



super jab: new weapon of mass destruction?

News that the pharmaceutical giants are to introduce a new super vaccine that contains not only Measles, Mumps and Rubella but Meningitis and Chicken Pox also, fills me with absolute horror! It is appalling that the Government has totally neglected its responsibilities to research the effect of vaccines on the development of autism.

Instead it is ignoring all concerns and bringing in a more toxic, pathogenic vaccine. The result will unquestionably be more children being damaged by vaccines.

If a car manufacturer was to find a number of problems with a line of production cars they will recall them for examination to protect the lives of those who drive them.

WHY then has the Government failed to address the issue of vaccine induced autism?

WHY have they failed to realise that immunologically suppressed or deficient infants are vulnerable and why have they not even considered a pre-screening check to see if the child is competent enough to withstand such a pathogenic blow as that delivered from vaccines?

WHY are we experiencing a pandemic epidemic growth in autistic sufferers?

WHY? WHY? WHY?

And why is the Government avoiding such obvious questions?

From the questionnaires received at *The Autism File* it is evident that a high percentage of parents believe their child's decline into autism was after a vaccine whether it be the DPT+ HiB or the more likely culprit – MMR. Surely

this is evidence enough to prompt the Government into an extensive investigation? Obviously not.

In issue 7 of *The Autism File* I reported what by law we should have all read and discussed with our GPs prior to immunisation:

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It is known that patients with B or T cell immuno-deficiencies should not be given live vaccines, eg, Polio virus, Mumps, Measles, Rubella, BCG, because of the risk of vaccine induced illness. Family members should not receive live Polio virus vaccine.

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In issue 11, I documented how multiple course antibiotic therapy affects the populations of beneficial gut flora which in turn affects and suppresses immunoglobulin production dramatically.

Our children were left 'open' and vulnerable to the pathogenic insult the vaccine delivers. A vaccine bypasses the main barriers of defence, the skin foremost and then the mucosal surfaces, by being injected directly into the bloodstream, causing a massive immune reaction. This in turn should trigger the formation of specific antibodies that serve as memory cells which will enable the body to identify the pathogen (bad guys) and protect the body from infection later on.

However, for the poor children who are immune suppressed and

have an unprotected mucosa, pathogens such as measles from the vaccine, parasites and unwanted bacteria and fungi can gain a firm foothold on these unprotected surfaces.

Through our extensive questionnaires, we have identified that a staggering 68% of the autistic children reported had received antibiotic treatment in their first year. These children also suffered from gut-related issues such as dysbiosis, candidiasis, parasites, inflammation, constipation and diarrhoea, leaky gut and an inability to break down proteins and fats.

These children are the victims of antibiotics and vaccines.

These are the children whose immune systems were already weak and vulnerable. They were given antibiotics because their immune systems were too suppressed to fight off the bad guys. What wasn't known was that they unknowingly had intolerances to both wheat and dairy products which can initiate an inflammatory reaction on the mucosal surfaces. For these many children, antibiotics did not clear the infection. Why? The problem was not bacterial driven, it was allergy driven.

I wrote an extensive letter to the Medical Research Council in April 2002 and presented a research programme that would assist the Government in establishing whether there may be a link to immune suppression or deficiency with vaccine injury. This letter is printed opposite but I have left out the name of the person to whom it was sent for legal reasons.

Medical Research Council.
20, Park Crescent
LONDON
W1B 1AL

Dear [REDACTED]

As I am sure you are aware, current statistics released by the NAS indicate that a staggering 1 in 86 primary school children are on the autistic spectrum. This must therefore be acknowledged as the fastest growing epidemic the world has seen to date.

The current controversy facing the MMR vaccine is an issue that must be addressed as a matter of absolute urgency. However over the past decade there have been a number of other highly plausible reasons for this apparent growth rate in numbers of children now suffering from autistic spectrum disorders.

One must therefore consider the changes in vaccination policies, the toxic components within vaccines, the overuse of antibiotics (which has a proven association with disturbances of beneficial gut flora) and other environmental factors that may play an important role in the etiology of autism.

We have sent over one thousand questionnaires to parents with autistic children in the UK and it is already very apparent that there may be a genetic predisposition. (A full statistical analysis will be available end of August 2002.)

We have observed that there are a high percentage of parents and grandparents with auto-immune disorders and allergenic related illnesses.

One must conclude that the predisposition that 'links' autism with immune suppression, distortion and deficiencies is very apparent within the genetic make-up of these children. The questionnaires also reveal that a great percentage of autistic children have received in their first year, multiple courses of broad spectrum antibiotics to treat infections of the mucosal membranes such as sinusitis, rhinitis, bronchitis and otitis media to name a few.

Many known bowel disturbances in these children may also indicate enteritis and chronic dysbiosis and include overgrowths of pathogenic bacteria (eg, clostridia species and E-coli) and funguses (ie, candida) and parasites. There are also passive viral infections. These also indicate problems associated with immune dysfunction.

