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Autism, Made in the USA

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Over the past few decades, the dramatic increase in autism spectrum disorders (ASD), now diagnosed in 1 in every 36 children, has often been attributed to improved definitions for ASD and diagnostic tools. However, a closer look at government statistics reveals alarming trends in children's health that go far beyond better diagnostics. Since the early 1990s, there have been staggering increases in several chronic conditions: ADHD rates have risen by 890 percent, autism diagnoses by 2,094 percent, bipolar disease in youth by 10,833 percent, and celiac disease by 1,011 percent. These numbers beg the question—what has fundamentally changed in our children's health over the past three decades?

Despite these concerning trends, our culture continues to elevate science as the ultimate authority on health and reality, often dismissing common sense, reason, and direct empirical observation. Ironically, physicians rely on patients to describe their symptoms—a testament to the importance of individual observations—while federal health agencies and influential organizations like the American Academy of Pediatrics dismiss environmental factors in favor of subjective theories, such as genetic predispositions or chemical brain imbalances as the root causes for the majority of mental and behavioral disorders in children.

This reliance on ideology over empirical scrutiny extends to vaccine development, where standard double-blind placebo trials, the gold standard for FDA drug approval, are glaringly absent. Vaccines such as the hepatitis B shot for infants and the HPV vaccine Gardasil for adolescents have been approved with minimal scientific rigor, yet they are heavily promoted and, in many cases, mandated.

The media compounds the issue by amplifying the official narrative while systematically excluding dissenting voices. This failure of transparency has allowed federal health agencies like the CDC, NIAID, and HHS to evade accountability. These institutions, which should safeguard public health, have instead become ideologically and politically captured by private interests. Their close ties to pharmaceutical companies have led to the approval of insufficiently tested vaccines, the pathologization of normal childhood behaviors, and the delivery of subpar healthcare—all at a staggering cost of $5 trillion annually.

Our medical authorities assure us that they would never allow our children to be exposed to something unproven or known to be dangerous. They claim that vaccines, even when multiple injections are given on a single day, are safe and do "not cause any chronic health problems." Further, they claim that the ingredients contained in vaccines are either harmless or found in such miniscule quantities that they pose no health risks. The medical establishment also states unequivocally that there is no connection between vaccination and the rising incidence of ASD. Anyone who questions the safety of vaccination is immediately labeled as irresponsible or a quack who subscribes to pseudoscience.

Despite the dire state of children's health and healthcare outcomes, no significant reform efforts have been made. There is an urgent need to reevaluate our priorities and address the systemic failures that have left children and families increasingly vulnerable in a broken medical system.

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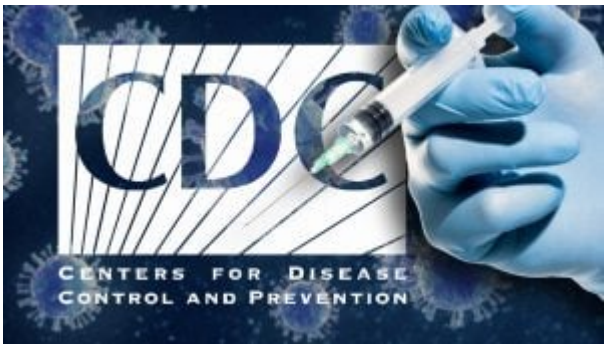

Every year, tens of millions of American children are vaccinated according to the vaccination schedule set forth by the Centers for Disease Control and Prevention (CDC). **The current CDC schedule recommends over 27 vaccines by the time a child reaches two years of age, and up to six shots in a single visit. In good faith the majority of parents follow their physicians' and the CDC's assurances that vaccines are both safe and effective. In order to protect the child and national population against disease, we must follow their recommendations.**

We would expect our medical authorities to assure us that they would never permit our children to be exposed to something unproven or known to be dangerous. Whatever medical interventions given to our children, including vaccines, we would expect to be extremely well tested in state-of-art clinical studies. The CDC claims that vaccines, even when multiple injections are given on a single day, are safe and do not cause any chronic health problems.

Further, they claim that the ingredients contained in vaccines are either harmless or found in such miniscule quantities that they pose no health risks. The medical establishment also states unequivocally that there is no connection between vaccination and the rising incidence of autism spectrum disorder. Anyone who questions the safety of vaccination is immediately labeled as irresponsible or a quack who subscribes to pseudoscience.

