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# Do Vaccines Cause Autism? Vaccine Safety Continued and Profits Over Health

Part III of a Three-part Series

By Helen Buyniski, Richard Gale, and Dr. Gary Null
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Theme: Science and Medicine



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**Part I**


**Do Vaccines Cause Autism? A History of Institutional Corruption**

*By Helen Buyniski, Richard Gale, and Dr. Gary Null, August 29, 2023*

**Part II**

**Do Vaccines Cause Autism? The Evidence Against Vaccine Safety**

*By Helen Buyniski, Richard Gale, and Dr. Gary Null, September 05, 2023*

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## Aluminum

*Aluminum is an adjuvant, a chemical booster added to vaccines to induce an immune response. Most vaccines in the CDC schedule contain an aluminum compound. Furthermore, there is a large body of scientific research to support a connection between aluminum and*

*neurotoxicity.*

It is worth noting that the federal health agencies have admitted to the many dangers posed by aluminum exposure, such as the 357 page document titled "Toxicological Profile for Aluminum" released in 2008 by the Department of Health and Human Services' Agency for Toxic Substances and Disease Registry. The document, which was thoroughly vetted by CDC scientists, states:

> "There is a rather extensive database on the oral toxicity of aluminum in animals. These studies clearly identify the nervous system as the most sensitive target of aluminum toxicity and most of the animal studies have focused on neurotoxicity and neurodevelopmental toxicity."[122]


TOXICOLOGICAL PROFILE FOR
ALUMINUM

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Agency for Toxic Substances and Disease Registry

September 2008

Screenshot from ATSDR

Despite the government's tacit recognition of aluminum's health risks, the CDC and other federal agencies have made no effort to further investigate the cumulative toxicological impact of the current vaccine schedule.

Another culpable ingredient now used in most childhood vaccinations, and also associated with adverse neurological effects, is the adjuvant aluminum. Because the viruses in vaccines

have been weakened or killed, they are unable to trigger a sufficient immune response in the body. Therefore, an adjuvant is used to hyperstimulate the immune system to start producing antibodies. Without an adjuvant, vaccines would largely be ineffective. The critical question raised by Generation Rescue co-founder and author of *How to End the Autism Epidemic*Jonathan "JB" Handley is, "Could an ingredient in vaccines whose purpose is to hyperstimulate the immune system trigger immune activation in the brain at critical points during brain development?"[123]

Since 2000, as thimerosal was being phased out, children's aluminum adjuvant burden has increased, with more vaccines being added to the CDC's vaccination schedule.[124] Aluminum compounds — either as aluminum hydroxide or aluminum phosphate — are the most used adjuvants found in vaccines, including the hepatitis A and B vaccines, DTP, Hib, Pneumococcus, and the HPV vaccine or Gardasil. Each is given to children, the HPV now starting at 10 years. Handley notes that 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.[125] A child's actual aluminum exposure is likely much greater because aluminum sulfate is used in the purification of municipal water. Drinking water may contain levels up to 1,000 mcg/L. An early 1996 study published in the American Academy of Pediatrics monthly journal acknowledged aluminum toxicity and adverse effects in premature infants receiving intravenous fluid therapy.[126]

The aluminum compounds used as adjuvants in vaccines are selected despite known neurotoxicity and a preponderance of evidence that they cause brain inflammation and other autoimmune symptoms. Dr. Roman Gherardi has found that aluminum is extremely biopersistent and that far from remaining localized at the site of injection, aluminum adjuvant is taken up in the bloodstream and travels all over the body, building up in the brain over the course of years of vaccinations instead of being quickly eliminated as vaccine apologists claim.[127] A 2018 study by Mold et.al. found "some of the highest values for aluminum in human brain tissue yet recorded" in the teenage autistic patients the researchers examined – rates 10 times higher than what would be expected in an adult, let alone a child. The location of the aluminum within the brain also suggested it had traveled there via immune pathways, appearing in inflammatory non-neuronal cells called microglia. The researchers concluded this unusual distribution was a "standout observation" in autistic brain tissue and likely played a role in the development of the disorder.[128]

A common argument against vaccine opponents, who blame aluminum for a variety of health conditions, including autism, is that the metal is the third most prevalent element on earth. What they fail to acknowledge is our gastric-intestinal system is rather impervious to aluminum absorption. About 2% of orally consumed aluminum from the environment is actually absorbed and much of this is later expelled from the body by other means. However, injectable and intravenous aluminum compounds directly entering the bloodstream are a completely different matter. This is why the use of aluminum adjuvants in vaccines carries a high neurodegenerative and autism risk. Aluminum neurotoxicity in preterm infants after intravenous feeding, which then contained alum, was observed back in 1997 and reported in the *New England Journal of Medicine*.[129] Thirty-nine percent of infants receiving aluminum-containing solutions developed learning problems upon entering schools compared to those receiving aluminum-free solutions.

Similar to thimerosal, aluminum is a heavy metal that contributes to oxidative stress leading to neuroinflammation and microgliosis, an intense adverse reaction of the central nervous

system microglia that leads to a pathogenic results characteristic in some ASD conditions.[130] The National Library of Medicine lists over 2,000 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.[131] The medical profession cannot argue against aluminum's ill effects on children.

