

## *ARTICLES*

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### ***Why Do Pediatricians Deny The Obvious?***

**By Judy Converse, MPH, RD, LD**

It's 2006, and for the first time in history, U.S. children are sicker than the generation before them.

They're not just a little worse off, they are precipitously worse off physically, emotionally, educationally and developmentally. The statistics have been repeated so often, they are almost boring. Obesity affects nearly a fifth of children, triple the prevalence in 1980. (1,2) Juvenile diabetes is up 104 percent since 1980. (3,4) Autism, once regarded as having a purely genetic etiology, increased more than a thousandfold in less than a generation. (5,6) The incidence of asthma is up nearly 75 percent. (7,8) Life-threatening food allergies doubled in the past decade. (9) The prevalence of allergies increased nearly sixfold. (9) Almost one in 10 children — between four and five million kids — have been diagnosed with attention-deficit disorder. (10) Nutrient deficiencies, not seen for decades in U.S. children, are prevalent again, or still persisting. (11-14)

Much of this happens more often to boys than girls, between whom gaps have widened steadily since 1990: Boys are 47 percent more likely to have learning and developmental disabilities than girls, 60 percent more likely to have repeated a grade, twice as at risk for autism, and 200 percent more likely to commit suicide. (15) They may also have poor vitamin A status more often than girls, (16), which increases risk of infection and life-threatening complications like pneumonia. (17)

What happened? Many have argued that the increasingly aggressive vaccination schedule is partly to blame. (18-23) In the 1980s, more vaccines were given earlier in infancy, as were more multivalent doses, most of which contained mercury. In the 1990s, genetically recombined vaccines came into use for the first time, and were used universally on day-old infants, who had never before been vaccinated with anything. Indeed, children are currently advised to get 54 vaccine doses by age 12 — a circumstance unprecedented in human history, and one that coincides neatly with the escalation in child health problems. If true, by vaccinating so zealously, rather than making children healthier, as school districts, federal health programs, corporate health infrastructures, and pediatricians insist, we have traded mostly benign or treatable childhood illnesses for incurable, lifelong, extremely costly disability and disease. It means that current vaccine policy and practice create more morbidity and mortality than they prevent in U.S. children.

Compelling evidence to support this has been much discussed on this site, and dutifully brought to the attention of vaccine policy authors: the Centers for Disease Control and Prevention (CDC), the National Institutes of Health's Institute of Medicine, the American Academy of Pediatrics, the Advisory Committee on Immunization Practices. Even governing public health bodies in the U.K. have now

heard the dissenting voice of Peter Fletcher, MD, former chief scientific officer at Britain's Department of Health. He recently chastised his peers for turning a blind eye to the avalanche of published science and anecdotal evidence showing that MMR vaccine can cause inflammatory bowel disease and autism. (24) Efforts to refute these concerns (25) were dubiously funded by vaccine makers and had fatal design flaws that made autism incidence vanish in the data set. (26) This rebuttal was never widely read by pediatricians, who continue to believe MMR, and all other vaccines, are not only safe but essential.

With our children's very lives at stake, why do parents and governments remain loyal to the medical culture that may have led them to this? And as the ship sinks beneath their feet, how do pediatric providers manage to deny the obvious: Many children in their highly vaccinated practices are sick a lot, don't develop normally, can't sleep, can't tolerate or won't eat a typical diet, become overweight, acquire preventable nutrition problems that cause lifelong damage? Worse, how do they defend that they have virtually nothing to offer, other than symptom-masking drugs?

When I was to become a mom, I asked a relative with three children what her most sage advice might be. "Throw out your television," she declared. To this I might add, Fire your pediatrician. Besides stumbling under the influence of the pharmaceutical trade, which positions itself alluringly at every step of a doctor's education and practice, pediatricians have succumbed to managed care structures that discourage referrals, dictate visit duration and procedures, and restrict prescribing.

