



## Aluminium in vaccines is the major driver of the Autism Epidemic

### Description

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**Vaccines can play a role in autism, although it's certainly not the sole factor or trigger. In the last half of the 20th century, not only has the vaccine schedule grown, with many vaccines being added, but our food supply has also been inundated with glyphosate, and there's been a radical increase in the exposure to electromagnetic fields.**

**All three of these factors are pernicious, and there's evidence showing all three can play a role in autism development. Heavy metal exposure is another factor. But, the connection between autism and the introduction of vaccines in many children is quite clear.**

**Aluminium is a known neurotoxin, and in vaccines, the aluminium is in a nanoparticulate form, which when injected makes it all the more problematic.**

In 2018 Dr. Joseph Mercola interviewed J.B. Handley, founder of Generation Rescue, who discusses autism and what he believes can be done to help turn this tragic trend around. This is also the topic of his book titled '[How to End the Autism Epidemic](#)'.

Dr. Joseph Mercola: How to End the Autism Epidemic,  
Interview with J.B. Handley, 2018 (55 mins)

The transcript of the interview with J.B. Handley is attached below.

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By Dr. Joseph Mercola

*The following article was originally published by Dr. Mercola on 16 September 2018. It was updated in March 2019 to add clarification on vaccine info and this comment by John Gregory, staff analyst for internet website checker NewsGuard, who said, "Our review has found that medical science overwhelmingly rejects that causal link exists between vaccines and autism."*

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## Summary

In 1985, children in the USA routinely received 23 doses of seven vaccines: diphtheria-tetanus-pertussis (DTP), oral polio (OPV) and measles-mumps-rubella (MMR), and the autism rate was between 1 in 5,000 or 1 in 10,000 (depending on the data source).

In 2018, the CDC recommends that infants and children receive 49 doses of 14 vaccines by age 6, and there are estimates that 1 in 35 children develop autism.

The National Childhood Vaccination Injury Act was passed in 1986, largely due to lawsuits over brain damage caused by the DTP vaccine. The law gave vaccine manufacturers partial product liability protection when a CDC recommended childhood vaccine causes injury or death and, in 2011, the US Supreme Court gave the vaccine industry a total liability shield

Many paediatricians are incentivised by insurance company bonuses to maintain high vaccination rates with all federally recommended vaccines. This hidden conflict of interest may place your child's health in jeopardy.

In depositions in a trial in Tennessee, scientists from the Kennedy Krieger Institute at Johns Hopkins University make it clear that children really should be screened before their first vaccination. If screening for individual susceptibility were done, many vulnerable children would be spared from being harmed by vaccines

## A Parent's Worst Nightmare

Handley's son has autism, and his personal experience ultimately motivated him to write this book. He describes the family's experience, and what led them to take a nonconventional approach to their son's treatment:

My wife and I were what I would characterise as very mainstream parents, which meant that when our second son was born in 2002, we basically handed him to our paediatrician and did whatever he told us to do, which meant following the Centres for Disease Control and Prevention's ("CDC") recommended [vaccine] schedule.

We started to watch our son decline physically after every vaccine appointment at 2 months, at 4 months, at 6 months and at 12 months. He got eczema. His belly became distended. He had sleep disturbances. He had dark circles under his eyes. We kept going back into the doctor and saying, "What's going on? What's happening with him? Where is this coming from?"

We could never get a plausible explanation for what was happening. Then, shortly after my son turned 1 year old, he started to decline neurologically. He lost his words. He lost many of his normal mannerisms. He started doing these really unusual behaviours.

He started craving certain foods — all these things that somebody like you knows are red flags for a child heading towards autism. But at the time, we were ignorant to this and our paediatrician didn't help us at all.

We were living in Northern California. We took our son to University of California San Francisco ("UCSF") where they diagnosed him with severe autism. At the same time, we visited a Defeat Autism Now! ("DAN!") doctor in Pleasanton ... Dr. Lynne Mielke.