Dr. James Lyons Weiler at the Institute for Pure and Applied Knowledge has noted that aluminum levels found in vaccines are based on increasing immune efficacy and completely ignore the body weight safety of a child, especially infants and toddlers. But even more negligently, the safety codes for aluminum vaccine doses 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."[132] The author is referring to the Hepatitis B vaccine given immediately after birth.

Infancy and the neonatal states are the most vulnerable periods of human development, a time when individuals are most susceptible to transfer and uptake of toxic metals such as aluminum and mercury — if a pregnant mother received a thimerosal-laced flu shot — into the brain tissue.

Newborns also vary in size, organ development, genetic disposition, and mother's environment in utero.

Fetal elimination of toxins is also vastly different that the later stages of development in life. Research investigating the elimination of ethylmercury or aluminum in an adult has little relevance to that of a fetus. Nevertheless, vaccines adhere to a one-size-fits-all model for their formulation, and much of the argument for vaccine ingredient safety is solely based upon published studies on adults, not fetuses and infants. Worse, JB Handley's investigations realized that "aluminum was grandfathered into pediatric vaccines without safety testing."[133]

In other words, injecting aluminum into the bloodstreams of small children has NEVER best tested. This is supported by Drs. Christopher Shaw and Lucjia Tomljenovic at the University of British Columbia's Neural Dynamics group, who has been investigating aluminum toxicity diligently in their laboratory. In their paper "Mechanisms of Aluminum Adjuvant Toxicity and Autoimmunity," the authors state, "It is somewhat surprising to find that in spite of over 80 years of use, the safety of AL adjuvants continues to rest on assumptions rather than scientific evidence. For example, nothing is known about the toxicology and pharmacokinetics of AL adjuvants in infants and children."[134]

Shaw and Tomljenovic have conducted extensive research over the years to determine the neurotoxicological effects of vaccine aluminum and its correlation with the rise of autism spectrum disorders. There is already a strong correlation between children in countries with the highest autism rates and aluminum levels from vaccine exposure. As stated above, the FDA established its measurement for aluminum allowance based upon the amount necessary to trigger the vaccine's antigenicity rather than concerns about toxicity or safety. In an earlier 2009 study published in the Journal of Neuromolecular Medicine, Dr. Shaw and his team demonstrated that the extreme toxicity of aluminum adjuvant contributed to motor neuron death associated with Gulf War illness.[135] It was the first study to test aluminum

in vaccines within a biological setting.

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

- Aluminum inflicts strong neurotoxicity on primary neurons.[136]
- Aluminum-laced vaccines increase the aluminum levels in murine brain tissue leading to neurotoxicity.[137]
- Aluminum hydroxide, the most common form of adjuvant used in vaccines, deposits mostly in the kidney, liver and brain.[138]
- Long term exposure to vaccine-derived aluminum hydroxide (which is today an ingredient in almost all vaccines) results in macrophagic myofascitis lesions.[139]

Sealey et al. published a 2016 article titled "Environmental factors in the development of autism spectrum disorder." The authors conducted a comprehensive literature search, the result of which implicated environmental factors in autism, including heavy metals, especially aluminum used in vaccines as an adjuvant. Also implicated are pesticides, phthalates, polychlorinated biphenyls, solvents, air pollutants, fragrances, and the weed killer glyphosate (RoundUp).[140]

The work of **Dr. Roman Gherardi** at the University of Paris has also recently come to light, showing that when an aluminum adjuvant is injected in a mouse, it will find its way to the brain a year later. The significance of this discovery would confirm that many cases of autism progress gradually, and symptoms do not necessarily appear immediate upon or several days after vaccination. Gherardi and his colleagues also discovered in a later 2015 study that aluminum adjuvant remains in the tissues far longer than originally assumed.

The principle argument offered by the pro-vaccine community and health officials is that aluminum is quickly eliminated from the body. However, 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. This should also further raise a question whether vaccines are now also contributing to the epidemic in dementia and Alzheimer's Disease that has also been associated with brain neuroinflammation caused by the buildup of aluminum plaque. Back in the US, **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.

This brings us to the critical research and findings of Prof. Christopher Exley at Keele University in the UK and their investigation into the brain tissue of autistic patients to measure aluminum levels. Exley's finding, reproduced by JB Handley, is shocking. He reports,

> "While the aluminum content of each of the five brains (of people with autism) was shockingly high, it was the location of the aluminum in the brain tissue which served as the standout observation…. The new evidence strongly suggests that aluminum is entering the brain in ASD via pro-inflammatory cells which have become loaded up with aluminum in the blood and/or lymph, much as has been demonstrated for monocytes at injection sites for vaccines including aluminum adjuvants."

Why is this so critical? Because Exley has identified a biomolecular pathway directly leading to vaccine-caused brain inflammation. It is the monocytes or macrophages at the injection sites, the point where a child has been vaccinated, that have become the carriers of aluminum to the brain.

