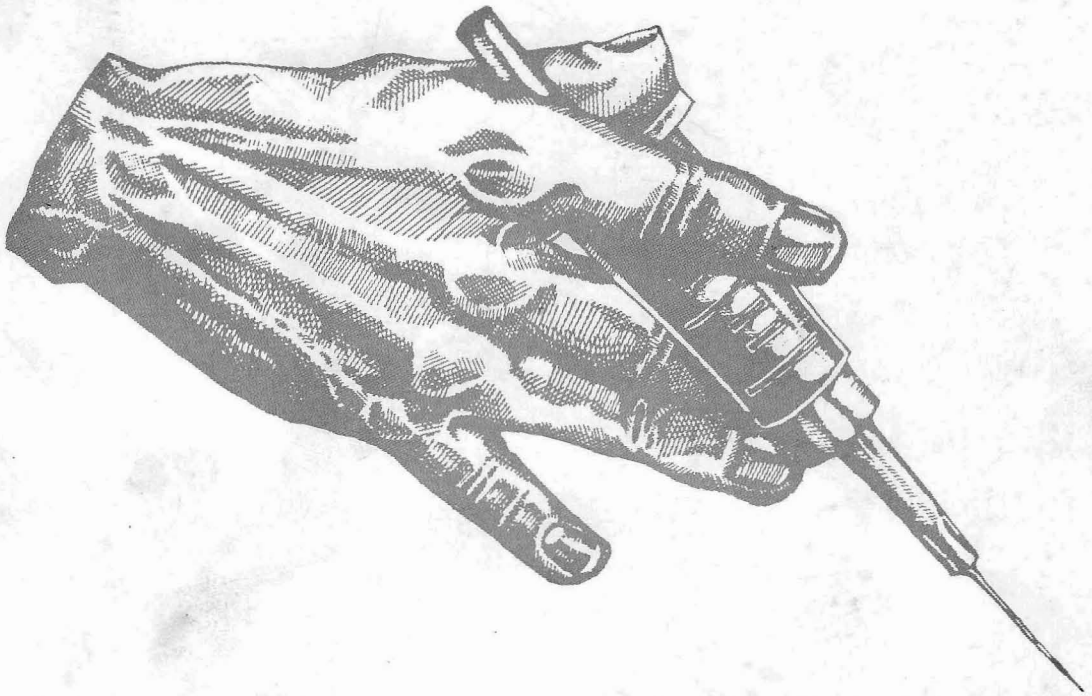
"But doctor,



about that shot..."

THE RISKS OF **IMMUNIZATIONS** AND HOW TO AVOID THEM

Written by Robert S. Mendelsohn, M.D.
Edited by Vera Chatz

The Risks of Immunizations and How to Avoid Them

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The People's Doctor Newsletter, Inc.
Evanston, Illinois

The People's Doctor Newsletter, Volumes 2 through 12, originally were published in the years 1976 through 1988 by The People's Doctor, Inc., Robert S. Mendelsohn, M.D., Editor, Vera Chatz, Managing Editor.

Library of Congress 88-92735

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Introduction

In his book, "How to Raise a Healthy Child . . . in Spite of Your Doctor" (Contemporary Books, 1984), Robert S. Mendelsohn, M.D., wrote:

"Although I administered them myself during my early years of practice, I have become a steadfast opponent of mass inoculations because of the myriad hazards they present. The subject is so vast and complex that it deserves a book of its own."

This publication is that book. Its pages contain the material on the hazards of immunizations which Dr. Mendelsohn compiled during the 12 years he wrote **The People's Doctor Newsletter** (1976–1988). A detailed index has been added for easy reference.

the People's Doctor
A MEDICAL NEWSLETTER FOR CONSUMERS
by Robert S. Mendelsohn, MD

VOL. 2, NO. 4

IN THIS ISSUE:

The Truth About Immunizations

Dr. Robert Mendelsohn

As the government drumbeating in favor of immunizations grows ever louder, I've decided to devote a large part of this issue of my Newsletter to a discussion of the risks of inoculating against certain diseases. You've had ample opportunity to read all the "pros," so now is your chance to find out why immunizations, like all of medicine, are a mixed blessing.

Historically, immunizations were designed for very serious, life-threatening diseases such as smallpox, tetanus, and diphtheria. The risks of getting these illnesses were great, and so were the mortality rates. As the incidence of once-sweeping disease outbreaks (such as the smallpox epidemic which decimated the Aztec and Inca populations in the 16th century) has declined, the risks of immunizations have begun to take on a greater importance. In fact, with some immunizations, the risks of taking the shots may outweigh their benefits. For example, in 1976, while addressing science writers at a seminar of the American Cancer Society, Dr. Robert Simpson of Rutgers University pointed out that "immunization programs against flu, measles, mumps, polio, etc. actually may be seeding humans with RNA to form pro-viruses which will then become latent cells throughout the body. Some of these latent pro-viruses could be molecules in search of diseases which under proper conditions become activated and cause a variety of diseases including rheumatoid arthritis, multiple sclerosis, lupus erythematosus, Parkinson's disease and perhaps cancer."

Smallpox

The United States finally has abandoned smallpox immunization because the risk of serious complications, leading to death in one per million vaccinations, was higher from the vaccine than from the risk of smallpox itself. The risks of a person being hospitalized with encephalitis or with conditions known as eczema vaccinatum and progressive vaccinia was about 10 per million vaccinations. The risk of a serious complication including eczema vaccinatum, accidental implantation of vaccinia on the eye, or superinfection of a variety of skin conditions approached 1,000 cases per million primary vaccinations.

Diphtheria

Diphtheria, once an important cause of disease and death, has largely disappeared, but immunizations continue. Even when a rare outbreak of diphtheria does occur, this form of immunization often is of questionable value. For example, during a 1969 outbreak of diphtheria in Chicago, four of the 16 victims (according to a Chicago Board of Health report) had been fully immunized against the disease, and five

others had received one or more doses of the vaccine, two of these showing evidence of full immunity. In another report of three fatal diphtheria cases, one individual who died and 14 of 23 carriers had been fully immunized.

Whooping Cough

Whooping cough (pertussis) vaccine is hotly debated in many places in the world, both because its effectiveness rate is only about 50 per cent and because it may cause high fevers and convulsions as well as a form of encephalopathy (brain damage). This vaccine is regarded as so dangerous that most public health authorities prohibit its use after age six. Meanwhile, whooping cough itself has almost completely disappeared (less than 1,000 reported cases in 1976), and it shouldn't be too long before the whooping cough vaccine goes the route of the smallpox vaccine.

Measles

In recent years, vaccines have been developed and introduced for measles, mumps, and German measles, conditions which certainly do not have the dread implications of smallpox, tetanus, and diphtheria. (Incidentally, contrary to popular belief, measles cannot cause blindness; it can cause a condition known as photophobia which parents years ago treated by simply pulling down the windowshades.)

Measles vaccine is designed primarily to prevent measles encephalitis which is said to occur in one out of one thousand cases of measles. Any of us who has had decades of experience with measles must question this statistic: The incidence of 1/1000 may be accurate for children who live in conditions of poverty and malnutrition, but in the middle and upper classes, if one excluded simple sleepiness from the measles itself, the incidence of true encephalitis probably is more like 1/10,000 or 1/100,000. Meanwhile, the vaccine itself is associated with encephalopathy in one case per million and with a series of other complications such as SSPE (subacute sclerosing panencephalitis). Other neurologic and sometimes fatal conditions associated with the measles vaccine include ataxia (inability to coordinate muscle movements), retardation, learning disability or hyperactivity, aseptic meningitis, seizure disorders and hemiparesis (paralysis affecting one side of the body). I wonder whether the current epidemic of hyperactivity in children may have its origin, at least in part, in the measles vaccine.

Mumps

Mumps vaccine is extremely questionable. While it obviously decreases the incidence of mumps in the children to whom it is given, it does so at a possible risk of exposing them to the dangers of mumps later, if the effects of the mumps vaccine prove to last less than a lifetime. The chance of sterility from mumps is overrated since in practically every case of mumps orchitis (inflammation of the testes), only one testis is affected, and a man could repopulate the entire world with the other one.

German Measles

The German measles (rubella) vaccine remains controversial throughout the Western world, and there is little consensus regarding the age of the population which should be immunized and when the immunization should be given. Meanwhile, the risk of arthritis, usually temporary

but not uncommonly lasting for many months, from the rubella vaccine raises the question of whether it causes more damage than it prevents. It also is debatable whether immunization of children does anything to protect the one who is at the greatest risk if struck by German measles --namely, an unborn fetus. In the United States, rubella vaccine is administered routinely to children, rather than to women who are contemplating pregnancy. It is doubtful whether this kind of immunization can be validated scientifically, particularly since the rate of defective babies born to mothers with obvious, diagnosed rubella varies widely from one year to the next, from one epidemic to the next, and from one study to the next.

Polio

Immunization is not the sole factor in determining whether or not one contracts a disease. Numerous other factors such as nutrition, housing, and sanitation all figure in determining whether a person will contract a disease against which he has been immunized. As a matter of fact, one of the determinants in whether or not a person comes down with a disease may be whether he has been immunized against the disease! In September 1977, Jonas Salk, developer of the killed polio virus vaccine, testified along with some other scientists that most of the handful of polio cases which had occurred in the U.S. since the early 1970's probably were the byproduct of the live polio vaccine which is in standard use here. In Finland and Sweden, there have been no cases of polio in more than 10 years, but in those countries, the killed virus vaccine is used almost exclusively.

No one who lived through the 1940's and saw pictures of children in iron lungs, saw a President confined to his wheelchair by this dread disease, and was forbidden to use public beaches for fear of catching polio, can forget the frightening spectre it raised in all minds. But today, when the man who is credited with stamping out polio points to the vaccine as the source of the handful of cases which do exist, it's high time to question what we are gaining by vaccinating an entire population against that disease.

Influenza

I never can think about flu shots without remembering a wedding I once attended. Strangely enough, no grandparents were among the participants, and no one who was present seemed to be over 60. When I asked where all the older folks were, I was told they had all received their flu shots a few days before, and they all were at home, recovering from the ill effects of the shots!

The flu vaccine's efficacy and potency still are subjects of great debate, particularly since the strains covered by one year's vaccine often fail to correspond to whatever strains are causing flu at that particular time. The entire effort resembles a game of roulette in which, in any given year, the numbers may or may not match the strains.

We were all afforded a peek into the real dangers of the flu vaccine in 1976 when close governmental surveillance of one strain, the swine flu vaccine, disclosed that 565 cases of Guillain-Barre paralysis were associated with this vaccine, as were the unexplained deaths of 30 elderly persons. One wonders how much more would be known about the ill effects of flu shots if this kind of surveillance had been exercised over everyone who had received other forms of flu vaccine over the years.

What's ahead for the future? A vaccine has been developed for Russian flu which Dr. John Seal of the National Institute of Allergy and

Infectious Disease says may cause the same paralyzing Guillain-Barre syndrome. "We have to go on the basis that any and all flu vaccines are capable of causing Guillain-Barre," Dr. Seal says. Again, we are quick to pull the immunization trigger, but we are slow to examine the consequences of our actions.

Tetanus boosters

Q My son will be going away to camp next summer. Will he need a tetanus booster shot?--W.M.

A Not if he's had one during the past 10 years.

Q Please help me with this problem. We apparently are going to be required by law to immunize our school-age children. I have put off getting rubella and mumps shots for our 12-year-old daughter in the hope that she would get these illnesses naturally, but she has not. I read that rubella immunization is not very long-lasting, with 25 per cent of those immunized losing protection within five years after inoculation.

