

# The Pentagon – A Voice of Reason on Vaccines and Autism?

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**UPDATE - I recently received a response to my query from Paul Stone, AFIP Public Affairs. He wrote that: "Dr. Centeno's presentation, entitled 'Mercury Poisoning: A Clinical and Toxicological Perspective,' did mention Thimerosal. However, its inclusion was specifically intended to point out that although there has been some speculation about a potential association between Thimerosal and Autism, currently there is no data or science to support such a claim. Neither the AFIP nor Dr. Centeno have been involved in or conducted research on Autism."**

**I have asked Mr. Stone to clarify why Methly B-12, DMPS and glutathione GSH appear under the heading "treatments" on Dr. Centeno's thimerosal slide -- DK**

When it comes to fighting autism, maybe we should send in the Army.

Autism and the military have a deep history together. Children of service members are reportedly [almost twice as likely](#) to have autism (1-in-88) than those in the general population (1-in-150). Meanwhile, the Department of Defense quietly spends millions in taxpayer dollars researching the possible causes of autism at far-from-the-spotlight centers around the country.

Recently, several documents have been brought to my attention which, when viewed together, suggest that the Department of Defense has legitimate concerns about vaccine injuries and their possible connection to autism, perhaps more so than other branches of the Federal Government.

These documents raise several questions that I am currently trying to get answered from DOD officials:

## **1) Autism may be an "adverse event" of Tripedia (DTaP) use**

According to the website of the Vaccine Healthcare Centers Network, run by DOD and CDC, [autism is listed as an "adverse event"](#) associated with use of the Tripedia triple vaccine for diphtheria, tetanus and pertussis.

My questions are: Why does autism appear here? Does VHC consider autism to be a possible adverse event of DTaP use, or has it simply been reported that way by parents?

## **2) Patients who have bad vaccine reactions should avoid multiple vaccines in the future**

According [to this VHC slide](#), any patient who has a "Systemic Event" following immunization - defined as "symptoms and signs of illness after vaccination" and "any reaction that does not involve the injection site" - should avoid multiple vaccines in the future, if possible.

My questions are: Is that standard DOD policy? Is there an alternative schedule for these patients? Does this advice apply to children of service members as well? Why is this information not shared with civilian doctors and pediatricians?

### **3) Patients who develop serious neurological diseases might need vaccine exemptions in the future**

[This VHC slide](#) says that a patient who develops a severe neurologic disease following vaccination might need temporary or permanent exemption from future vaccines. Such diseases include peripheral neuropathy, encephalopathy (including autism, presumably) Guillain-Barré syndrome and progressive focal neurologic disease. Such patients should be given temporary exemptions from future vaccinations.

Meanwhile, risks for recurrent reactions should be assessed before additional doses are given, and "permanent vaccine exemption may be required."

Again, is this DOD policy? Are such exemptions given? Because autism is listed as a "severe neurological disease," would those patients (ie, children of service members) also be exempt from future vaccinations? And, on a related note, does VHC consider autism to be a "neurological disease," as opposed to a developmental/behavioral disorder?

### **4) Mercury, and possibly thimerosal may cause autism and dementia**

[According this slide \(#22\)](#) on the vaccine preservative thimerosal, from the Armed Forces Institute of Pathology (AFIP), "exposure to mercury in utero and children may cause mild to severe mental retardation and mild to severe motor coordination impairment." The slide also seems to indicate that autism and dementia might questionably be "health effects" of mercury or thimerosal exposure.

My question is: Why does autism appear on a list of health effects on a slide about thimerosal, even if it is followed by a question mark?

### **5) Alternative biomedical treatments may be prescribed for thimerosal exposure**

The same slide says that "treatments" for thimerosal exposure include: "Methyl-B12, ointment DMPS, & glutathione (GSH)." These are all alternative (some would say fringe, radical and dangerous) treatments being used today by thousands of autism parents and their children's physicians, with varying degrees of success (including reports of full recovery).

**Methyl-B12** - has been shown to repair damage to the process of methylation, and to restore methionine and glutathione levels in patients with autism to within normal ranges.

**DMPS** - is a sulfur-based amino acid used in the process of chelation - in which sulfur molecules bind with heavy metals such as mercury, and eliminate them from the system.

**Glutathione** - is a sulfur-based protein that binds with heavy metals and eliminates them from the system. It is also a powerful anti-oxidant. Many children with autism show signs of glutathione depletion, heavy metal accumulation and oxidative stress.

My questions are: Was the speaker simply referring to treatments that some people have tried, or is the AFID endorsing these treatments for thimerosal toxicity and/or autism? On what evidence is this based? Are Methyl B-12 and GSH, like chelation, considered standard of care in the military for mercury toxicity? Can you explain why autism families in the military have these treatments covered, (at thousands of dollars a year), even if they also have an autism diagnosis? Is this why military insurance will pay for visits to doctors in the Defeat Autism Now network, which advocates the use of these non-traditional treatments?

I eagerly await the replies from VHC and AFID officials, and will update this blog as soon as I hear anything.

Meanwhile, regardless of the Pentagon's positions on the above questions, we know for certain that DOD is concerned about the risk of injury from multiple vaccines.

In fact, it may even need to reconsider the practice.

"We have preliminary findings from one of our many on-going research studies that suggest a relationship between adverse events and multiple vaccinations exist," US Army Colonel Renata J. M. Engler, MD, director of the VHC, (a "collaborative network" of the Defense Department and the CDC), [wrote to Rep. Carolyn Maloney](#) (D-NY). "These findings will require validation, but heighten our concern for the current clinical practice of multiple vaccinations."

"The more drugs one is exposed to, the greater the likelihood of having an adverse event so as vaccine numbers increase, and (sic) we will see more people who have efficacy or safety issues," Col. Engler said. "The standard of care (ie, in the context of mixing vaccines) is to minimize drug exposures because of the recognition that the more drugs being used, the greater the chance of a reaction and potentially a serious adverse event."

I wonder when the CDC and America's pediatricians will issue an equally thoughtful and cautionary statement, instead of their usual reassurance that small children can easily get 100,000 shots at once, without a single "serious adverse event" among them.

[http://www.huffingtonpost.com/david-kirby/the-pentagon---a-voice-of\\_b\\_148490.html](http://www.huffingtonpost.com/david-kirby/the-pentagon---a-voice-of_b_148490.html)