Given that vaccines are mandatory for most children in public schools, it would seem reasonable they should be scientifically proven to be safe. However, in a careful analysis of many hundreds of articles in the peer-reviewed literature on toxicology and immunology, nowhere can we find evidence for these claims about vaccine safety being based upon a gold standard of clinical research: long-term, double-blind, placebo-controlled studies. What is glaringly absent is research examining the cumulative toxicological impact of the CDC vaccine schedule over a long period of time. Never has a concise epidemiological study been published that compares the long-term health outcomes of a group of infants and children given the recommended CDC immunization schedule and a cohort of unvaccinated children. Since such research has never been carried out, our medical officials rely on inconclusive data that is not science-based and direly deficient for creating public health policies. Meanwhile, year and after year, generation after generation, American parents bring their children in for regular vaccinations while mistaking pure propaganda as scientific proof.

All humans possess a unique biochemistry that makes them more or less susceptible to various types of toxins. Whereas one child may be left with a compromised immune system after exposure to an environmental toxin, another child may experience learning problems or mild brain defects. Vaccine safety is not proved by stating the obvious – that not every child who receives the standard CDC vaccine schedule has autism. As we witness a rapidly increasing number of vaccinated children being afflicted by conditions such as autoimmune disorders, autism, food allergies, encephalitis, type 1 diabetes, Crohn's disease, etc., it's critical that environmental toxins be thoroughly investigated in childhood health to better understand their pathology. And when we look into the independent science on the safety of vaccines, it's readily apparent that many of the ingredients found in vaccines are toxic, even in small amounts, and these are likely contributing to a variety of illnesses, including autism, as more vaccines are added to the CDC immunization schedule.

After taking an uncompromising look at the institutions and medical professionals claiming that vaccines are safe for our children, we find that just a brief review of our medical establishment reveals a corrupt network riddled with conflicts of interest and scandal, making it clear that we simply cannot trust our health officials on the issue of vaccine safety.

Federal health propaganda denies outright that vaccinations are a causative factor for the rise in severe childhood neurological disorders. However, the studies they base their belief are solely observational retrospective studies. Such studies categorically fail to meet any gold standard and are often criticized for being overly vulnerable to researcher bias and the use of confounding variables to intentionally skew results. Every major study cited by pro-vaccine advocates to argue against an autism-vaccine relationship is an observational or cohort study.

The increase in autism, starting in the late-1980s, was largely believed to be genetic — and this myth continues despite the serious biological gaps to prove that such causation is scientifically sound. Despite the CDC's claims, the Institute of Medicine released a report stating that the CDC's childhood vaccine schedule has never been studied for safety. As far back as 1991, IOM has persistently urged the Department of Health and Human Services to conduct such studies.[1]

Image: Cases before the Vaccine Court are heard in the U.S. Court of Federal Claims. (Licensed under CC BY-SA 3.0)

The argument against an autism-vaccine connection falls flat when we consider that the US government's own Vaccine Injury Compensation Program (VICP) has awarded families monetary restitution for children who became autistic following immunization. Three cases compensated by the VICP highlight a link between vaccines and autism in certain circumstances. Hannah Poling developed ASD after receiving nine vaccines in one day; her family received compensation exceeding $1.5 million due to her underlying mitochondrial disorder aggravated by vaccines. Similarly, Ryan Mojabi's family was awarded compensation after vaccines caused severe brain injury leading to autism symptoms although the award amount remains undisclosed. These cases illustrate the complexity of vaccine safety in vulnerable individuals. The case of Bailey Banks involved a court ruling that the MMR (measles, mumps, and rubella) vaccine caused acute disseminated encephalomyelitis (ADEM), a brain inflammation that led to pervasive developmental delay, a condition on the autism spectrum. Again, the exact amount awarded in compensation is not publicly specified in most records because such settlements include lifetime care provisions and other benefits that are difficult to quantify. Beyond these cases, a study examining adjudicated cases in the VICP revealed that 83 children with autism were compensated for vaccine-related brain injuries. Most of these cases involved diagnosis of encephalopathy or seizure disorders accompanied by developmental regression and autistic symptoms. These cases challenge the federal health agencies public claims that no such connection has been recognized.[2]

For several decades we have been critiquing the scientific literature that both supports and cautions the CDC's immunization schedule and the many vaccines and their toxic ingredients that children receive before reaching their sixth year. For years mercury or thimerosal was the main culprit, and indeed the evidence for mercury's contribution to the increase in ASD should no longer be debated. Despite thimerosal having been removed from most vaccines, aside from the influenza shots, the inclusion of aluminum as a vaccine adjuvant continues to be ubiquitous. Aluminum disrupts brain homeostasis by inducing oxidative stress, mitochondrial dysfunction, and chronic inflammation, posing significant risks to genetically susceptible children.