We were presented with two completely different worlds. At UCSF, autism was genetic. It was lifelong. He was likely to be institutionalised. There was nothing we could do about it, except to prepare ourselves.

But in Pleasanton, thirty miles away, autism was triggered by vaccines. It was an environmental illness. If you vetted the diet and started to do things differently, some of these children recovered completely. Here's my wife and I, both educated at Stanford, both very mainstream, and we're put at these crossroads for what to do for our son ...

In our case, we went to the facts. We went to the reality of how our son had declined after being on a normal path of development. We ultimately made a decision that we did believe that the vaccines triggered our son's autism. We did believe that biomedical interventions could work for him.

That opened a whole new door to us. Soon after that, in '05, my wife and I founded Generation Rescue. The reason that we founded it was to share the information that we had learned with other parents. That's where our journey began.

## **Recovery Is Possible**

Today, Handley's son is 16, and has made dramatic improvement through biomedical intervention. He regained his speech, learned to read and can go on long family trips without incident.

Still, he continues to be affected by autism, and this is a reality for many parents. While some children are able to make a complete recovery, others do not. Most, however, can make improvements. Even at 16, Handley's son continues to improve, and new biomedical interventions are becoming available. Prevention is key, though, and making vaccination decisions is an important part of that.

I think, in many ways, that the jury is in on this. My book is bolstered by the fact that two of the titans of the mainstream autism medical community have changed their tune through depositions, and now support the things that parents have been saying for decades.

I think that those two scientists [Dr. Andrew Zimmerman and Dr. Richard Kelley], who people don't know about, and the way they've changed their tune are going to have a dramatic impact on this debate.

We're talking about scientists from the Kennedy Krieger Institute at Johns Hopkins

University, arguably the pre-eminent institution in the country focused on autism, who are saying exactly what parents are saying – that in a vulnerable subset of children, vaccines are, in fact, the trigger of autism.

## Autism Triggers Are Pernicious

Like Handley, I believe vaccines can play a role in autism, although it's certainly not the sole factor or trigger. In the last half of the 20th century, not only has the vaccine schedule grown, with many vaccines being added, but our food supply has also been inundated with glyphosate, and there's been a radical increase in the exposure **to electromagnetic fields**.

All three of these factors are pernicious, and there's evidence showing all three can play a role in autism development. Heavy metal exposure is another factor.<sup>1</sup> That said, the connection between autism and the introduction of vaccines in many children is quite clear. Handley says:

The interesting science that's come about since the mid-2000s and beyond concerns this notion of an immune activation event in the brain of a child. We believe that immune activation events are actually what causes autism. The question is: What's the trigger for those immune activation events? Because there could be a myriad of triggers.

In the emerging science, which has largely been developed in other countries, it shows us how aluminium, specifically – aluminium, which the whole purpose of it being in a vaccine is to hyper stimulate the immune system – in certain vulnerable kids, can create a persistent immune activation event, sort of a simmering inflammatory event in the brain.

That simmering inflammatory event, if it happens during critical phases of brain development, can cause a child to head into autism. Those analysis models, unlike the epidemiology the CDC did that was not that helpful trying to discern causation, most analysis models are showing us, with some very specific data about the brain, just how a vaccine can trigger an immune activation event that then leads to autism.

## Aluminium Hyper Stimulates the Immune System

Aluminium is a known neurotoxin, and in vaccines, the aluminium is in a nanoparticulate form, which when injected makes it all the more problematic. When injected, macrophages, which are part of your immune response, are sent to the injection site, where they gobble up some of that aluminium.

"The [macrophages] grab the aluminium that they don't know what to do with. Some portions of those macrophages end up in the brain. They sit there, and it's called biopersistence. The aluminium just sits in the brain and the body doesn't know how to get it out," Handley says.

There's also evidence that aluminium exposure may be, at least in part, responsible for the massive rise in autoimmunity among children as well. In short, aluminium hyper stimulates the immune system, causing it to overreact to proteins that otherwise would not cause a reaction.

