
Pennsylvania	346	2707
Puerto Rico	266	408
Rhode Island	19	238
South Carolina	141	717
South Dakota	36	168
Tennessee	304	819
Texas	1444	5134
Utah	105	472
Vermont	6	160
Virginia	539	1714
Washington	476	1376
West Virginia	101	262

Difference from	1993	2003
Wisconsin	18	1445
Wyoming	15	83 [1]

Since 2000, there is no evidence to show that the incidence of autism has generally slowed down. It is more likely in fact that most states continue to demonstrate the same upward curve as Rhode Island, seen in this graph from Ed Yazbak, MD:



The statistics 1/150 are well documented in the work of Sallie Bernard, Stephanie Cave, and throughout the 10 Dec 02 Congressional Hearings on Autism.

Brick Township NJ documents 1 in 15 children as autistic. Different sources, different stats. What is certain is that the incidence is skyrocketing and it certainly meets the definition of an epidemic.

So what does medical research say about autism?

THE ENGINE OF MEDICAL RESEARCH

Most scientific research in the US is funded through the National Institutes of Health - a branch of government. As you might guess, it's very political, being controlled by huge money from the pharmaceutical industry. Medical research has very little to do with improving human health or even with finding new cures for diseases. Astoundingly, **fully 80% of all medical research**

now being conducted in this country is involved with inventing slightly newer versions of existing drugs whose patents are running out. (Jennings [5]) With their proven track record of financial success, this is where the money is.

A common source of frustration among scientists today is that they are under pressure to crank out the type of "findings" that is expected by the one funding the study. If the results of the experimentation begin to deviate from what is required by the underwriters, suddenly the funding gets pulled and the study is discontinued. (Stauber)

What does this have to do with science? Or health?

TRUE SCIENCE VS. JUNK SCIENCE

There are 2 main types of scientists: true and junk.

The true scientist doesn't know what to expect at the outset. He is testing a hypothesis - an educated hunch. Classical rules of experimentation must be followed - they call it the Scientific Method. It's a slow, methodical, step-by-step type of work. Each new piece of the puzzle builds on the other - the inductive method. A valid experiment should be reproducible, provided that the conditions are repeated as closely as possible to the original. That way the puzzle can be put together by whomever follows the original steps. In addition, true science points out the flaws and shortcomings in its experiments.

Junk scientists, by contrast, know what the outcome must be before the experiment starts. They're not really seeking new knowledge, but rather are being paid to "prove" something "scientifically." Those who start out already

knowing the conclusion at the outset are following the deductive method. Results that come out according to the desired expectation are kept. Those that do not are thrown out.

A hallmark of junk science studies is the notable lack of self criticism. It's flawless!

Legitimate scientists today lament that the vast majority of research and experimentation going on today in the US falls under the second category. Usually comes down to money.

Let's now apply this scenario to the topic of autism.

TWO POSSIBLE CAUSES OF AUTISM: SNIP's AND VACCINES

1. Emerging genomics research reveals that virtually all of the most pervasive, disabling, and deadly diseases of our time, including adult-onset diabetes, osteoporosis, heart disease, and cancer, are believed to be heavily influenced by genetic makeup." said Marti Shiner, Co-executive Producer of the series that was aired on CNBC & The Health Network. The "Healthy Solutions"

. "By identifying certain genetic indicators, doctors receive early warning about a patient's potential health problems. That allows them to modify behavior, diet and lifestyle today, to avoid a potentially devastating disease tomorrow."

Knowing a baby's unique genetic predisposition to see if they have a single Nucleotide polymorphism (SNIP) that could make them susceptible to Autism prior to giving that child a shot or placing the child on the wrong diet in the very beginning of their life, might save that child from a chronic disease including Autism.

The very first shot a new child receives under the

American medical system may trigger Austin because of the gene defect that makes them susceptible to Autism.

No matter what you read in the glossy magazines, the most likely factors which may have a role in causing the autism epidemic come from Genetic defects (Snips) and vaccines working together against the child.

By evaluating a carefully selected group of genetic variants in a patient profile provides a previously unseen "glimpse" into that person's potential health future, empowering the physician to modify the expression of disease years before a condition begins to develop.

This allows the physician to:

- Identify "hidden" gene mutations that may promote chronic disease
- Gain earlier advanced warning of disease susceptibility in each patient
- Determine cumulative risk associated with specific, easily identified mutations
- Intervene much earlier in the pre-disease state
- Modify gene expression through more precise, targeted, individualized interventions
- Identify key target areas on which to focus follow-up
- Monitor therapeutic effectiveness of intervention strategies with laboratory testing.