When my daughter was immunized against red measles at the age of 18 months, she became very ill, and her eyes were crossed for years afterwards because of the high fever she had developed. The daughter of a friend of mine suffered from arthritis after being immunized against German measles, and she still has the condition 10 years later. I looked this up in the Physicians' Desk Reference and discovered that in my daughter's age group, there is a 5 to 10 per cent chance of joint pain, swelling, stiffness, and, rarely, encephalitis after rubella immunization.

Is it best to get these shots or not?--Mrs. B.C.

Q What is your view of all the various shots that children are supposed to have? I'm afraid of complications which might develop if our son is exposed to all these immunizations. We have been careful to give him the very best start in life--he's 13 months old, still nurses, and received no solids until he was six months old. He has received no immunizations. Are there certain ones he should get and others he could do without? Our present doctor says we are relatively safe in what we've done, but other doctors have thrown us out of their offices for questioning their training. Please answer--we will accept your advice.--Mrs. K.B.

Q I distrust drugs and try to avoid them as much as possible. When my daughter was born, I found myself confronted by the question of immunizations. I've read articles that questioned the injection of germs into a healthy body, and I've read articles about how the number of certain diseases has dropped drastically since vaccines against them came into use. When the pediatricians I spoke to recommended immunizing my daughter, I finally decided to do it. The day she got her first DPT shot [diphtheria, tetanus, whooping cough], she cried all night, and her reaction to the second DPT was a nightmare: her entire thigh became red and swollen, and she ran a high fever. She screamed all night, cried most of the next day, refused to nurse, and had an unusually large number of bowel movements.

Doctor, how can anything that makes a child so sick be good for her? Is the agony worth it? Of course, if need be, I'd rather have the baby suffer for a couple of days rather than for a week or two with one of the diseases, but what is the percentage rate of vaccine effectiveness?

What are her changes of contracting an immunizable disease these days if she's unvaccinated? What effect do immunizations have on her overall health? If we don't get the third DPT shot, will the two she's already had provide protection? Christian Scientists don't immunize--I wonder if their disease rate is higher than anyone else's. Many other young parents share our concern.--K.P.

Should children be immunized?

A Your three letters, as well as many others I have received in recent months, reflect the growing suspicions that the average American is beginning to feel and express about the ever-growing number of immunizations. In many cases, these vaccines are for diseases which have all but disappeared--in 1976 there were 9 reported cases of polio, 146 cases of diphtheria, 927 of whooping cough, and 68 of tetanus. Smallpox vaccine already has been discontinued in this country, since while the disease itself had disappeared, deaths and illnesses from the smallpox vaccine had not.

Even though medical societies, the pharmaceutical industry, and government agencies are pushing these shots, each mother and father still has the ultimate responsibility of examining both sides of the story in order to decide whether to place their child in the line forming for immunizations.

Of course, vaccine enthusiasts advocate their product on the grounds that, while they certainly produce complications, they are safer than the disease itself. Nevertheless, the adverse reactions listed in the prescribing information for measles vaccine include encephalitis and encephalopathy occurring within 30 days after vaccination, as well as sub-acute sclerosing panencephalitis in children who had no history of natural measles but who did receive measles vaccine.

Listed under adverse reactions for rubella vaccine are arthritis, arthralgia (painful joints) and polyneuritis. "Symptoms relating to joints (pain, swelling, stiffness, etc.) and to peripheral nerves (pain, numbness, tingling, etc.) occurring within approximately two months after vaccination should be considered as possibly vaccine related."

The Journal of the American Medical Association, January 23, 1978, reported that, of the 18 cases of polio in 1977, three of the patients were persons who were in the United States but who were not residents, and two of the other 15 victims apparently contracted the disease abroad. Three cases occurred in recent vaccine recipients, and 10 cases had been in close contact with recently immunized people. Only three cases occurred in persons "without known vaccine associations."

As far as the whooping cough vaccine (a component of the triple DPT baby shots) is concerned, Dr. Edward B. Shaw, a distinguished University of California physician, has stated (JAMA, March 1975): "I doubt that the decrease in pertussis (whooping cough) is due to the vaccine, which is a very poor antigen and an extremely dangerous one, with many very serious complications...the decline in pertussis began long before the widespread use of vaccine." Dr. Shaw then proceeds to question the controversial view that the decrease in polio is a result of the polio vaccine.

As far as your query about Christian Scientists, I am not aware of statistics on individual diseases, but as a group, they have one of the best life expectancy records in our country.

The information you have already gathered on the pros and cons of current immunizations will also help you when you are faced with the vaccines currently being developed for chicken pox and venereal disease.

From the letters reaching me from all parts of the country, I am aware that many school authorities have decided to exclude unimmunized

children from classes. Thus, vaccination, once a medical matter, now has become a political issue.

As a case in point, some Alaskan chiropractors had sought to excuse healthy children in their practices from compulsory immunization. A Superior Court ruling that only M.D.s and D.O.s have the right to decide when a child's health will be harmed by a vaccination was appealed to the Alaska Supreme Court.

As with all political issues, the question of immunization will be resolved by lawyers, by elected representatives, and, ultimately, by informed public opinion.

More on diphtheria immunization

I was recently preparing to give testimony as an expert witness in some upcoming law cases which deal with children who are alleged to have been damaged by immunizations. During that preparation, I reviewed a government document which had never before come to my attention.

The November 20-21, 1975, minutes of the 15th meeting of the Panel of Review of Bacterial Vaccines and Toxoids with Standards and Potency (presented by the Bureau of Biologics and the Food and Drug Administration) contained a remarkably complete analysis of vaccines which are currently in use. While the panel's overall conclusion is that vaccines are good and worthwhile, let me pass on to you part of the darker side of immunizations as described by the eminent scientists on this panel.

The section on diphtheria immunization contains the sentence: "For several reasons, diphtheria toxoid, fluid or absorbed, is not as effective an immunizing agent as might be anticipated. Clinical [symptomatic] diphtheria may occur occasionally in immunized individuals--even those whose immunization is reported as complete by recommended regimens." The panel members claim that when diphtheria does occur in such an individual, "It appears to be milder." The report continues that "...the permanence of immunity induced by the toxoid...is open to question."

Combination diphtheria-tetanus vaccine

Regarding the combination diphtheria/tetanus vaccine used in adults, the panel stated that this substance "has never been shown conclusively to be an adequate primary immunizing agent. Furthermore, the intervals between booster doses of Td [diphtheria/tetanus] in adults sufficient to maintain diphtheria immunity have not been established."

Finally, "efforts by producers to reduce the [reactions] of the toxoid by increasing purification may have resulted in diminished immunogenicity." In other words, as the vaccine is made safer in order to cut the severity of reactions to it, it gives less protection against the disease.

Tetanus toxoid only

Now, for tetanus toxoid itself. The government panel pointed out, "The antigenicity [degree of potency] of tetanus toxoid can vary considerably from preparation to preparation." Furthermore, "recent changes in manufacturing procedures may have resulted in lowering of the immunizing potency of tetanus toxoid in some products; hence there is a need for re-evaluating the primary antigenicity of current preparations....Most of the local and febrile [fever] reactions that are seen appear to be related to more frequent inoculations than are necessary."

Whooping Cough

On to whooping cough.

While noting the reduction in this disease over several decades, the panel concedes that "not all of this remarkable decline can be attributed to widespread use of the vaccine for the reason that some decline in morbidity [illness] and mortality from pertussis [whooping cough] was observed in the United States and other Western countries prior to the institution of vaccination."

On one hand, the scientists claim the incidence of whooping cough is low, yet they qualify this statement with: "The exact rates, however, are

unknown for several reasons. Cases are frequently unreported or not recognized." Since many laboratories are not equipped to routinely test for the whooping cough germ, "the infection may go undiagnosed....Infection in immunized persons may cause bronchitis but without typical whooping."

In one of the most important admissions in the entire document, the panel concludes, "Therefore, reports of pertussis obtained by The Centers for Disease Control probably represent only a fraction of all pertussis infections occurring throughout the country."

How pure is the whooping cough vaccine? The panel stated, " In contrast to some other immunizing agents, such as diphtheria and tetanus toxoids, pertussis vaccine is a relatively crude preparation that contains the majority of the bacterial constituents, most of which are probably not relevant to the induction of immunity to the disease."

Complications of whooping cough vaccination

Has your doctor told you the kind of reactions which are due to the whooping cough vaccine? The panel described them as follows, "Significant reactions that have been attributed to pertussis vaccine have included high fever..., a transient shock-like episode, excessive screaming, somnolence, convulsions, encephalopathy, and extremely rarely, thrombocytopenia [deficiency of clotting elements in the blood]. Such reactions almost always appear within 24 to 48 hours after injection, but have been thought to occur after an interval as long as seven days."

How common are these complications? The panel first used the word "rare," but immediately thereafter confessed that the rates [of complications] are "difficult to define precisely at least in part because they are often not reported." The report further points out that vaccines of higher potency may produce more reactions.

Panel members admitted that the whooping cough vaccines pose a special problem since they "do not exhibit the effectiveness and safety which have been achieved with certain other immunizing agents." The report concedes that "without adequate surveillance of disease rates, the effectiveness of current vaccines and immunization programs cannot be monitored."

How long does immunity last? According to the panel, "Experience with modern pertussis immunization is not of sufficient duration to predict whether childhood immunization may in some instances postpone natural infection until a later age."

Should your child receive whooping cough vaccine before starting school? The panel stated, "...the usefulness of the currently recommended booster dose at school entrance has never been fully documented."

Having described the reactions to pertussis vaccine, the panel admitted that the ultimate significance, if any, in terms of permanent results of vaccine-induced somnolence, excessive screaming, and high fever is unknown. Without such knowledge, satisfactory recommendations for further immunizations when any of these reactions occurs cannot be made.

How often do complications occur? In the understatement of the decade, the panel says: "Physicians are expected to report complications of immunizations to manufacturers in the United States, but compliance with this expectation is less than optimum."

Occurrence of complications

The panel adds, "Many physicians are not cognizant of the importance of reporting untoward reactions or may be unaware of their clinical features. Further, both physicians and manufacturers have been held liable for damage suits by patients who may suffer adverse effects from established vaccines. All these factors undoubtedly discourage reporting; without maximum reporting or some other form of surveillance, definition of the rates and significance of untoward reactions to current and future vaccines cannot be ascertained."

More research needed

The panel next criticized the laboratory procedures used in the production and testing of pertussis vaccine. Not surprisingly, increased

public support for more research was recommended because "Without such basic studies, a more effective and safer pertussis vaccine cannot be developed." I suggest that all pertussis immunization be suspended while such research is being conducted on this obviously low-quality vaccine.

The panel actually recommends that "The vaccine label should warn that if shock, encephalopathic [brain damage] symptoms, convulsions, or thrombocytopenia [a clotting disorder] follow a vaccine injection, no additional injections with pertussis antigens should be given....The label should also include a cautionary statement about fever, excessive screaming, and somnolence." (Wouldn't it be wise to ask your doctor for a peek at the label the next time he tries to immunize your child?)

The panel's final recommendation is for legislation providing federal compensation for "the few individuals" injured and disabled by participating "in a meritorious" public health program. The panel members frankly admit, "Such legislation would protect manufacturers and physicians against liability...." Does everyone remember the swine flu vaccine? Its manufacturers did succeed in passing the buck of liability to the federal government so that you and I now are paying for the many cases of paralysis and other damage which resulted from that immunization--for a disease that never materialized.

The panel's criticism of other vaccines (typhoid; TAB vaccine, which is the now-discontinued typhoid-paratyphoid vaccine given to all members of the armed forces who served in World War II; cholera, plague) is required reading for anyone whose travel agent tells him he needs these shots to travel abroad.