## Vaccine Makers Are Not Liable for Harm

Today, children in the US routinely receive 49 doses of 14 vaccines by age 6, and there are estimates that 1 in approximately 35 children develop autism. That's nearly 3% of the US population. In 1985, children received 23 doses of seven vaccines: diphtheria-tetanus-pertussis ("DTP"), oral polio ("OPV") and measles-mumps-rubella ("MMR").

The autism rate was also vastly lower. Depending on the data source, the autism rate in 1985 was between 1 in 5,000 or 1 in 10,000. In 1986, in large part due to the brain damage being caused by the DTP vaccine, the National Childhood Vaccination Injury Act ("NCVIA") was passed, which partially indemnified vaccine makers from liability for CDC-recommended vaccines for children.

Later, in 2011, the US Supreme Court insulated vaccine manufacturers from all liability when someone is harmed or killed by a childhood vaccine.

When you go to vaccine court in Washington D.C., the lawyers who are paid money to fight your claim are Department of Justice ("DOJ") employees. The judge who's there to adjudicate your claim is a special master who has full control over the proceeding. You have no jury. You have no normal judicial process. That 1986 [law] ushered in a rapid introduction of many different vaccines.

Today, I would argue – and I do quite strongly in the book – we're simply giving too many vaccines for too many diseases that are not that dangerous. In return, we have this massive explosion in chronic disease. It's a trade. We're slightly reducing certain acute illnesses. We're having an explosion of many chronic illnesses.

I think the question for Americans and the question for parents is: Is it worth it? Is the reduction in disease worth the trade-off? That's actually the conversation I wish we could have. We don't have a realistic risk-reward conversation. Vaccines are portrayed cartoonishly as offering you instant protection from whichever disease you get vaccinated for. The truth is more complicated than that.

## Evaluate Risks Versus Rewards

Handley suggests that parents need to weigh the pros and cons and ask themselves which health risks they're willing to take to protect their child against any given disease. He says:

Do I want [my child] to get a rotavirus vaccine if the risk is asthma? Do I want [them] to get a Haemophilus influenza type B ("Hib") vaccine if the risk is a lifetime of diabetes or some other autoimmunity and a much higher risk of autism?

By not acknowledging the very real risks of these vaccines, parents aren't in a position to make an informed decision about whether or not they're worth it for them.

I personally would support an immediate return to the 1985 schedule. Children were not dying in the streets. It wasn't the Dark Ages. We have to do something radical if we're going to change this chronic disease epidemic ...

Autism, for a family, is devastating. I think one of the things that really frustrates me about this epidemic is the whitewashing of autism ... The truth is most children with autism can't speak ... [they] will never live alone ... [they] will never have a job. Most children with autism require daily and hourly care [and] die early.

We can never look away from the severity of this epidemic or this disability for most of the children affected by it. It's because of the devastating nature of the disability that it puts such a strain on families.

My heart goes out to families that are lower income, work two jobs or they're struggling to make ends meet, and then autism gets dropped into their lives. It's simply devastating and untenable. We've got to do something about it.

## Do Your Homework

One of the most questionable vaccines, in my view, is the hepatitis B vaccine, which is given on the day of birth. Not only does it contain aluminium, there's simply no real justification for administering it to all healthy newborns, as hepatitis B can only be contracted from intravenous drug abuse, sexual activity with an infected partner, a blood transfusion using contaminated blood or from an infected mother.

It would be far more sensible to simply screen pregnant women for the disease and only give the vaccine to infants whose mothers actually test positive for hepatitis B.

The Hib vaccine also contains aluminium, and it, too, is given very early on; the first dose usually administered at 2 months old. Handley points out that parents should do their own research and make informed vaccination decisions for their children.

You need to gather data on each vaccine and decide for yourself: Is the risk-reward there for me? If you do that research and you decide it's there for you, all the more power to you. This is a free country. I believe in medical freedom. I believe that everybody should use whatever intervention they think is appropriate for their child.