The alarming health consequences of aluminum were reported in a 2011 study published in the *Journal of Inorganic Biochemistry* by **Drs. Lucija Tomljenovic** and **Christopher Shaw** at the University of British Columbia. The study revealed that rates of autism spectrum disorder 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" Applying a statistical measure used to assess the causation inherent in a correlation, they were able to confirm that "the correlation between Al in vaccines and ASD may be causal."[141] An additional article by Dr. Tomljenovic, and published in a 2014 issue of the journal Immunotherapy, discussed the neurotoxic effects of aluminum on the central nervous system. The article mentions the role played by the metal in triggering autoimmune and inflammatory responses, altering genetic expression and contributing to neurodevelopmental disorders.[142]

These findings are further supported by MIT researcher Dr. Stephanie Seneff. Seneff's scientific investigation into the pathology of autism has turned up evidence that the neurotoxicity of aluminum is greatly increased when combined with glyphosate, Monsanto's very widely used pesticide which is sprayed on crops around the world. Seneff posits that not only do these two agents combine to promote neurodevelopmental conditions but can also disrupt the gut's microbiome, potentially leading to leaky gut syndrome, kidney failure, and other serious complications.[143]

In a comprehensive overview of the literature on aluminum adjuvants, Tomljenovic and Shaw bring together studies confirming these molecules are not only neurotoxic but also endocrine disruptors, genotoxins, immunotoxins, and pro-inflammatories; they also interfere with glucose metabolism, membrane receptor signaling, mitochondrial function and ATP energy transfer, among other homeostatic functions.[144] While aluminum's environmental ubiquity is a source of harms on its own, the body is able to excrete much of what it consumes through food and drink. When injected, however, the human brain doesn't stand a chance: dozens of studies have confirmed that aluminum adjuvant particles can cross the blood-brain barrier, triggering a devastating inflammatory response in brain tissue. During infancy and childhood, the blood-brain barrier is at its most permeable, rendering the administration of adjuvant-containing vaccines especially destructive. Vargas et.al. published a paper on the link between microglial activation and autism in 2004, demonstrating that autistic patients suffered from lifelong low-level immunoexcitation of the brain, in a study that has been replicated many times.[145]

A 2017 study by Crépeaux et.al. required a wholesale reevaluation of everything we know about aluminum adjuvants. The researchers found, counterintuitively, that it was actually the smallest doses of the adjuvant Alhydrogel (brand name for aluminum oxyhydroxide, the most common adjuvant used in vaccines) that produced the worst neurotoxic effects. Higher doses were seen to trigger the formulation of protective "granulomas" – a function of the body's natural immune defenses against hostile foreign intruders – but in small doses the aluminum nanoparticles were taken up by monocytes (white blood cells) as part of the

immune response to the vaccine, riding those cells all the way to the brain. The low-dose subjects were those who displayed marked neurobehavioral deterioration.[146]

**No studies were ever conducted to evaluate the safety of aluminum adjuvants before drugmakers decided to use them in vaccines** – indeed, the FDA's ceiling on how much aluminum a vaccine can contain is based on the substance's efficacy in enhancing the vaccine's antigenicity, not how it is tolerated in the body. The mechanism by which aluminum acts as an immune adjuvant is poorly understood,[147] yet its use is considered safe beyond question as a matter of faith, even though the CDC limits aluminum in parenteral feeding solutions for safety reasons.[148] With a vaccine schedule that only expands, never contracts, children today are injected with many times the aluminum load of children 30 years ago, and the weight of the evidence that this substance is toxic cannot be ignored.

A study published in 2018 points to fluoride as another possible trigger for the immunoexcitotoxicity that has been indisputably linked to autism. Strunecka et.al. discovered that the synergistic effects of aluminum and fluoride exposure resulted in far worse inflammation in neural tissue than aluminum or fluoride alone. Worse, the combination of the two neurotoxins has a marked effect on cell signaling, nervous system function, and neurodevelopment when present in lower concentrations than either substance alone. Because the US is one of the dwindling number of countries that persists in adding the industrial byproduct fluoride to its drinking water despite the overwhelming burden of scientific proof of its negative health effects, most children exposed to excessive aluminum through their vaccination schedules are also consuming excessive fluoride – doubly dangerous in conjunction with the biopersistent adjuvant.[149]

The CDC knows aluminum adjuvants are as toxic and damaging as thimerosal and has exploited this knowledge in the studies it has conducted to "prove" vaccines have no connection to autism. The agency's scientists administer a "placebo" to the control group that still contains the deadly adjuvant, ensuring they too will be poisoned and thus not differ noticeably in autism rates from the active-vaccine group. At this point, with so many papers in the peer-reviewed literature proving the neurotoxicity of aluminum adjuvants, such a "mistake" in research methodology can only be a deliberate attempt to obfuscate the reality.[150] To administer an inert placebo would be to open up the trial to the possibility of meaningful results, a mistake they vowed never to make again at Simpsonwood.

