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Parents watch with proud satisfaction as their infant, just a few months old, begins to reach out into the world--tiny hands grasping at toys and gently twirling locks of their mother's hair. Just when they have begun to take a lively interest in the world, rolling-over, cooing, and smiling, the first illnesses strike.

The baby's runny nose develops into a fever, fussiness, and night-waking. Her previously placid demeanor suddenly changes to obvious discomfort--crying, clinging, refusing to leave her mother's arms. The pediatrician sees red eardrums and prescribes antibiotics. That first infection starts a seemingly endless battle against viral and bacterial illnesses that persists despite repeated treatment with a barrage of different antibiotics. Something is dreadfully wrong. Frequent visits to the pediatrician do nothing to prevent the continuous pattern of illness—antibiotic—illness.

Why do these illnesses begin when babies are three or four months old? What event triggers this frustrating scenario? What happens to babies at two to four months that could initiate this relentless course of symptoms? Perhaps maternal antibodies are beginning to wear out, making babies susceptible to these environmental microbes. But why don't these babies develop their own antibodies in response to the initial viral or bacterial infections? What prevents the immune system from mounting a vigorous response? And why does this pattern of illness with recurrent ear infections occur now, a pattern that seldom occurred prior to thirty years ago? What is weakening the immune function of today's infants?

The Cause of Chronic Illness

Ear infections have become the most common reason for visits to pediatricians. The incidence of asthma has steadily increased in the modern era. During the period 1980 through 1989 the prevalence rate of self-reported asthma in the United States increased 38 percent, and the death rate for asthma increased 46 percent. In the five years from 1985 through 1990, projected estimates for asthma's medical costs increased 53 percent. The total estimated cost of asthma rose from \$4.5 billion to \$6.2 billion, or 1 percent of all US health-care costs. This dramatic increase has been attributed to increased exposure to environmental pollutants, and to the toxic effect of asthma medications themselves. Could vaccines be weakening the immune system of our populations and causing recurrent infections and allergies at unprecedented levels?

The only event that all infants routinely encounter at two months of age is vaccination with at least five different vaccines (Diphtheria-Tetanus-Pertussis-Polio-Haemophilus). They are repeated at four months. Could this simple fact explain the onset of the recurrent illnesses that plague so many infants? If vaccines stimulate antibody production to fight diseases, why would they weaken the immune system? Is there any evidence that vaccines do cause illness and

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immune system dysfunction?

One answer came in a careful study of illness patterns observed in babies before and after vaccination, published in Clinical Pediatrics in 1988. If vaccines cause a weakened immune system, then we would expect to see a higher incidence of illness following vaccination. In that study conducted in Israel, the incidence of acute illnesses in the 30 day period following DTP vaccine was compared to the incidence in the same children for the 30 day period prior to vaccine. The three-day period immediately following vaccine was excluded because children frequently develop fever as a direct response to vaccine toxins. A total of 82 healthy infants received DTP, and their symptoms were reported by parents and observed by a pediatrician at weekly intervals. Those babies experienced a dramatic increase in fever, diarrhea, and cough in the month following DTP vaccine compared to their health before the shot.

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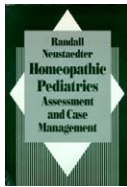
How do researchers investigate immune system reactions to vaccines? First, they can observe the incidence of serious disease onset soon after vaccination. They can also study immune functions following vaccines given to children and adults. Two research models have been used to discover the possible adverse effect of vaccines on the immune system. Laboratory researchers observe whether vaccines have any negative effect on white blood cells, the body's primary immune defense system. Clinical researchers study illness patterns preceding and following vaccination. All of these investigative channels have reached the same conclusions--vaccines can trigger immune system suppression.

Vaccines are destroying our immune systems. Amazingly, the medical profession ignores the incriminating evidence against vaccines, and continues to inflict more unnecessary and harmful vaccines on our nation's infants. A recent study from the New England Journal of Medicine of May 1996 revealed that tetanus vaccine disables the immune system in HIV patients. Tetanus vaccination produced a drop in T cells in 10 of 13 patients, a classic sign of immune deficiency. HIV viral replication increased dramatically in response to tetanus vaccine. Finally, white blood cells from 7 of 10 uninfected individuals became more susceptible to HIV infection following tetanus vaccination. Despite these findings, the authors made no comment about the immune depleting effect of the vaccine.

Why is the public unaware of these findings? Why has the medical profession kept these reports hidden from the public eye? With typical condescension, Dr. Martin Smith, president of the American Academy of Pediatrics, explained in the Academy's News that the inclusion of this type of information in vaccine brochures would confuse many parents and could even needlessly alarm them. An uninformed patient is compliant.

The cover-up of immune system failure following vaccination is reminiscent of the tobacco industry's continuous denial and misinformation campaign about the dangers of cigarettes. In both instances huge profits are at stake in multibillion-dollar industries. Vaccine manufacturers cannot afford to have their product maligned in a public forum.