Armed with this new clinical insight, physicians can gain a deeper understanding of the interactive disease process, to intervene more quickly, confidently, and effectively **but few are using these test prior to administering a vaccines.**

Vaccines: MMR and mercury. MMR vaccine - measles/mumps/rubella - which does not contain mercury, has shown some startling connections with autism in recent independent research projects. Mercury in other vaccines is in the form of thimerosal. **Both vaccines are being widely discussed in Congressional committees.**

MEASLES - MUMPS - RUBELLA

First, we'll discuss MMR. In the US, the MMR vaccine was added to the mandated schedule in 1978. Why? The experts told us that these mild self-limiting diseases of childhood that had been around for centuries suddenly were dangerous. With measles, for example, they told us that 1/1000 kids were getting encephalitis from the disease. No source was ever cited for that figure. Legit biostatistics shows the real number was closer to 1/100,000. (Alderson) The marketing and sales campaign also omitted to inform the public that among the many side effects of the measles vaccine was encephalitis! (Mendelsohn)

Andrew Wakefield shows how the original safety studies for the licensing of the measles vaccine were too short to be of any value as far as predicting long term or insidious side effects. None of these original studies lasted longer than 28 days. The problem was that since 1968, measles virus had been clearly connected with several long term diseases of the central nervous system, which simply wouldn't show up in the first 28 days. (Through a Glass [9])

Other diseases associated with MMR vaccine also exceed this arbitrary 28-day window of observation, including:

- thrombocytopenia purpura, a clotting disorder: 59 days after vaccination
- meningitis: 35 days after vaccination

To this day, no medium or long-term safety studies of MMR have ever been done.

Ignoring that much science is a standard practice when economic pressures are allowed to determine whether a particular vaccine will be licensed or not.

EARLY MMR TRIALS

In his review of those early measles vaccine pre-licensure studies, Wakefield goes into some detail showing how the populations for the clinical trials came from mixtures of subjects taken from radically different environments. One study

combined children from Philadelphia and San Salvador; another study combined subjects from Ohio and Panama. The trial vaccines behaved in completely different ways in the two environments, with two completely different incidences of side effects. But the results were simply lumped together. This practice gives a false impression of the way the vaccine will actually behave in any given locale, and tends to make it look safer than it is. Bad designs hide true results.

This is a plausible explanation of how the connection between MMR and autistic bowel disease went unreported for almost 20 years.

NO MORE HERD IMMUNITY

As the sheep were led down this path of MMR vaccination, a million years of herd immunity - natural immunity - was cavalierly tossed out the window. **Before the vaccine, whoever got one of these mild diseases thereby got lifetime immunity from it. No longer.** But now after a couple of decades of vaccination, bigger problems are emerging from mass MMR:

- atypical versions of the original diseases
- new diseases

It is well documented that adults who get measles, mumps, or rubella for the first time have a much greater chance of death or serious complications. (Merck) In addition, by delaying the onset past childhood through the haphazard effect of vaccines, the adult versions are atypical - mutated forms - of the original diseases. Which means that someone who got the disease as a child and who was formerly immune for life, suddenly finds that he is not immune to these new atypical manmade disease forms **caused by the vaccines.**

As for new diseases, this brings us to the study of autism. Just the fact that MMR has been suggested as a possible explanation for the new epidemic demands that we take a serious look at the evidence. Especially since few other causes have thus far been suggested.

Any rational discussion of MMR vaccine these days must begin with the work of

ANDREW WAKEFIELD.

In 1996 a London surgeon/gastroenterologist named Andrew Wakefield suddenly began to have a number of parents of autistic children coming to him complaining that their child had a severe bowel disorder. The first question Wakefield would ask them was - what did your regular doctor say? The answer was always the same: **the regular doctor told us of course the child has a bowel problem - he's autistic.** Suspecting that these parents were getting the brush-off, **Wakefield** began to do something these other doctors hadn't done - **examine the children.** He found to his amazement that not one of the regular doctors had performed the most rudimentary of abdominal palpation checks, to feel for an obvious obstruction.

Continuing on with a colonoscopy on each autistic child, the next thing **Wakefield was to notice was a novel type of gut pathology: large nodular bleeding masses within the child's colon.** The condition was called lymphoid nodular hyperplasia. It was extremely painful for the infant because these bleeding, swollen, infected nodules blocked the colon. The body would interpret the nodules as waste and attempt to pass them through. But since they were attached to the lining of the colon, a pathological folding up or telescoping of the colon could occur, which doctors call intussusception. It can be fatal.

Wakefield also noticed that the inflammation in the autistic colon was autoimmune in nature - the body was attacking itself. Why would that be? What could make a two year old's colon attack itself?