Tumor-causing substances

On the very last page of its minutes, the government panel mentions its "careful note" of a report on the potential for oncogenic (tumor-producing) action of aluminum and oil adjuvants, substances which are added to increase the action of many vaccines: "There is little doubt that some of the material containing aluminum as adjuvant appears to be carcinogenic [cancer-producing] in a strain of Swiss mice.

"The panel is also investigating the possibility of retrospectively examining the human experience with the incidence of fibrosarcomas (malignant tumors of the connective tissue) at the usual sites of injections of vaccines."

Another View

by Marian Tompson

Philip, our youngest, is in high school now, so while we weren't personally involved in the dilemma facing parents of grammar-school children in our town, we could sympathize with them. The problem was immunization. Parents just weren't signing the consent forms, so finally the superintendent announced that, if a larger percentage of parents did not have their children inoculated, ALL children would have to be immunized in order to attend school. My first thought was, "Who will sacrifice their children to appease the Board of Education?"

Parents are having second thoughts about all immunizations. And it isn't happening just in the United States. Headlines from Europe show the same concern. Doctors are troubled because children are not being immunized. Parents are worried about possible reactions if they are immunized. To combat this reluctance, the American Academy of Pediatrics released a film, "A Gift, An Obligation," which stresses the importance of childhood immunizations. The fact that the film was produced with financial assistance from a drug company does, I think, strain some of its credibility. During a trip to India, I noticed that, in one town, there were posters everywhere urging parents to have their children immunized. When I asked my host why this city had been singled out for a campaign, he laughed, "It's because the vaccine is manufactured here."

When I was a child attending kindergarten in Illinois, there were no consent forms to sign. The doctor came to school, you got your shot, and your parents found out about it when you got home. Today, after 40 years of progress, the child still gets a shot, but the parents sign a paper agreeing not to sue if their child suffers complications.

This isn't so in California, where the state legislature passed a law--the first of its kind--which provides up to $25,000 for medical expenses for children who suffer catastrophic reactions (how bad is catastrophic?) to required immunizations. The fact that this law was enacted makes me feel that such reactions can't be all that rare!

But we need more than insurance. We need reliable, objective information. It was reported in the January 23, 1978 issue of the Journal of the American Medical Association that out of the 18 cases of paralytic polio and two deaths from polio reported in the United States in 1977, three of the victims had received polio vaccine, and ten had been in close contact with recently immunized people. This revelation only heightens suspicions that immunizations not only do not guarantee protection from disease, but might actually cause them.

Where do we find a health official or school official who will address our concerns, and acknowledge their validity? We want to protect the health of our children, but we want to do it safely and sensibly. Researchers tell us that it soon may be possible to immunize babies against disease before they are even born by inoculating the pregnant mother. Is this good news, or should it be making us just a little more uneasy?

the People's Doctor
A MEDICAL NEWSLETTER FOR CONSUMERS
by Robert S. Mendelsohn, MD

VOL. 4, NO. 5

IN THIS ISSUE:

Immunization Update

Dr. Robert Mendelsohn

The subject of a two-year-old Newsletter was Immunizations. In the light of a two-year-later vantage point, I realize that that Newsletter just barely scratched (pardon the pun) the surface of this controversial issue. So I am now updating this subject and am still pointing out that the risks of immunization are taking on an even greater importance. The question is no longer a strictly medical one--it has become a major political matter as state after state has mandated compulsory immunization against certain childhood diseases.

Q My mother suggested I write you after I told her about what happened at the doctor's office with my six-month old baby. My daughter was getting her third DPT (diphtheria, whooping cough, tetanus) shot when the needle came apart. The nurse estimated the baby had gotten about half the shot.

I am very upset about this, but the doctor said not to worry because he would give my daughter another shot when she is nine months old. He says this won't hurt her.

What is your opinion? If you can, please give me any information you have on this vaccine and on how much should be given.--C.T.

A *DPT vaccine*

I share your and your mother's concern about subjecting your baby to yet another injection. The trend over the past few decades has been to reduce the number of tetanus shots needed throughout life. In major U.S. epidemics during the past decade, the diphtheria immunization has failed to demonstrate effectiveness in terms of cases or deaths. The pertussis (whooping cough) component of this triple vaccine is responsible for so many neurological complications that its use is restricted after six years of age. Furthermore, in 1979, the Tennessee State Department of Public Health linked the DPT vaccine itself to eight cases of sudden infant death, resulting in hundreds of thousands of doses being withdrawn from the market.

Since there is always the danger that another needle accident may happen, your next step is to ask your doctor (who should be thoroughly familiar with the above information) whether he would settle for two and-a-half doses in the interests of safety and effectiveness.

Sudden infant death and DPT vaccine

An eminent British physician, Dr. Gordon T. Stewart, from the Department of Community Medicine, University of Glasgow, commented in The Lancet (August 18, 1979) on the eight cases of sudden infant death following routine immunization of infants with DPT vaccine which occurred in 1979 in Tennessee. Dr. Stewart reviews the findings of Dr. Robert Hutcheson that four infants died within 24 hours, and the other four died within seven days after receiving their first dose of DPT at six to eight weeks of age.

These deaths occurred in late 1978 and early 1979 during a period of expansion of the Tennessee childhood immunization program. The DPT vaccine belonged to a single batch which was manufactured by Wyeth Laboratories and was approved by the FDA. In March, following intervention by the United States Surgeon General, the company recalled all unused doses of this batch, but it was estimated that 320,000 doses already had been administered. Tennessee statistics revealed that the total deaths of infants in that state were higher in 1978-79 than in 1977-78. They also showed that of 61 sudden infant deaths in 1978-79, 33 had received DPT, a significant increase over the previous year (16 out of 53).

Dr. Stewart says these incidents show "beyond doubt, a highly significant, non-random clustering of an excess of undiagnosed sudden infant deaths following vaccination." He also refers to a similar cot death (the British term for sudden infant death) of an infant within 27 hours of vaccination with DPT that he had reported some months ago, and he points the finger at the DPT vaccine's whooping cough component, long known to be associated with neurologic reactions.

Dr. Stewart concludes that further studies are necessary to determine the relationship of sudden unexplained deaths occurring after vaccination, and he sums up: "Surveillance on these lines is long overdue and is now a matter of some urgency because The Year of the Child is being celebrated by a worldwide bonanza of vaccination, sponsored by WHO (World Health Organization) on the basis of prevalence statistics which are questionable and of international safety standards which exclude from consideration incidents such as those reported above."

I certainly agree with Dr. Stewart on the need for further investigation of this suspected linkage, but while the investigation proceeds, it is essential that parents take some steps to protect their own children. Therefore, I repeat the advice I gave previously: If you decide to have your infant receive the triple vaccine, make sure you find out and record the batch and lot numbers and the name of the vaccine's manufacturer.

Q My 13-year-old daughter apparently is allergic to tetanus toxoid. When she was little, she was such a tomboy that she was always getting hurt, so she received tetanus boosters on the average of once every six months. She always ran a fever of 104 when she got the booster. I informed her pediatrician of the fevers, and he said some people often do run fevers when they get these injections.

In 1969, my daughter was injured while her pediatrician was on vacation. I took her to another doctor who gave her a tetanus booster, although it had been less than six months since her last shot. About seven hours later, she began crying in pain, developed a high fever and couldn't use her legs. She developed little purple bumps on her eyelids and throat, became unable to see and lost consciousness.

I rushed her back to the doctor who didn't know what was wrong. When her pediatrician returned from vacation, he said she was allergic to tetanus toxoid.

Is there a test that can be run to see if my daughter is allergic to tetanus toxoid? I have often thought that her violent reaction was caused

by her having too much tetanus toxoid in her system. I am very worried, and I hope you'll be able to help me guard the health of this child who is so precious to me.--Mrs. J.B.

Tetanus shots

A Why is your daughter getting all these tetanus shots? Practically every public health authority recommends that after the initial immunization in infancy, tetanus boosters need be given only once every 10 years. Even in the case of contaminated wounds, a five-year interval between shots is the shortest interval recommended (American Academy of Pediatrics Yearbook, Evanston, Ill.).

Decades ago, repeated tetanus boosters were given as freely as water, not only in cases of injury but as a prerequisite for school and summer camp attendance. As the needlessness and real disadvantages of too much tetanus toxoid became manifest (a learning process that has been repeated with other immunizations), doctors began to hesitate before filling their syringes.

To my knowledge, not a single case of tetanus has occurred in anyone who served (and was therefore immunized) during World War II. This represents more than 30 years of exposure without disease in a group where many must have come in contact with the tetanus germ and were never re-immunized.

Whether your daughter's reaction is classified as an allergy, a sensitivity or an anaphylaxis, the result is the same. My advice is that you immediately discuss with your pediatrician whether there is any reason for this girl to have further tetanus boosters over the next few decades. Furthermore, I am moving away from routine primary immunization with tetanus toxoid and towards the position that, if a baby is breastfed, he need be immunized against tetanus only if he is part of a farm family or a non-farm family which has extensive contact with stables and horses.

Rubella (German measles) vaccine

Has your doctor recommended that your child be vaccinated against German measles? If so, ask him if he is familiar with the work of Dr. Stanley Plotkin, professor of Pediatrics at the University of Pennsylvania School of Medicine. Dr. Plotkin states, "It is clear that vaccination of children (for rubella) which has only been done for several years, is not very successful as a policy." He points out that 36 per cent of adolescent females who had been vaccinated against rubella lacked evidence of immunity by blood test. Another study reported by the University of Minnesota shows a high serological failure rate in children given rubella, measles, and mumps vaccine, either separately or in combined form.

Dr. J. Alastair Dudgeon of the Great Ormond Street Hospital, London, says that the crucial question still to be answered is whether the vaccine-induced immunity is as effective and long-lasting as immunity from the natural disease of rubella. A large proportion of children are found to be seronegative (no evidence of immunity in blood tests) four to five years after rubella vaccination, and it is not known what will happen 20 to 25 years later when the girls among these vaccinated children will have reached childbearing age.

Yet the purpose of this immunization, given in infancy, is not for protection of the child, since childhood rubella is almost always benign, but rather to protect pregnant women from rubella infection which may pose a serious threat to the fetus.

Researcher Dorothy Horstman has shown that re-infection occurs much more frequently after vaccination than after natural infection. In one study of military recruits, the re-infection rate was 80 per cent compared with four per cent in naturally immune individuals.

Mumps vaccine

The Centers for Disease Control report the following side effects of mumps vaccination:

"Parotitis (inflammation of the parotid glands) after vaccination has been reported rarely. Allergic reactions, including rash, pruritus [itching] and purpura [bruising] have been associated temporally [in time] with mumps vaccination....Effects of CNS (central nervous system) involvement, such as febrile [fever] seizures, unilateral nerve deafness, and encephalitis within 30 days of mumps vaccination are reported....Live mumps virus vaccine should not be administered to younger infants (less than 12 months old)."

Q

I have read your statements regarding breastfeeding, and I would like to point out additional facts about immunity conferred both by breastfeeding and artificial immunizations.

It is now well established that there are several classes of antibodies with different characteristics. Certain antibodies are able to cross the placenta during pregnancy while others are present in high concentration in colostrum and in lesser concentration in milk. These antibodies are indeed important in protecting the newborn from infection. However, after a few months, these passively transferred antibodies disappear, and the older infant retains no protection from disease.

