"A valuable, science-supported guide to optimizing your child's health."
—MARTHA HERBERT, M.D., Ph.D., assistant professor of neurology, Harvard Medical School

The Vaccine-Friendly Plan

Dr. Paul's Safe and Effective Approach to Immunity and Health—from Pregnancy Through Your Child's Teen Years

Paul Thomas, M.D., and Jennifer Margulis, Ph.D.

Praise for *The Vaccine-Friendly Plan*

"An impressively researched guide, this important book is essential reading for parents. With clear and practical advice for shielding children from harmful toxins, it will compel us all to think differently about how to protect health."

—JAY GORDON, M.D., FAAP

"A valuable, science-supported guide to optimizing your child's health while you navigate through complex choices in a toxic, challenging world."

—MARTHA HERBERT, M.D., Ph.D., assistant professor of neurology, Harvard Medical School, and author of *The Autism Revolution*

"Personalized health care based on the needs and vulnerabilities of individuals is the way to deliver optimal medical care. In this book you will learn a new way of thinking about vaccines. Rather than a one-size-fits-all vaccine strategy, the authors suggest thoughtful, individualized decisions based on research and collaboration between parents and clinicians—a plan to optimize a child's immune system and minimize any risks."

—ELIZABETH MUMPER, M.D., FAAP, IFMCP, CEO of The Rimland Center for Integrative Medicine

"Finally, a book about vaccines that respects parents! If you choose only one book to read on the topic, read *The Vaccine-Friendly Plan*. This impeccably researched, well-balanced book puts you in the driver's seat and empowers you to make conscientious vaccine decisions for your family."

—PEGGY O'MARA, editor and publisher, *Mothering Magazine*

"This well-written and thought-provoking book will encourage parents to think through decisions—such as food choices and the timing of vaccines—that affect the well-being of their children. In a world where children's immune systems are increasingly challenged, this is a timely addition to the literature."

—HARRIET LERNER, Ph.D., author of *The Dance of Anger* and *The Mother Dance: How Children Change Your Life*

"Impressive and compelling…Whether you're trying to conceive or already parenting teens, you need to read *The Vaccine-Friendly Plan*. It's about so much more than just vaccines—this book is a comprehensive guide that gives you everything you need to know to keep your children safe and healthy. I'll be recommending it far and wide."

—LYN REDWOOD, R.N., co-founder of the Coalition for SafeMinds

"*The Vaccine-Friendly Plan* is a treasure trove of scientific facts mixed with common sense. Paul Thomas and Jennifer Margulis encourage parents to follow their instincts, to do their own research as it pertains to their family's health, and to rethink what is true health care. Likewise, they challenge doctors to step it up and look further into the latest research that impacts the health of their youngest patients."

—MARY ROMANIEC, author of *Victory over Autism: Practical Steps and Wisdom toward Recovery for the Whole Family*

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PAUL THOMAS, M.D., AND
JENNIFER MARGULIS, PH.D.

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Introduction

Though I was born in the United States, I grew up in Rhodesia—now called Zimbabwe—in the 1960s. My parents were young missionaries with the United Methodist Church, and my family moved to Africa when I was just five years old, my sister Mary was four, and my mother was pregnant. My little brother Bruce and my little sister Jean were both born in Rhodesia. Our first home, in the village of Arnoldine, was built out of sun-dried bricks. We had no running water, no electricity, no glass windows. It was crowded, loving, and chaotic. I loved it.

My mother, who had studied at Vanderbilt University, was a nurse, and our home quickly became the de facto health center for the village, with parents showing up with sick children in tow, hoping we could help them.

My family spent fifteen years in Africa. By the time I was in my teens, I had seen more deaths than most Americans—perhaps even my fellow doctors—will see in their lifetimes. It was not uncommon for mothers and their babies to die during childbirth in our village. Newborns, especially those with malnourished mothers, succumbed to infectious diseases. Car accidents, malaria, and fulminating infections that did not respond to treatment also claimed too many lives. As my Congolese friend Odette said years later, tsking and shaking her head, “Africans die young.”

But there was one death that hit me harder than any other. My playmate Taurai, who was only three years old. One day, very suddenly, Taurai got a high fever. The whites of his eyes turned red, and he became lethargic and stopped eating. He had a rash all over his body. When his mother took him to the hospital in the capital city, the doctors told her Taurai had measles. When she heard the news, my

mother didn't worry much at first: Measles were so commonplace that in her generation other mothers made sure their children got exposed whenever it was going around. She had had measles herself as a kid and had seen it many times as a nurse.