As low-tech skills have faded from pediatric practice — things like spending more than three minutes discussing questions, (27,28) listening to parents, completing a thorough exam for signs and symptoms of nutrient deficiencies, interpreting the growth chart rather than just adding a dot to it — so has quality of care. This has left many children slipping through the cracks of a fracturing health care system, (29) and dumped them into a bin where they languish with autism, chronic illness and infection, growth regression, unexplained skin rashes and allergies, and myriad, difficult to label developmental, learning or functional delays — problems that place children at even higher nutritional risk. (30,31)

It often felt like my office was this bin. Coming to me via referrals from my state's zero-to-three program, non-profits serving children with developmental delays, schools, occupational therapists, speech therapists, and parents through word of mouth, my nutrition practice served children from all northeast states and beyond from 1999 to 2005. These children were from mostly insured, educated families with good enough incomes to pay me, since most insurance policies refused nutrition care, except for the most horrific of diagnoses in children. They were also usually followed at one of the region's major medical centers because most of them had serious developmental delays and had to see a litany of specialists. In other words, they got a lot of top-notch health care.

Every child I met had nutritional failure issues. Not one of their pediatricians noticed.

Every child I encountered had a nutrition issue severe enough to impact growth, learning, development, behavior — or all of the above. Nutrition problems in these children preceded developmental lapses by several weeks, months or years. In every case, the parent brought concerns for changing signs and symptoms to the doctor's attention. No treatment was offered these families regarding appropriate nutrition measures. Indeed, parents usually reported being told it was of no consequence or that there was "no proof" nutrition measures could help.

This is astounding because it simply could not be more wrong. Decades of classic nutrition science, too voluminous to cite here, are the bedrock of U.S. government and worldwide programs that have existed for decades: World Health Organization; UNICEF; Supplemental Food Program for Women, Infants, and Children; School Lunch; Head Start; Zero to Three; the National Health and Nutrition Examination

Survey (NHANES); Pediatric National Nutrition Survey. The creators of these programs knew that malnutrition in children affects weight first, then height, then head circumference — i.e., the brain — last. More subtly and especially in children, it affects cognition, self regulation, epithelial tissues, hair, skin, nails, bowel habits, immune function and many other functions and tissues even earlier. By the time a child's development or outward appearance has been impaired by a nutrition deficit, the deficit has already been there a long time. This does not have to look like kwashiorkor to create lifelong disabilities for kids: Chronic marginal nutrition status is a powerful deterrent to growth, learning, infection fighting and development.

Pediatricians are not paying this much mind, if we are to believe our largest data set on child nutrition status: According to the most recent NHANES, poor status and/or poor intakes for iron and vitamins A, D, E, and C were present (32) — all of these being, at the very least, critical micronutrients for immune function. Even the most obvious of child nutrition issues — obesity — is addressed by pediatricians with their overweight patients only about a third of the time. (33)

Applied nutrition is a low-tech tool, and it pulled most children I worked with out of the health care system dumpster. Why isn't it part of every pediatrician's repertoire?

First, it takes too long. A nutrition care visit requires a bare minimum of 20 minutes; I typically took 90 minutes for new patients and an hour for follow-ups. Parents were eager to pay for the help because it worked. Their children stopped getting sick, grew again, stopped having allergy symptoms, slept better, ate better, and focused better in school — all without medication.

Second, pediatricians — indeed, all physicians — are not required to study nutrition beyond a cursory level, nor are they expected to apply it therapeutically in practice. This means they may well miss subtle or overt signs of nutrition problems and, if even if they notice them, they won't know how to correct them.

Third, unlike drugs, foods and nutrients can't be patented, so there is no profit in recommending them. No profit means precious few clinical trials, no free conferences to educate doctors about nutrition, no complimentary lavish buffets, no free air line tickets or corporate jet travel for senators or doctors, no seductive sales reps in the office handing out samples of omega-3 oils for your kids — but if you wait a few minutes, you might score some free Abilify or Risperdal.