The indictment of aluminum adjuvants should have been complete with a 2015 Chinese study published in the *Journal of Neuroimmunology*. The study compared three groups – one receiving a tuberculosis vaccine that contained no aluminum adjuvant; one receiving the aluminum-containing hepatitis B vaccine typically given to babies on their first day outside the womb; and one control group. The hepatitis B group manifested heightened levels of IL-6, the cytokine marker for autism, and impeded synaptic plasticity in the hippocampus, a brain area particularly sensitive to the effects of neuroinflammation. The tuberculosis group showed lower levels of IL-6 and increased synaptic plasticity.[151] The study seems to confirm that it is not the vaccines as such that have caused such a devastating increase in neurodevelopmental disorders, but medical authorities' refusal to address the presence of a neurotoxic adjuvant in one of their most lucrative products.

## Formaldehyde

Formaldehyde is a naturally occurring metabolite commonly added to bacterial and viral

vaccines. According to the FDA “It is used to inactivate viruses so that they don’t cause disease (e.g., polio virus used to make polio vaccine) and to detoxify bacterial toxins, such as the toxin used to make diphtheria vaccine.”[152] Though formaldehyde may neutralize potentially harmful pathogens in vaccines, the World Health Organization lists it as a “known human carcinogen.”

According to a report by the US’s Occupational Safety and Health Administration (OSHA), ingesting “formaldehyde can be fatal, and long-term exposure to low levels in the air or on the skin can cause asthma-like respiratory problems and skin irritation such as dermatitis and itching.” The report also cites formaldehyde as “a cancer hazard.”[153] More evidence suggests formaldehyde exhibits neurotoxic properties as well.[154]

The response from our health officials is that formaldehyde is contained in such small doses in vaccines that it doesn’t threaten human health. However, there is a conspicuous lack of research into the effects of formaldehyde exposure through multiple vaccines in pediatric populations. Given that infants and small children possess a much greater sensitivity to toxins compared to adults and that formaldehyde is introduced to children through immunizations containing a host of other toxic ingredients, it is crucial that we reevaluate its use in vaccines.

## Monosodium Glutamate (MSG)

Monosodium glutamate, also known as MSG, has been used as a food additive for over a century, imparting a savory flavor that appeals to many people. It has also made its way into vaccines. Dr. Russell Blaylock notes that MSG is classified as an excitotoxin, or a compound which over stimulates cell receptors to such an extent that the cell ceases to function normally, resulting in damage to nerve cells and contributing to seizures.[155, 156, 157]

In Blaylock’s 2009 three part series, “A possible central mechanism in autism spectrum disorders,” he wrote:

> “There is compelling evidence from a multitude of studies of various design indicating that foodborne excitotoxin additives can elevate blood and brain glutamate to levels known to cause neurodegeneration and in the developing brain, abnormal connectivity. Excitotoxins are also secreted by microglial activation when they are in an activated state. Recent studies, discussed in part 1 of this article, indicate that chronic microglial activation is common in the autistic brain. The interaction between excitotoxins, free radicals, lipid peroxidation products, inflammatory cytokines, and disruption of neuronal calcium homeostasis can result in brain changes suggestive of the pathological findings in cases of autism spectrum disorders. In addition, a number of environmental neurotoxins, such as fluoride, lead, cadmium, and aluminum, can result in these pathological and biochemical changes.”[158]

## Animal and Human DNA

Animal and even human tissues are used as a culture medium to grow the targeted virus or bacteria used in vaccines. Today, vaccine viruses are cultured in chicken fibroblast cells and embryos, chick retinal and kidney cells, monkey and dog kidney cells, aborted human fetal lung fibroblast cells and mouse brain tissue, to name a few.[159] In 2013, the FDA approved the use of insect cells instead of chicken eggs for the influenza vaccine.

Unfortunately, viral filtration of the substrate that will be used in the vaccine is a primitive manufacturing process. A significant amount of foreign DNA and genetic debris from the culture finds its way into the vaccine that is eventually administered to children. DNA fragments can recombine with our body's host cells thereby triggering undesirable autoimmune reactions. Considering the exponential increase in autoimmune diseases over the past 25 years, it is reasonable to suspect that the large amount of foreign genetic debris injected into our bodies is wreaking havoc with natural immune functions. There are also instances of certain vaccines causing a specific autoimmune response, such as a Haemophilus influenza B vaccine and type 1 diabetes association, and a Hepatitis B-Multiple Sclerosis relationship, which were observed after widespread administration of these vaccines.[160, 161, 162]

## Polysorbate 80

Polysorbate 80 is a chemical agent used as an emulsifier in vaccines. Research suggests that exposure to polysorbate 80 can "cause severe nonimmunologic anaphylactoid reactions."[163] Another study found a connection between this substance and Crohn's disease.[164]

## Triton X-100

A type of detergent used in some flu vaccines, Triton X-100 has been found to promote cell death and cause intestinal damage in animal studies.[165, 166]

## Phenol

Phenol is a type of preservative commonly used in vaccines. A study looking into the viability of preservatives in vaccines noted that phenol, like Thimerosal, is neurotoxic. The authors suggested that "(f)uture formulations of US-licensed vaccines/biologics should be produced in aseptic manufacturing plants as single dose preparations, eliminating the need for preservatives and an unnecessary risk to patients."[167]