What I don't believe in is that a parent should walk into an office with a child who's 2 months old, having not done the research, hand your child over to the paediatrician and they stick the child with six vaccines and you can't name what any of them are. By the way, that's a mistake I made.

That's the message I try to send to other parents: Be way more informed. Be way more vigilant. There are paediatricians in every market who are more open. Find those paediatricians and work with them. Focus on the health of your child, not on implementing the CDC's vaccine schedule.

Recognise that there are many paediatricians who are motivated by their insurance company to have really high vaccination rates. Because of that, they may not have your child's best interests at heart. They may have the bonus that they're getting from their insurance company at heart. That's really inappropriate but happens all the time ...

I have a singular motivation: to tell the truth and to save as many children as possible from the fate that befell my son ... Guilt wrote this book, if you will. The two ways that I found to deal with that guilt is, one, to focus on my son in helping him get better, and, two, to warn as many parents as possible.

## **Vaccine Experts Call for Vulnerability Screening**

In depositions in a trial in Tennessee, Zimmerman and Kelley make it clear that children really should be screened before their first vaccine. If screening for individual susceptibilities were in fact done, many or most vulnerable children would be spared from being harmed by vaccines.

They bring up specifically in their depositions things like the methylenetetrahydrofolate reductase ("MTHFR") mutation, a gene that can limit the ability of the body to detoxify," Handley says. "They bring up maternal autoimmunity history as a potential risk. Any signs of food allergies, any signs of other illnesses, obviously.

But there's this list of screens that you could do in advance that might save a meaningful portion of these children from harm. What's so frustrating about that is, in order for those screens to be put into place, there has to be an acknowledgment of causation.

## **The Lies Being Told**

Handley spends an entire chapter tackling the mainstream notion that the science on vaccines is "settled;" that the studies have been done and no harm could be found. "It's simply a lie," Handley says. To be convinced, however, you may need to actually read through the studies yourself. If you do, you'll find the "evidence" that vaccines don't cause autism is based on a single vaccine, the MMR, and they only looked at a single ingredient, thimerosal. Handley says:

Anybody with the willingness to spend a little bit of time on this topic will grow disenchanted with the things they're saying because they're unsupportable. They're lies. They're propaganda. I find it deeply disturbing that our public health officials will lie that blatantly.

When you have people like Zimmerman and Kelley from Kennedy Krieger, who are now supporting what the parents are saying, I think the lie falls down even further. I think they're going to really have to answer to this book and explain why they're saying the things they're saying ...

[Three] of the scientists who've done some of the most amazing work on aluminium, and how it biologically causes autism, wrote letters to [the CDC] ... [saying]:

"Based on the work that I have done with aluminium, I think that the words on your website saying vaccines don't cause autism [aren't] true. I encourage you to look closer at the aluminium science that I'm including here in my letter. This is a devastating crisis that I think we have answers for."

These are internationally renowned scientists writing to our CDC and saying that "The things you're representing to the public aren't true. You need to look at this topic again." This is not parents versus the CDC. These are esteemed international scientists. These are clinicians from Kennedy Krieger ...

The gig is up. The truth is there for anybody willing to look. I really hope that groups of people will come together and say: Enough is enough. Enough with the lies. There is 1 in 36 children [with autism]. It's unacceptable. We have a clear answer for at least the primary trigger of what's going on. We need to start saving children, moving those with great risks out of harm's way to help end the autism epidemic.

A major part of the problem is the fact that the CDC has been captured by the drug industry. Not only is the CDC in charge of implementing and promoting the vaccine program, but it also holds dozens of vaccine patents,<sup>2,3</sup> while simultaneously being in charge of vaccine safety and tracking autism rates!

Add to that the revolving door between the CDC and the vaccine industry – the transition of Julie Gerberding from being director of the CDC to being an official in Merck's vaccine division is one of the most egregious ones – and you have a situation in which the agency charged with safety simply will not lift a finger to fulfil that responsibility.