VIRAL CONNECTION

A molecular biologist from Dublin, John O'Leary PhD, was to provide another piece of the puzzle. O'Leary's contribution was an extremely sophisticated sequencing technology (TAQMAN) that could distinguish one virus from another with

virtually perfect accuracy. **To their amazement, in almost every autistic gut, they found measles virus. But this virus was not from the measles disease. Instead, the virus was positively identified as being from the measles vaccine component of the MMR shot. (Uhlmann)**

CAREER SUICIDE

At this point Wakefield made a career-defining statement, certainly without knowing it. As a classically trained scientist, he merely suggested that because of these new findings, perhaps the connection between autism and MMR vaccine deserved further study. (Wakefield - Lancet) That was it. Because of that one simple recommendation, Wakefield suddenly found himself the target for outrage and censure from virtually the entire worldwide medical community. Not much of a politician, Wakefield too late discovered his mortal sin: he had unintentionally maligned the Sacred Cow of medicine: vaccines. And soon he would watch his brilliant career begin to take that long, slow swan dive.

Yet Wakefield was undeterred from his goal. A lesser man would have mumbled the requisite apologies, got a slap on the wrist, and kept quiet from then on. But having glimpsed the possibility of a whole new area of science, and realizing its potential importance, Wakefield was made of sterner stuff. He would follow the science, wherever that led.

Wakefield knew that in order to prove a connection between autism and MMR, he would have to do it the hard way, the old fashioned way: using the scientific method.

Classical principles of experimentation and statistical analysis that could be reproduced by duplicating the same conditions. We're talking years of difficult, painstaking, boring work - a concept that is becoming increasingly alien to the well-funded junk scientists who today are given a drug or potion for which they are to prove its effectiveness by cranking out the requisite 'scientific proof.'

BIOLOGICAL PLAUSIBILITY: THE FIRST PIECE OF THE PUZZLE

At the outset Wakefield asked the first question: **is it plausible for a viral agent like measles vaccine to be the cause of a neurological disorder like autism? If that's to be the hypothesis, is it possible?**

Can we find examples in the present scientific literature that demonstrate how such a connection could exist?

So we start with the gut-brain axis. Is there a well-recognized link between the gut and the brain? Here are four examples right off the bat:

- aspirin
- beer
- mood altering drugs
- Neurotoxins

Nothing controversial here. Aspirin is absorbed into the bloodstream through the stomach, and cures headaches. Beer is absorbed through the bloodstream and alters mood. Prozac is taken into the digestive system and alters mood. Poisons may be eaten which damage parts of the brain which are necessary for survival.

The point is, substances in the gut can radically affect the brain, short term or long term.

The connection between the gut and the brain is extremely well researched in the medical literature. Years ago, **Chopra spoke of the brain chemicals that** were found all through the digestive tract, sending constant information back and forth. (Chopra) **Psychoneuroimmunology is a huge field today, just beginning to uncover some of the sophisticated feedback mechanisms linking the immune system, the gut, and the brain.**

Thalidomide, the morning sickness disaster drug of the 1950s which caused

so many birth defects, is proof positive of the plausible connection between the gut and autism. Why? Because autism is a commonly accepted side effect of thalidomide.

First round goes to Wakefield: biological plausibility is clear.

VIRAL INTERFERENCE

Doctors have a name for triple shot vaccines: trivalents. Wakefield patiently explains the lack of science behind mixing 3 viral agents together in one triple shot vaccine cocktail like MMR. The problem is that viral agents have unpredictable effects upon each other, perhaps magnifying one vector or transforming it completely, while perhaps blocking another out. Possibilities are endless. The random, unknown outcome of mixing together viral agents is called viral interference. Mainstream researchers have been worried about viral interaction for decades. It is well known in the scientific literature, discussed in more than 2000 journal articles. (Wakefield - Through a Glass)

With respect to MMR - measles/mumps/rubella vaccine - we have manmade strains of three infectious viruses thrown together. Not the naturally occurring disease strains, mind you, but manmade forms. Early researchers pointed out the importance of evaluating the effects the three would have on each other. (Buynak - 1969, Minayama - 1974)

Later researchers reaffirmed that these viral interactions should be thoroughly studied with triple shot vaccines. (Halsey, 1999) To this day, that work has never been done, even though all these historical studies recommended it. And yet looking at the current Mandated Schedule of vaccines recommended for American children we see no less than seven triple shot injections mandated for every American child. (aapsonline)

As Wakefield puts it, in the case of viral interference, 1+1+1 does not necessarily equal 3.

MONTHLY DENIAL

For the past 7 years, you've probably noticed that at least once a month there will appear in mainstream media a new study wherein experts have proved that there can be no relationship between the autism epidemic and vaccines. (NEJM, 7 Nov 02 - Madsen, Danish study) Doesn't that seem like an odd way to study an epidemic - by constantly telling us what it's not caused by? **Where is the research to try and find out what autism is caused by?**

These articles make the same error over and over. They keep saying that there is no proof that mercury or MMR vaccine causes autism because nothing in the scientific literature shows it. This fatuous approach ignores the obvious: of course there is nothing in the scientific literature that proves that mercury and MMR cause autism. It's a brand new idea. That work is now being done for the first time. Wakefield and his colleagues are the first to pursue it. They are the first to actually test the hypothesis one way or the other. To prove any new scientific theory or hypothesis with any validity requires years of painstaking work - the scientific method. It's hard enough to run that gauntlet if you have adequate funding to carry out the studies. It is quite another matter to carry the work through with the entire worldwide medical community screaming for your head on a platter.