Taurai died the next day.

I eventually came back to the United States to finish my education and went to the Geisel School of Medicine at Dartmouth College, where we were taught about the history of vaccines, the victory of the eradication of smallpox, and the elimination of polio from the Americas and most of the world. I knew firsthand how important vaccines were—if Taurai had been vaccinated against measles, he might not have died.

After four years of medical school, doctors in America are required to do what's called a residency, three to five additional years in a subspecialty. By then I knew I wanted to become a pediatrician. And every time I gave a child a vaccine or spoke to parents about the recommended vaccines, I was glad. I knew those vaccines would help the families I was caring for stay safe and healthy.

I was still in residency when the Hib vaccine was first introduced. *Haemophilus influenzae* type B is a strain of bacteria that can cause severe infections like meningitis and even death, especially in small children. Meningitis is difficult to diagnose correctly because the symptoms are a lot like the flu, which is caused by a variety of influenza viruses. The only way to know if a child has meningitis is to test the spinal fluid with a spinal tap: You insert a tiny needle into the lower back until you reach the sac with fluid that covers the spinal cord. If the fluid looks clear, like water, the child does not have meningitis. If the fluid looks slightly cloudy, chances are it is meningitis. We would send the sample for testing and know in a few hours when the lab reported the cerebral spinal fluid results.

Back when I was doing my residency, children's hospitals—if mine was any indication—had several cases of meningitis at any given time. That first year the improved Hib vaccine was introduced, in 1987, rates of pediatric meningitis at our hospital dropped by half. Before the Hib vaccine, about twenty thousand children under five came down with

life-threatening infections caused by *Haemophilus influenzae* type B every year and about a thousand died. These days there are fewer than twenty-five cases of Hib a year and no deaths.

Vaccines save children's lives, make families safer, and have helped me be a better doctor. And back then I could not imagine any reason not to give each and every vaccine as directed by the Centers for Disease Control and Prevention (CDC) and the American Academy of Pediatrics (AAP). These two organizations, full of hardworking, highly educated, caring, and smart scientific researchers and doctors, put out childhood vaccination guidelines that saved lives and helped children. And I saw it happening firsthand.

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In the fall of 1988 I began practicing medicine at Emanuel Children's Hospital in Portland, Oregon, armed with knowledge, hope, enthusiasm, and a full head of brown hair. I was a new pediatrician, excited to help my patients stay well and live healthy lives.

But as the years went by, I started to notice something that troubled me.

The children in our practice who followed our advice were not as healthy as they should have been. Instead, they were sick more and more often. Daisy had a severe rash that just kept getting worse. Jorge was struggling in school with attention and learning issues, his mother in tears as she described what a hard time he was having. Luke had such high sugar in his urine that when we got the test results back, I called his mom on her cell phone and told her to go to the closest ER immediately. Luke had type 1 juvenile diabetes and was in danger of dying from hyperglycemia and encephalopathy. He was only four years old. A little girl named Julia developed a peanut allergy so severe she went into anaphylactic shock because of a spot of dried peanut butter on the shelf at her preschool.

By the late 1990s and into the beginning of the twenty-first century, every pediatrician in America was starting to see what I was seeing: an explosion of chronic diseases and other conditions among America's

children, including food allergies, attention deficit disorders, childhood anxiety, childhood asthma, childhood depression, eczema, gastroesophageal reflux, headaches, ear infections, neurological disorders, sinus infections, lung infections like pneumonia, urinary tract infections, and virulent strep throat, to name a few.

Many of these problems have arisen because our children's immune systems are increasingly compromised. The modern American diet, with toaster pastries washed down by sugary drinks for breakfast, shrink-wrapped deli meats and potato chips for lunch, and canned spaghetti or fast food for dinner, is not only devoid of nutrient-rich vegetables, it is full of toxic additives (like mold inhibitors in bread and petroleum-derived colorants in just about every food made specially for children, from sweetened yogurt to pickles).

Combine this unhealthy way we have been duped into feeding our kids with the fact that American children do not get enough exercise or outside time and are often vitamin D deficient, chronically sleep-deprived, and sometimes overly stressed out, and you lay the foundation for a weakened immune system that will succumb much more easily to disease. Add to all this the toxins that abound in the air, soil, and water, as well as in the furniture we sit and sleep on, the cleaning products under our sinks, and the plastic containers that leach chemicals into our food, and you have what amounts to the perfect recipe for compromised health. As if that's not enough, we doctors make this bad situation even worse by overprescribing antibiotics and being quick to recommend drastic interventions and prescription medications without adequately informing ourselves or our parents and patients of the side effects.