## 2-Phenoxyethoanol

The compound known as 2-Phenoxyethoanol is commonly used as an antibacterial agent in vaccines. Among its known. Reports link this chemical to kidney, liver, and neurological toxicity.[168]

### *Vaccine-Autism Research*

Scientists at the University of Pittsburgh investigated the effects of vaccination on the neurodevelopment of baby macaque monkeys. The monkeys were given a course of vaccinations typical of the 1990s vaccine schedule. In comparison with the control group, vaccinated monkeys displayed abnormal patterns of brain growth and dysfunction of the amygdala – both strong indicators of autism when they appear in children.[169]

In 2002, the *Journal of Biomedical Science* published research carried out by scientists at Utah State University's Department of Biology analyzing the effects of the MMR vaccine on the central nervous system. In their evaluation, the group discovered that autistic children who receive the MMR possess a higher titer of certain antibodies related to measles. These antibodies trigger an abnormal autoimmune response that effectively damages the brain's myelin sheath. Evidence suggests that such damage to the myelin sheath may impair

normal brain activities and cause autism.[170]

The University of California San Diego and San Diego State University published a study showing a higher incidence of autism among children who were given the MMR vaccine and subsequently took acetaminophen or Tylenol. Their findings were published in the medical journal Autism.[171]

There are more articles to summarize than fit within the scope of this article. The website How Do Vaccines Cause Autism? has compiled "the body of research supporting vaccine autism causation." The compilers introduce the subject:

> "The American Academy of Pediatrics FALSELY states that 'Vaccines are not associated with autism.'

Autism is a largely immune mediated condition, and the purpose of a vaccine is to change the behavior of the immune system. Vaccines and their ingredients can cause the underlying medical conditions that are commonly found in children who have been given an autism diagnosis. These conditions include immune system impairment, autoimmune conditions, neuroinflammation, gastrointestinal damage, neurological regression, mitochondrial dysfunction, oxidative stress, glial cell activation, interleukin-6 secretion dysregulation, damage to the blood–brain barrier, seizures, dendritic cell dysfunction, mercury poisoning, aluminum toxicity, gene activation and alteration, glutathione depletion, impaired methylation, impaired thioredoxin regulation, impairment of the opioid system, cellular apoptosis, endocrine dysfunction, and other disorders."

This website, https://howdovaccinescauseautism.org/, is available for the perusal of anyone interested in familiarizing themselves with the science. Studies with their abstracts and author and publication information are posted, and relevant sections highlighted. A full list of the studies featured on this site have been kindly provided to us, and are listed as an appendix to this article.

*"Unanswered Questions from the National Vaccine Injury Compensation Program"*

Aside from the pursuit to understand autism through scientific observation and experimentation, with its many threads leading back to vaccines, there is the story being told in parallel in the courts, specifically the separate, specially designated "vaccine court." An in presentation of the story of this court, and the information its proceedings have to offer in untangling the autism/vaccine knot, is presented by Mary Holland, Louis Conte, Robert Krakow, and Lisa Colin in a 2011 public law and legal theory research paper titled *Unanswered Questions from the Vaccine Injury Compensation Program: a Review of Compensated Cases of Vaccine-Induced Brain Injury*.[172] This article is a must-read for anyone who wishes to understand what autism is, the vaccine-autism connection, the workings of the VICP, and its underbelly. The VICP appears to be one of the primary tools used to cover up the autism-vaccine connection by nature of its blanket refusal to compensate autism cases as such, before and since the Hannah Poling case.

But by compensating many families of individuals who were brain damaged by vaccines, the US government has all but admitted to the connection between vaccines, neurological disorders and autism.

The VICP, housed under the the Office of Special Masters of the U.S. Court of Federal Claims,

is the *only* forum in which a parent may bring a claim for her child's vaccine injury. In this court, the vaccine manufacturer does not stand trial; attorneys fees are paid by the vaccine court, which is funded by consumers through a special tax on vaccines; the case is not heard by a jury; and court cases take several years to be heard, as costs for families of injured children pile up.[173] It is a "no fault" program that requires parents to file first in the VICP before any other court.[174] It was created with the passing of the 1986 National Childhood Vaccine Injury Act, legislation now infamous among vaccine-safety advocates.

This act was drafted for the purpose of creating the national immunization program which is commonplace today. A second purpose of this legislation was to *shield the vaccine industry and the medical profession from liability*, requiring parents to bring suit not against the vaccine manufacturer or healthcare provider, but against the U.S. Department of Health and Human Services (HHS).[175]

> "Starting in 1988, no vaccine manufacturer was liable for a vaccine-related injury or death from one of the recommended vaccines 'if the injury or death resulted from side effects that were unavoidable even though the vaccine was properly prepared and was accompanied by proper directions and warnings.'"[176]

However, the Act permits vaccine manufacturers the right "not to disclose known risks to parents or guardians of those being vaccinated," leaving this to the discretion of the doctor.[177] Also, the statute of limitations for petitions made to VICP is 3 years, shorter than many state tort law statues.[178]

Rather shockingly, the VICP was established expressly to compensate "vaccine-related injury or death." "Congress enacted the statue to compensate children who had been injured while serving the public good"[179] — though as infants and toddlers, they could never have known they were serving this "good," nor did they willingly volunteer to do so. Here we have, in 1986, an admission from the federal government that vaccines are inherently unsafe — otherwise, what need would there be for this program? Since no prior studies had looked at the cumulative effect of giving many vaccines all at once to newborns and very young children, it starts to look like these children were subject to medical experimentation without informed consent.