Doctors have often stated that broadcasting adverse effects of vaccines to the public would hinder vaccine campaigns. This attitude emerged more than thirty years ago when Dr. Paul Meier testified before a congressional committee concerning the polio vaccine campaign of the 1960s. It is hard to convince the public that something is good. Consequently, the best way to push forward a new program is to decide on what you think the best decision is and not question it thereafter, and further, not to raise questions before the public or expose the public to open discussion of the issues.



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The medical profession has been aware of the damaging effects of vaccines on the immune system since their introduction. For example, the ability of pertussis and DTP vaccines to stimulate the onset of paralytic polio was first noted in 1909. In every polio epidemic since then, DTP injections have caused the onset of polio disease.

In 1950, two careful studies were conducted in the state of New York to evaluate the reports of an association between the onset of paralytic polio and recent injections. The findings were published in the American Journal of Public Health. Investigators contacted the families of all children who contracted polio during that year, a total of 1,300 cases in New York City and 2,137 cases in the remainder of New York State. A history of vaccinations received in the previous two months was obtained on each child and from a group of matched controls in the same population. Those studies discovered that children with polio were twice as likely to have received a DTP vaccination in the two months preceding the onset of polio than were the control children.

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The association of vaccines with the onset of polio continues in the modern age. During a recent polio epidemic in the Arabian peninsula country of Oman, DTP vaccination again caused the onset of paralytic polio. In that epidemic, 70 children 5 to 24 months old contracted paralytic polio during the period 1988-1989. The report in the British medical journal Lancet confirmed that a significantly higher percentage of these children had received a DTP shot within 30 days of the onset of polio compared to a control group of children without polio, 43 percent of polio victims compared to 28 percent of controls. The DTP vaccine suppresses the body's ability to fight off the polio virus.

The destructive effect of vaccines on the immune system can persist over an extended period of time. One study published in the Journal of Infectious Diseases documented a long-term depressive effect on interferon production caused by the measles vaccine. Interferon is a chemical produced by lymphocytes (a type of white blood cell) that renders the host resistant to infection. Interferon production is stimulated by infection with a virus to protect the body from superinfection by some other micro-organism. In this study, vaccination of one-year-old infants with measles vaccine caused a precipitous drop in the level of alpha-interferon produced by lymphocytes. This decline persisted for one year following vaccination, at which time the experiment was terminated. Thus, this study showed that measles vaccine produced a significant long-term immune suppression.

Autoimmune Reactions to Vaccines

An 11 year old girl received a routine tetanus booster dose and three days later developed blindness in the right eye and light perception only in the left eye. Her optic discs were swollen on exam. Two days later she had partial paralysis of her legs and loss of bladder control, then more widespread sensory loss including a lack of vibrational and positional senses. Seven weeks later she still had some vision loss and decreased muscle power. Within one year she recovered (Lancet, 1992).

A 20 year old woman experienced pain and swelling of her right wrist and fingers 4 days after a hepatitis vaccination. The pain and swelling resolved, but returned again 6 months later with more severe swelling and pain, following a second hepatitis vaccination. Nine years later, X-ray of the hands showed destruction of the bones throughout her wrist joints (Scandinavian Journal of Rheumatology, 1995).

A 4 year old girl developed progressive weakness of the legs, pain in the legs and feet, and gradual inability to walk 10 days after Hib vaccination. On the fifth day she had swallowing difficulties, facial weakness, and a monotonous voice. Her symptoms gradually improved, and within 3 weeks she could walk with help

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(Journal of Pediatrics, 1993).

A 42 year old man received tetanus toxoid on three separate occasions over a period of 13 years. Following each vaccination he developed acute nerve symptoms diagnosed as Guillain-Barre syndrome, a disease of the nervous system characterized by rapid onset of motor weakness and loss of sensation.. A nerve biopsy revealed destruction of the myelin nerve sheath. Following his last injection he continued to experience multiple recurrences, and continued to show abnormal findings on examination 15 years later (Journal of Neurological Science, 1978).

What is the effect of long-term immune suppression? Some investigators are concerned that vaccines could be disabling our body's ability to react normally to disease, and creating the climate for autoimmune self-destruction. The many reports of autoimmune phenomena that occur as reactions to vaccination provide incontrovertible proof that tampering with the immune system causes devastating disease.

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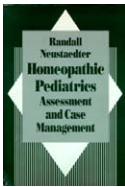
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Federal legislation of 1986 commissioned the Institute of Medicine to establish a Vaccine Safety Committee. The purpose of that committee was to search the medical literature for reports of adverse events associated with the vaccines routinely administered to children, and report their findings. Computer searches revealed 1,800 relevant articles. However, the committee's rigid criteria for establishing a causal relationship between vaccine and adverse event made it nearly impossible for a disease condition to make their short list. Without a case-controlled study proving a relationship, the hundreds of case reports of immune system destruction following vaccines were relegated to coincidence. Case-controlled studies are expensive. They must include tens or hundreds of thousands of children.