And then there is the devastating rise in autism.

Jack was an active child with blond hair, a smattering of freckles, and sky-blue eyes. He came in for his one-year checkup full of energy, squirming off his mother's lap and particularly interested in opening the drawers on the side of the exam table. I could see by his behavior and from talking to his mom that Jack was a healthy, active, normally developing youngster.

The next time I saw Jack he was two. My nurse practitioner had

taken care of his eighteen-month well baby visit and accompanying shots. I flipped through Jack's chart before opening the door: He had been developing normally and meeting all milestones. But when I walked in this time, I could see instantly that something was wrong. Instead of actively exploring the room, two-year-old Jack sat silently in his stroller beside his mother, shaking his head back and forth, looking at nothing. He was completely absorbed in his own world. His mom told me that Jack had even lost interest in food. He would sit for hours lining up his toy trains. She explained that sometime between eighteen months and this visit, Jack had stopped making eye contact. Yes, he banged his head against the side of the crib sometimes, as if he were in pain. And though he could speak a few words at twelve months, she no longer really understood the noises he made.

I could not make a definitive diagnosis—I would have to send the family to one of our evaluation centers for that—but I suspected that the disengaged, unsmiling toddler before me had autism.

How could it be that a completely normal one-year-old in my care had become severely delayed and neurologically challenged by the time he was two?

It wasn't just Jack.

The rise in autism was impossible to ignore. It simply was not there when I was in medical school at Dartmouth in 1981–85. I only saw a couple of mild cases of autism in children in residency in 1985–88. But by the time I was working as a pediatrician at Westside Pediatrics, in the late 1990s and early 2000s, I was sending one child almost every month to a specialist for suspected neurological disorders.

What was going on?

Why were so many children in my practice who were following my advice becoming so sick?

Most conventionally trained doctors like me will tell you that no one knows definitively what causes autism. They will also tell you autism is a disorder for which there is no hope and no cure.

And in the same breath, they may blame you for your child's autism. They may say it is in your genes or that there is an underlying genetic

reason. They may mention the 2014 study published in the American Medical Association's *Psychiatry Journal* that found that children of fathers over forty-five are three and a half times more likely to have autism than children of fathers in their twenties, or the 2014 study published in *Journal of Perinatology* that showed that children of women who were obese during pregnancy have a higher risk of autism.

I debated the rise in autism endlessly with my colleagues. Though I believe they were as worried as I was, it was, sadly, easier for many of them to shrug their shoulders, adjust the stethoscopes around their necks, and deny the evidence in front of them. "We're just better at recognizing these kids today," they would say, clearly trying to convince themselves, when I brought up Jack and my other patients' unusual medical histories.

What became obvious to me was that some environmental factor or combination of factors was negatively affecting the health of the children in my care, triggering the increased incidence of so many vague but nonetheless scary symptoms: migraines, severe anxiety, gastrointestinal upset, unusually early-onset allergies. And what also became increasingly obvious was that some children were being poisoned in some way, or were developing an autoimmune reaction in which their own immune system was attacking their brains, or both.

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Lead is a remarkably useful and versatile metal that was once a key component in everything from face powders to paint. As anyone my age can remember (I was born in 1957), lead was also added to gasoline in the United States. Though this metal was ubiquitous and its use dated back to ancient times, it wasn't until the last three decades of the twentieth century that we really started to understand how harmful it is to human health.

It took decades of research and an explosive albeit ongoing controversy, but Americans finally accepted the uncomfortable and inconvenient scientific findings that too much exposure to lead affected our children's brains, IQs, and development. Indeed, we now

call lead exposure lead poisoning.

A small amount of lead is usually not harmful. But the more lead a child is exposed to, the more likely it is to cause neurological damage. Not every child exposed to high levels of lead will be irrevocably poisoned by it, but the more we have studied lead, the more scientists have come to understand that it has a negative cumulative effect on children's growing brains, and that the amount and the timing of the lead exposure have a lot to do with the severity of the symptoms and how they present.