MESSING WITH THE GOOD STUFF

So Wakefield and his colleagues were starting out with a big handicap: no funding. To the present time, these true scientists must rely on private funding in order to continue their pioneering work in this vital area. Mainstream medicine wants Wakefield to fail - it needs Wakefield to fail. He is unintentionally questioning vaccines - the Sacred Cow. And this is why we keep seeing these low-level cookie-cutter type articles talking about how this or that expert has once again 'proven' that there can be no possible connection between autism and MMR, etc. Think about it - vaccines and the Well Baby Program - this is how an American child is introduced into a lifetime of dependence on medicine. Any attack on vaccine

is an attack on the economic infrastructure of American medicine: the Well Baby Program.

SO, WHAT DO WE KNOW FOR SURE?

At this point in time no one is using Genetic testing on new born babies prior to vaccine injections and no one can flat out say that autism is caused by MMR vaccine.

Genomic Science says that a person must first have a genetic defect or polymorphism before any agent can trigger the disease. They further say that 95% of us have these polymorphism. So were just looking for the triggering agent.

The MMR vaccine is more than likely one of the triggering agent being a environmental factor injected into the body coupled with the diet we subject the person/child to.

Many mothers do not nurse their babies and choose to put them on Cow's Milk or Soy milk.

Any of these radical changes in our lifestyle habits could be the triggering agent.

However, thanks to Wakefield he is proving that MMR is a triggering agent, here's what can now be said with reasonable scientific certainty:

- the autistic child had normal early development regression to autism after MMR
- onset of a new GI pathology - not found in normal children
- neurological symptoms characteristic of brain toxicity
- LN hyperplasia in the colon: response to virus
- recurrent infections
- immune deficiency/autoimmune characteristics

WHAT'S LEFT TO PROVE?

Two things remain in proving a causal relationship between MMR and autism:

- prove that the measles virus triggered the polymorphism
- prove that the vaccine is directly related to the gut problem

Sounds simple enough, but scientifically this is a tall order. Wakefield and Singh are coming up with answers, but in the slow, methodical classically scientific way. They are out there on their own, dependent on private funding. As we saw above, it takes years to prove a new scientific discovery, years of hard work, meticulous study and compiling reproducible statistical data. And a ton of money. **If they could prove absolutely that the vaccine was a triggering agent of the polymorphism, connecting the gut problem would just fall into place.**

LOST SHEEP

When Wakefield and Singh finally prove that autism is caused by these two factors, as is likely in the near future, it will be most instructive to watch the medical community welcome these lost sheep back into the fold.

In light of all the cut-and-paste type articles in the journals that have been lampooning Wakefield for the last 5 years, it's curious - with all the billions of dollars available from the NIH for medical research, where are the parallel studies being done to disprove these two guys? If their methods are wrong, duplicate them and discredit them once and for all. That could be done for about \$250,000. (Weldon) What are all these millions doing? Isn't an epidemic that affects one infant in 150 worth studying?

Autism is a real epidemic

Autism maybe be permanent even if the diet or environmental element, was changed. So no matter what the MLMers say. No autistic child will

ever recover fully and be 100% normal. The autistic will be dependent all throughout life. The effect on a family is devastating. Parents of autistic children have an 85% chance of divorce. (Visceral.org) As Burton says, the financial burden of autistics on our society will be into the trillions. (10 Dec 02)

NEXT UP: MERCURY

Now let's look at another possible triggering device that could also be the cause for the new epidemic: mercury.

As we've seen, mercury in vaccines is in the form of thimerosal, which is 49.5% mercury. No matter what you may read in the newspaper or hear on CNN, as of 2003 mercury is still being included in the manufacture of several vaccines : DPT, hepatitis B, influenza, H. influenzae. (PDR, 2003)

What is mercury? An elemental metal, a liquid in its natural form, historically mercury was called quicksilver. **Mercury is the third most toxic substance known to man. It is the most toxic nonradioactive metal.** (Bernard)

Any legitimate study of mercury and human physiology must include the landmark work of Sally Bernard. In her brilliant 2000 monograph - Autism: A Unique Type of Mercury Poisoning - Bernard traces the history of mercury to its origins.