Fourth, routine pediatric care is now focused on vaccination above all else — this being the number one topic discussed at well baby visits (34) — and with marginal to no training in clinical or applied nutrition, pediatricians let the most pedestrian of child health problems metastasize unchecked, sometimes to tragic proportions, as I routinely observed. See paragraph two.

In 1998, the American Dietetic Association released a position paper affirming that health practitioners [be] able to identify nutrition risk and recognize when nutrition referrals are necessary. (35) National child health trends — not to mention the children in my own practice — unabashedly illustrate that this is far from being a reality. When given a test on infant nutrition, pediatricians scored just above an average grade and lower than medical residents. (36) They showed “discrepancies” in their knowledge and practice of infant nutrition, which prompted the survey authors to caution that quality of care could not be maintained.

Perhaps this explains why a young toddler came to me with a gastrectomy tube left in for 12 months, on the wrong formula, with no plan for transition to oral feeding. Or why a constantly sick two-and-a-half-year-old I met was offered only growth hormone injections for growth regression of a year's duration, when a simple lab test confirmed that he just needed a gluten-free diet. There was the five-

year-old who had gained 30 pounds because of a Neurontin prescription she didn't need (prescribed for "possible" seizures that were not detectable on EEG, but concerning signs of which resolved with removal of dietary opiates). And there were many infants who could not tolerate breast milk or cow's milk formula only to be given equally irritating soy milk, when what they really needed was elemental formula — expensive, but effective; finally, their families could get some sleep and the babies stopped getting ear infections. There was the school-age boy who was incontinent, had garbled speech, dysgraphia, and a developmental diagnosis that markedly impeded academic effort. No one noticed that he ate fewer than half the calories he needed daily and had a litany of food intolerances. A new meal plan, high-calorie hydrolyzed soy formula and supplementation permitted him to remain dry all night and, at school, to write neatly, and speak more clearly — all without Concerta or Straterra, which is where his pediatrician's referrals had led. Another child with autism on multiple psychiatric medications saw vast improvement using nutrition measures — for the first time in years, he stopped a daily ritual of smearing feces on his bedroom wall. Still his psychiatrist was incredulous and refused to be supportive when I asked if — given the improvements — this family could initiate a review of his medication doses. In each case, nutrition measures reversed the chronic health and even many of the developmental problems these children had, but not soon enough to avoid preventable, egregious, and costly suffering for entire families.

Vaccines may create nutritional failure by inflicting early and severe injury to gut tissue and digestive function, (19,20) by increasing the risk for bilirubin neurotoxicity at birth, (37-39) by setting off inflammatory responses that consume nutrient stores (40-42) or secondarily via brain injuries impair feeding skill and gut motility. (43) If over-vaccination is triggering food allergies in children, this too creates nutritional risk: Children with food allergies have significantly lower height for age and have poor intakes of essential nutrients compared to kids without food allergy. (30) This means they don't grow as well and may not learn as well as peers. Biased to a belief that vaccine injuries only exist as extremely rare and severe anaphylactic events, and lacking skill to recognize disabling nutrition failures in children, pediatricians are least equipped to help the burgeoning generation of sick children they are arguably creating.

Vaccines do not create health in children. Nutrition status does. Immune function depends on nutrition status, not on how many vaccines a child receives. Even though adults and children are more vaccinated now than ever, the CDC found a nearly 20 percent increase in number of reported "unhealthy" days between 1993 and 2001. (45) We're just plain sicker than we used to be, despite using more and more vaccines. The sooner families have more options for child health, the better. Whether they find a pediatrician willing to listen and read independent research on vaccines, or whether they work with a pediatric naturopath or other providers skilled in tools beyond pharmaceuticals, change is urgently needed.

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Next: Vaccines, chronic inflammatory responses and nutrient status: Do shots rob infants and children of critical nutrients?

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