Artificial immunization is discouraged before six months of age because the immune system is not fully developed before this time. Active immunization at six months of age results in the active production of antibodies which will continue to be produced, at low levels, throughout life and will rapidly reach high levels when needed. The vaccines now used to protect children from diphtheria, whooping cough, tetanus, measles and polio are completely safe. Smallpox has been completely eradicated due to world-wide immunization, and vaccinations are no longer necessary. However, before these vaccines became widely available, millions of children and adults died or were severely damaged by these diseases. This occurred at a time when all infants were breastfed. Would you have us return to a time when a family considered itself lucky to raise perhaps half its children to adolescence?

Ten years ago, I was directly and personally involved in tracing the source of a diphtheria epidemic in the Caribbean nation of Trinidad and Tobago. This epidemic occurred several years after routine DPT immunizations were discontinued, and the epidemic was halted only after a campaign to again immunize the children. Dr. Mendelsohn, have you ever watched a child gasping for air because his throat is closed by the pseudo-membrane of diphtheria? With the best medical treatment available, he has a 40 per cent chance of survival and that with the possibility of severe damage to his heart, kidneys, and nervous system. At the same time, there were two outbreaks of diphtheria in the state of Texas among children who had not been immunized. Who can ever forget the devasting epidemics of polio each summer in the 1940's in our own country? Polio is now a rarity thanks to immunization.

Although mother's milk is excellent nutritionally and offers important protection from disease during the newborn period, it is no substitute for artificial active immunization in the older child.--J.P.B., Ph.D.

A

Breastfeeding and immunization

Not so many years ago, when infant formulas first came on the scene, doctors claimed that breast milk had no advantage over bottle milk. Later, as you point out, they grudgingly admitted that there was some, albeit limited, immunologic advantage.

More recently, scientists have found that the breast itself produces specific antibodies to disease which the nursing infant may contract. Thus, if a baby develops a bacterial or viral condition (such as a cold), his mother's milk offers a special kind of protection.

Given the failure of science to seriously investigate breast milk, it may take some time before "scientific evidence" catches up with my view that breastfeeding offers a lot more immunity than most people think. Therefore, I will continue to advise mothers whose babies are protected by breast milk to carefully study the known risks of immunization. These include arthritis from German measles shots, encephalitis from measles shots, sudden infant death following DPT immunization, convulsions from whooping cough vaccine, and a host of others. Mothers also should be aware of the documented failure over the past decade of diphtheria shots to protect children exposed to diphtheria epidemics, and they should know that Dr. Jonas Salk has said that two-thirds of polio cases during this decade have been caused by the vaccine itself.

The reasons for the high infant and maternal mortality rates of previous centuries range from lack of sanitation to poor nutrition to the epidemics of childbed fever transmitted by doctors who neglected to wash their hands as they moved from autopsy rooms to delivery rooms.

Your letter and my response clearly demonstrate that immunizations, like all other medical interventions, are a double-edged sword. Therefore, all mothers, whether breastfeeding or giving formula, and all fathers as well, have the responsibility for studying both sides of the issue.

Q What do you recommend to your own family in the way of immunizations?--N.N.

A Channa, my 22-month old breastfeeding granddaughter (and the light of my life), has received no immunizations.

Swine flu

The federal government has agreed to pay $285,000 damages to the widow of a Grand Rapids, Michigan, man who died of Guillain-Barre syndrome 17 days after receiving a swine flu vaccination in 1977. This has been the largest settlement to date of a claim growing out of the 1976-77 immunization program. So far, the government has received 3,763 claims from the swine flu program, with claimants seeking a total of $3.4 billion in damages. (American Medical News, September 14, 1979)

Q I have been diagnosed as having amyotrophic lateral sclerosis (Lou Gehrig's disease). In October 1976 I had a swine flu shot. Do you know of any connection between flu shots and ALS? Your recent comments on the new flu shots mentioned that, in addition to Guillain-Barre syndrome, people who get these shots may experience neurological disturbances. I will appreciate your thoughts on this.--L.L.

Q In October 1976 I received a swine flu shot. In December of that year I suffered from an attack of rheumatoid arthritis which I had never had before. I could hardly walk--all my joints were inflamed and painful, and the muscles in my legs hurt. Could this be from the swine flu shot and, if so, where can I go for help? It's costing me a fortune for injections and medication, and there's no improvement. Please help.--W.D.

A Your letters are representative of many I've received asking for information on possible linkages between immunizations and chronic disabling diseases now considered to be of unknown origin.

Links between immunizations and chronic diseases?

Little information is available. Almost no long-term cause-and-effect studies have been done on the possibility that linkages might exist. But in the past few years a few beacons have pierced the darkness shrouding this subject. Guillain-Barre paralysis, a disease that medical references usually explain away with the sentence, "The etiology (cause) is unknown," has been causally linked with the swine flu vaccine and others. More than 500 persons who received swine flu shots between Oct. 1 and Dec. 16, 1976, subsequently contracted Guillain-Barre syndrome. Twenty-three of them died. The rubella (German measles) vaccine has been followed in some cases by transient and not-so-transient arthritis.

We must not allow these precious clues to be discarded if people like you are to receive information that is vital. The help a single doctor can provide is limited. But the federal government, with its vast epidemiological research capability--as shown by its expert detective work in linking swine flu to Guillain-Barre--could undertake a broad-scale search for an answer to your question. I am sending a copy of your letters to my good friend, Surgeon General Julius B. Richmond, along with a recommendation that a special commission on immunizations begin such a study.

I, for one, have always wondered about multiple sclerosis. All the millions of dollars poured into research on this obscure condition have failed to find its cause. Your letters increase my suspicion that certain diseases about which we know very little may result from immunizations, and I would dearly love to know whether those suspicions are founded on fact.

Q Would you believe that, in the state of Texas, a person cannot attend a college (which he has not previously attended) unless he has a renewal of DPT shots? I was over 60 when I was faced with this ridiculous requirement. I protested vehemently, but I was told it was a state law. Furthermore, my doctor of 10 years' standing refused to give me a statement saying I had had the contagious diseases in my childhood (that statement is true).--C.C.

A Your letter certainly proves that immunization has become a political issue, showing how you are confronted by a powerful coalition of legislators, doctors and educators.

Texas law on DPT

Since the journey of a thousand miles begins with a single step, maybe it is time for you to visit some of your elected representatives (particularly those up for re-election), pointing out the absurdity of a 60-year-old adult being forced to submit to potentially risky shots.

If your candidate wants to give his campaign a shot in the arm, he may find a way to keep the needle out of yours.

Q Our older son will be starting public school this fall. In our state of Montana, children are required to be immunized except for religious or personal reasons. Should a child not be immunized, the reasons for not having done it must be documented. Can you give me any guidelines as to how to go about doing this?--A.S.

A As I travel around the country speaking on the risks of immunization, your question is one I hear frequently. I also hear a number of answers which I will pass on to you.

State laws concerning immunizations

1. Talk to your doctor. Perhaps he can find a medical reason why your child should not be immunized. Maybe he can, in all good conscience, certify that your child has received all the immunizations that he and you agree are necessary.

2. Send a letter to the school authorities stating that you reject immunizations for personal reasons or on constitutional grounds. Some states have this loophole written in their school code.

3. You probably know whether your own religion prohibits immunizations. But if not, this is an issue you may wish to discuss with your own clergyman or those of other religions.

4. Following the recent success of a group of parents in Wisconsin (Citizens for Free Choice in Immunization, c/o Mr. and Mrs. James Grant, P.O. Box 543, Beaver Dam, Wis. 53916), you may wish to bring political pressure on your elected representatives to amend compulsory immunization statutes.

5. You may be interested in the following statement contained in the Illinois State School Code (27:8): "Pupils objecting to physical examinations or immunizations on constitutional grounds shall not be required to submit themselves thereto if they present to the school boards or Board of Governors of State Colleges and Universities a statement of such objections signed by a parent or guardian of the child."

6. You might consult your attorney to decide on possible legal action.

Of course, the most effective approach is to begin to educate your own friends and neighbors, as well as schoolteachers and principals, on what I call the darker side of immunizations so that everyone will be in a position to exercise informed consent rather than simply rolling up their shirt sleeves when the doctor says, "Trust me."

New organization for vaccine-damaged children

The initials DPT recently have been infused with new significance. Originally the name referred to the triple vaccine (diphtheria, whooping cough and tetanus), but now, DPT refers to Dissatisfied Parents Together, a new organization concerned with children who have been damaged by that vaccine, particularly the pertussis (whooping cough) component.

You should contact this organization if, during the first few years of life, when immunizations are given, your child (for no other apparent reason) developed epilepsy, mental retardation, cerebral palsy, or any other form of brain damage. You also should contact this organization if your child was a victim of Sudden Infant Death.

On second thought, don't wait for the damage to happen. Write to DPT today for a complete statement of their purposes and policy. For information write to Barbara Fisher, Box 563, 1377 K Street NW, Washington, D.C. 20005.

Another View

by Marian Tompson

Gregory White, M.D., our family doctor, is a man whose commitment to the best interests of his patients is reflected in his highly independent approach to medicine. He's been attending home births for more than 30 years, and he rarely hospitalizes anyone. He refused to give the Salk vaccine to his private patients, and even today he will not inoculate these patients against German measles. But since he does use the regular measles vaccine, and he gives babies the DPT shots for diphtheria, whooping cough, and tetanus, I asked him for the rationale behind his selective approach to immunizations.

Dr. White points out that diphtheria is a relatively rare disease. And he admits that if a throat culture is taken and diphtheria is diagnosed, the disease can be treated with antibiotics. But since the disease is often not recognized and just treated as a sore throat, Dr. White says, "I feel the vaccination is a worthwhile safeguard. However, pertussis (whooping cough) is another story. It can be a destructive disease to young babies, but it is fairly recognizable and treatable and not a menance to life and health in older children."

Dr. White uses an American-made vaccine (most reports of harmful side effects have come from England) and after the initial series, he does not give any booster shots. But he feels differently about tetanus. "Tetanus, is a lifelong menance since any puncture wound, even one from a clean nail or pin, carries the threat of this disease." (Puncture wounds push the germ deep into the body away from the air which is where tetanus thrives.) Dr. White gives the initial DPT series at 5, 6, and 7 months and then gives a booster shot for diphtheria and tetanus at 19 months. After that he gives booster shots every five years through high school. Interestingly, this five-year-spacing brings him into frequent conflict with schools which follow the old public health recommendation of boosters every three years.

As for rubella (German measles), Dr. White explains the greatest harm from this disease is to the unborn child. He points out, however, that since the vaccine probably produces a weaker and shorter immunity than that produced by the disease, many children who get the vaccine as preschoolers may have their immunity fade out just when they need it as adults. "If girls got the disease naturally, their immunity would last through their childbearing years." If the vaccine were proven safe, Dr. White would give it to 11-year-old girls who did not have rubella antibodies. But because there is a possibility of the vaccine causing rheumatoid arthritis, a lifelong crippling disease, he will not use it.

He gives vaccine for regular measles at 15 months. "Deaths from regular measles, which are rare, occur mostly in children under three. There is a study which showed that 50 per cent of children with measles had brain wave changes during the course of the disease, but there weren't any brain wave changes from the vaccine. While the significance of this is not completely clear, some neurologists think the effects on the brain from the disease may produce some cases of epilepsy. In epidemics among populations previously unexposed, the percentage of adults who died was considerable. So I am concerned that if we take away measles vaccine, it is possible that some non-immunized children might get the disease as adults and will suffer severely from it."