The National Library of Medicine lists over 3,000 references about aluminum's toxicity to human biochemistry. Aluminum's dangers, often found as alum or aluminum hydroxide in

vaccines and food preparations, have been known since 1912, when the first director of the FDA, Dr. Harvey Wiley, later resigned in disgust over its commercial use in food canning; he was also among the first government officials to ever warn about tobacco's cancer risks back in 1927.[3]

Aluminum compounds — either as aluminium hydroxide or aluminum phosphate — are the most common adjuvants found in vaccines, including the hepatitis A and B vaccines, DTP, Hib, Pneumococcus, and the HPV vaccine or Gardasil. JB Handley noted that back in the mid-1980s, a fully vaccinated child would have received 1,250 mcg of aluminum before turning 18 years of age. Today that same fully vaccinated child would be injected with over 4,900 mcg, a four-fold increase.[4] And a child's actual aluminum exposure is likely much greater because aluminum sulfate is used in the purification of municipal water. Aluminum neurotoxicity in preterm infants after intravenous feeding, which at one time contained alum, was observed back in 1997 and reported in the *New England Journal of Medicine*. Thirty-nine percent of infants receiving aluminum-containing solutions developed learning problems upon entering schools compared to those receiving aluminum-free solutions.[5]

Dr. James Lyons-Weiler at the Institute for Pure and Applied Knowledge observed that vaccine aluminum levels are based upon increasing immune efficacy and ignore the body weight safety of a child, especially infants and toddlers. Even more negligent, the safety codes for aluminum vaccine doses also rely on dietary studies in mice and rats, not human children! Lyons-Weiler notes, "On Day 1 of life, infants receive 17 times more aluminum than would be allowed if doses were adjusted per body weight."[6]

Some of the research to discover aluminum-adjuvanted vaccines toxic levels and their adverse effects have found the following:

- Aluminum inflicts strong neurotoxicity on primary neurons.[7]
- Aluminum-laced vaccines increase the aluminum levels in murine brain tissue leading to neurotoxicity.[8]
- Aluminum hydroxide, the most common form of adjuvant used in vaccines deposits mostly in the kidney, liver and brain.[9]
- Long term exposure to vaccine-derived aluminum hydroxide (which is today an ingredient in almost all vaccines) results in macrophagic myofastitis lesions.[10]

Alarming health consequences of aluminum were reported in a 2011 study published in the Journal of Inorganic Biochemistry led by Dr. Lucija Tomljenovic at the University of British Columbia. That study revealed that rates of ASD among children are greater in countries where children are exposed to the highest amounts of aluminum in vaccines. The authors also noted "the increase in exposure to Al [aluminum] adjuvants significantly correlates with the increase in ASD [autism spectrum disorder] prevalence in the United States observed over the last two decades". A later article by Dr. Tomljenovic, published in the journal *Immunotherapy*, discussed the neurotoxic effects of aluminum on the central nervous system. The study documents aluminum's ability to trigger autoimmune and inflammatory responses, alter genetic expression and hence contribute to neurodevelopmental disorders.[11]

When Christopher Exely at Keele University analyzed brain tissue from children and teenagers diagnosed with ASD, he found consistently high levels of aluminum, with some of the highest concentrations recorded in human brain tissue. Aluminum was primarily detected inside inflammatory non-neuronal cells, such as microglia-like cells, across various

brain regions, including the occipital and frontal lobes. These findings point directly to aluminum's in ASD neuropathology in younger populations. Exley also systematically reviewed and analyzed 59 studies to assess the relationship between exposure to aluminum, cadmium and mercury and ASD. Significant associations were found, with aluminum and mercury levels in hair and urine positively linked to ASD. Again his findings underscore the aluminum's neurotoxic potential impact on neurodevelopment. The study strongly advocates for reducing vaccine's aluminum exposure among pregnant women and young children as a proactive measure to mitigate the increasing incidence of ASD.[12]