When I was a pediatric resident, we were told that a child could have up to 20 micrograms per deciliter of lead in the blood. That recommended number went down as the years went by, and by the mid-1990s I instructed parents that a child should have no more than 10 micrograms per deciliter of lead in the bloodstream—half the amount we had previously believed to be safe. Today we have a new standard for lead safety: Doctors now believe that there is no safe dose of lead, and we tell parents today that even 5 micrograms per deciliter is cause for concern. What does this mean? It means that for over twenty years we were telling parents not to worry about something toxic in the environment that could actually damage their children's developing brains.

And then there are antibiotics. Though some bacterial infections can and will get better on their own, antibiotics are one of the miracles of modern medicine. Among the best things my mother was able to bring to Arnoldine were antibiotic ointments and oral antibiotics. Some diseases that once killed thousands of vulnerable people, especially children, are virtually nonexistent these days in large part because of the discovery of antibiotics.

But in recent years the overprescription of antibiotics has led to the development of "super bugs," antibiotic-resistant bacteria like MRSA (methicillin-resistant staphylococcus aureus) that are devastating to human health. One recent report by the British government predicts that this global problem will lead to as many as eighty thousand deaths and may transform minor surgery and routine operations into high-risk procedures. In my profession we have been talking about the

problem of the overprescription of antibiotics for more than twenty years, but despite being aware of it, doctors continue to prescribe antibiotics unnecessarily as much as 50 percent of the time.

It took me years to realize something I still wish were not true but which you cannot ignore if you want to have a healthy baby in America today: Our government officials and a handful of well-positioned M.D.'s who advise them have ignored some of the most important peer-reviewed studies and most relevant scientific information about immunity and health, both during pregnancy and throughout infancy. Some of the recommendations we make today simply make no sense when you look at the science—or the lack of science. Some of what we are ordering parents to do is doing more harm than good.

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A baby named Jimmy was born with what is called unfolded antihelixes (the antihelix is the ridge curving up the middle of the ear that makes it lie back alongside the head), so his ears were dished forward, like Neil Patrick Harris in *Doogie Howser, M.D.* Harris later had his ears surgically corrected, and Jimmy's parents wanted to do the same, to spare Jimmy from being teased in school. Their pediatrician said it would be easier to correct Jimmy's ears when he was still a baby than it would be later, and referred the family to a plastic surgeon. The plastic surgeon sat down with the family to review the risks and benefits of the surgery. Among other things, he explained that any time you put a child under general anesthesia, there is a rare chance of complications, including a serious allergic reaction (which affects about 1 in every 10,000 children) and even death. Doing due diligence, he told them there was a slim possibility—very slim—that Jimmy would not wake up from the operation.

When Jimmy's mother heard that, she changed her mind about the surgery. She looked at her baby and decided to leave his ears the way they were, reasoning that no cosmetic intervention was worth *any* risk of her baby dying. Her in-laws disagreed, urging her to "get something done about those ears" for years afterward.

Like the operation to correct Jimmy's jug ears, every medical intervention involves some risk. And every time we consider a medical intervention, we have to weigh the risk of complications against the risk of doing nothing, and against the benefits of the procedure if it is successful.

If Jimmy had had a serious medical problem for which he needed general anesthesia—like an infected appendix—his parents and doctors would have been much more willing to take the small risk of complications associated with putting him under general anesthesia. In this case, I think Jimmy's parents made the best, safest, and most evidence-based decision. Recent experiments in young primates and other animals confirm that Jimmy's mom made the right call. We know now that anesthesia can kill brain cells, diminish learning and memory, and cause behavioral problems.

At the same time, if the medical intervention is necessary and the chances of the intervention being successful are high, then the risks associated with the intervention are often worth taking.

Whether you are agreeing to surgery, an antibiotic, or a childhood vaccine, it is much easier to go along with what the doctor "orders" than it is to decide for yourself. The appeal of authority is reassuring. The same holds true for the doctor: It is much easier for the doctor to go along with what the CDC recommends and the states mandate than to do his own independent research and weigh the pros and cons himself.

How do I know this? Because I used to be that doctor.

But thirty years in pediatrics have taught me that it is time to change our bias favoring "one-size-fits-all medicine" and, more specifically when it comes to immunity, "all vaccines, all the time" to a more nuanced and skeptical approach. I give vaccines in my office every day. But I also recognize that we need to be vaccine wise: that all vaccines on the CDC's schedule may not be right for all children at all times. My approach puts parents in the driver's seat, allowing them to tailor the best and safest vaccine schedule for their children while at the same time making lifestyle changes that support the immune system, reduce toxic exposures, and lead to the best possible health. We doctors must

remember that vaccines are preventative medicine. They do not cure an illness—they give a boost to an already healthy immune system so the body is less likely to succumb to illness in the future. I would argue that this makes it even more imperative that we have proof that the vaccines we are recommending are both necessary and safe.

