



Quick Facts

- Autism identified in 1943
- Disorder due to abnormal brain growth
- Today 1 in 150 born autistic
- 1.5 million U.S. sufferers
- Autism now identified later in life
- Childhood vaccines linked to autism
- Mercury accumulation to blame
- Dangerous aluminum also in vaccines
- Both related to Alzheimer's, Parkinson's
- Kids' mercury levels 48 times safe limit
- Essential brain growth before age 2
- Kids get 12 vaccinations before age 1!
- Secret "Smoking Gun" Merck memo
- CDC extremely slow to act
- Vaccine studies grossly incomplete
- Secret meeting acknowledged vaccine risk
- Studies adjusted to hide truth
- Mass media promotes misinformation
- Babies get double dose of mercury in fetus
- Measles — a serious threat
- Nutrition can replace vaccines
- Flu vaccine effective only 60% of time
- "Herd Immunity" is a lie
- Infection can help protect against disease
- Nutritional tips to help prevent autism

PLUS:

- Reader Questions & Answers

Autism: The Silent Enemy

One of the most acclaimed movies of the 1980s was the film *Rain Man*.

It is the story of a middle-aged man who discovers he has a brother he never knew existed. Circumstance throws them together on a cross-country road trip during which the man tries to get to know his long-lost brother.

There's just one problem: The newfound sibling is autistic.

Dustin Hoffman won an Oscar for his masterful performance as autistic savant Raymond Babbitt after he convincingly characterized the social, physical and mental disabilities that autistic people suffer with every day of their lives.

But what are the origins of autism?

In 1943, Dr. Leo Kanner of Johns Hopkins University was the first to describe an unusual syndrome that inexplicably caused small children to stop interacting with their parents, siblings or anybody else. He called the condition "extreme autistic aloneness."

A year later, Dr. Hans Asperger identified other children with similar symptoms but better intellectual function. They came to be known as sufferers of Asperger's syndrome.

The two doctors, who were both psychiatrists, concluded that all these children had experienced similar upbringings with cold, detached and neglectful parents — whom they referred to as "refrigerator mothers."

The men believed that these unfortunate kids had been left with deficient language and social skills because they had been raised in an environment that provided little or no stimulation.

Of course, experts would later discover that both these deficiencies were the result of extensive abnormal development of the children's brains.

When first identified, both disorders were extremely rare, occurring in only about one out of every 2,325 children born. But all this would change very quickly.

In the early 1990s, the incidence of autism suddenly exploded — with



1 in 500 U.S. children developing full-blown autism. The Autism Society of America estimates that today 1.5 million Americans suffer with the disease.

Today about **1 in 150** are born with some kind of brain development disorder. That's a **600%** increase in the incidence of autism! And other countries are experiencing a similar problem.

Researchers were unable to explain this sudden epidemic of mentally handicapped children, but early on they concluded there was some sort of genetic link.

For example, they knew that if a family had one autistic child, the risk was 50 times greater that the family would produce more.

When a fraternal twin develops autism, his twin's risk of developing it is the same as it would be for a non-twin. But with identical twins the risk is 60%. And when lesser symptoms are taken into consideration, that risk shoots up to 90%.

Another curiosity: Today's autistic children are being diagnosed at more advanced ages than when the disorder was first described in 1943. At that time the disorder was generally being noticed before age 2.

The incidence of early-onset-type autism has not changed since Dr. Kanner first described the affliction. Rather, it is the later-onset-type that has suddenly appeared and exploded across the developed world.

Autism Explodes

During the early 1980s, when it was first pointed out that autism was increasing at a dramatic and frightening rate, many scientists and medical professionals tried to explain it away.

Objectors claimed it was only because doctors and parents were becoming more aware of the disease that it was being diagnosed so frequently.

But there was a major flaw in this reasoning.

During this time when so many were rejecting the notion of an autism spike, the criteria for diagnosis of the disease was becoming considerably more stringent — not less.

In the very beginning, a child had to meet only two criteria to be labeled autistic:

1. He or she had to display a lack of social contact with others

AND

2. The child had to demonstrate repetitive behaviors (such as rocking back and forth)

But that quickly changed.

Eventually, to declare a child autistic, doctors had to carefully verify a number of findings and identify at least six of 12 symptoms — as well as defects in social interaction, language for age and symbolic or imaginative play.

The point is, with strict new guidelines for identifying the disease, the number of diagnosed cases should not have skyrocketed — instead we should have seen a significant drop-off.

Yet despite attempts to make an autism diagnosis more difficult, the incidence of autism shot up incredibly fast.

