Vaccinations, Overvaccination

The Danger of Overvaccination with the Present Vaccine Policy

by Dr. Russell Blaylock, M.D.
March 2007

Vaccine authorities, that is, those who make vaccine policy for our children, are of the opinion that physicians can give children an unlimited number of inoculations without any significant untoward effects, despite a growing abundance of scientific evidence and clinical experience to the contrary.

Before we look at some of this evidence we need to instill a little historical accuracy and dispel some myths concerning the efficacy and role played by vaccine policy in eliminating disease epidemics.

As a physician, I was taught, both in undergraduate school and medical school, that the great epidemics – smallpox, measles, pertussis, etc. – were eventually eliminated by a public-health policy, which initiated mandatory vaccines for all children. Most of the lay public also accepts this myth.

Yet, historical studies, summarized in Neil Z. Miller's book, clearly demonstrate that for most of the deadly epidemic diseases, death rates fell well before vaccine policies were initiated. For example, measles death rates in both the United States and Great Britain fell more than 90% twenty years before the measles vaccine program was initiated in 1960. Pertussis death rates fell more than 80% prior to when the pertussis vaccine was made mandatory.

These impressive declines in death rates from these epidemics have been attributed to an improvement in public-health measures and improved nutrition. If we examine death rates from these diseases today, we can clearly see the importance of these two preventatives.

Periodically, measles and pertussis mini-epidemics occur in the United States and death rates are extremely small. Yet in Africa and other undeveloped countries, similar epidemics kill thousands – the difference – poor public-health systems and poor nutrition in these high-risk areas. Also of importance, in most of these undeveloped countries there is a high incidence of parasitic infection (malaria, schistosoma, etc.) in the population, which drastically lowers nutrition and immunity.

Yet, health authorities in this country scare people into accepting present and future vaccine policies by historical stories of mass death from epidemics of these diseases. Likewise, if we examine the high death rates during epidemics in the developed countries, we see that most occurred during world wars and periods of famine.

Another myth is that vaccines provide long-term, even lifetime, protection. Linked with this is the grand deception of "herd immunity." Herd immunity is based on the idea that if 80% of a population is successfully immunized against a disease, then the rest of the population is protected against an epidemic. Likewise, immunization rates below this level endanger us all.

We are now living in the age of mass retirement of the baby boomers, my generation. As children, we were immunized against smallpox, diphtheria, pertussis, and a few others of the potentially epidemic diseases. Therefore, the vaccine proponents imply that we have been free of epidemics of these diseases because of "herd immunity," that is, that 80% of the population (most of who are in my generation) remains immune.

A number of new studies have shown that in fact immunity from these vaccines lasts only 3 to 10 years at best (some studies indicate shorter periods of 3 to 4 years). That means that while most of us thought we were immunized, in fact, the vast majority of this nation has no immune protection remaining from the vaccines. It also means that far below 80% of the nation is presently protected from infections by these agents. This means that for the past 40 years or more we have been, according to the health authorities, living without the protection of "herd immunity."

Silently, these vaccine promoters have conducted studies, which have shown that even today our children's vaccines are lasting no more than 4 years. In fact, they are suggesting that all children receive booster vaccines every 4 years. This means that for the past several decades

even the children have been without protection from these vaccines – i.e., vaccine policy has, and continues to be, predicated on a grand lie.

The Unspoken Dangers of Overvaccination of Children

Present vaccine policy in most states mandates that children receive about 34 inoculations before attending school. For the sake of convenience, many pediatricians give a number of these vaccine injections all at once – as many as 9 injections during a single office visit.

When, even as adults, we get sick from an infection, most of the sickness comes from our body's immune reaction and not to the direct toxicity of the infectious agent. This is especially so with viruses. Our body tolerates this by attempting to quickly kill the invader and return things back to normal.

A number of studies have shown that much of the "sickness behavior" (listlessness, weakness, headache, loss of appetite, nausea, memory disruption, and even language dysfunction) comes from immune injury to the brain. Fortunately, most of the injury is reversible when we recover from the infection.

Studies have shown that with vaccination, a child's immune activation persists for as long as two years. This is because of the powerful immune adjuvants (boosters) added to vaccines. Many of the adjuvants can cause brain damage directly – such as mercury and aluminum. In fact, a new emerging musculo-neurologic syndrome has been uncovered called macrophagic myofascitits, which is due solely to the aluminum in vaccines.

When the pediatrician gives 6 to 9 injections in a single office visit, the child is exposed to a massive dose of brain-damaging immune adjuvants all at once. The child's immune system not only goes into overdrive, it does so for very long periods, even years.

