## Vaccine Injury: The Biological Plausibility of Microbial Predisposition

Posted on:

Monday, September 8th 2014 at 4:00 pm

Written By:

**Keith Bell** 

You may not have heard the news due to media censorship of the vaccine-autism debate, but apparently childhood vaccines can and do cause autism. Last month, a CDC Senior Scientist issued an apologetic press release admitting data omission from a 2004 study. The ditched data suggested African American boys are at increased risk of autism when given the MMR vaccine.

CDC's Director of Immunization Safety, co-author of the fraudulent 2004 study, has also admitted vaccines can result in autism. Moreover, autism is listed as side effect in the DTaP vaccine package insert. Brian Hooker received the CDC confession directly from Senior Scientist, William Thompson. Hooker reanalyzed the data and found a 2.4x increased risk of autism in African American boys. The CDC states a lack of biological plausibility, but there's plenty.

Why would certain children be vulnerable to autism or any vaccine injury such as tic and seizure disorders? What makes them different from others who somehow escape injury?

First let's address gender inequality. Boys are up to five times more likely than girls to become autistic, perhaps because estrogen is crucial to immune response. Girls are primed at birth. But why African American boys? How tragic that over ten years ago the CDC decided

this wasn't important enough to study further. How many African American boys have been <u>damaged</u>?

Other populations at risk of autism by vaccination include Koreans, Somali immigrants, perhaps much of Africa and Caucasians, too.

Somali immigrants of Minneapolis and Sweden suffer high rates of autism when there is no word for "autism" in Somalia. In Sweden, they call it "Swedish disease."

Everyone on Earth is vulnerable to vaccine damage, but some populations appear especially at risk. These groups are different than others based on generations of <u>dietary habits</u> resulting in the underlying beauty of diversity: microbial predisposition. Their flora is naturally different!

Scientists have <u>found</u> gut microbiota play an important role in how well vaccines are absorbed. Imbalanced flora leads to vaccine failure. In sanitation-challenged, <u>toxic</u> nations such as Pakistan, for example, the <u>polio</u> vaccine can be ineffective due to compromised guts known as <u>environmental enteropathy</u>. How ironic that if we made sanitation and toxic pollution a priority, we could also reduce vaccination and its risk of injury. Instead, children suffer malabsorption syndrome <u>misdiagnosed</u> as malnutrition. They can't properly absorb nutrients or vaccines. Meanwhile, less than 2% of Bill & Melinda Gates Foundation budget goes toward improving sanitation; the lion's share toward vaccination in concert with major pharmaceuticals and <u>GAVI</u>. The United Nations, UNICEF and the World Bank promote wastewater treatment without any priority on the real solution of dry toilet technology.

## One of the differences is reduced or absent bifidobacteria.

According to a Bangladeshi microbiota <u>study</u> published last month, poor vaccine efficacy is associated with systemic inflammation due to gut dysbiosis. Bifidobacteria were found a key factor in improving vaccine responsiveness. There are many known <u>strains</u> of bifidobacteria, some

considered <u>better</u> than others. Bifidobacteria levels in the USA <u>vary</u> widely among individuals. Studies report <u>much</u> <u>lower</u> levels of bifidobacteria in children with autism.

Vaccine scientists are focused on improving vaccine absorption, promoting probiotic <u>adjuvants</u>. Bifidobacteria appear to have a leading role as future adjuvant. But this work may also reveal a mechanism of vaccine injury: lack of an important species. Bifidobacteria are known to <u>attenuate</u> severe intestinal inflammation. One <u>study</u> found their numbers naturally multiply in <u>magnesium deficiency</u> to calm inflammation.

Many Africans are missing bifidobacteria. And so are **Koreans** where autism rates were found double those in the USA. The traditional diet of these populations doesn't include dairy, which feeds bifidobacteria. It should be noted not all Africans are reduced or absent in bifidobacteria. One study found bifidobacteria far more dominant in Malawian than Finnish infants while another study finds eightfold autism increases in Finland. Another vulnerable group appears to be vegans and vegetarians, known significantly reduced in bifidobacteria. **Breastfeeding** is another important clue about bifidobacteria and autism avoidance. Breast milk is known to contain 700 types of bacteria with bifidobacteria the star of the show. Gerber includes bifidobacteria in their infant formula for good reason as "they make up 80–90% of the total intestinal flora of breastfed infants." Several studies indicate breastfeeding deters autism. What's not commonly recognized is how microbes both produce and stimulate release of fatty acids in breast milk crucial to brain development. These lipids include endocannabinoids now making waves in the epilepsy community (seizure is a common feature in autism).