In my state of Mississippi, no cases of autism were diagnosed between 1992 and 1993. But from 2002 through 2003, there were 537 cases. Virtually all other states have seen a similar rate of increase for autism.

The biggest autism spike seen thus far occurred in Brick Township, New Jersey. There, one in 167 children were born with the condition, based on strict criteria for diagnosis.

After the controversy reached a peak, the Centers For Disease Control and Prevention (CDC) finally conducted a study of the metropolitan Atlanta area — only to discover a tenfold increase in autism dating from the early 1980s.

Clearly, the explosion of autism was real and health officials were in the dark as to the cause — or at least they claimed to be.

Autism clinics were springing up in every major city across America, with long waiting lists for admission.

Frightening Revelation: The Mercury Connection

In the beginning, doctors claimed Autism was a genetic disorder.

But geneticists quickly pointed out that genetic diseases don't just suddenly appear in such enormous numbers and increase so drastically over a 30-year period.

At the same time, several independent researchers began to examine the relationship between the explosion of autism and the major changes to the vaccine schedule (the standardized guidelines dictating the number and frequency of inoculations.)

Two developments were of special note: The MMR vaccine (measles, mumps and rubella) was added to the schedule — and there was a significant spike in the number of vaccines administered.

While children received 11 injections in 1976, they were getting **THREE** times that amount in 1996!

Then researchers discovered another frightening possibility.

They found that a toxic substance called **thimerosal** had been used as a preservative in most vaccines since the 1930s. Thimerosal is made up of approximately 50% ethylmercury — an organic form of the toxic chemical mercury.

That means that for decades, babies and small children were receiving a whopping dose of this lethal substance with every injection. Today children get 12 such injections *before their first birthday*, and many of those contain ethylmercury.

Studies tell us that by the time they are 6 months old, most children are getting 111.3 ug of mercury from vaccines.

That's **36** times the safe limit set by the Environmental Protection Association (EPA). By their first birthday, most children will have gotten an unbelievable 48 times that limit.

Up until age 2, the brain is undergoing its most rapid period of growth and development, so it is astonishing that so-called experts would expose children to a substance known to harm brain development.

If that wasn't bad enough, higher total doses of mercury were added each time a new vaccine was put on the schedule. After 1980, some five new vaccines were included, each requiring multiple injections.

Incredibly, only a handful of scientific studies have probed the specific toxicity of ethylmercury, despite the fact that pharmaceutical companies have been using thimerosal since the 1930s.

Most attention has been paid to ethylmercury's organic cousin, methylmercury — which is found in

fish and shrimp. It is considered extremely toxic to the brain and heart in very small concentrations, especially for a baby or small child.

While ethylmercury has not received the same publicity, there have been detailed studies and reports in peer-reviewed journals illustrating its harmful effects on the developing brain.

The 'Smoking Gun' Letter

Mercury levels are 10 times higher in the brain than in the blood. And vaccines contain another brain-toxic substance that is now getting a lot of attention: **aluminum**. It's been proved that aluminum, when combined with mercury, increases the toxicity of both metals.

Ironically, both elements are thought to play a major role in most of the neurodegenerative diseases — like Alzheimer's, dementia, Parkinson's and Lou Gehrig's disease (ALS). Even so, the medical industry remains largely oblivious to the danger.

Recently, an explosive memo surfaced during the discovery phase of a lawsuit against vaccine manufacturer Merck Pharmaceutical Co.

The 1991 letter was from a Merck scientist, Dr. Maurice Hilleman. In it, he informed the head of Merck's vaccine division that children were getting a total dose of mercury 87 times higher than the safe level set by the FDA at the time. (The FDA sets its safety limit higher than that of the EPA.)

After that memo, not only was no action taken to lower the dose — but even more mercury-containing vaccines were introduced, raising mercury levels to over **100 times** FDA limits for toxicity and **150 times** the EPA's safety level!

But the FDA and the CDC, which were actively promoting the new vaccine schedule, did nothing. Meanwhile millions of infants and small children were being exposed to known toxic doses of mercury.

At the time, we knew that not all children were equally affected by mercury injections. Some experienced minimal damage — but many were devastated.

We now suspect that children destined to develop autism have a genetic defect that makes them more susceptible, possibly by interfering with the body's ability to eliminate or detoxify mercury.

At one point during his three-year Congressional

hearings on autism, Congressman Dan Burton pointedly asked the head of the CDC, Dr. Julie Gerberding, how many studies confirmed the harmful effects of mercury.

She replied that there were over two thousand. Next he asked her how many studies showed thimerosal to be safe. She hesitated and then meekly mumbled: "None."