She provides a shocking comparison of 2 conditions: mercury poisoning and autism. She notes that both diseases affect the same 6 body systems:

- gut
- brain
- eyes
- muscle control
- immune system
- Speech

For each system, Bernard has a long list of symptoms. **There are 2 columns - one for autism and one for mercury poisoning. She lists symptoms for each body system for both diseases. The results are compelling. Similarity would be the wrong word.**

As you go through the systems, even the dullest reader will notice that there is virtually a one-to-one correspondence between the symptoms of autism and those of mercury poisoning. Not much of a stretch to imagine we're looking at the same disease here.

Bernard charges ahead: since 1930 there have been 4 separate government agencies that have set toxicity levels for mercury. Amazingly, not one of those tables even considered the single greatest toxic exposure that American children have to mercury: thimerosal in vaccines.

In this context is 'toxic' an overstatement? Well, let's see what the EPA and the FDA have to say about that. In an article in Journal of the American Medical Association in 1999, the EPA is quoted at setting .1mcg/kg/day as a maximum "safe" level of exposure to mercury. (Halsey) That's point-one micrograms per kilogram per day, for you California public school graduates. Accepting that figure at face value, **let's look at an FDA citation that interprets those safety levels in light of what an American child actually receives into his bloodstream on 3 separate occasions:**

Day of birth: hepatitis B - 12 mcg mercury 30x EPA safe level

At 4 months: DPT and HiB on same day - 50 mcg 60x EPA safe level

At 6 months: Hep B, Polio - 62.5 mcg mercury 78x EPA safe level

- FDA's Center for Evaluation and Biologics Research (Hepatitis Control Report, vol. 4, no. 21, 1999.

We're not even going to mention that the EPA

levels were talking about environmental mercury, like from ocean fish, or broken thermometers, etc. and that thimerosal in vaccines is far more toxic because it's in a form infinitely more bindable to human tissues. Especially brain cells. (Koos & Longo)

Just how much excess mercury do kids get from vaccines?

"...excess mercury that US children received from their childhood immunizations ranged from 11 to 150-fold at a given age in comparison to the US EPA safety guidelines for the daily maximum." - Geier

Here's one reason why. From the spring 2003 article in the AAPS Journal:

"...mercury in vaccines is given by injection rather than by oral ingestion only makes the exposure levels worse because...the distribution of foreign particles in mice reached several logs higher concentration in organs following ...injections than via oral ingestion."

Several logs? Exponentially by powers of 10?

Thanks guys.

As Sallie Bernard pointed out, once it gets into the body, mercury has a special affinity for brain cells. Three years later Geier confirms it:

"...uptake of mercury in the brain is 5 to 7 times greater than in the blood."

Sallie Bernard also explains that the reason thimerosal is a much more toxic form of mercury than one would get from eating open-sea fish has to do with the difficulty of clearing thimerosal from the blood.

Therefore it would stand to reason that it would be much more difficult to turn

mercury poison off and thus reverse Autism.

Thimerosal is 49% ethylmercury, an organic form which has a preference for nerve cells. Without a complete blood-brain barrier, an infant's brain and spinal cord are sitting ducks. **Once in the nerve cells, mercury becomes tightly bound. It can remain there for years, like a time-release capsule, causing permanent degeneration and death of brain cells, in an unpredictable fashion.**

Couple this factor along with the many different types of genetic defects and you realize how mercury can switch the defect on and be the original and unidentifiable cause of virtually any permanent neurological disease that mysteriously pops up later in life, with no way to prove it. Like when Michael J Fox gets Parkinson's at 28? What's that about?

Congressman Dan Burton got sort of upset recently when he found out from government officials about their carelessness in monitoring mercury safety in vaccines for children during the past 8 decades:

"You mean to tell me since 1929 we've been using thimerosal and the only test that you know of is the one that was done in 1929, and every one of those people got meningitis and they all died?" - Burton, 19 Jun 02

He talked about bringing criminal charges against government agencies for their knowledge of thimerosal. Surrealistically, in 80 years there has never been another clinical test on thimerosal!

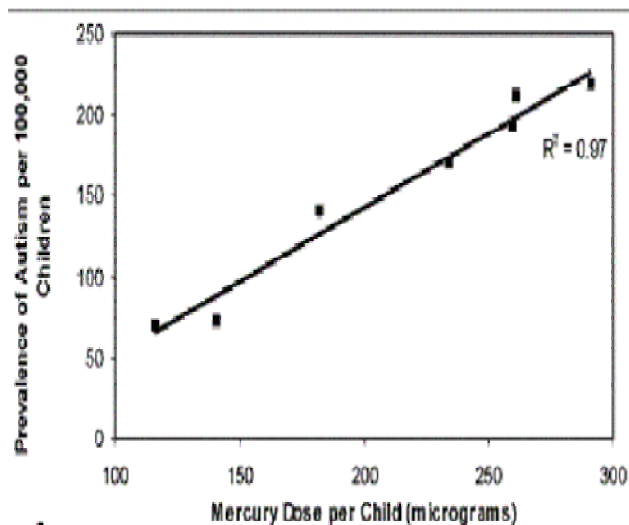
Is this science, or Entrenched Medical Error?