Not only is this an outright admission of the inherent dangers of vaccines in general, but the proceedings of this court have revealed a direct connection between vaccines and autism specifically, though this connection is still officially denied.

At its inception, only certain injuries were recognized as vaccine injuries under the VICP, and these injuries were meant to be compensated quickly without requiring the petitioner to prove the vaccine caused the injury — if the injury was noticed within 30 days of vaccination.[180] These recognized injuries include encephalopathy and residual seizure disorders, among others (such as death). Recognized injuries are listed in an official Vaccine Injury Table. But for those injuries which were not included in the Table, "petitioners would have to prove these injuries based on a preponderance of the evidence, a 'more likely than not' standard."[181]

The *Unanswered Questions* paper looks in detail at the DSM-IV definitions of "autistic disorder" and of "encephalopathy, seizures and sequela" and note they do not contradict each other. In fact, "when put side by side, [they] show significant similarities."[182]

The report explains the Autism Omnibus legal proceedings which went on between 2002 and 2009,[183] a mind-bending arrangement in which the court examined six "test cases" of autism as exemplars of theories that attempt to explain vaccine-autism causation. If these theories were concluded by the Special Masters overseeing the court to be correct, that would establish a precedent that autism can be caused by vaccines. Awaiting the decision of these six test cases were another 5,000 petitioners who had also filed claims alleging that MMR and thimerosal had caused their children's autism. (Many more thousands of claims were barred from inclusion due to the statute of limitations[184]). The decisions made on the test cases were then to apply to all the petitioners.

The Omnibus proceedings were marked by significant aberrations, apparent abuse, red flags and hanging questions, as the authors explain in detail. Ultimately and predictably, the Omnibus ended in the decision that vaccination did not cause the children's autism in each of the test cases. However, during proceedings, a court document was leaked to the press, in which HHS conceded that in one of the slated test cases, the famous Hannah Poling case,[185] her autism was indeed "triggered" by vaccination. According to the authors,

> "The Poling concession left unclear just how Hannah Poling might differ from the other five thousand claims of vaccine-induced autism in the Omnibus… [It] raised key questions about the VICP's transparency and equitable treatment of petitioners. Just how different was Hannah Poling's case?"[186]

After the Poling revelations, journalists wanted to find out whether more cases among those compensated by VICP resembled or resulted in autism.[187]

The Health Resources and Services Administration (HRSA) oversees the VICP as well as the Countermeasures Injury Compensation Program (CICP), a separate injury compensation program established under the Public Readiness and Emergency Preparedness (PREP) Act[188] to compensate injuries resulting only from "countermeasures" to public health emergencies, namely vaccines. (See note at end).

When queried by a journalist, David Bowman of the HRSA conveyed by email the following HRSA-approved statement, admitting that the very administration that runs the Vaccine Injury Compensation Program *does not track autism*:

> "The government has never compensated, nor has it ever been ordered to compensate, any case based on a determination that autism was actually caused by vaccines. We have compensated cases in which children exhibited an encephalopathy, or general brain disease. Encephalopathy may be accompanied by a medical progression of an array of symptoms including autistic behavior, autism, or seizures.
>
> Some children who have been compensated for vaccine injuries may have shown signs of autism before the decision to compensate, or may ultimately end up with autism or autistic symptoms, but we do not track cases on this bases."

The author of the original inquiry which elicited this response, journalist David Kirby, then filed a Freedom of Information Act request to HHS "asking whether it would be possible to obtain information and documents regarding compensated vaccine injury claims." He received a response that such an undertaking would take four to five years and would cost approximately $750,000. HHS's response to the request states, "If you will send us a deposit for half of the estimated costs — $377,312.50 — we will proceed with assembling and

reviewing these records."[189]

This effective denial is the point from which the authors of the *Unanswered Questions* paper began meticulous and thorough efforts to uncover for themselves the data on cases accompanied by autism or neurological injury with "autism-like symptoms" listed in the DSM-IV, such as "decreased level of consciousness," speech regression and speech disorders, and damaged ability to connect with others.[190]

**The *Unanswered Questions* report lists 83 cases in which families have been compensated for cases of vaccine-induced encephalopathy and residual seizure disorder associated with autism**. Included are brief but heartbreaking descriptions of each child's devastating injuries and disabilities:

> "He would bang his head approximately six times and then return to normal. He has the cognitive skills of a two or three year old… After the third DPT vaccination… He lost milestones and development…"[191]

In 21 of these cases, the word "autism" is actually used in court documents to describe the injuries that resulted from vaccination.