Only an insane person would propose using a known toxic compound in children's vaccines with absolutely no studies to determine its safety! But wait — the story gets even more bizarre.

Vaccine Studies Incomplete

For over three decades, experts knew that injected or ingested mercury accumulated in the brain.

That's because mercury is fat-soluble and the brain is composed of 60% fat. So the brain will hold on to this mercury, possibly for a lifetime.

This is key: Most people are unaware that the majority of vaccine safety studies only account for results that show up in the three days to three weeks following vaccinations.

That's a problem — because there is growing evidence that complications can arise *years after a vaccination*.

Another reason these studies aren't very realistic: They only look at *one vaccine at a time*, while most children will receive anywhere from five to nine inoculations during a single visit to the pediatrician.

The first study mandated by Congress in 1997 discovered that America's children were indeed getting toxic doses of mercury in their vaccines.

So the FDA was ordered to conduct studies and make recommendations. Amazingly, it took two years for these government bureaucrats to simply add up the total dosage of mercury in the existing vaccine schedule.

Any high school freshman math student could have figured that out in one afternoon.

In July 1999, when public health officials finally did call for a "phase-out" of existing thimerosal-containing vaccines, the CDC, American Academy of Pediatrics and FDA assured the public it was only a precautionary measure.

But even then, medicine's governing bodies wouldn't fully concede.

They allowed pediatricians to continue administering thimerosal-filled vaccines until all existing doses had been used up.

Some vaccines still contained a full dose of thimerosal as late as 2003, according to information in the Physician's Desk Reference. These included the commonly used Hib, DTaP and all flu vaccines. Today, every flu vaccine STILL contains a full dose of mercury.

Ironically, the CDC uses the Vaccine Adverse Events Reporting database (VAERS) to collect enormous amounts of data related to vaccine effects. Then they do follow-ups over a year.

The CDC also has a database called the Vaccine Safety Datalink (VSD). They use it to collect information from HMOs concerning vaccine reactions. Until quite recently, this data sat unused.

But finally, in 2000 researcher Dr. Thomas Verstraeten (who was an employee of the CDC at the time) conducted an extensive study using the VSD data. He found that children receiving vaccines containing thimerosal had a **248% increased risk** for developing neurodevelopmental disorders such as autism.

Top-Secret Analysis

During a presentation at a now-infamous top-secret meeting in Norcross, Georgia, Verstraeten downplayed his findings — but still said he found them statistically significant.

I reported on this conference after analyzing the minutes of the meeting, obtained for me by Congressman and doctor Dave Weldon through a freedom-of-information lawsuit. **(You can read my analysis at www.mercola.com by going to the vaccine topic and selecting "The Vaccine Cover-up.")**

Some 51 scientists and physicians attended this conference, along with representatives of the CDC, FDA and five leading vaccine manufacturers — including Merck.

During the conference, one scientist stood before the group and announced it was the night before his first grandson was to be born.

Then he said: "I do not want that grandson to get

a Thimerosal-containing vaccine until we know better what is going on.”

Shockingly, while each of the assembled experts agreed that the data was accurate and the “problem” needed further study, not one of them suggested giving millions of parents the very option they themselves would demand for their own children and grandchildren — the right to refuse vaccines containing thimerosal.

Dr. Verstraeten’s study clearly illustrated a dramatic increase in neurological developmental disorders in children exposed to mercury-containing vaccines.

It also showed that adding more vaccines only worsened the problem. But for some strange reason, his findings were not released to the media following the conference.

The doctor’s analysis remained top-secret.

In fact, it would be almost four years before he published his findings, in the journal *Pediatrics* in 2003. And what appeared then was not the same information discussed at the top-secret meeting in Georgia.

Suddenly, in the *Pediatrics* article, there was no association between mercury vaccine exposure and neurodevelopmental disorders in children!

So how could this have happened? It was easy enough. Statistics from another HMO were added to the study, plus poorly coded information was used — and all this served to conveniently erase the problem.

Worse still, Dr. Verstraeten, the lead author of the study, misrepresented himself by saying he worked for the CDC.

In fact, he had resigned his position two years earlier and was working for GlaxoSmithKline — the very company being sued at the time for mercury-vaccine related injuries!

Not to be outdone, the Institute of Medicine (IOM) conducted a similar study, determining that there was no conclusive evidence to link thimerosal-containing vaccines and autism.

And this version was fed to the media, which carried the story, parroting the IOM’s claims that no further studies would be needed since their study was definitive.