"Remember," he summed up, "any child who isn't immunized against these diseases is somewhat protected by being surrounded by children who have been immunized and can't pass it on. But if too many children don't get immunized, we could build up a population of susceptibles. While I have never seen a serious immunization reaction among the 3500 babies and children I have cared for, it is still hard to say what to do in absolute terms. We can only estimate the odds for parents and let them decide."

the People's Doctor
A MEDICAL NEWSLETTER FOR CONSUMERS
by Robert S. Mendelsohn, MD

VOL. 6, NO. 10

IN THIS ISSUE:

The Dangers of DPT Vaccine

Dr. Robert Mendelsohn

Since my previous two Newsletters (Vol. 2, No. 4 and Vol. 4, No. 5) dealing with the dangers of immunizations, a torrent of information on the heretofore concealed risks of the whooping cough vaccine has flooded both medical journals and the mass media. I was surprised--indeed amazed--and as you might imagine, tremendously pleased that the information you have been receiving over the years within the pages of my Newsletter has finally reached the general public.

Pediatricians and their organizations have reacted with panic as their closely-guarded secret of possible brain damage from the whooping cough vaccine leaked out. Parents have reacted initially with understandable fright and, upon reflection, with anger at their never having been told about this risk which has been known for 40 years.

The purpose of this issue of my Newsletter is to provide you with some of the most recent documentation on pertussis, as well as some of the other vaccines. This latest information further confirms the revelations contained in my previous Newsletters that dealt with immunizations.

While I oppose vaccines in general (my three grandchildren have not been immunized), I am aware of course that some readers will have difficulty rejecting those vaccines. Those readers might wish to share the contents of this Newsletter (as well as its predecessors) with their physicians. My references to scientific and medico-legal publications are available to physicians through the medical librarians of their hospitals and medical schools. Your physician can carry out his responsibility toward his patients by carefully studying the complete texts of my citations and sharing those texts with you. If, after this kind of thoughtful investigation, you still decide to vaccinate your children, be sure to ask the doctor for the name of the manufacturer, the identifying lot numbers of the vaccine, and the date of expiration. Write down this information and keep it permanently with your child's immunization record in case subsequent research links the vaccine to disease in later life.

Of course, your doctor may end up agreeing with me and abandoning one or more of the currently mandated immunizations. If so, please ask him if he is willing to go public and write me a letter. As the only American pediatrician (there are some 24,000 of us) to publicly oppose compulsory vaccinations, I'm getting a little lonely.

Q After seeing the "Today" show and reading an article in our local paper regarding the new findings about the risks of DPT vaccination, I am a very concerned mother. My son is just two months old, and he is due for his first vaccination. I have many questions about these shots, and I'd appreciate any information you can give me which will help me decide whether or not to have my son immunized.

Here are the questions that concern me most:

1. What causes the brain damage that can follow DPT immunization?
2. Is there any way to foresee whether such damage will occur?
3. Would it be less dangerous to give a child the shots when he's older?
4. What is being done to educate doctors about the risks of DPT vaccine?
5. Are the risks of getting whooping cough greater than the risks of brain damage from the shot?
6. Is it possible and safer to give the child only the diphtheria and tetanus components without the whooping cough immunization?--P.H.

What are the risks of DPT vaccine?

A Let me answer your specific questions by using information which was recently distributed to doctors by the American Academy of Pediatrics:

1. While the specific mechanism for causing brain damage from pertussis vaccine (immunologic reaction, toxic effect, etc.) remains controversial, the Academy states, "Encephalopathy (possibly with permanent brain damage) may follow pertussis vaccine. Its etiology [cause] and frequency are major issues of debate."

2. While reactions are more severe in older children and in children who are sick at the time of immunization, there is no easy way to predict who will be damaged. In one study involving approximately 15,000 doses of DPT vaccine (approximately 4,000 children) nine children suffered convulsions and nine had episodes of collapse, a frequency for each of these conditions of 1 per 1,750 shots; approximately 1/400 children. In another study published in Sweden, 1/3,000 children developed some form of neurologic illness after being immunized. "Eighty of these episodes represented convulsions, 54 shock, 24 abnormal screaming. Three children had permanent brain damage...." In Scotland, another study of DPT damage conducted by Dr. Gordon Stewart concluded that the occurrence of encephalopathy was 1/54,000 children; two of the children in that study had permanent brain damage. A British study estimated serious neurologic illness in 1/110,000 injections (since each child receives three primary injections and at least one booster shot, you can easily calculate the risk per child); the frequency of permanent damage present one year later is estimated at 1/310,000 injections.

Death has been reported following pertussis vaccination. The Academy reiterates what I reported four years ago (The People's Doctor Newsletter, Vol. 3, No. 5): "In 1978, four instances of sudden infant death syndrome (SIDS) were reported from Tennessee in children who had received DPT vaccine (from a single lot) within the preceding 24 hours."

3. Pertussis immunization (which the Academy says is 80 percent effective) is not recommended routinely for children after their seventh birthday because of the high incidence of reactions. I hope your doctor has shared with you the Academy's information that "Young infants, the group at highest risk of death due to pertussis, are unprotected for at least the first four months of life. Their protection during this period derives largely from immunization of their older siblings who then do not transmit illness to them."

4. As you can see from the above, the Academy is frantically trying to educate doctors about the risks of pertussis vaccine, and the Academy also is recommending that doctors inform the parents and discuss these risks with them, a first within my memory.

5. Obviously, doctors sincerely believe that the risks of the disease outweigh the risk of vaccine-induced brain damage, and the Academy publication promotes this view extensively. If a doctor concludes that the benefits of DPT immunization outweigh the risks, ask him whether he believes that serious brain damage is the only ill

effect of pertussis vaccine or whether cases of overt encephalopathy may represent only the tip of the iceberg. Ask him why there are no studies to determine the logical possibility that whooping cough vaccine may be causing neurologic damage that is less obvious, such as lowering of the I.Q. and hyperactivity.

6. While the whooping cough vaccine is obviously the most dangerous of the three, you should have learned enough from the whooping cough vaccine revelations to make you wary of other immunizations. Insist that your doctor share with you the scientific information giving both the risks and benefits of each vaccine.

Q I was shocked by the recent information on DPT vaccinations, as reported on the "Today" show. Many of my friends have newborns who are scheduled for these shots, and the mothers are afraid to have them immunized. My own son is getting ready to start kindergarten, and he ran a dangerously high fever when, as an infant, he received his DPT shots. Now he has to have a booster shot, and I am worried. Do I have a choice if he is to attend public school in Ohio? Why hasn't the public been informed about the dangers of this apparently unnecessary vaccine?--Mrs. M.B.

A I am not surprised that you were shocked at learning the risk of brain damage from the DPT shot which every doctor learns about in medical school. I hope you and your friends will ask your doctors why they didn't tell you about those risks. Your doctor may take issue with your statement that the vaccine is unnecessary and insist that its benefits outweigh the risks. If he does, ask him why, since he failed to honestly point out that there were any risks in the first place, you should now trust him to be honest about the risk/benefit ratio.

Finally, since it was the doctors, not the public, who pressured state legislators into passing "no shots, no school" laws, maybe it's time for you parents to pressure your doctors to visit the state legislature and ask for repeal of that mandatory legislation.

Dr. Gordon Millichap, eminent pediatric neurologist from Children's Memorial Hospital, Chicago, was quoted on the NBC-TV Program, "DPT: Vaccine Roulette" (produced by Lea Thompson, WRC-TV, Washington, D.C.), as having said to parents of a little child who had been damaged by DPT vaccine that he "wouldn't even give that to his dog."

Q Because of my concern about the safety of immunizations, I have not yet had my children immunized. (My third child has had no immunizations, although the other two have received some. The third one is the healthiest of the three.) I live in a state in which the drive to immunize is militant, and articles such as the one I am enclosing appear regularly.

I would like to know whether it is true, as the article I've enclosed states, that the incidence of disease really has gone up in areas where immunizations have declined. If so, how much? I think this is a significant fact which is never mentioned. Where are these statistics published?--J.O'R.

Does whooping cough increase when shots aren't given?

A The column you sent me was written by Dr. Tim Johnson and referred to the so-called epidemics of whooping cough that occurred in Japan and England after people stopped giving that vaccine to their children.

I would suggest that you write Dr. Johnson and ask him a few questions about those epidemics:

1. Since all doctors know how hard it is to bacteriologically diagnose whooping cough, how many of those diagnoses of whooping cough were actually proven by culture?

2. Since doctors know that the symptoms of whooping cough can mimic plenty of other respiratory conditions, why would you trust a diagnosis of whooping cough over other possibilities, in the absence of laboratory tests?

3. What are your references so I can personally determine the validity of your statements?

4. Do you think it is possible, or even probable, that the doctors, consciously or unconsciously, overreacted to the people rejecting their medicine and overdiagnosed pertussis (whooping cough)?

I will be interested in the response you receive from Dr. Johnson who says he has chosen to vaccinate his children, particularly since you have decided not to vaccinate yours.

Q Our son received his first DPT shot at the age of four months. He convulsed that same evening, but the doctors would not attribute the convulsion to the vaccine. He continued to receive various immunizations over the next several years, but not until he received a DPT booster did he sustain serious injury to the brain.

At that time, I began to read what you have to say about the hazards of immunizations, and I began to study the subject myself. As I pored over the many medical journals which contained countless articles about the adverse reactions to pertussis vaccine, I found myself becoming more and more angry at the thought that my son's condition could have been prevented.

You can imagine how excited I became when the media began to report all the things I had read and knew from experience to be true. I have compiled all my information on DPT immunizations and have circulated it to friends and acquaintances. It is good to see more and more doctors stepping forward and at least agreeing that no subsequent shots should be given if there has been an adverse reaction to the first shot.

Of course, the opposition still continues to give out information which discounts the revelations about the dangers of DPT vaccine. And this brings me to my question: Can you give me any information about Britain's whooping cough "epidemic" since they stopped giving pertussis vaccine? The statistics given by the opposition certainly are different from those you cite. I know their numbers can't be right, because my child certainly is not part of their statistics.--S.S.

A The DPT vaccine enthusiasts point with satisfaction to the alleged upsurge in whooping cough cases overseas, but I suggest that their extravagant claims must be tempered by some realities. For example, every doctor knows that whooping cough is a very difficult disease to definitely diagnose. The symptoms can range from those of a very mild cold to those of severe "whooping" and vomiting. The germ responsible for the disease is known medically as "a fastidious organism" which means that it is very hard to grow out in laboratory cultures, even when the full-blown clinical presence of the disease is present.

When the DPT vaccine was widely used, doctors were extremely reluctant to officially report cases of whooping cough because the simple act of telephoning the health department resulted in requests for documentation (more paperwork) and visits to the doctor's office by health department inspectors (more time lost). Of course, the same under-reporting tends to take place in other diseases (measles, polio, mumps, German measles, etc.) for which vaccines are available. On the other hand, if a vaccine is abandoned, as in the case of the pertussis vaccine in England and in other countries, then the doctors, frustrated and enraged at public rejection, strike back with an epidemic of overdiagnosis. Thus, while earlier real cases of whooping cough were not reported, now every cough is labeled whooping cough. Or, as was reported in the Journal of the American Medical Association, July 2, 1982, "Both Stewart [Dr. Gordon T. Stewart, an internationally-renowned pertussis authority from Glasgow, Scotland] and Mendelsohn [that's me, folks] referred to the outbreak of whooping cough in England as the 'so-called epidemic.' Mendelsohn says he will not be convinced until he sees bacteriologic proof of pertussis in the reported victims, adding that British physicians are diagnosing the disease 'every time someone clears his throat.'"

According to the December 1, 1978 Journal of the American Medical Association, more than 50,000 cases of whooping cough in the British Isles occurred between November 1, 1977 and the date of the journal's publication. Some British doctors are questioning whether routine immunization of infants and young children really is effective in halting the spread of the disease.