But regardless of whether the child's injuries ultimately "resulted in" autism, the special masters were ready with their dysfunctional logic to skirt around discussing this, or blaming vaccines for that autism:

> "It was noted at the hearing that Kienan's neurologic disorder has features that might cause it to be labeled as 'atypical autism,' a condition within the category of 'autistic spectrum disorder.' I note, however, that even assuming that Kienan's disorder is correctly classified within the 'atypical autism' category, that is essentially irrelevant to my ruling… As Dr. Kinsbourne explained, Kienan's autistic-type features seem to be a result of the brain damage caused by his severe mental retardation. As Dr. Kinsbourne further explained, brain damage is one of the many possible causes of autism. Thus, I cannot see why the fact that Kienan's disorder may fall within the autism spectrum has any substantial relevance to the question of what caused Kienan's seizure disorder and mental retardation."[192]

Another:

> "Respondent argues that Eric's current behavioral manifestations and retardation 'fit the pattern of autistic spectrum disorders with severe mental retardation.' Dr. Spiro summarizes: 'This child had a [DPT-related febrile] reaction following his DPT booster, but it is clear that he currently fits into the autistic spectrum disorder with retardation. This group of disorders is totally unrelated to DPT, it usually constitutes a group of genetically determined or idiopathic disorders (without a clear known etiology [or origin]).'"[193]

The obvious conclusion is that, in paying these claims, the government has implicitly acknowledged a link between vaccination and autism.[194]

The authors explain why they think there may be many more such cases, "that autism is often associated with vaccine-induced brain damage."[195] They recommended a Congressional Inquiry into compensated cases of vaccine-induced injury to find out how frequently this association occurs. The invitation is still open. They also recommend that the

scientific community “investigate all compensated cases of vaccine injury to gain a fuller understanding of the totality of consequences of vaccine injury.”[196]

Since the 2011 publication of this paper, Wayne Rohde, author of two books on the vaccine injury compensation programs, may have found more. Rohde maintains a database of over 15,000 vaccine injury petitions that have been adjudicated or are pending. He says he has identified 26 more possible cases, which cannot be confirmed without official medical oversight. He determined these additional cases by looking “at a few of the compensated awards and the lifecare plan that was awarded to them. If the plan shows certain types of therapies or medical treatments that are common for kids with autism,” he marks the case as a possible autism case. He said, “I can not be certain until the families are interviewed by medical staff. That is the problem. No one wants to speak due to the extreme media pressure that will come their way. CNN, HuffPost, Fortune, Newsweek plus all the online news sites that CDC uses for PR will come after them.”[197]

In the collection of the United States government’s published records of decisions made in the United States Court of Opinions in the care of the Secretary of Health and Human Services, 1,905 opinions on vaccine injury cases have been published since the beginning of January 2023. Of these twenty-four decisions have been made on cases for which the record contain the word “encephalopathy.”[198] In one of these, the decision reads,

“On August 2, 2019, Michelle Carroll (“Petitioner”) filed a petition in the National Vaccine Injury Program on behalf of J.W., a minor child, alleging that as a result of receiving the pneumococcal conjugate (“PCV13”), Haemophilus influenzae type B (“Hib”) (abbreviated in the record as HIB-PRP-T), inactivated poliovirus (“IPV”), diphtheria-tetanus-acellular pertussis (“DTaP”), and rotavirus vaccines on August 3, 2016, and PCV13 and rotavirus vaccines on October 11, 2016, J.W. suffered injuries including ***encephalopathy with residual seizure disorder and global developmental delay***.”[199][emphasis added]

Sounds awfully like autism.[200] But as David Bowman mentioned, the government isn’t keeping track. If you’d like, you can keep track for yourself.[201]

The United States Court of Federal Claims publishes annual reports of vaccine cases.[202] However, since the 2016,[203] no annual judgment reports have been posted, only statistical reports, making these cases more difficult to follow, and with no disclosures of specific cases.[204]

According to HRSA, in the life of the vaccine court, almost half of all petitions filed have been dismissed, while some have not yet been heard. Less than half of all those cases which have been heard by the court to date have received compensation. In 2011, at the time of the publication of the Unanswered Questions paper, only one in five cases had received compensation. The authors conducted telephone interviews with caregivers of the autistic children who made petitions to the VICP. In answer to the questions about their experiences in the vaccine court, caregivers made comments such as “It was a war” and “The court spends way too much time looking for ways NOT to compensate families.”[205] The authors also noted abuse and scorn directed to the petitioners and their advocates by the court’s judges in the Autism Omnibus proceedings.[206] When the court was set up to “quickly and easily” compensate families of children who were injured by vaccines “with certainty and generosity,”[207] and when these vaccines have been made mandatory for a child’s normal participation in society,[208] these are unsettling comments.