This, combined with Dr. Verstraeten’s

questionable final study, gave vaccinologists an almost absolute victory. Television and print media would now latch on and endlessly refer to this “irrefutable” analysis.

The CDC’s vaccination advisory committee, the American Academy of Pediatrics, the American Academy of Family Physicians and the Public Health Service had the ammunition they needed.

They announced that there was no convincing evidence that any harm was caused by low levels of thimerosal in vaccines.

But pay close attention to their use of the words “**low levels.**”

These medical professionals were well aware that exposures ranging from 200 to over 300 ug of mercury — like those being given to vaccinated children — were hardly “low-dose.”

In fact, these were extremely high doses.

Vaccine cheerleaders lost a major battle when Congressman Dave Weldon forced the CDC to allow two independent researchers — well-respected geneticists Drs. Mark and David Geier — to examine the VAERS data, which was even more accurate than the Vaccine Safety Datalink used by Verstraeten and co-workers.

What they found surprised even them. They discovered that children receiving thimerosal-containing DtaP vaccines had:

→ **A 600% increased incidence of autism**

→ **A 610% increased incidence of mental retardation**

AND

→ **A 220% elevation of speech disorder risk**

(These numbers were based on comparisons to age-matched children receiving mercury-free DtaP vaccines.)

The Geiers also found that occurrence of seizures increased 60% in the mercury-exposed children.

And the two men agreed with Dr. Bernard Rimland’s 20-year-old observation that the fact that children are developing these disorders at a later age proves that mercury accumulation from repeated vaccinations plays a critical role in the development of mental disability.

They found that male children were 17 times

more likely to be affected than female children. And this is similar to the pattern we see in autism cases worldwide. The finding that testosterone increases mercury's toxicity on the brain explains this gender pattern favoring male children.

Authorities Play Dumb

Despite overwhelming evidence that mercury in vaccines containing thimerosal contributes largely to neurodevelopmental disorders in children, health authorities and medical specialty societies (such as the CDC, FDA, Public Health Department, American Academy of Pediatrics and the American Academy of Family Physicians) continue to promote vaccines that use thimerosal.

The flu vaccine still contains a **full quantity of mercury** — 12.5 ug for the pediatric dose and 25.5 ug for the adult dose.

Yet health authorities have promoted flu vaccination for all children between the ages of 6 and 18 months — and they recently included all children between 5 and 18 years old.

Worse still, they are pushing heavily for flu vaccination for all pregnant women.

Studies show that mercury in a pregnant woman's blood is concentrated in the placenta, leaving the baby's level 70% higher than that of the mother.

We know the mother is getting a full adult dose of 25.5 ug of mercury from the vaccine.

But remember: Manufacturers recommend that first-time recipients of the flu vaccine get two doses — that's 51 ug of mercury for the mother and **EVEN MORE** for her tiny baby.

The real shock comes when you hear the EPA announcing how studies from 1999 through 2000 found that some 630,000 newborn babies had unsafe mercury levels in their blood.

While researchers blame coal-burning power plants, studies show that the top three sources are dental amalgam, contaminated seafoods and ... vaccinations.

So the logic of the so-called experts is puzzling to say the least.

While they draft plans to reduce mercury emissions from coal-burning plants, they nullify any good it might do as they simultaneously promote pumping millions of children full of

mercury-containing flu vaccines every year.

Sadly, the EPA study estimates that IQ loss in these exposed babies could be between 1 and 24 points, depending on the level of exposure and other factors.

Aluminum and the Brain

Mercury might get more attention, but another metal found in most vaccines is getting much-deserved consideration from researchers.

It's aluminum. And it is added to vaccines as an adjuvant — an additive used to boost immune reactions. Several forms are used, including aluminum hydroxide, aluminum phosphate and potassium aluminum sulfate (alum).

Like mercury, aluminum is known to be a powerful brain toxin, especially during this vital organ's initial development. And its link to Alzheimer's, Parkinson's and Lou Gehrig's disease continues to gain credence.

Aluminum appears to poison a number of critical enzymes in cells by:

- **Interfering with brain cell neurotubule (structural) function**
- **Triggering excitotoxicity (as with mercury it causes overstimulation of brain cells resulting in cell death)**

AND

- **Chronically activating the brain's immune system (as does mercury), which causes damage**

Like mercury, aluminum tends to accumulate in the brain after long periods of time. And recently, experts uncovered a most frightening effect related to aluminum in vaccines.

French physician Dr. R.K. Gherardi and his co-workers described a reaction to the aluminum vaccine adjuvant that left people with severe muscle pains and weakness.