Dr. Gordon T. Stewart, head of the Department of Community Medicine at the University of Glasgow, Scotland, recently said, "As with many other infectious diseases, there was a great decline in the rate of pertussis mortality before any vaccine was available." Interviewed at a news conference following a symposium at the National Institutes of Health in Bethesda, Maryland, Dr. Stewart added, "The decline in pertussis mortality was 80 percent before the vaccine was ever used. The key factor in controlling the disease is living conditions...."

JAMA states that the common side effects of this vaccine are fever, crying bouts, a shock-like state, and local skin effects. More serious--and more infrequent--effects include convulsions and permanent brain damage resulting in mental retardation.

Stewart explained that he supported inoculation before 1974, but then he began to observe outbreaks of pertussis in children who had been vaccinated. "Now in Glasgow," he said, "30 percent of our whooping cough cases are occurring in vaccinated patients. This leads me to believe that the vaccine is not all that protective."

In his testimony in a DPT malpractice lawsuit, Dr. Wolfgang Ehrengut, a recognized German authority on immunizations, stated: "It is not proven that the possible increase of pertussis morbidity [whooping cough disease] in Germany [which has a low rate of pertussis immunizations] has been caused by the reduction in immunization against pertussis."

Professor Ehrengut further stated that an increase in whooping cough cases does not justify the vaccinating of all children, since the disease has become relatively mild, and the complications of vaccination are relatively high. He recommends instead immediate antibiotic treatment of pertussis contact cases.

You might ask your own doctor, when he threatens your own child with whooping cough if he is not vaccinated, whether he knows of Professor Ehrengut's work. If not, why not?

Is DPT vaccine effective?

Has your doctor told you that the whooping cough vaccine is effective? If so, you might ask him if he has read the July 2, 1982 Weekly Report of the Centers for Disease Control. Reporting on 479 whooping cough patients, the publication states that 60 percent had received less than three doses of DPT vaccine while the other 40 percent of victims had been fully immunized (three doses or more). Only 72 percent of the cases were confirmed by laboratory diagnosis.

The Weekly Report states, "As with most surveillance systems, underreporting is a problem." Recent studies are cited which show that "the more serious reaction [from the DPT vaccine], such as convulsions, noted in nine children, and hypotonic hyporesponsive episodes [medicalese for a shock-like state] noted in nine children, each occurred at a frequency of 1/1,750 doses." Since each child received three to five DPT shots, that frequency represents about 1/500 children.

Q After reading your columns and other information furnished by our family doctor, I have decided not to have my daughter immunized against pertussis. Will she now be exposed to infection by playing with children who have been immunized recently? Will her five-year-old brother be in danger of infection from recently-immunized classmates if he does not receive the required school booster?--Mrs. J.F.

A While persons receiving certain immunizations (measles, German measles, and polio) may transmit these diseases to others, whooping cough vaccine does not fall into this category. The same can be said for diphtheria and tetanus.

DPT shots do not transmit infection

Vaccinating sick children

Don't let your child receive any immunization if he has any sign of illness. Even vaccine enthusiast Samuel L. Katz, M.D., of Duke University concedes, "When there is an apparently minor respiratory infection, one might wait a day to be certain it does not become serious." He adds, "Neurologic disease per se does not predispose to adverse vaccine reactions; pertussis may be an exception."

Whooping cough germ leads to insulin secretion

Did you know that the whooping cough germ, Bacillus pertussis, when injected into animals, has long been known to lead to the secretion of insulin?

In 1979, at the Fourth International Symposium on Pertussis, held in Bethesda, Maryland, it was shown that this same result occurs in those who have received pertussis vaccine. In their publication, "Adverse Reactions after Pertussis Vaccination," Drs. W. Hennessen and U. Quast suggest, "It seemed of interest to examine these reactions in comparison with the hypoglycemia syndrome....There was a close relation between the two."

If your child has juvenile diabetes (a disease characterized by wide swings in blood sugar levels), ask your doctor if he has ever heard of this effect of whooping cough vaccine. Maybe it's time to investigate whether the pertussis vaccine has anything to do with the rapidly rising number of people with juvenile diabetes, adult diabetes, and hypoglycemia, all disorders of insulin metabolism.

Epilepsy history increases DPT vaccine dangers

Cyril H. Wecht, M.D., J.D., Director of the Pittsburgh Institute of Legal Medicine, in discussing the medico-legal implications of epilepsy, points out (Medical Trial Technique Quarterly, Summer 1980) that pediatricians must consider the fact that certain children may develop epilepsy following vaccinations. Wecht states, "Failure to prevent the occurrence of such complications may trigger legal liability," and he cites one case in which an infant with a family history of convulsive disorders received DPT vaccine. The baby subsequently developed fever and recurring convulsions. Throughout the following years, the child's condition deteriorated. He required repeated hospitalizations, ultimately undergoing a lobotomy.

At trial, the expert medical witness indicated that "It was common medical knowledge that the use of pertussis vaccine in children who have a family history of convulsive disorders presents definite risks. Accordingly, the physician has a responsibility to take a proper medical history.

Before inoculating your child with DPT vaccine, has your doctor ever asked you if there was a family history of seizures, fits, spells, convulsions, or epilepsy?

In this case, the court found the physician liable for professional negligence.

Did you know that pertussis immunization was stopped in Sweden in 1979 because the vaccine had become ineffective and the clinical course of whooping cough had become milder? That's what John Taranger, M.D., a Swedish pediatrician, says.

Ask your doctor if he is familiar with the changes that have been made over the years in pertussis vaccine, without controlled scientific studies.

Another View

by Marian Tompson

Patty Stone entered kindergarten this year. On the first day she went off, wearing her new outfit, excited and a little bid scared. She had a good time that afternoon.

But no-one could have prepared Patty for her second day of school. Just before the dismissal bell was to ring, the school nurse marched into Patty's classroom, wordlessly grabbed that frightened little girl by the hand, and removed her from the classroom, allegedly because she had to look for Patty's mother. Patty had no idea why she was the only one being singled out for such treatment. Bewildered and humiliated, she was sure she had been thrown out of school, but she had no idea why.

Patty had not been removed from school because she had an extremely infectious disease, and no serious family emergency had arisen. Instead, the child had been removed from school because her immunization record was incomplete. The nurse's rage against an innocent child is symbolic of the battle that is being waged on the question of compulsory immunizations.

Patty's parents had decided not to expose their child to the risks of a pertussis shot or a rubella immunization. But because the parents refused to let their child become a victim of the possible adverse effects of a shot, society instead made her a victim by establishing in her mind, and in the minds of her classmates, that Patty was different.

The doctor Patty's parents had found in another city had given her her pre-kindergarten physical and had administered all except two of the required booster shots. He himself did not believe in giving the whooping cough vaccine, and he had excused Patty from the rubella vaccine on the grounds of allergy.

Because of an office mix-up, the necessary forms had been delayed in reaching Patty's school. The school principal knew Mrs. Stone, and since the mother felt she had a track record for truthfulness at the school, she phoned the principal with the assurance that the immunization form was on its way. She questioned the action taken with regard to Patty, since there was a grace period of at least another month for immunization updates. The principal asserted that the school board was pressuring him to strictly follow federal regulations. As everywhere, money was tight, and the school board didn't want to jeopardize the district's federal money. Patty could not return to school until the forms were received. "If we make an exception for your child, we will have to make an exception for everyone," Patty's mother was told.

So instead, the system made an exception of Patty. Perhaps time will erase the traumatic memory of being pulled out of the classroom in front of all her friends and being removed from the school. But perhaps that memory, like so many memories one keeps of childhood, will always remain with her.

I question whether all this constitutes progress. When my mother (now a healthy 77-year-old lady) was in school, immunizations were unheard of. During my grammar school days, shots often were given right at school, and your parents heard about it later. Today, however, parents must give their consent for immunizations, but if the parent does not consent, the child probably will be kept out of school. And even compliance, as in Patty's case, can offer no guarantee against punishment.

Patty's records did arrive at school a few days later, and she's back in school. But her mother still is waiting for that phone call: "About that rubella shot, Mrs. Stone...."

the People's Doctor
A MEDICAL NEWSLETTER FOR CONSUMERS
by Robert S. Mendelsohn, MD

VOL. 6, NO. 12

IN THIS ISSUE:

Recent Immunization Research

Other criticisms of compulsory immunization

Just so that you know I am not alone in my criticism of compulsory immunization laws, Dr. F. M. White, Director of Communicable Disease Control and Epidemiology with the Alberta, Canada, Health Department and more recently with the British Columbia Ministry of Health, also is concerned about the ethical considerations of immunizing in view of "the present lack of precise knowledge of the field." Connaught Laboratories "Biolines" quotes Dr. White as saying, "There is an important ethical distinction between treatment and preventive programs...Are all immunizations of proven value and do we really know what we are doing?"

Fifteen years before Dr. White voiced his concerns, Sir Graham Wilson in his book "The Hazards of Immunizations" showed a good grasp of the ethical problems which accompany immunization. "Once a vaccine has been introduced, with apparently good results, it becomes extremely difficult ever to find out its real value," wrote Wilson. "Moral objections may be too strong to permit a properly-controlled trial."

Ask your own doctor whether the vaccine he wants to inject into your child ever has been scientifically proven by controlled studies. Or does he just "believe" in the vaccine?

Immunizations and the Amish

In my opinion, the Amish are getting a bum rap. Even as they cave in to the pressure of doctors who work for the government and line up for polio vaccine, the federal government is spreading the word to the inhabitants of 21 states to shun the Amish (and Mennonites), alleging that they may be spreading the disease.

While the newspaper headlines scream warnings, the reports themselves show quite a different picture (as is typical in medicine), and raise more questions than they answer. So I wonder about the following:

Why are the Pennsylvania Amish, or indeed any of us, relying on a diagnosis made only by the Center for Disease Control in Atlanta? After all, this is the same outfit that fumbled the ball on Legionnaire's Disease and which sponsored the swine flu fiasco. Since the clinical and laboratory diagnosis of polio is so difficult to arrive at, why aren't the Amish leaders insisting that the diagnosis be thoroughly

reviewed and either confirmed or rejected by state and private laboratories with a much cleaner record?

Four people have been diagnosed as "carrying" the polio virus, three of these "carriers" showing no symptoms of polio. Have people other than the Amish been tested to see whether they also are carriers without symptoms?

A 14-month-old child with a fever and a paralyzed left leg "is undergoing tests for polio at Hershey Medical Center (as of May 27, 1979)." Since every pediatrician knows there are lots of conditions more common than polio which will result in a feverish infant who does not move one of his legs, I wonder who is conducting the tests at Hershey Medical Center and whether outside independent consultants are being called in.

Government doctors are claiming that the reason this "epidemic" broke out among the Amish is because they are not vaccinated. Yet since government statistics reveal that approximately 1/3 of all schoolchildren in this country are not immunized against polio, I wonder why the polio virus chose to pick on the Amish.

In 1977, Dr. Jonas Salk testified along with other scientists that most of the polio cases which have occurred in the U.S. since the early 1970's probably were the by-product of the polio vaccine itself. The January 23, 1978 issue of the Journal of the American Medical Association reported that of the 18 cases of polio in 1977, three of the patients were persons who were in the United States, but not residents, and two of the other 15 victims apparently contracted the disease abroad. Three cases occurred in recent vaccine recipients, and 10 cases had been in close contact with recently immunized people. Only three cases occurred in persons "without known vaccine associations."

Dr. Larry Schonberger, a virologist with the CDC, has been quoted as saying that polio caused by the vaccine itself has become more common recently than the natural virus. Schonberger's statement certainly is borne out by 1978 statistics which show that of seven paralytic polio cases in the United States last year, five were vaccine-associated.