Most parents are familiar with screaming, fitful babies following a visit to the pediatrician for vaccines. **In many cases this uncontrollable, high-pitched crying and irritability may last for days or even months. Pediatricians tell parents that it is just the pain caused by the injection. This is a lie.**

Having operated on a number of babies and small children, I can tell you that they tolerate pain better than adults. **A number of studies have shown that immune-triggered brain swelling and inflammation cause this behavior.**

It should also be appreciated that the toxic metals used as adjuvants in vaccines have additive and even synergistic toxicity. That is, by adding mercury and aluminum in a vaccine, the toxicity of both is greatly magnified. And while mercury has been removed from a number of childhood vaccines, the CDC and American Academy of Pediatrics, in all their wisdom, now recommend the mercury-containing flu vaccine be given to all pregnant women, babies from age 6 to 18 months, and teenagers. In the light of all we know about mercury toxicity to the developing brain, this can only be described as insane.

The Brain's Special Immune System

The human brain has a special immune system that, while connected to the body's immune system, has special properties that make overstimulation a special danger. A great number of studies have shown that when you vaccinate an animal, the body's immune system notifies the brain's immune system an attack has occurred.

This triggers the activation of the brain's special immune cells, called microglia. Normally these cells are quiescent (sleeping), but when activated they can move around the brain looking for invaders.

Normally, these brain immune cells quickly kill the invader and go back to sleep. Only mild damage, which can mostly be repaired, occurs. Yet, should the activation be prolonged and intense, severe brain injury can occur. **A recent study found that brain microglia are chronically activated throughout the lives of autistic children and adults, thus explaining much of the damage.**

When these microglia are activated, they secrete large amounts of free radicals, lipid peroxidation products, and excitotoxins (glutamate and aspartate), all of which damage brain cells and their connections – a process called by-stander damage. Studies of autistic children clearly demonstrate elevated glutamate and aspartate levels in their spinal fluid and blood.

We call this destructive reaction excitotoxicity. This destructive reaction is thought to also be the central mechanism of stroke and brain trauma damage, Alzheimer's dementia, Parkinson's disease, and ALS. It is also the cause of much of the damage in cases of meningitis – viral or bacterial.

In fact, studies have shown that the eventual outcome in cases of measles, encephalitis, and bacterial meningitis, depend on how high the brain glutamate rises and for how long. The measles vaccine is a live-virus vaccine and autopsy studies of elderly have shown live measles viruses in 20% their brains.

In one study reported in the prestigious journal Neurology in 2004, found that **people getting the hepatitis B vaccine have a 300% increased risk of developing multiple sclerosis in 3 years of the vaccinations.** In another study, Dr. Hugh Fudenberg found that **elderly getting a flu vaccine for 5 years in a row increase their risk of developing Alzheimer's disease 10-fold.** This mechanism explains both observations. What will happen to the millions of babies forced to take the hepatitis B vaccine at birth is anyone's guess.

Mercury is a very powerful stimulator of microglial activation and interferes with a protective mechanism used by the brain against excitotoxicity, which, in essence, causes intense excitotoxicity in the child's brain. Alarmingly, the dose needed to do this is far below the amount that was, and still is, being injected in children – and adults. For example, the flu vaccine – designed for children and adults – contains a full dose of mercury.

It is known that excess microglial activation and brain glutamate accumulation, as seen with overvaccination, in a baby and small child, not only damages brain cells and connections, but interferes with brain development. From the last trimester of intrauterine life until age two years the child's brain is undergoing massive developmental changes (called the brain growth spurt). By age 4, only 80% of the brain is formed and the most important part of the brain used for social development, memory, and impulse control is not fully developed until age 26.

Overvaccination during this period interferes with the development of brain pathways, resulting in language problems, poor attention and impulse control, learning difficulties, and problems with social interaction while also creating future psychological problems.

The mechanism for this damage has been carefully worked out and involves an interaction between immune cytokines and excitatory amino acids such as glutamate and aspartate, both of which are massively increased with overvaccination. The presence of inflammatory immune cytokines with elevated levels of brain glutamate damages the child's developing brain and triggers centers causing fear, pain, and anger (the amygdala-limbic connections). This effect has been shown in adults as well, but is less intense.

Contaminated Vaccines a Major Problem

Connected with this special immune process is the problem of contamination of the vaccines with either whole organisms found in live-virus vaccines, or nucleic-acid fragments in both live-virus and killed-organism vaccines. Several studies of commonly used vaccines have discovered live organisms, varying from pathogenic viruses to mycoplasma, in a large percentage of vaccines. For example, in a Japanese study of six major vaccine manufacturers, researchers found viral contamination in as many as 56% of the samples.

Both nucleic-acid fragments and live organisms can infect tissues and initiate chronic immune activation. Studies have shown that viral nucleic-acid fragments can act as continuous sources of immune stimulation, thus leading to by-stander damage to neurons and synaptic connections. **This may explain the over 200% increase in Lou Gehrig's disease in Gulf War veterans, which has been attributed to the 17 vaccinations they were given over a few days.**

In addition, retention of these viral fragments and DNA fragments can result in autoimmune diseases, especially in people with a genetic weakness for autoimmunity. T**his may also explain the increased incidence of diabetes and asthma in children exposed to certain**

vaccines. Health authorities, even though they admit to the contamination, are quick to discount the danger. Ironically, they admit that they do not know the long-term consequences of retention of these viral fragments.