He named the condition **macrophagic myofasciitis** and reproduced it in lab animals. Then he performed biopsies of the injection site in affected patients to confirm it was the aluminum that was causing the problem.

He discovered other neurological effects, including difficulty thinking, memory loss, nerve

damage, loss of vision and full-blown multiple sclerosis. The hepatitis B vaccine was most often associated with the condition.

And the disorder was progressive — 30% developed symptoms within three months, 61% within one year and 80% within two years.

Similar cases are being seen in the United States, including that of a small child suffering severe neurological damage. This could explain the recent report in the journal *Neurology* reporting the 300% increase in multiple sclerosis risk within three years of receiving the hepatitis B vaccine.

Subsequent studies have shown that these aluminum adjuvants create prolonged immune activation that can last years, even decades.

As I explained in my newsletter **Vaccinations: The Hidden Danger**, excessive stimulation of the brain's immune system as a result of too many vaccinations can destroy mass quantities of brain cells and connections, leading to severe diseases — and even Alzheimer's.

Since thousands of newborn babies have gotten this vaccine at birth, the question is: What will these children face ten or even twenty years from now?

The fear is that we could witness a multiple sclerosis explosion in teens and young adults. And the vaccine police don't really seem to care.

Autism Linked to Measles?

Dr. Bernard Rimland and others noticed that the explosion of autism cases in the United States started **after** the introduction of the MMR (measles, mumps and rubella) vaccine to an already overcrowded vaccine schedule.

Most studies failed to find the connection, but of course major flaws existed in most of these studies.

The MMR injection does not contain thimerosal, as the mercury would kill the live viruses in the vaccine. And the greatest danger appears to come from the measles virus, which is known to suppress immunity much the way the HIV virus does.

Measles is also associated with encephalitis, gastrointestinal ailments and possibly autism. Of particular concern was the finding that the virus can persist in the body for an entire lifetime. Autopsy studies of seniors who had died of unrelated diseases revealed that 45% had live

measles virus culture taken from their tissue, while 20% had it sampled from their brain.

Researchers were especially concerned when they found that these viruses were highly mutated — meaning they had the ability to perpetuate a variety of new diseases.

Experts suspect that Lou Gehrig's, multiple sclerosis and sub-acute sclerosis panencephalitis are all caused by measles viruses.

The first so-called definitive study on the effects of measles was performed in 2002 by a group of Danish researchers led by Dr. K. M. Madsen. He analyzed government statistics on all children born between 1991 and 1998 in Denmark. Of course, the MMR vaccine was introduced in Denmark in 1987.

The Madsen study was hailed as the most detailed and carefully executed study to date, and it essentially shut the door on the debate.

But in 2004, Drs. G.S. Goldman and F.E. Yazbak repeated the studies using the same government database.

But this time the researchers corrected most of the serious discrepancies within the Madsen study. For instance, Madsen and co-workers had used data on children only under the age of 5 years old, but since autism is most often diagnosed after age 5 in Denmark they were eliminating a large number of cases.

Because less severe cases of autism — such as Asperger's and other types that allow for higher function — take longer to diagnose, they were also eliminated from the Madsen study.

The second analysis found a **470%** increased incidence of autism since the introduction of the MMR vaccine — a rate very similar to that seen in this country.

What makes this study special is that thimerosal had been removed from most of the childhood vaccines before the study dates. That means the effect was either the result of other vaccine toxins (aluminum, fetal proteins, etc.) or excessive vaccination, which caused over-activation of the brain's immune system (known as microglia.) Another possibility is that the MMR viruses themselves were to blame.

The Goldman-Yazbek study is supported by a lot of other research.

For example, a 2004 article for the **Journal of American Physicians and Surgeons** detailed how Dr. Jeff Bradstreet and co-workers isolated viral RNA (ribonucleic acid) from the spinal fluid of three children who had been vaccinated with the MMR vaccine.

All of them were suffering from regressive autism following their vaccinations. That is, they were developing normally **until** they received the MMR vaccine. After that, they lost social skills and developed neurological symptoms.

Viral typing proved the virus in their brain came from the vaccine.

In that same issue of the Journal, I reported on the mechanism by which these live viruses can cause autism and related disorders. My conclusions were confirmed by a 2005 study in the journal **Annals of Neurology**.

Researchers examined the brains of 11 autistic patients and found widespread activation of the brain's immune system as well as inflammation.

Of course, experts have long known that mercury, live viruses and aluminum can all stimulate chronic activation of the brain's immune cells (microglia), leading to inflammation of the brain and excitotoxicity.

Analysis from the esteemed Dr. V.K. Singh found that autistic children demonstrated a significant increase in a specific MMR antibody not seen in normal vaccinated children.