## **Generation Rescue's Autism Education Summit**

Handley cofounded Generation Rescue with his wife in 2005. Actress Jenny McCarthy is the president. The organisation assists parents who want to initiate biomedical intervention for their autistic child and hold an annual Autism Education Summit. In 2018, it was held in September in Dallas. I was scheduled to be a keynote speaker.

This summit was a wonderful opportunity for parents to hear what's new directly from the cutting-edge



doctors who are treating children with autism biomedically.

You can also learn more in Handley's book, "[How to End the Autism Epidemic](#)," which includes depositions from Zimmerman and Kelley – two pre-eminent members of the Kennedy Krieger Institute, the leading autism institution in the country – in which they unequivocally state that vaccines are causing autism.

A third deposition covered in the book is by Dr. Stanley Plotkin, considered by many the godfather of the vaccine industry. Dr. Paul Offit brought him into Voices for Vaccines, a pharma front group, as an expert witness for a legal case in which a husband and wife were in disagreement as to whether or not to vaccinate their child. Handley says:

[Plotkin] sat through an eight-hour deposition [and] was destroyed by the opposing council. What was revealed was many of the tricks, false narratives and disturbing ways of thinking that people in the vaccine industry think through, because Plotkin was one of the thought leaders of that.

We learned everything from the fact that he tested vaccines on mentally retarded children – his words, not mine – babies in prisons and orphans. We learned the ugly history of vaccine trials.

But he clearly acknowledges that the DTP vaccine doesn't really work, and that the human papillomavirus ("HPV") vaccine trials were in fact quite faulty because they had no placebo group. They received an aluminium-containing vaccine ... His conflicts of interest are also spelt out in detail.

He's literally making millions of dollars a year from vaccine makers, yet projects himself as this independent spokesperson for vaccines. He bailed on the trial the next morning after giving his deposition.

He refused to be an expert witness. Luckily, we were able to obtain that deposition in a public manner. It's not sealed. I think anybody who reads his words in that deposition will be blown away by how the, arguably, default leader in the vaccine industry actually thinks. It's very damning and very disturbing.

## More Information

Lastly, you can also follow Handley on his blog, [JBHandleyBlog.com](#). Among his most recent articles is '[Did Vaccines Save Humanity?](#)' in which he reviews disease statistics and vaccine data to answer that question.

Between 1900 and today, there's been a massive decline in mortality, especially mortality from infectious diseases, and mandatory vaccination advocates are often quick to attribute that to the success of mass vaccination programs. However, scientists have identified a number of many other factors that contributed to lower mortality rates.

Things like improved standards of living, clean water, refrigeration, sewage, less crowded living quarters and so on have all contributed to fewer complications from infectious diseases. Importantly, the data show dramatic declines in mortality from infectious diseases occurred well before the introduction of vaccines against the disease in question. According to Handley:

They estimate that vaccines' role in the overall decline in mortality from 1900 to today was somewhere between 1 and 3.5% of the total decline [in mortality] ...

Facts are facts. Data is data. Anybody who tells you that billions of lives have been saved because of vaccines, or whatever number they try to use, or that it's the primary driver [of infectious disease reduction] is insane. Because the facts don't support them and say differently.

If you go to Africa, where they're still living in crowded conditions and still have horrible water, and they still don't have sanitation or refrigeration, and you vaccinate every kid, you might kill more children than you help because the other conditions haven't been bolstered.

We actually learned that through ... a study<sup>4</sup> by Dr. Peter Aaby, a renowned epidemiologist of vaccines. What he found is that in [Guinea-Bissau] ... children who got the DTP vaccine were five times more likely to die than those who didn't.

The reason for that, as far as he could explain, was that it weakened their system so much that they were far more susceptible to other infections, because they were living in a highly infectious environment.

So, if you go after public health and you don't do it with totality, and you think vaccines are going to solve the problem, they're not going to solve the problem. There's no data that says they would.

by Rhoda Wilson

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### **Date Created**

05/18/2023