Doctors are healers. The vast majority of us would never knowingly do something to put a patient in harm's way. When one of our patients has a vaccine reaction—or a bad outcome of any kind—it is very hard for us to admit it.

It feels personal.

"After I realized that vaccine damage could actually happen, I went into a depression for over a year," admitted my colleague the late John Hicks, M.D., a pediatrician in private practice in Los Gatos, California, who specialized in children with autism and other autoimmune disorders.

I had the same experience in 2003 when the facts finally overwhelmed me. Listening to multiple presentations at a medical conference about autism, I realized we had poisoned a generation of children with a mercury-derived preservative called thimerosal that was in the majority of childhood vaccines. Since safety is tested vaccine by vaccine, no one from the CDC had ever calculated the cumulative amounts of mercury in the childhood vaccine schedule at the time. In a flurry of emails dated June 29, 1999, and later brought to the attention of Congress and the public through a Freedom of Information Act request, Peter Patriarca, M.D., then director of the Division of Viral Products at the Food and Drug Administration's (FDA) Center for Biologics Evaluation, wrote to his colleagues that it was not "rocket science" to add up the amount of mercury contained in vaccines. "Conversion of the percentage of thimerosal to actual micrograms of mercury involves ninth-grade math," he pointed out. "What took the FDA so long to do the calculations? Why didn't the CDC and the advisory bodies do these calculations, while rapidly expanding the childhood immunization schedule?"

Thimerosal has mostly been phased out, but it is still present as a preservative in multidose flu shots and one brand of the

meningococcal vaccine, and it is also found in residual quantities due to the manufacturing process of some of the tetanus-diphtheria and DTaP vaccines. I would later discover we have continued to make the same mistake with the high amounts of aluminum currently found in many childhood vaccines. As you'll learn in this book, the current CDC-recommended childhood vaccine schedule exceeds the toxic limits of safe aluminum exposure.

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This book is a comprehensive guide to childhood health and well-being, offering parents not only balanced information about vaccines but also everything else you need to know to keep your child safe and healthy. It is organized chronologically as we walk you through the well baby visits, interventions, and inoculations your child is expected to receive from the time she is conceived to the end of her teen years. Giving you balanced information from other credible, experienced, and well-established medical doctors as well as from my own experience, this book will help you make the most educated and evidence-based decisions about which vaccines your child needs and when.

This book also explores how we may be repeating the same mistake with vaccines that we made with antibiotics. We may be overusing a medical intervention so drastically that the cure has, in some cases, become more dangerous than the disease. In 1983 the CDC recommended eleven total shots for children, spaced out between the ages of two months and sixteen years, to protect against seven diseases. In 2015 the CDC recommended *at least fifty shots* starting within the *first hours* of life and continuing to age sixteen, to protect against sixteen diseases. What this means is that today's children get *more than four times* as many vaccines as they did thirty years ago, most of them in the first eighteen months of life. In the meantime, nearly 300 other vaccines are currently under development, 170 for infectious diseases, 102 for different kinds of cancer, and 8 for neurological disorders.

To what extent is overvaccination contributing to the rise in chronic

diseases and other health problems among America's children? To what extent is overvaccination a trigger for autism? Have we taken an unquestionably good practice (childhood vaccination) and turned it into something that is actually causing harm?

Even just asking these questions is controversial for a pro-vaccine doctor like me and a pro-vaccine parent and researcher like my coauthor, Jennifer Margulis. Yet it is urgent that we ask and answer these questions, and that we devise a safer and cleaner vaccine schedule so that we can protect our children against both infectious and chronic disease.

We do not believe in throwing the baby out with the bathwater. We do not think the problem is vaccines with a capital V. If you are looking for an antivaccine book, you should put this one back on the shelf. We believe that vaccines have saved countless lives, and we believe that they have an important place in modern medicine in America today. We are concerned, however, that some vaccines are not safe for some children and that our current CDC schedule may be harming more children today than medical professionals and public health officials are willing to acknowledge.