While we're at it, would anyone like to take a shot at explaining why in 1992 the FDA found it necessary to take thimerosal out

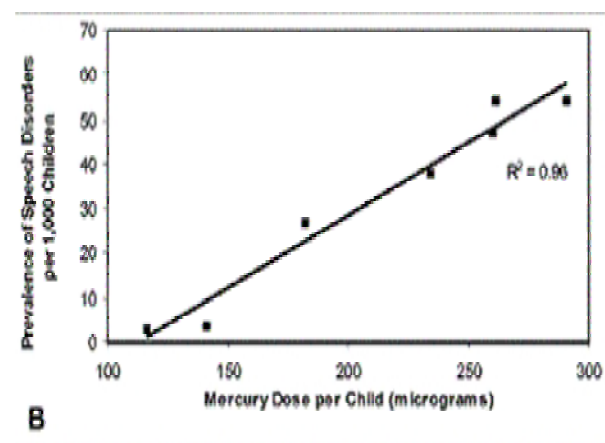
of dog vaccines but leave it in children's?

NEW DATA CORRELATING MERCURY WITH AUTISM

Articles that state there is no evidence of a connection between mercury and autism are out of date. Also they are ignorant of current data in the mainstream scientific literature, perhaps deliberately. Here is an example taken from the Spring 2003 edition of Journal of American Physicians and Surgeons which correlate mercury with autism:



A



B

How much education do you need to read these charts? The more mercury, the more autism. Geier is looking at the VAERS database itself, drawing from statistics involving thousands of

American children over the past 15 years. The results were unequivocal: the more mercury a child gets from vaccines, the higher the risk of autism and speech disorders. For those still clutching at straws, of course this still doesn't completely prove that mercury causes autism. But it's certainly a piece of the puzzle worth noting, as the data comes together for the first time.

NATURAL CHELATION

The body has a survival mechanism for soaking up foreign metals, like mercury, which may have found their way into the body, and for transporting them out. This natural sponge or chelator is actually bile, whose main job is emulsifying fats prior to digestion. Only problem is, bile doesn't form until 6 years of age. (Koos) By that time the American child has already OD'd on thimerosal, according to the FDA and the EPA's own statistics.

BLOOD BRAIN BARRIER

In their first quarter of school, doctors learn that the brain has a special protection mechanism for keeping out certain substances. Some chemical structures may be OK in the rest of the body, but are destructive to brain cells. Doctors call this natural protection the blood brain barrier. It would be extremely useful in screening toxic vaccine ingredients like mercury, aluminum, and formaldehyde from an infant's formative brain cells. Just one problem: the blood brain barrier isn't formed until maturity. By which time American children have received how many vaccines?

FUN IN SAN DIEGO

Every year in San Diego at the Town and Country Resort they have a pleasant writeoff for doctors who want to bemuse themselves about new cures for this mysterious new epidemic for which the cause is still "unknown." It's called the San Diego Autism Conference, and it brings a ton of cash to San Diego, and no one takes it very seriously. While erudite speakers amaze their erudite

listeners with tales of which subtleties of human physiology are screwed up by autism, in a huge side room there may be found every MLM, health supplement, magic bullet, and fringe modality known to man, each one claiming to "cure" autism. Some of the acts in this menagerie include

- DMSA
- taurine
- alpha lipoic acid
- carnosine
- EDTA
- oral chelators
- hyperbaric therapy

Yes, don't worry about the new epidemic - we can cure it. Now perhaps some of these remedies have actually shown improved behavior with this or that child. But isn't it the answer to the wrong question? **Only rarely does someone have the insight to suggest that hey - maybe we should start asking what's causing the new epidemic...**

THE FUTURE OF THIMEROSAL

In light of what we now know, what is the future of thimerosal? Some vaccine manufacturers are voluntarily starting to omit thimerosal. Even though they know the FDA won't force the issue, the handwriting's on the wall. There's too much criticism, too much attention now being drawn to 80 years of toxic irresponsibility.

There are now over 1000 parents of autistics in a pending class action lawsuit against thimerosal manufacturers.

Congress is trying to pass laws to keep thimerosal-damaged children from receiving compensation - like with the recent Homeland Security Act of Nov 2002. As a result, **many pediatricians, as well as the popular press, are starting to lie to patients flat out, telling them that thimerosal is already gone from vaccines. It isn't.**

Two proofs: the 2003 PDR and the inserts that come with each batch. At present at least 5 vaccines are still being made with thimerosal:

- influenza
- DPT
- HiB
- Hepatitis B
- meningococcal vaccine

But even if mercury were legislated out tomorrow, stockpiles would exist for years and years.