We know the proof is there, yet the vaccine proponents and the media continue to deny the obvious.

Taking Action

Concerned citizens must continue to pressure the government to change current vaccine policy.

All traces of mercury and aluminum **must** be removed from vaccines. Non-toxic adjuvants that cannot harm the brain should replace the present ones known to cause neurological injury. And the use of squalene (a vaccine adjuvant) should be absolutely banned from vaccine manufacture.

Because there is considerable evidence that nutrition and oral immune stimulants can prevent most childhood diseases, parents should be given

the option to choose **nutritional approaches in place of vaccines**.

A review of vaccine policy should convince most reasonable people that many of the inoculations presently used are not necessary.

Diphtheria, tetanus, hepatitis B, pneumococcal meningitis, influenza and certainly varicella (chicken pox) vaccines should be eliminated.

In addition, numerous other studies have shown that protection provided by many of the vaccines is either non-existent, short-lived or incomplete.

Even the most generous estimates show that the flu vaccine is effective only 60% of the time. Most studies claim it gives far less protection.

A study in the British Medical Journal found that despite high vaccination rates for MMR, 60% of children aged 1 to 2 years old did not have antibodies to protect against measles, while 80% failed to develop antibodies against rubella and mumps.

In other words: **The protective effect of these vaccines didn't even last a year following inoculation.**

And then the so-called experts claim the solution is to re-vaccinate the children again in their early childhood years. Unbelievably, they are pushing to add even more inoculations to an already crowded vaccine schedule.

But a very recent study from the journal **Vaccine** repeated previous findings: It found that booster shots provided only 68.4% protection for measles and mumps, and a meager 8.6% for rubella.

All this causes arguments for "herd immunity" to fall flat.

Herd immunity is a theory based on the idea that if you can immunize 95% of a population, everybody will be protected since the particular disease can no longer penetrate society.

Not one study has found that kind of effectiveness in any type of vaccine.

The "vaccine police" used the misguided concept of herd immunity to convince people that children should be vaccinated for any and all conceivable diseases. Likewise, parents who do not vaccinate their children are attacked by health officials and other parents, who say they are endangering other children by reducing "herd immunity."

But will massive epidemics sweep our children away if we fail to mass vaccinate?

Most parents submit to vaccinating themselves and their children based on a fear they will die if they are not “protected.”

The CDC put out a story claiming that 36,000 elderly die each year as a result of the flu. But a careful examination of CDC data reveals that the true figure was **753** flu deaths in 2002 and **257** the year before — and most of these victims were chronically ill, poorly nourished elderly people.

A brand-new study by the National Institutes of Health (NIH), which examined death rates of the elderly over the past 30 years, found no decrease in deaths, despite increased flu vaccinations over that period of time. The study was published in the **Archives of Internal Medicine**.

The study admits that immunizing the elderly against the flu can be dangerous because of their poor immune function.

Their solution? Immunize all children age 5 to 18 with the mercury-filled flu vaccine, since they are the major flu carriers. Once again, defenseless children become the victims of an insane vaccination policy.

Of course these children are expected to get the vaccine every year.

That means a 5-year-old will receive 13 doses of mercury by age 18.

Remember — Dr. Fudenberg found a **1,000% rise** in the risk of Alzheimer’s dementia for those over age 55 who were vaccinated five years in a row.

What does that mean for the fate of these unfortunate children?

Researcher Neil Miller examined the statistics on death rates related to major childhood infections. The results were surprising.

He found that deaths from whooping cough (pertussis) had fallen **75%** before the start of mass vaccination programs.

And measles-related deaths dropped more than **95%** before vaccination programs. Most authorities concluded that this dramatic downturn was the result of better nutrition and sanitation.

Other modern studies are finding the same thing.

In developing countries, measles death rates fall when the children are given vitamin A supplements. The addition of zinc brought even better results. It has been proven difficult to immunize children who are deficient in vitamin A, zinc and other nutrients.

Examination of measles death rates in this country uncover the fact that most afflicted children are either premature babies or have debilitating, immune-suppressing illnesses at the time of infection.

Many were fully vaccinated. But still their stories are used to terrify mothers into getting their children immunized with a vaccine that can be more harmful than the natural infection itself.

Countless studies have shown that **natural infections provide lifelong protection against these diseases, while vaccines only last for a limited period of time.**

In fact, many are convinced that U.S. vaccine policy is actually damaging our children’s immune system, leaving them more vulnerable to subsequent infections. And many of the studies I have mentioned appear to confirm this suspicion.