Using 1977 and 1978 polio statistics, it is only reasonable to wonder whether the number of future vaccine-induced polio cases in the hundreds of thousands of Old Order Amish and Mennonites now lining up for free state vaccine may well outnumber the natural cases of polio, if any of the latter are proven conclusively.

To my knowledge, I am the only physician in the country to publicly raise these questions, but I deeply feel that before we further endanger the health and lifestyle of one of the most valuable populations in our nation, it is the government's responsibility to come up with some meaningful answers to the questions I've posed.

Immunizations as seeds of long-term damage

Six months ago, NBC-TV did an expose on the risks of whooping cough vaccine (a component of the DPT triple immunization recommended for all U.S. infants), and Channel 5 in Chicago ran a feature on its nightly news entitled "DPT: Vaccine Roulette." Channel 5 heralded this feature in Chicago newspapers with full-page ads headlined: "Will this child be a victim of vaccine roulette?"

Of course, for the past six years, my readers have been exposed to information about the dangers of immunization. Now, I bring to your

attention further revelations by eminent scientist Robert W. Simpson, Ph.D., Professor of Virology, Waksman Institute of Microbiology, Rutgers University.

The Simpson saga began in March, 1976 when, at a Science Writers Seminar sponsored by the American Cancer Society, Dr. Simpson presented a paper which was widely quoted in the press. Press reports stated that Simpson's paper pointed out that "immunization programs against flu, measles, mumps, polio, etc. actually may be seeding humans with RNA to form proviruses which will then become latent cells throughout the body. Some of these latent proviruses could be molecules in search of diseases which under proper conditions become activated and cause a variety of diseases including rheumatoid arthritis, multiple sclerosis, lupus erythematosus, Parkinson's disease and perhaps cancer."

In Chapter II of the Simpson saga, Mrs. Sue Schieler of Milford, Indiana wrote Dr. Simpson, inquiring about links between immunization procedures and multiple sclerosis. Mrs. Schieler sent me Dr. Simpson's response of September 25, 1981 in which he wrote "...I regret to inform you that our earlier studies (1976) at Rutgers University on related work were totally misquoted by the media. We have never obtained any evidence that would implicate vaccination as a cause or contributing factor for such human diseases [as multiple sclerosis]."

In February 1982, I asked Dr. Simpson for his complete paper. I wrote: "Since your (misquoted) statement was so widely publicized, your complete statement should enable me to correct any misconceptions by the readers of my books, subscription newsletter and syndicated column."

I promptly received a copy of Dr. Simpson's five-page paper entitled "RNA-Containing Viruses of Humans Can Be Transcribed Into DNA Proviruses." While I am sure Dr. Simpson will be happy to supply full copies of this paper to those of you who are interested, let me now share with you some quotes from it which are admittedly out of context.

Discussing the result of studies conducted in his laboratory, Dr. Simpson states: "This finding holds important implications regarding the potential of common RNA viruses (e.g., influenza, measles, mumps, etc.) to persist in human populations in a latent or masked form following either natural acute infection or active immunization with live virus vaccines." (Emphasis mine.)

Dr. Simpson continues, "...the disease potential of such DNA proviruses and their possible existence in human populations needs to be determined in light of ongoing, large scale vaccination programs with live viruses and also with a view to understanding the underlying etiology of human cancer as well as various types of chronic degenerative disease such as multiple sclerosis, Parkinson's disease and rheumatoid arthritis."

Referring to these proviruses (known as molecular intermediates), Dr. Simpson speculates: "Are these molecular intermediates a natural product of acute virus infection or live virus vaccination with common riboviruses?" (Emphasis mine.) He continues, "Regarding the latter point, animal studies now in progress in our laboratory suggest that RS virus can persist in a latent form in lung tissue many months after initial infection...This preliminary finding presents the intriguing possibility that persistence of such riboviruses at the molecular level may not only be a common feature of viral infections but a necessary event for the maintenance of long-lasting immunity...conceivably, some of these latent agents could represent potential 'molecules in search of disease' which under appropriate conditions of environmental stress might infrequently be reactivated as complete or defective viruses capable of evoking a pathological response to their resident host."

Dr. Simpson's scientific paper concludes with this statement: "Finally, the question of the risks associated with the use of live virus vaccines of human RNA viruses that may possibly be transcribed into DNA

proviruses must be considered...it is still necessary that public health scientists intensify and improve their surveillance efforts for detecting infrequent complications associated with the large-scale use of such live virus vaccines for immunizing human populations. Such complications might gradually manifest themselves over a very long time course measured in years and might assume a disease course that one would not ordinarily relate to the original vaccine virus."

You now are in a good position to judge whether Dr. Simpson was originally misquoted! But the Simpson saga does not end here. The most bizarre aspect of the entire affair is Dr. Simpson's red-penned note to me on the top of his paper: "This work could not be repeated in our laboratories after the investigator who originally made these observations left."

While I leave it to each of your fertile imaginations to figure out the implications of that cryptic statement, I can assure you that the deeper I delve into research on immunizations, the curiouser and curiouser it gets.

Where to get information on DPT vaccine

The issue of whether or not to immunize is heating up all over the world. In Australia, Drs. Archie Kalokerinos and Glen Dettman, Ph.D., have published their findings on the dangers of DPT vaccine in an excellent booklet entitled "The Dangers of Immunization" (The Humanitarian Society, Box 77, Quakertown, Pennsylvania 18951).

Attorney Robert Kaufman of Gaylord, Michigan has brought legal action against Merck Sharp & Dohme on behalf of a child who is suffering from severe neurologic damage which began after a measles shot. And Chicago attorney Allen McDowell, in his case involving a child who developed mental retardation after a DPT shot, has gathered testimony from medical experts in England (Dr. Gordon Stewart and Dr. John Wilson) and in Germany (Dr. Wolfgang Ehrengut).

Dr. Ehrengut, Director of the Hamburg (Germany) Vaccination Institute, stated in deposition (further information may be obtained from Allen McDowell, 35 East Wacker Drive, Chicago, Illinois 60601) that in Germany, the state pays for vaccine-damaged children "even if the doctor is responsible from some stupidity which they have done, if they have made a mistake, in every case to protect the individual, our state pays. This is paragraph 51 of our so-called Infectious Disease Law. By this law, this individual gets for his whole life some compensation. In this way, this is the best law in the world."

Referring to the United States, Ehrengut said, "To be very frank, your doctors hide complications. They don't tell the truth if they have done something incorrect."

Both these lawsuits and the above-mentioned publication are required reading for anyone whose child may have been damaged by routine immunization as well as for all parents who are concerned about the negative effect of immunizations.

In addition, if you would like to read the testimony J. Anthony Morris, Ph.D., one of the leading vaccine experts in the United States, gave before the Senate Investigating Committee (June 30, 1982), write Dr. Morris at P.O.B. 40, College Park, Maryland 20740 for a copy of his 11-page statement. In this statement, Dr. Morris concludes that "The thrust of the testimony given by Drs. Foege, Fulginiti, Parrott, and Fannin [the chief proponents of mandatory immunization] before the Subcommittee at this hearing on immunization and preventive medicine was either misleading, self-serving, or both, and careful efforts by the public to understand the thrust of their statements will only erode further the public's confidence in vaccines."

Monitoring adverse reactions

Your doctor should know about the September 1979 statement of the Office of Technology Assessment reporting to the U.S. Congress on vaccine and immunization policies. Referring to the Centers for Disease Control's system for monitoring adverse reactions to vaccines, the report begins, "The system will not generate data that will permit calculation of incidence rates of adverse reactions among defined populations." In other words, U.S. government doctors, in contrast to those in foreign countries, never have worked out a method for finding out what percent of children suffer damage from vaccines.

The report points out, "Vaccinations are recommended and administered to millions of children and other individuals each year on the presumption [emphasis mine] that the benefits far outweigh the risks. The benefit side of the equation is straightforward: Vaccinations can prevent serious disease. The risk side is not so straightforward since it includes factors that are known that may exist but have not yet been discovered."

Arthritis from rubella vaccine

Now that you are aware, through recent extensive media coverage, that whooping cough (pertussis) vaccine can cause brain damage, I wouldn't want you to fear giving your children whooping cough vaccine while believing that all other vaccines are perfectly safe. That is why I am bringing to your attention the latest research on the German measles (rubella) vaccine.

Six years ago, Dr. Aubrey Tingle, a pediatric immunologist at Children's Hospital in Vancouver, British Columbia, and his co-workers discovered that 30 percent of adults who had been exposed to rubella vaccine suffered arthritis two to four weeks after vaccination, ranging from mildly aching joints to severe crippling. Recently (as reported in Maclean's Magazine, February 8, 1982), these same researchers found live rubella virus in one-third of patients--both children and adults--with rheumatoid arthritis. (Rheumatoid arthritis, of course, is a much more severe degenerative and crippling disease than is rubella arthritis.) In one patient, rubella arthritis developed into rheumatoid arthritis. Ten percent of adults who have the symptoms of arthritis resulting from rubella immunization will suffer extreme pain.

Dr. Tingle pointed out that when the rubella vaccine was first introduced, its promoters said that "all the symptoms disappear in three months." Dr. Tingle soberly reflected, "But that's not correct. We've had patients that we followed for 10 years who are still having recurrent episodes.

"One such victim is Anita Willson, a 32-year-old teacher. In 1975, when she applied for a marriage license in Calgary, she was required to undergo a rubella vaccination. She complied. About two weeks later, she began to experience swelling of her big toe, and the pain soon spread to her fingers and wrists. The diagnosis: arthritis. 'I was so disabled that I couldn't shift gears on my car or open a jar,' Willson recalls. 'Here I was, newly married and with a new job. My whole world came crashing down. It was terrifying.' Willson's arthritis, which now appears to be in abeyance, lasted for five years."

For children who receive rubella immunizations, Dr. Tingle wisely warns, "The longterm effects are the major unresolved issue that we have to face."

Another View

by Marian Tompson

Did you know that the so-called "herd immunity" theory, which assumes that if enough members of the population are vaccinated everyone will be protected, has been proved false in epidemiological studies? In 1971 in Casper, Wyoming, a rubella epidemic occurred one year after 83 percent of the city's schoolchildren had been vaccinated against rubella. (Ninety-one of the 125 cases occurred in vaccinated children.) Several years after the smallpox vaccine was introduced into the Philippines (it was first given in 1910) and after 95 percent of the population--8 million people--had been given 24,500,000 doses of vaccine, the Philippines experienced its worst smallpox epidemic in history.

Did you know that the incidence of measles actually has been declining steadily for the past 100 years? This certainly leads one to question the drug industry's claim that this drop is due to vaccinations. From 1958 to 1966, the number of measles cases reported each year dropped from 800,000 to 200,000. But it wasn't until 1967 that the live vaccine which is presently used was introduced, this after the killed virus vaccine which came out in 1963 was found to be ineffective and potentially harmful. Besides this cyclical decline, we must question the reliability of the numbers of cases now being reported. A survey of pediatricians in New York City revealed that only 3.2 percent of pediatricians actually were reporting measles cases to the health department. In 1974, the Centers for Disease Control determined that there were 36 cases of measles in Georgia, but the Georgia state surveillance system reported 660 cases that same year.

Did you know that, while there was a reported sharp decline in the incidence of polio after the introduction of the oral polio vaccine, the definition of polio was changed at the same time? The definition no longer included aseptic meningitis cases, thus hardly leaving a basis for comparison.

Did you know that when immunity to a disease is acquired naturally, the possibility of reinfection is only 3.2 percent? If the immunity comes from a vaccination, the chance of reinfection is 80 percent. Studies from the Faroe Islands have shown that adults who had acquired measles immunity naturally still were protected 65 years later.