Even the Vaccine Safety Committee acknowledged the onset of several autoimmune diseases as a result of vaccination (Guillain-Barre syndrome, a disease that causes muscle weakness and paralysis, following tetanus and polio vaccines; thrombocytopenia, destruction of blood platelets responsible for blood clotting, following MMR; and chronic arthritis following rubella). These types of symptoms have occurred following every vaccine routinely given to children--the suppressed immune system begins to attack the body's own cells, usually the nerves and joints. Thousands of autoimmune incidents following vaccines have been reported in the medical literature and adverse event reporting systems. These autoimmune responses to vaccines have resulted in permanent, chronic disease conditions--deforming arthritis and muscle wasting and paralysis.

In their attempt to explain the repeated occurrence of autoimmune diseases that attack and destroy the myelin sheaths of nerves as a direct result of vaccines, the committee members explain:

It is biologically plausible that injection of an inactivated virus, bacterium, or live attenuated virus might induce in the susceptible host an autoimmune response by deregulation of the immune response, by nonspecific activation of the T cells directed against myelin proteins, or by autoimmunity triggered by sequence similarities of proteins in the vaccine to host proteins such as those of myelin.

Since the committee's report, a large ecological study in New Zealand revealed that an epidemic of diabetes followed a massive campaign to vaccinate children against hepatitis B. This report, published in the New Zealand Medical Journal in 1996 revealed that a 60 percent increase in childhood diabetes occurred in the years following the 1989-1991 vaccination program of children aged 6 to 16. The widespread use of the new Haemophilus meningitis vaccine has similarly resulted in diabetes epidemics. Diabetes is an autoimmune disease that has been frequently observed to occur as a consequence of mumps vaccine. Three European studies reported 22 cases of diabetes that began within 30 days of

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mumps vaccination. The dramatic rise in vaccine-induced diabetes has led researchers to raise a warning flag. Immunologist Bart Classen has said, "We believe the effects of vaccines on diabetes are of tremendous clinical importance and that trials need to be started immediately to address the effect of vaccines on diabetes and other autoimmune diseases."

Vaccines have become a sacred cow of our culture, unassailable to criticism. Now that we know their devastating effects on the immune system, perhaps we need to take a more cautious approach to the vaccine campaigns.

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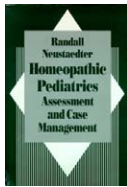
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New vaccines for children are being developed in an unprecedented effort to wipe out childhood diseases. In some cases this effort has strictly monetary goals. For example, the most frequently stated purpose of the chickenpox vaccine is not to protect children from this benign childhood illness, but to keep parents at their jobs rather than missing a few days of work to care for their sick child at home. According to Dr. Philip Brunell, a leading chickenpox vaccine researcher, it is clear that we can reduce the cost of chickenpox by routinely immunizing normal children, primarily by reducing the loss of parental income. Vaccination of the entire population would save an estimated \$380 million dollars in lost income and wages. Economic interests have spurred the adoption of a chickenpox vaccine, not our concern for the well-being of children.

This callous disregard for the potential damage inflicted by vaccines characterizes the goals of vaccine manufacturers. The pharmaceutical giant Merck invested over \$5 million in chickenpox vaccine development, according to The Wall Street Journal. Dr. Samuel Katz, Duke University's pediatrics chairman and head of a vaccine panel at the National Academy of Sciences, expressed the manufacturer's concerns: Merck isn't going to make back its investment in that vaccine by just distributing it to kids with cancer. They're going to be interested in pushing for use in the normal population.

Profit has always been the goal of vaccine manufacturers. When lawsuits leveled at drug companies began wiping out profits gleaned from the pertussis vaccine, the manufacturers simply stopped production of the vaccine. The United States government stepped in to pay these vaccine-damage claims. Only then did the drug companies agree to resume vaccine production. The formula was simple--no profits, no vaccines.

Now that drug companies are protected from legal action, the race to invent and distribute new vaccines has again switched into high gear. Vaccines for hepatitis, haemophilus, and chickenpox have all been pushed into the recommended schedule for children. This zealous rush to bring new vaccines to market, heedless of the damage inflicted in the name of prevention, could have far-reaching consequences. We may be setting the stage for the unwitting destruction of our population's health, a result that may continue to remain a hidden cause of widespread immune system failure and autoimmune disease.

About the Author

Dr. Neustaedter has practiced homeopathic medicine and Traditional Chinese Medicine for over twenty years. His book, [The Vaccine Guide: Making an Informed Choice](#) (North Atlantic Books, 1996), has become a popular resource for parents. He is a licensed acupuncturist and received his Doctorate in Oriental Medicine in Hong Kong. He lives and works in the San Francisco

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