This book begins with a radical premise: We believe that parents—not public health officials, not the government, and not even doctors—are actually the best people to be making health decisions for their children. We also believe that parents must have all the available information they need to make an informed choice.

In 2008 I opened my own practice, Integrative Pediatrics. A year later I founded a pediatric urgent care clinic so families could have access to good medical care after hours and on weekends. In the past seven years, I have developed a vaccine protocol that has yielded excellent results—keeping children safe from both infectious diseases and the immune disruptions and brain disorders that plague so many American kids today. I have more than eleven thousand children currently in my practice in Portland. More than two thousand of these kids were born into the practice. Those following my protocol are among the healthiest in the world. I refer to my protocol as a "vaccine-friendly plan," a wellness plan that includes some vaccines and offers

parents scientifically proven and commonsense ways to support their child's immune system. I am a vaccine-friendly doctor, a term first coined by pediatrician Robert Sears, M.D., and now used by parents to identify medical doctors who do not dismiss families that choose to forgo some or even all vaccines, understand the importance of spacing out vaccines, and practice patient-centered medical care.

This book is based both on my extensive experience as a practicing pediatrician treating routine childhood illnesses and urgent pediatric cases and on the information my coauthor and I have gleaned from vaccine-friendly doctors across the country who, like me, have been quietly providing more individualized care with great success.

We give you the most current information about the known risks and the benefits of vaccines, to empower you to make informed decisions for your family. Our goal is to ensure that America's children are vaccinated safely and that we still maintain high enough community immunity to infectious disease that we protect everyone in our society.

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It was too early in the morning for the phone to be ringing. I answered it groggily, thinking it must be a patient emergency. The voice at the other end of the phone was telling me something I couldn't process: Tsitsi, my African sister, had just died of a massive heart attack. Tsitsi was Taurai's sister. After Taurai died, Tsitsi and I grew up together in Rhodesia. Highly educated and with no job options in Zimbabwe, Tsitsi and her husband, Weston, eventually moved to New Hampshire. Weston died from colon cancer when he was only thirty-eight, leaving Tsitsi a single parent of four small children. And now Tsitsi too was dead.

"I'm feeling we have to step up," I said to my wife, Maiya, after I hung up the phone.

"I'm with you," she said without hesitation.

We talked to our two daughters, Natalie and Aja, and our three sons, Noah, Tucker, and Luke, that night. Even though Maiya and I already

felt overwhelmed caring for five children and both working full-time, we knew we couldn't let Tsitsi's children be separated and put into foster care in New Hampshire. We adopted them as our own and have been raising them ever since.

But we couldn't legally adopt the eldest, Rufaro, because of her age. Ever since she was a little girl, Rufaro had wanted to be a doctor. She was scheduled to take medical entrance exams the same week her mother passed away. Rufaro stayed in the United States with us for a while, but when her legal status expired, she had to go to Canada, where she could get refugee status as a Zimbabwean citizen.

Since her mother died, Rufaro has been accepted to medical school twice. But we were barely making ends meet taking care of the other children, and Rufaro never had the money to go. Until this year. She's thirty-one now and has received a scholarship from the Canadian government to attend medical school. The summer before she started, she worked as a medical researcher in my office and lived with us in our home. We drove to work together in the mornings and talked about what it means to be a doctor and how best to care for others. We discussed the first and most important concept every doctor is taught: *Primum non nocere;* first do no harm. Rufaro plans to focus on international women's health and join Doctors Without Borders. She wants to help women and children lead better, healthier lives. Her goal is to make a difference in the world to honor her parents, both the ones living now and the ones who have passed on.

Though this book is primarily aimed at parents, we hope that every aspiring doctor like Rufaro and every practicing M.D., whether a seasoned professional or one just starting a career, will read it. *The Vaccine-Friendly Plan* is not only a guide to good decision making to help you choose which vaccines are necessary for your family's best health, but also a comprehensive look at the factors that affect children's health and well-being.

You need the information in this book more than ever before. The health of all our children is at stake.

Chapter 1

Toxins, Toxins, Toxins: Raising Healthy Children in a Poisoned World

When Brayen Perez was nine years old, he ran into the kitchen, grabbed a bottle of what he thought was Gatorade off the counter, and chugged it. His mouth and throat on fire, Brayen screamed in pain. He had no idea that his father had borrowed Drano from a neighbor to unclog the sink and poured it into the Gatorade bottle. Brayen spent the next thirty-two days in the ICU unable to swallow or talk, fed through a feeding tube. He's better now, but his father still hasn't forgiven himself.