Also connected to these contaminants in the vaccines is the risk of cancers years later. Most are familiar with the contamination of both the live polio vaccine (OPV) and inactivated vaccine (IPV) with SV-40 oncogenic virus. **As far back as 1959, Dr. Bernice Eddy proved that SV-40 was oncogenic.**

Dr. Michele Carbone and her co-workers have also proven that this contaminating virus was responsible for a number of cancers in the children of women who were exposed to the vaccine. These tumors include **mesotheliomas, ependymomas, choroids plexus papillomas, and osteosarcomas.** Studies have shown that the offspring of some 58,000 women vaccinated with the contaminated vaccines had a 13-fold higher incidence of brain tumor development than those not exposed to the vaccine.

Until 1992, the poliovirus vaccine was also contaminated with simian cytomegalovirus. A recent study found that over 70% of cases of stroke are related to this virus. These are not problems to be treated lightly, as the vaccine promoters have chosen to do.

An Insane Vaccine Policy

Those making decisions concerning vaccine policy know little of these brain mechanisms. Instead, they depend on out-of-date thinking and studies, many of which are phony and paid for by vaccine manufacturers. In fact, **most pediatricians are unfamiliar with excitotoxicity or microglial activation,** rather they get their information from their specialty societies, which are dominated by physicians receiving monies from the vaccine manufacturers or who know nothing concerning the effects of overstimulation of the immune system, especially its long-range effects.

The public must speak out about these issues and demand that politicians cease legislating laws to create policies that will result in permanent injury to themselves and their children. For more information on mercury and brain damage see my website - weblink:www.russellblaylockmd.com under "blog." You may also want to review my comments on the Simpsonwood Conference on mercury safety at: www.mercola.com/2004/sep/22/blaylock_vaccine_coverup.htm.

References

1. Neil Z. Miller, Vaccines: Are They Really Safe and Effective? New Atlantean Press, Santa Fe, NM 1999.

2. Sasaki T, et al., "Application of PCR for detection of mycoplasma and pestivirus RNA in human live viral vaccines," Biologicals 1996;24: 371-375.

3. Studer E, et al., "Detection and characterization of pestivirus contaminations in human live viral vaccines," Biologicals 2002;30: 289-296. [This study is an attempt to allay fears over contamination of vaccines.]

4. Sierra-Hobigmann AM, Krase PR, "Live oral poliovirus vaccines and simian cytomegalovirus," Biologicals 2002; 30: 167-174.

5. Hernan MA, Jick SS, et al., "Recombinant hepatitis vaccine and the risk of multiple sclerosis: a prospective study," Neurology 2004; 63: 838-842.

6. Gherardi RK et al., "Macrophagic myofascititis lesions assess long-term persistence of

vaccine-derived aluminum hydroxide in muscle," Brain 2001; 124: 1821-1831.

7. John TJ, "A developing country perspective on vaccine-associated paralytic poliomyelitis," Bull WHO 2004; 82: 53-58.

8. MMWR Quickguide, Recommended Childhood and Adolescent Immunization Schedule-United States, 2005. Jan 7, 2005/vol 53/ Nos 51-52.

9. Brewer JM et al., "Aluminum hydroxide adjuvant initiates strong antigen-specific TH2 responses in the absence of IL-4 or IL-13-mediated signaling," J Immunology 1999; 163: 6448-6454.

10. Blaylock RL, "Interaction of cytokines, excitotoxins and reactive nitrogen and oxygen species in autism spectrum disorders," J American Nutriceutical Association 2003;6; 21-35.

11. Blaylock RL., "Chronic microglial activation and excitotoxicity secondary to excessive immune stimulation: possible factors in Gulf War Syndrome and Autism," J American Physicians and Surgeons 2004; 9: 46-51.

12. Blaylock RL, "Vaccinations: The Hidden Dangers," The Blaylock Wellness Report 2004; 1

13. Liu B, Hong J-S, "Role of microglia in inflammation-mediated neurodegenerative diseases: Mechanisms and strategies for therapeutic intervention," L Pharmacology Experimental Therapeutics 2003; 304: 1-7.

14. Morimoto K et al., "Acute neuroinflammation exacerbates excitotoxicity in rat hippocampus in vivo," Experimental Neurology 2002; 177: 95-104.

15. Chaparro-Huerta V et al., "Neuronal death and tumor necrosis factor-alpha response to glutamate-induced excitotoxicity in the cerebral cortex of neonatal rats," Neuroscience Letters 2002; 333: 95-98.