No stockpiled vaccines have ever been discarded. They may be given out at any clinic's discretion. Forever. Often after they're really old, they may be shipped to this developing nation or that as tokens of American good will. Perhaps this is another reason why we're so highly regarded in the world today.

CONGRESS LOOKS AT AUTISM

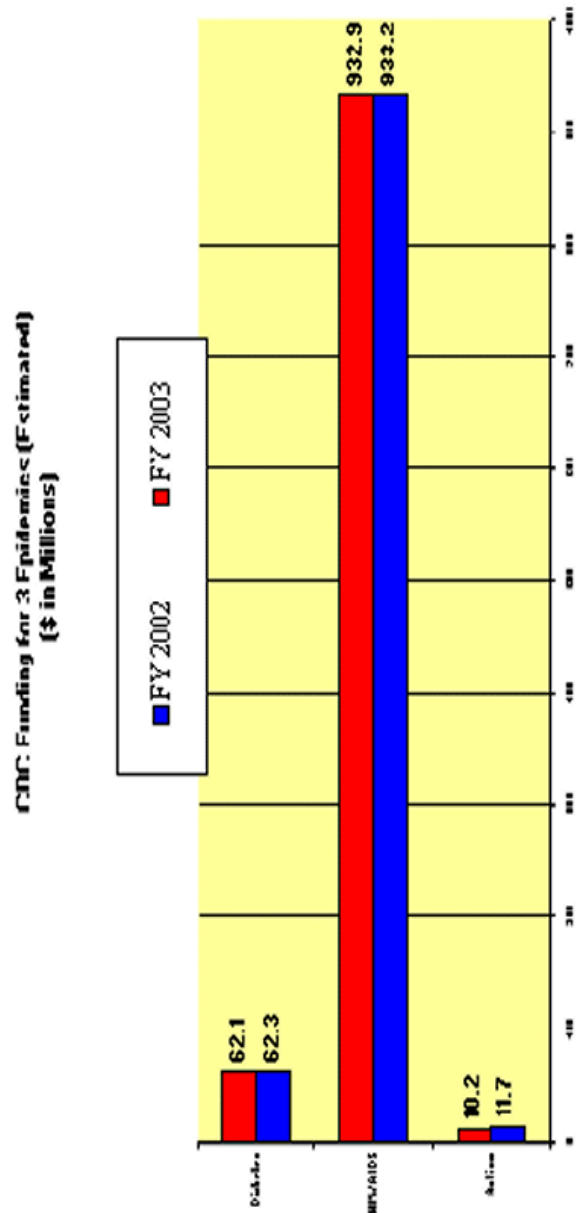
The House Committee on Government Reform has been looking at autism since 2000. There have been several congressional hearings in which witnesses are subpoenaed to testify before Congress about autism. Under the leadership of Dan Burton, it's not the usual whitewash. Burton's grandson is autistic: Burton wants answers.

From Burton's opening statement in the Dec 2002 hearing:

"Through a Congressional mandate to review thimerosal content in medicines, the FDA learned that childhood vaccines, when given according to the CDC's recommendations exposed over 8,000 children a day in the United States to levels of mercury that exceeded Federal guidelines. Is there a connection between this toxic exposure to mercury and the autism epidemic?"

Two amazing charts from the same Congressional

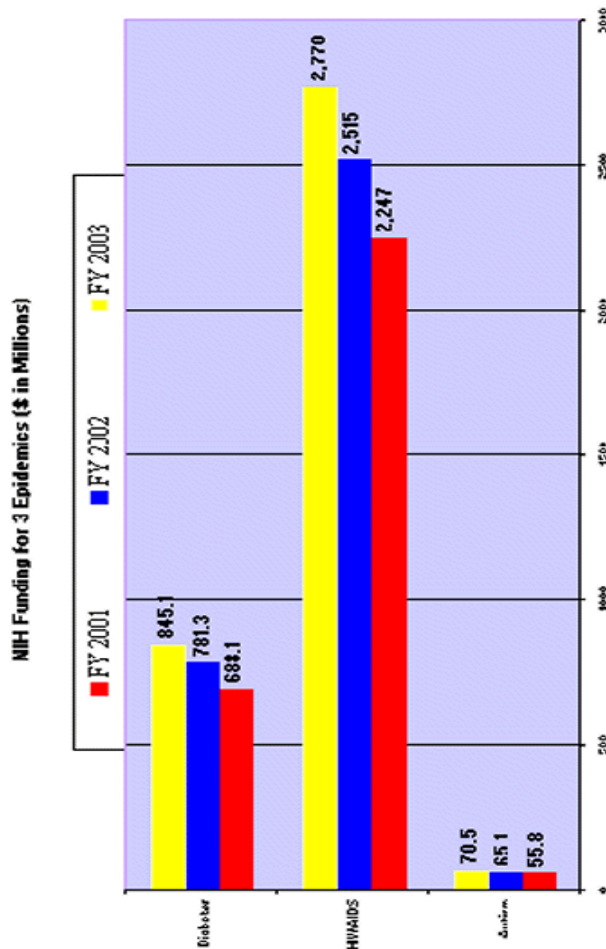
Hearing tell the story. These charts are taken from Dan Burton's opening statement on 19 Jun 02 in the Government Reform Committee investigation into autism. These charts compare government spending on 3 diseases: diabetes, AIDS, and autism. One chart looks at the NIH and the other at the CDC - the two government agencies whose job it is to protect Americans from disease. Let's see how well they're doing:



CDC Funding for 3 Epidemics

In this first chart we are looking at how much money the CDC will spend in 2003 on research for the 3 diseases: diabetes, AIDS, and autism. Notice any deficiencies?

The first bar is diabetes, the second bar is AIDS, and the third bar is autism. The numbers are in



millions of dollars.

In the second chart we'll look at how much money the National Institutes of Health is planning to spend in 2003 on these same three. The first bar is diabetes, the second bar is AIDS, and the third bottom bar is autism. Again, notice any deficiencies?

NIH Funding for 3 Epidemics What's going on here is really quite simple if you take the time to look at it.

Diabetes is a huge market: fake insulin. Glypizide, glucophage, etc. AIDS is an even bigger market: the antiretrovirals - AZT and its derivatives.

Forget that AZT never cured one person of AIDS and that adult onset diabetes can be cured fairly easily by diet alone.

Remember, American medicine is not about curing anything. It's about maximizing return on investment for stockholders in the pharmaceutical companies. Period.

Looking at the problem in this light, it becomes clear that autism will never be acknowledged by mainstream medicine as the true epidemic it is until the pharmaceuticals have figured out a way to make money off this new market. As soon as a cure is approved, watch how quickly this epidemic which has been ignored and trivialized for the past seven years - watch how fast it gains legitimacy and recognition as a "real disease." Now we have the cure. Of course autism is a serious epidemic...

CURRENT RESEARCH

Probably the best summary of autism research in the world today can be found on the website of the Autism Autoimmunity Project: http://casiquest.org/research_studies.html

PERMANENT DISABILITY

Even if the cause of autism were determined tomorrow and stopped dead in its tracks, autism would plague this country for several decades to come. Like Burton says, these autistics aren't going to die. They are going to live for years and years as a huge drain on their parents and on our society, and not just fiscally.

The government agencies responsible for monitoring and controlling diseases and medicine

are the FDA, the NIH, and the CDC. Like most alphabet departments, their work is more concerned with the appearance of their function rather than the function itself. Too abstract? The health of the American people is their supposed area of focus, but in actual everyday operations, health takes a back seat to politics and big money concerns. All three have shown their lack of interest in trying to find the cause of autism.

HHS is no better. Here's Dan Burton's criticism of them, from Congress 10 Dec 02:

"Officials at HHS have aggressively denied any possible connection between vaccines and autism. They have waged an information campaign endorsing one conclusion on an issue where the science is still out. This has significantly undermined public confidence in the career public service professionals who are charged with balancing the dual roles of assuring the safety of vaccines and increasing immunization rates."

Autism doesn't fit well into this therapeutic paradigm. What if it's really true that the prime causes of autism turn out to be vaccines? Vaccines are the Sacred Cow of medicine. As the infrastructure for a lifetime of dependence upon medicines, vaccines are above reproach, above criticism. The best journals ask: how could vaccines - the crowning achievement of scientific medicine - be the cause of disease? It's the question that cannot be asked, the thought which cannot be entertained. American science is absolutely dominated by economics. In such a system, true scientific discovery is fatally handicapped.

GOING DOWN

No amount of creative writing can make the prospects for the future of autism in America look bright. True scientists like Wakefield, Singh, and Geier seem to be bailing out a sinking ship. If these few researchers are our only hope of

flattening out the steeply rising graphs of autistics seen in every state, the future looks worse than the present. Things are not fine; things are not under control.

Risk / benefit studies are standard scientific evaluations for determining whether or not a medicine should be market approved. These studies have never been done for MMR vaccine or for any of the thimerosal vaccines. Realizing this one simple fact, blindly accepting the dictates of the Mandated Schedule of vaccines for American schoolchildren puts a parent on shaky ground scientifically, and puts the child in harm's way.

Until parents start doing their homework on vaccines, it's likely we'll continue to be mass producing thousands of permanently damaged citizens year after year, for decades to come.

**"Only two things are infinite: the universe and human stupidity. And I'm not sure about the universe."
Einstein**

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WARNING: The Information in these articles is not intended to replace medical advice or treatment. Questions about symptoms, specific dietary needs and medications, general or specific, should be discussed with your physician. The information in this article is for informational purposes only, and is not medical advice or a substitute for a physician's consultation and/or examination.

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