Protect Yourself And Loved Ones

Our children’s best protection is a mother’s good nutrition before birth and during breast-feeding. And continued nutritional supplementation throughout life will sustain that protection.

We need only to look to our elderly with their high incidence of nutritional deficiency.

Here are some suggestions:

- Expectant mothers should supplement with omega-3 fats. This not only improves the baby’s neurological development but also protects against devastating side effects of vaccines, such as vaccine-related encephalitis and autoimmune diseases
- Moms should take a complete prenatal vitamin and continue it throughout breast-feeding
- Moms should breast-feed for **at least** 6 months and not use supplemental infant formulas
- The baby should receive complete baby vitamins
- It is best to keep your children out of daycare centers — at least for the first two years. This is

where most epidemics occur among children. For example, **Haemophilus influenzae** meningitis (the reason for the HiB vaccine) occurs mostly in babies in daycare centers

- Do not take your newborn to shopping centers or other crowded areas
- Pregnant mothers should not use aspartame, Splenda or other artificial sweeteners. They should avoid MSG and other food-excitotoxin additives
- It is critical that pregnant mothers not smoke or drink any alcohol. Recent studies have shown that even small amounts of alcohol impair brain development

By using good nutritional sense and health measures, most children can avoid serious problems associated with common childhood infections.

Links for more information:

Vaccine Safety

- National Vaccine Information Center-
www.909shot.com
- Vaccine Web site-www.whale.to/vaccines
- Vaccine Liberation-www.vaclib.org

Autism

- Autism Society of America-
www.autism-society.org
- Center for the Study of Autism
-www.autism.org
- Autism Research Institute-
www.autismwebsite.com



Dr. Russell Blaylock

About Dr. Blaylock

Dr. Russell Blaylock edits NewsMax.com's **Blaylock Wellness Report**. He is a nationally recognized board-certified neurosurgeon, health practitioner, author and lecturer.

He attended the Louisiana State University School of Medicine in New Orleans and completed his internship and neurosurgical residency at the Medical University of South Carolina in Charleston, S.C.

For the past 26 years, he has practiced neurosurgery in addition to having a nutritional practice.

He recently retired from his neurosurgical duties to devote his full attention to nutritional studies and research. Dr. Blaylock has authored three books on nutrition and wellness, including *Excitotoxins: The Taste That Kills*, *Health and Nutrition Secrets That Can Save Your Life* and his most recent work, *Natural Strategies for The Cancer Patient*. An in-demand guest for radio and television programs, he lectures extensively to both lay and professional medical audiences on a variety of nutrition-related subjects.

Dr. Blaylock is a member of the international board of the World Natural Health Organization. He is the 2004 recipient of the

Integrity in Science Award granted by the Weston A. Price Foundation.

Dr. Blaylock serves on the editorial staff of the Journal of the American Nutraceutical Association and is the associate editor of the Journal of American Physicians and Surgeons, official publication of the Association of American Physicians and Surgeons.

He previously served as Clinical Assistant Professor of Neurosurgery at the University of Mississippi Medical Center in Jackson, Miss., and is currently a visiting professor of biology at the Belhaven College also in Jackson.

Attention Blaylock Readers:

Dr. Blaylock welcomes any questions or comments you would like to share.

Each month, he will select a few to be published and answered in the newsletter. Please e-mail the doctor at: askblaylock@newsmax.com

Reader Questions

Q: My daughter is now pregnant. Should she take omega-3 oils and if so, what kind and how much?

A: Omega-3 fats have two components that aid the baby's brain — EPA and DHA. Of these, DHA is by far the most important and safest to take, both for mother and baby. For a pregnant woman, I would recommend 500 mg. of DHA a day. Store this in the refrigerator to keep it fresh. The body will convert about 9% of the DHA into EPA, which is the normal amount that one uses. It is also important that she gets 400 IU of natural-form vitamin E, which she can take either with the oil or later in the day. These can be removed from the gel-cap and mixed in a tablespoon. They have no bad taste.

Q: How much omega-3 oil should the average adult take?

A: The ratio of omega-3 to omega-6 oils is equally important as the amount you take. I refer to these as good and bad oils, respectively. The optimal ratio for health is 1-to-1. As I pointed out in the last newsletter **Omega-3: Nature's Miracle Panacea**, Americans consume about **50 times** more omega-6

oils than they require for good health. The answer is to drastically cut back on these harmful oils by not consuming products made with the following oils: corn, safflower, sunflower, peanut, canola or soybean.