A new <u>study</u> reinforces what's known about the global C-section <u>epidemic</u> and neurodevelopmental problems including autism. A third of women give birth by C-section in the USA, exceeded by other nations such as <u>China</u> and <u>Brazil</u>. C-section is known to result in <u>differences</u> in infant intestinal flora, but what are the actual differences and how might this relate to potential for vaccine injury? This group of scientists <u>found</u>

significantly lower bifidobacteria counts in C-section babies than in vaginally delivered infants. The bifidobacteria, however, are thought to originate in the mother's intestines.

Are girls higher in bifidobacteria than boys? Might this be another way girls escape autism? Recent studies reveal another way to view gender **differences**. Men and women can eat the same diet, but have distinctly **different** gut microbiota.

In the <u>Hazda</u> people of Africa, bifidobacteria is absent and so is dairy, however, some forms of resistant <u>starch</u> and <u>inulin</u> may also feed bifidobacteria. The Hazda microbiome is more diverse, so they don't require bifidobacteria. Other microbes are doing the job for their healthy human hosts, but perhaps not if confronted with vaccination.

Then again, the Hazda immune system may be better able to withstand vaccination than African Americans. The immune system is **reliant** on flora balance where gut dysbiosis, such as high clostridia, and low bifidobacteria counts may predispose a newborn toward vaccine injury. Alternatively, high **clostridia** counts known in autism may be the result of vaccination. Vaccines may lead to such imbalances, similar to antibiotics known to cause C. difficile infections.

The fact is there are still no studies about how any of the childhood vaccines affect flora balance. Why not? Does anyone fear the results? Solving this mystery may require crowdfunding. There are many complexities to be unraveled. How are mercury and aluminum adjuvants affecting flora? How might vaccine-induced immune responses affect flora balance?

There are a sparse few studies approaching the subject such as this 2004 **study** from China showing significantly increased gram-negative bacteria caused by the cholera vaccine, not a good thing. This 2013 typhoid vaccine **study** states:

"However, to date, no comprehensive studies have been undertaken to examine the gastrointestinal microbiota in relation to vaccine administration and if there is a discernible alteration in the community following vaccine administration."

How would a shift in flora or absent bifidobacteria lead to autism? This

falls under the category of gut-brain phenomenon and probably begins in the womb. Dozens of peer-reviewed studies impudently state colonization begins at birth, a fallacy without evidence akin to believing Earth is flat. The new paradigm points toward a fetal gastrointestinal tract teeming with life, developing long before the fetal brain, even driving brain development with polyunsaturated fatty acids of microbial origin. The maternal microbiome shifts toward a diabetic state in the third trimester while the fetal brain triples in weight.

Children are born colonized and then vaccinated within 12 hours of birth per cruel CDC schedule without any understanding of how this affects flora balance. The gut-brain connection is a two-way street where what happens in the gut may lead to an inflammatory reaction in the brain.

Bifidobacteria may be a factor in helping to avoid this reaction. Indeed, probiotics of many types have been tested alongside vaccines to improve vaccine response because it's known microbiota influence immune response. Might probiotics also help to avoid extreme immune response resulting in autism? Too many parents of autistic children have witnessed the arched back and high-pitched scream of their infants post-vaccination, a condition signaling brain inflammation.

I suspect bifidobacteria will become biomarkers to help avoid vaccine injuries. Every child would have microbial DNA (PCR) stool testing to determine flora balance prior to vaccination. If bifidobacteria are low or absent, this may serve as warning not to vaccinate. This applies to all children because everyone is at risk. Children may be born compromised with imbalanced flora where vaccines add insult to injury.

We should begin the process of reducing CDC vaccine protocol, beginning the protocol much later in life to allow the immune system, reliant on flora, time to develop. This would reduce vaccine injuries while improving vaccine effectiveness. Or, we can choose not to vaccinate and concentrate on improving innate immunity. Many believe our natural immunity is **waning** due to vaccination, so we're seeing a comeback of childhood diseases such as measles and mumps.

Either way, we need to reduce heartbreaking injuries as well as consider the subtle, insidious possibility of widespread flora shift in the wrong direction. We're already seeing mysterious childhood <u>type-1 diabetes</u> and obesity epidemics along with eating disorders such as anorexia in very young children. <u>Half</u> our children suffer chronic disease, an unacceptable situation where everyone is vulnerable based on flora balance.

Florida Congressman, Bill Posey, is investigating CDC fraud amid an incestuous relationship with the pharmaceutical industry. Contact your Congressman to ask support for Posey's congressional hearings to learn more about extent of damage. The CDC "whistleblower" may receive immunity from prosecution so that underlying truth may finally be revealed, just as microbial genetic testing is taking us toward a new understanding of our place in the environment.

Keith Bell is a 25 year veteran of the recycling industry with interest in sanitation and health. During the 1980s, he was a UNICEF radio spokesperson in Chicago for the annual release of *State of the World's Children Report*. He's particularly interested in gut-brain connection including gut-origin of seizure, underdiagnosed in epilepsy. *Sanitation is Sanity* poster Contact author: kbellrpi@gmail.com