We are in the process of forwarding stool samples taken from autistic children to the University of Reading and their observations will prove highly beneficial in looking closely at gut dysbiosis in autism and the overgrowth of antibiotic resistant strains.

I have enclosed my flow chart on the causation of autism [*readers can view this at <http://www.autismfile.com>*] and as one can clearly see it seems likely that autism is fundamentally predisposed and then triggered by a host of environmental insults and opportunists.

Tissue bound immune complexes develop and cannot be effectively removed from the mucosal tissue. This then initiates all of the other biological disturbances seen within autistic sufferers.

If the increase in numbers of autistic children is due to better diagnosis or purely a genetic disorder then it is scientifically impossible to have the percentage growth rates that we are currently experiencing. California State in the USA has recorded a staggering 900% increase in numbers over the past decade.

The authorities must therefore, as a matter of absolute urgency, address this current pandemic and investigate the genetic susceptibility of the infant prior to vaccination before many more infants are 'maimed'. This will then determine along with health and medical records of the child and family whether the child has the immune competence to cope with such a pathogenic onslaught.

With this in mind I would like to outline a proposal for an immediate research programme to be initiated by the Medical Research Council to ascertain the safety and effectiveness of current vaccination programmes and to identify which children are susceptible to vaccine induced disabilities, illnesses and disease.

Continued on page 6.

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Chicken Pox

Rubella

Mumps

Measles
Meningitis

OUTLINE STUDY PROPOSAL.

A group of 5000 randomly selected expectant mothers would participate in this study. They would then over a two-year period complete the following studies:

- A thorough family medical/health questionnaire to determine illnesses and disease within the family. The aim to identify any immunological susceptibility or deficiencies within the family and to note autistic spectrum disorders within the family.
- To monitor and record pregnancy and to complete a questionnaire on birth and delivery and early APTAR ratings and percentiles.
- To screen the child's immune profile before the administration of the first series of DPT, HiB and Polio inoculations, ie, full white cell counts, complement, pro-inflammatory cytokines TNF-a and IL-1b, immuno-globulins esp. IgA and CD4/CD8 ratios.
- To re-test the immune profile 20 days after vaccination including liver function and antibodies for DPT, HiB and Polio.
- To monitor any reactions to the vaccines.
- To record and complete a health profile for the child following the DPT series of vaccinations including what illnesses and the use of any medical interventions, for what and whether they were successful in treating the disorder.
- To look at the immune profile for immune competence pre-MMR vaccine again noting the health of the child on the day of injection.
- To re-test the immune profile 20 days after vaccination including antibodies for MMR.
- To record the health, medical records and developmental checks thereafter for the child up until two years of age.

If there are 1 in 86 primary school children on the autistic spectrum then this study should reveal approximately 50 sufferers. I am confident that those children that will develop autism will be those same children that were born into families with histories relating to immune deficiencies or were immunologically suppressed at the time of vaccination.

If such a study is not initiated then we will see the rates of autistic children continue to escalate to the continued financial benefit of the vaccine manufacturers and to the expense of the parents, the Government and all of the associated authorities that will be held responsible for caring for them.

The vaccine programme as it stands is not functional, public confidence is low and because of the 70-75% uptake the risks of epidemic outbreaks is high.

This is therefore an ideal opportunity to complete this study and one that surely will ascertain the safety and effectiveness of vaccination policy.

I look forward to hearing from you in the near future.

Kind regards.

Yours sincerely



Jonathan Tommey

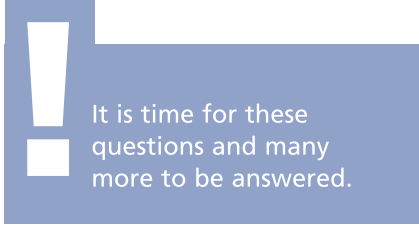
I have since contacted the MRC on numerous occasions to no avail.

WHY are the MRC, the Department of Health and the Government so reluctant to look into this highly plausible link?

WHAT are their reasons?

WHO is in control of initiating such studies?

WHAT financial control have the pharmaceutical giants over political decision making and what are the financial losses to the Government, their associated staff and to the medical professionals in general?



It is time for these questions and many more to be answered.

It is vitally important that pressure is maintained and stepped up if innocent children are to be saved from vaccine insult. Of course we cannot escape the ever burdening pressures exerted on the child's immune system from other environmental agents such as heavy metals, pollutants and chemicals but the greatest insult delivered to infants is through a needle.

Bitter I may be, annoyed, without question, but defeated, I am not. I owe it to Billy and all of the other thousands of children who were so aimlessly and innocently afflicted with this condition. A condition that not only stifles their future but the futures of their parents and families alike.

If you would like to get involved in exerting a little more pressure on the Medical Research Council please forward your letters to myself at *The Autism File* so I can then forward them in turn to the powers that be. Thank you.