As for the amount of omega-3 oil to take, the Greenland Eskimos consume more than 10 % of their calories through omega-3 oils. At this level, autoimmune disease risk is greatly reduced — as is the risk of cancer and cardiovascular disease. In general, I would recommend at least 6 grams of omega-3 oils a day. Because EPA can thin the blood (equivalent to one aspirin a day), I prefer to use mostly DHA. The vast majority of omega-3 health benefits come from the DHA component.



PLEASE NOTE

All answers to reader questions are provided for informational purposes only. They should not be construed as medical consultation or instruction. You should take no action solely on the basis of this publication's contents. Readers are advised to consult a health professional about any issue regarding their health and well-being. While the information found in Blaylock Wellness Report is believed to be sensible and accurate based on the author's best judgment, readers who fail to seek counsel from appropriate health professionals assume risk of any potential ill effects. The opinions expressed in Blaylock Wellness Report do not necessarily reflect those of NewsMax Media.

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If you take pure DHA, I recommend 500 mg. a day. Because omega-3 oils easily oxidize (they are polyunsaturated), you should take 400 IU of natural-form vitamin E either when you take the oils or at sometime during the day. It is easy just to mix the two whenever you take your oils. You can take them with meals.

Health News Briefs:

Vaccines

A recent study examined fatalities from **pertussis** (whooping cough) in children and found that most of the deaths occurred in babies who were too young to have been immunized.

This means that we are exposing most children to the pertussis vaccine (DtaP) under the pretext of preventing their deaths — yet most of the children who die are too young to be vaccinated in the first place. This report documents studies illustrating that by enhancing a mother's nutrition during pregnancy and breast-feeding after birth, the death rate in small babies can be reduced.

Soy and Brain Damage

In one of the most frightening findings on excessive soy consumption to date, a 25-year-long Hawaiian study found that those who consumed the most soy had the greatest brain atrophy and dementia.

Newer studies — in which rats were fed high doses of genestein, a phytoestrogen found in soy — determined that it destroyed brain cells.

Another study followed Macaca monkeys that

were fed diets high in soy over a long period of time. It found a dramatic increase in aggressive behavior in the males — they were less social and more isolated. There were no changes in their testosterone levels.

With the obvious problems related to aggressive behavior in males in Western societies, why would we want to promote the current widespread soy consumption in our society?

Quercetin and Health

New studies are finding tremendous health benefits associated with the vegetable flavonoid **quercetin**.

Cancer researchers are seeing a dramatic disappearance of several types of cancers, including leukemia, lymphoma and breast cancer. Children with leukemia who take quercetin are showing better responses to chemotherapy drugs with fewer complications.

A recent study found that quercetin also dramatically improved the recovery of animals subjected to experimental spinal cord injuries as compared to animals not receiving the supplement.

The flavonoid was given within one hour after the injury and continuously every 12 hours thereafter. An amazing 50% of the animals getting the quercetin were able to walk — whereas none of the untreated animals could.

Quercetin is the most common flavonoid found in vegetables. It is common to onions, cranberries and apples and can be purchased as a supplement. It is best in its water-soluble form. This powerful and versatile antioxidant works by removing iron

If you missed a past issue of **The Blaylock Wellness Report**, send an e-mail to wellnessreport@newsmax.com to request the report you want. We will send you the report and charge your credit card.

Issue 1: Vaccinations: The Hidden Dangers

Issue 2: Save Your Brain: Protect Yourself From the Ravages of Alzheimer's and Other Diseases

Issue 3: Cholesterol Drugs Are Dangerous

Issue 4: Why Fluoride Is Toxic

Issue 5: Heart Saver: Protect Yourself From Heart Attacks and Strokes

Issue 6: Survive Your Hospital Visit

Issue 7: Health Exams That Can Save Your Life

Issue 8: Prevent Cancer Before It's Too Late Part 1

Issue 9: Prevent Cancer Before It's Too Late Part 2

Issue 10: Omega-3: Nature's Miracle Panacea

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from the injured spinal cord and reducing inflammation.

Mercury, Fluoride and Viral Infections

We are seeing that some of these toxic metals can dramatically increase viral replication.

That means elevated mercury levels in your body cause a dramatic increase in the risk of a virus making you sick and persisting in your body for decades.

Dental amalgam fillings are the major source of

mercury contamination, followed by vaccinations and contaminated fish.

A new study found that fluoride (especially that found in fluoridated water systems) dramatically increases flu virus budding from cells.

It is the process of viral budding that causes the flu virus to overwhelm you and make you deathly ill. The process also allows flu to spread to others.

This study once again confirms the insanity of fluoridating water, especially since all major studies show it does not reduce cavity incidence.