Children in America have also been poisoned by windshield wiper fluid (mistaken for Kool-Aid) and tiki torch fuel (thought to be apple juice). Some recover. Others aren't as lucky. Though immediately rushed to the hospital, Oklahoma toddler Jhonethyn Bumpas died three hours after a mistake like this.

It's not hard for parents to understand that chemicals like Drano are extremely toxic and that they need to do everything they can to keep them away from their children. But it is much harder for parents to understand that even very small amounts of everyday chemicals, though not immediately poisonous, can devastate our children, especially their developing brains.

I tell parents that when it comes to toxins, one plus one does not equal two: It could equal ten, or one hundred. When we mix small amounts of toxic chemicals together, it can create a much larger negative effect than separate exposure to either toxin on its own. Your

child may be able to withstand repeated exposure to something harmful, but the toxin accumulates in his system and may eventually cause harm over an extended period of time (like cigarette smoke or X-rays). The amount, the route of entry, the timing of exposure, the individual sensitivity to the chemical, and the presence of other toxins in the body are all important aspects of toxicity. Developing fetuses and infants are most vulnerable to harm.

I’m Worried Most About Your Baby’s Brain

The CDC currently estimates that one in every forty-five American children has an autism spectrum disorder.

In addition to autism, we have seen exponential rises in other brain-related problems among children, including attention deficit disorders, anxiety, and depression.

While genetics are part of the equation, I believe that we are poisoning our children’s brains at a time when they are most vulnerable, a time when they are developing rapidly, exposing them both to untested chemicals and to known neurotoxins. Autism is an environmental disorder, an epidemic that we have caused by failing to practice evidence-based medicine. I’m telling you this not to scare you but to empower you. You need to know the environmental toxins that are damaging to neurodevelopment, and hence are likely contributing to the autism epidemic and other developmental and mental health conditions, so that you can do everything you can to avoid them and have a healthy baby.

Families who have children with autism and other neurological disorders often come to me because I have a reputation for helping these children using integrative medicine and approaches that will promote their own natural biochemistry and allow them to best heal and recover. I don’t have a special cure for autism; unfortunately no one does. But I am an open-minded doctor who is not afraid to educate myself about remedies that work, to individualize medicine, and to look at the whole child. I listen to parents. The approach I use is also embraced by many functional medicine doctors and naturopaths (doctors who have trained in both Western and alternative medicine), as well as integrative medicine physicians like me. We try to understand the root causes of the conditions we are treating. We test for genetic vulnerabilities. We heal by restoring biochemistry, aiding the body’s ability to remove toxins, and using diet and nutrition, along

with medication, to recover damaged health.

How do I know autism is something we doctors are helping to cause? Because in more than a thousand children who were born into my practice since 2008 whose parents follow my vaccine-friendly plan, there have been no new cases of autism.

And I am not alone. My medical colleagues across the country who have adopted similar vaccine-friendly protocols and begun spacing out vaccines for infants, as well as eschewing vaccines in families at risk for autism, are also seeing excellent results.

Number of children diagnosed with autism whose parents presumably followed the advice of mainstream American pediatricians: one in forty-five.

Number of children diagnosed with autism whose parents followed my vaccine-friendly plan: zero.

Toxins That May Be Implicated in ADHD, ADD, Anxiety, Autism, and Other Developmental Delays

Acetaminophen (also called paracetamol), a pain reliever found in more than six hundred over-the-counter and prescription medications, including DayQuil, Robitussin, Sudafed, Tylenol, and Vicks

Aluminum, a metal injected as an adjuvant in vaccines and other pharmaceutical products, also found as a contaminant in intravenous nutritional products

Aspartame (NutraSweet, also called E951), an artificial sweetener used as a sugar substitute in processed foods and beverages

Endocrine disruptors, any chemicals that interfere with the human endocrine (hormone) system, including pesticides, herbicides, chemical softeners in plastic, flame retardants, and chemicals used in agriculture, disease control, manufacturing, and industrial processing. Known endocrine disruptors include BPA, DDT, DEHP, DES, dioxin, PCBs, and PCBEs.

Fluoride, a chemical added to drinking water and found in toothpaste, pesticides, Teflon pans, and processed foods and beverages

Methanol, a chemical found in cigarette smoke, canned and jarred foods, smoked fish and meat, and any food product that contains aspartame