A University of Buffalo study further highlighted the urgent need to eliminate aluminum salts from vaccines due to their neurotoxic potential and possible association with ASD. The authors emphasize that replacing aluminum adjuvants in immunizations with safer alternatives should be prioritized as soon as possible to reduce long-term neurological damage and protect vulnerable children.[13]

In 2002, researchers at Utah State University conducted a serological study of elevated measles antibodies and myelin basic protein (MBP) autoantibodies from 125 autistic children and 92 children in a normal control group. MBP has been identified as playing a significant role in the onset of autism. Ninety percent of the MMR antibody positive autistic children were also positive for MBP autoantibodies. The researchers concluded that "an inappropriate antibody response to MMR, specifically the measles component thereof, might be related to the pathogenesis of autism.

Despite the CDC's consistent denial of an autism-vaccine relationship, researchers at Imperial College London examined the surge in ASD and speech impairment in the US over a six-year period. Their 2017 paper published in Metabolic Brain Disease identified a statistically significant link between higher vaccination rates and increased prevalence of these conditions. It found that a 1% increase in vaccination rates corresponded to 680 additional ASD cases thereby raising urgent concerns about vaccine components as potential environmental triggers for autism.[14]

Image source

Another disturbing case of government-industry knowledge about a vaccine-autism

connection was a leaked 2011 document from GlaxoSmithKline, one of the world's largest vaccine manufacturers. Reported by VacTruth's Christina England, the text admits the corporation had been aware of the autistic risks associated with its Infanrix vaccine, which combines diphtheria, tetanus, acellular pertussis, hepatitis B, inactivated polio and haemophilus influenza viruses. The report details adverse effects associated with autism, including encephalitis, developmental delays, altered states of consciousness, speech delays and other adverse reactions.[15]

The work of Dr. Roman Gherardi at the University of Paris has shown that when an aluminum adjuvant is injected in a mouse, the metal will find its way to the brain a year later. The significance of this discovery confirms the incidence of gradual ASD progression, and symptoms do not necessarily appear immediately after vaccination. Gherardi and his colleagues also discovered that the aluminum adjuvant remains in the tissues far longer than originally assumed. The Paris University study raises a serious concern over aluminum's biopersistence, which Gherardi calls a "Trojan horse mechanism." The adjuvant can lodge and accumulate in brain tissue for years, decades or perhaps a lifetime.[16] This raises a further concern about brain neuroinflammation caused by the buildup of aluminum plaque. Dr. Carlos Pardo-Villamizar at Johns Hopkins University published his paper "Neuroglial Activation and Neuroinflammation in the Brain Patterns of Patients with Autism." His conclusions: autistic brains are permanently inflamed. This was the first independent study to actually look at the brains of people with autism.[17]

Even when the CDC's own immunologist, Dr. William Thompson, whistle-blows and provides thousands of pages of scientific data and research proving a vaccine-autism connection, the matter is rapidly shoved under the table. In the case of Dr. Thompson's release of confidential documents to a Congressional subcommittee, the CDC intentionally concealed its evidence that African American boys under 36 months had a higher risk of autism after receiving the Measles-Mumps-Rubella vaccine or MMR. The documents proved the CDC had previously known for years that neurological tics, which indicate brain disturbances, were associated with thimerosal-containing vaccines, notably the flu vaccine.

While all this evidence might warrant our health agencies to be charged with criminal misconduct for endangering public health, they have had no effect on changing national policy over vaccine safety. Rather, the official denial of a possible association between vaccines and autism has now been engraved into an absolute dogma. To date, there is not a single gold standard publication to refute with any degree of certainty a vaccine-autism connection. Nevertheless, one thing is certain. The health of Americans is declining dramatically. Annually, the statistics worsen. American children's health ranks dead last among developed nations. And a large proportion of this poor ranking is attributed to the failing health in American children with neuro-developmental disorders including autism and ADHD.

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Notes

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[3] https://www.fda.gov/AboutFDA/History/FOrgsHistory/Leaders/ucm2016811.htm

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