

Statement regarding mandatory vaccinations in Oregon.

I am a medical doctor, with 44 years of experience in practice. Over the last 18 years I have devoted my practice primarily to special needs children, and in this time I have evaluated and treated more than 3000 children diagnosed with autistic spectrum disorders. I have also participated in more than twenty interdisciplinary, invitational think tanks focusing on autism. I have collaborated in autism research, have written chapters for two books on autism evaluation and treatment, and have mentored physicians extensively in care of children with autism.

In 1970, when I entered medical school, autism was extremely rare, so uncommon that we heard no lectures on this disorder, nor did I meet a single child with autism in training or through the 70's. In the 80's I cared for one child, and in the late 90's began seeing many more children with autism. Now the Centers for Disease Control report that more than 2% of children, or 3% of boys in the U.S. have been diagnosed. You who are my age and older will recall that autism was vanishingly rare 50 years ago, and now virtually everyone has a friend or acquaintance with an affected child. This is not due to better diagnosis; diagnostic criteria today are in fact stricter than in the past. Rather it reflects a real crisis in the lives of families today, with huge economic fallout impacting health care and education.

This exponential rise in autism is an epidemic which cannot and has not been explained by genetics alone, despite very extensive research for signal mutations. We don't have epidemics of genetic disorders. No, the major contributing factor to this epidemic of autism and related disorders is environmentally induced damage to susceptible children. While genetics does play a part in this susceptibility, genes are also highly vulnerable to toxicant damage, which may directly increase susceptibility to common threats to child development.

The best research shows that many factors contribute to risk of developing autism: persistent organic pollutants, pesticides, proximity to oil refineries, vinyl flooring, paternal age, autoimmunity in parents, heavy metal burden, etc. Identical twins have lower concordance rate than predicted by genetics, and fraternal twins have higher concordance rate than predicted, likely attributable to common intrauterine experiences.

What about vaccines? Over these past two decades of interviewing families and evaluating their autistic child I have routinely gathered information about vaccination status. Among these 3000 + children with autism entering my practice, less than 20 of them have not been immunized. And more than 1000 of the couples bringing their autistic children into my practice have noted a clear and rapid regression occurring after receiving vaccines. After seeing so many children deteriorate into autism after adverse reactions to too many vaccines at once, I conclude that vaccines are part of the "perfect storm" which leads to autism.

And what about CDC studies reassuring us about vaccine safety? William Thompson MD, crafter of often cited studies of MMR safety has stated publicly that he witnessed and participated directly in shredding of data showing increased autism risk in cohorts of children receiving MMR. It seems that focus of these studies has been to demonstrate safety rather than to question safety amid so many reports of vaccine-related regressions. And the standard applied to all new drugs: prospective placebo

controlled studies to compare vaccinated vs unvaccinated children have never been done (note that vaccines are drugs which have somehow escaped standards applied to all other drugs introduced into humans). In fact, one small retrospective study making this comparison showed 450% increase in rates of ADD and of Autism Spectrum Disorder in vaccinated as compared to unvaccinated children. Conclusions can't be drawn from small or epidemiological studies; large scale prospective studies are needed to settle the issue, and this has not been done.

Finally, genetic testing, immune profiling, mitochondrial metabolomic testing have begun to identify factors which increase susceptibility to idiosyncratic or hypersensitivity reactions to substances such as vaccines. These factors are beginning to explain the exaggerated sensitivity of some children to perturbations caused by vaccines, antibiotics, infections, or toxins. Parents are often aware of a given child's fragility, which is related to increased risk of harm from procedures such as multiple vaccines.

While vaccines have brought great benefit to humanity as a whole, we need to take into account that a one size fits all approach is inappropriate and risky. Children differ (in size, metabolic rate, nutritional status, genetic predispositions, immune competence, and many aspects leading to fragility and unpredictable responses), and deserve individualized approaches to being immunized. Parents need the freedom to approach immunization gently and gradually with vulnerable children. Please act to preserve parental freedom, and to protect parental rights to choose the treatments best for their own children.

I will be happy to dialogue with any legislator seeking more information.

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