A report from the Department of Justice showed that within a three month period from November 2014- February 2015, 117 vaccine-induced injuries and deaths were compensated by VICP. The majority of the injuries listed in the report were caused by the flu vaccine and the most common injury linked to the flu vaccine was Guillain-Barré Syndrome, an uncommon illness in which the immune system attacks and damages the body's neurons, sometimes resulting in permanent nerve damage or even death.[209]

*Is this what we want for "public health"?*

But for a moment, let's leave aside altogether whether autism is "caused by" vaccines, or whether it's just "triggered" by them, whether vaccines can "result in" autism or "lead to" autism, rather than, God forbid, "cause" it. Though it is critically important to determine whether autism is caused by vaccines, it is not the only injury resulting from vaccines. Over 10,000 cases compensated by HHS and over $4.5 billion attest to this.[210]

Let the captured judges and medical "experts" continue until the end of time to make their official proclamations that autism is not caused by vaccines. But what if the public woke up? Is the 1986 Act constitutional? What would happen if this legislation were repealed, and the national childhood vaccination program and state mandates dismantled? What if families were allowed to sue first the companies and doctors who injured their children? Would Big Pharma go bankrupt? Would the tidal wave of autism, too, recede? Do we want to find out?

What was the purpose of the 1986 Act and the Vaccine Injury Compensation program, which have made the proliferation of childhood vaccines possible? Holland and colleagues wrote:

> The 1986 Law outlined an ambitious agenda for vaccine research, production, procurement, distribution, promotion, and purchase of vaccines. It established the VICP to compensate 'vaccine-related injury or death.' In its legislative history, Congress asserted that the purpose of the program was 'to establish a federal no-faults program under which awards can be made to vaccine-injured personas quickly, easily, and with certainty and generosity.' Congress enacted the statue to compensate children who had been injured while serving the public good.[211]

Was this legislation good for the public, or good for Pharma? Was this legislation set up to protect public health? Or pharmaceutical profits? In setting up the VICP to compensate "vaccine-related injury or death" in order to facilitate a national vaccination program, ostensibly intended to protect public health, the 1986 Act's stated purpose contradicts and nullifies itself. If this were a moral and democratic country, it would never have come to pass. It is apparent, by the very grounds upon which the vaccine court is laid, that what is actually happening in America has nothing to do with protecting public health. Children, who are taken to the pediatrician's office by their parents as infants, before they are even conscious of what is happening to them, are being subjected to a game of Russian roulette with their health, before their lives have even begun, before they can make choices for themselves. The view of the individual life in this situation is that it is expendable. The child's life has no inherent sanctity. Her life does not belong to her — her choice isn't even a consideration.

According to this view, public health is meaningless. What is the public but a collection of individuals? All of whose lives are sacrosanct — that is why they are to be protected. Is a product which is capable of killing and maiming some children somehow safe for others? Is it not to be considered a poison which always has the potential to harm, and may *only* harm?

This harm may appear in different degrees, and in some cases may go unnoticed. In some cases the injury may never be connected with the vaccine at all. If even one child's life is not protected, it is not in the interest of public health. That one individual's health is destroyed, by a measure to which she would never have been exposed if she had not been sacrificed, and not of her own volition, for "the public good." There is no public good outside of the good of individuals, all of whom must be protected if the measure is to protect the good of all.

If there is some circumstance in which some lives must be sacrificed for some greater good, it can only be moral and therefore right, if it is done with the full informed consent of the individual who is to be sacrificed. She *is* the public, he *is* the public, we are each the public. If it was not for their good, it is not for our good. If even one life is not protected, no life is — it could be any one of us. As Barbara Loe Fischer wrote, "When it happens to your child, the risks are 100%." Any one person could be the one to die or, perhaps worse, suffer a lifetime of incarceration in the smallest and most confining prison, an incapacitated body and a dysfunctional mind. The risks of this "game" are hidden from parents, who are placed in the unenviable position of pulling the trigger, aiming the gun at their own child. How can these parents and children then be expected to live with the consequences? What if the consequences are the annihilation of the child's health, of his capacity to think, speak, interact with others, grow, develop and support himself for the rest of his life? Indeed, the consequence may be death.

Why should public health be based on a lottery of losses? Why should the supposed "health" of the masses be paid for with the death or maiming of a minority — if the maiming is in fact only of a minority, a subject which has not been properly investigated? The United States pretends to hold at its center the protection of the individual. Government is supposed to spring from the sole purpose to defend and guard individual rights to life, liberty and the pursuit of happiness. The national vaccination program, as it stands now, can only be justified because the information we have just presented has been hidden. It's time to end this inexplicable, criminal assault on children. We must refuse to participate in this risky game and we must demand an end to the medical fascism behind it.

Note on the CICP:

It's worth noting that the Covid-19 vaccine caused far and away the greatest number of injuries of any vaccine in history for which the CICP has received petitions, as well as have ever been reported to the Vaccine Adverse Event Reporting System.[212] 56 percent of all injuries reported to VAERS, and 12,025 out of 12,576 total claims ever filed in the CICP were for the Covid-19 vaccines. This would be strikingly apparent if the data for the CICP[213] appeared alongside the VICP data[214] instead of in another dataset, as it is now. Around 26,000 petitions have been filed in the history of VICP, or almost double the number of petitions filed to CICP for the Covid-19 vaccine.

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