Did you know that the article "Nature and Rates of Adverse Reactions Associated with DTP and DT Immunizations in Infants and Children" (Pediatrics, Nov. 1981, Vol. 68, No. 5) reported only 18 serious reactions in children who had been given 15,752 shots? But if you read the article closely, you found that each child in the study received 5 shots adding up to 3,150 series. Thus, more than one out of every 175 children who received the full DPT series suffered severe reactions.

This information was given to me by Keith Block, M.D., a family physician from Evanston, Illinois, who has spent years collecting data in the medical literature on immunizations. He is alarmed at the potential hazards of vaccinations which artificially introduce a foreign protein as well as a "slow virus" into the human body which doesn't belong there and which can create serious health hazards such as the Guillain-Barre Syndrome which was linked to the swine flu vaccine. Vaccinations, Dr. Block explains, plant a seed which may be triggered months or years later by a variety of situations such as life stresses, medication, refined sugar, etc. "Living as we do, in a well-fed, hygienic society," Dr. Block points out, "we end up trading off what would usually be a relatively minor illness for a potentially serious disease. Instead of taking personal responsibility for our body's immunological system, we try to handle everything with a vaccine, insulting our bodies and creating a sicker, more endangered species. We are, literally, walking time bombs!" Those are strong words, I'll admit, but they're certainly worth pondering.

the People's Doctor
A MEDICAL NEWSLETTER FOR CONSUMERS
by Robert S. Mendelsohn, MD

VOL. 7, NO. 10

IN THIS ISSUE:

Avoiding Immunizations and their Dangers

Dr. Robert Mendelsohn

This Newsletter on the subject of immunizations updates and elaborates on the documented information on vaccine dangers which I have tried to bring to your attention during the past seven years. Those of you who have closely followed the immunization arguments know that the case against vaccines becomes stronger with each passing year. However, I never would have predicted that this issue--which only I and a few others used to regard as controversial--would, within my lifetime, consciously concern millions of American mothers and fathers whose children must be immunized before they can be admitted to school. The controversy escalates--in the media, in AMA meetings, in the pages of scientific journals, and in the minds of the public.

This Newsletter brings to your attention publications of doctors who have recently joined with the opponents of mandatory immunization. It also tries to help those who are unfortunate enough not to live in one of the 21 "loophole" states which allow parents to reject immunization on the basis of personal conviction or belief.

Because of compulsory immunization, some parents have opted out of the school system, turning instead to home schooling. In the words of one mother, "If I'm smart enough not to immunize my kids, I ought to be smart enough not to send them to school." For those of you who feel that school is important, in this Newsletter I offer some opportunities for legal maneuvering within the system.

Since researchers already are hinting that vaccines against chicken pox, gonorrhea, and meningitis are about to appear, I hope my Newsletters on immunizations will immunize you against the promotional efforts which are sure to accompany these new breakthroughs.

Abscesses linked to DPT vaccine

The official publication of the Centers for Disease Control (MMWR, October 1, 1982) carried an article headlined "Group A Streptococcal Abscesses after DTP Immunization--Georgia." The article began, "From July 19 to July 20, 1982, a cluster of severe local reactions with prolonged fever occurred among children immunized with diphtheria-tetanus-pertussis (DTP) vaccine at a private pediatric office in Atlanta, Georgia. Twelve children developed abscesses at the injection site within 2 weeks of vaccination; four of these were hospitalized because of the severity of symptoms or for incision and drainage of their abscesses.

"Group A streptococci were cultured from the abscesses of nine of the 12 children. The remaining three had been on antibiotics for at least five days before being cultured. In addition, two of the hospitalized children had blood cultures positive for Group A streptococcus."

As a word of explanation, the finding of germs such as streptococci in the blood is referred to as "septicemia" or "blood poisoning." Septicemia is a potentially fatal condition.

The children affected had high temperatures, irritability, vomiting, and rash. A subsequent CDC investigation of this group of abscesses "suggests that one multi-dose vial of the lot had been contaminated with Group A streptococci."

This is not the first time this has happened. The CDC publication states, "This is the second cluster of abscesses caused by Group A streptococcus following DTP immunization reported to CDC during the past 18 months. In the other outbreak, seven children developed abscesses after vaccination with DTP vaccine from a different manufacturer."

Q My grandson, who will be four in October, has a nervous twitch that causes him to draw his mouth down while opening his eyes very wide. This action causes the veins in his neck to stand out.

When we took him to the doctor nine months ago, the doctor suggested "Turrets." After a while, the symptoms ceased, but now the condition is back full force. We try to blame it on a nervous habit, but we are afraid.

After seeing you talking about DPT shots on the Phil Donahue show, I began to wonder whether those shots might cause "Turrets." What do you think?--Mrs. J.B.

A When your grandson received the diagnosis of that unusual condition from the doctor, why didn't you ask that doctor to write down the diagnosis for you? Then at least you would have learned that the correct spelling is "Tourette's" syndrome. Had you then done your homework, you would have learned that this neurologic disease involving tics and peculiar speech patterns was named after a 19th century French physician, Gilles de la Tourette. You also would have learned that, for practically 100 years, doctors knew of no cause for Tourette's syndrome. However, in the last decade, Tourette's syndrome has been linked to the administration of Ritalin (methylphenidate), a drug widely used for hyperactive children.

Tourette's and DPT shots

You are the first person who has asked me whether Tourette's (which seems to be increasing in frequency) might also be produced by infant vaccines. Since no-one knows the answer to your question, I recommend that you--an obviously articulate and concerned grandmother--undertake a little research. First, ask your doctor to contact the leading national authorities on Tourette's syndrome to see whether they have investigated such a possible linkage. If not, it should be fairly easy for them to question the parents of children with Tourette's syndrome regarding a possible relationship between the time of immunization and the onset of neurologic symptoms.

Second, you might ask a lawyer to help you contact the growing number of lawyers who now concentrate on malpractice cases involving immunization-damaged children. These legal experts have developed a considerable body of knowledge in this area and may have information about such a linkage.

Let me know if the results of your research produce any association between immunizations and Tourette's syndrome.

Hospitals breed whooping cough

Doctors have been threatening those who reject the whooping cough vaccine with dire predictions that they may contract whooping cough. This really may come to pass if one takes one's child to a hospital.

Eleven years ago, the University of Colorado Medical Center published an article (JAMA, July 17, 1972) entitled "Spread of pertussis (whooping cough) by hospital staff." A resident physician developed whooping cough and, while still in the catarrhal (running nose) phase, he infected two children whom he saw in the outpatient clinic on the same day. This same house officer also infected his wife and a hospital clerk. Intrafamily spread occurred again during this outbreak when the head nurse transmitted whooping cough to her husband.

In a second outbreak, a nurse who made home visits to children with whooping cough developed whooping cough herself and transmitted pertussis to a hospital nurse who attended a graduate course, thus permitting re-entry of the organism into the hospital environment. The Colorado study concludes that "Pertussis is much more common in the hospital environment than is generally appreciated."

Moral of the story: If you hear of any cases of proven whooping cough, carefully check whether the patient has been in contact with anyone who works in a hospital.

Expert says whooping cough doesn't return if shots cease

If the whooping cough vaccine is abandoned, will the disease return? Recently, the Maryland Health Department tried to blame a whooping cough outbreak (41 cases) in that state on television programs which had attacked the pertussis vaccine. In response, J. Anthony Morris, Ph.D., formerly top virologist for the U.S. Division of Biological Standards, analyzed the original data provided by Robert E. Langenecker, Immunization Program Coordinator for the State of Maryland's Department of Health and Mental Hygiene.

Dr. Morris concluded that exactly the opposite was true (copies of Morris' full report are available from P.O. Box 40, College Park, Maryland 20740), pointing out that some of the children who had developed whooping cough were less than two months old, too young to even receive the first injection. Furthermore, 20 cases occurred in children who had received at least one injection of DPT vaccine. Of seven cases of whooping cough that occurred in children over one year of age and in adults, six had received one or more DPT injections; of these six, three had received four vaccine injections. Using the Health Department's own reports, Dr. Morris points out that, in many of these cases, there was not enough clinical evidence (symptoms) to justify the diagnosis, nor was there sufficient laboratory evidence (cultures, etc.) to confirm the diagnosis. Indeed, of the 34 children whose cases were reported, 18 had not even experienced a "whooping" cough.

In Dr. Morris' opinion, only in five of the 41 cases was there sufficient evidence to presume that the diagnosis of whooping cough was correct. Each of these children had received one or more doses of DPT vaccine, one as many as four doses. Thus, far from proving the value of pertussis vaccine, the Maryland "epidemic" raises serious questions about the efficacy of DPT vaccine, while also casting serious doubt on the criteria that were used to reach the diagnosis of whooping cough. These criteria, says Dr. Morris, "have led to seriously flawed conclusions."

Doctors don't take shots

In an article entitled "Rubella Vaccine and Susceptible Hospital Employees: Poor Physician Participation," the Journal of the American Medical Association (February 20, 1981) reported that the lowest vaccination rate for the German measles vaccine occurred among

obstetrician-gynecologists (less than 10 per cent of those known by blood tests to be susceptible). The next lowest rate occurred among pediatricians (less than one-third). The authors concluded that the disappointing vaccination rate of physicians, which also has been shown in other studies, was due to "fear of unforeseen vaccine reactions." House officers were particularly concerned about the Guillain-Barre syndrome, seen with influenza vaccine.

Another doctor attacks compulsory immunizations

The latest physician to join the mounting chorus of voices within medicine opposing the vaccines is a young doctor who received his M.D. from New York University as recently as 1963.

Dr. Richard Moskowitz had previously graduated Phi Beta Kappa from Harvard. After receiving his medical education, he held a Graduate Fellowship in philosophy at the University of Colorado. In addition to his classical medical education, he is a member of the American College of Home Obstetrics and has attended more than 400 home births. An expert in homeopathic medicine, he is a member of the American Institute of Homeopathy.

In Dr. Moskowitz' new publication, "The Case Against Immunization" (available through the National Center for Homeopathy, 1500 Massachusetts Avenue, N.W., Washington, DC 20005), he describes his growing disenchantment with routine immunizations, a disenchantment which began 10 years ago. At first, he felt people had the right to make the choice. Later, he discovered, "I could no longer bring myself to give the injections to children even when the parents wished me to."

Dr. Moskowitz' thoroughly documented treatise points out that some diseases (e.g., measles) have continued to break out, even in highly immunized populations, and while the incidence of measles in the U.S. has dropped sharply, the death rate remains the same (!).

Dr. Moskowitz refers to a scientific publication which describes a recent outbreak of mumps in supposedly-immune schoolchildren. Several children developed vomiting, loss of appetite, and rashes without any involvement of the parotid gland (the gland at the angle of the jaw, usually enlarged in mumps). The diagnosis required extensive blood testing to rule out other diseases. Thus, immunizations have resulted in new diseases such as "atypical measles" and "atypical mumps," diseases often more dangerous than the typical forms of those diseases. Moskowitz speculates that the whooping cough vaccine today is one of the major causes of recurrent fevers of unknown origin (F.U.O.) in small children and that introducing the vaccine directly into the blood--thus bypassing the nose and throat route of natural whooping cough infection--may promote deeper pathology. He reports a case of leukemia which first appeared following a DPT vaccination. This five-year-old boy's family physician--a friend and teacher of Dr. Moskowitz--did not communicate his suspicion of vaccine-related leukemia to the parents, let alone to the general public

Dr. Moskowitz suggests that immunization, instead of protecting us against an acute disease, actually drives the disease farther into the interior of the body, leading to a chronic state in which the body has been "tricked" so that it no longer initiates a responsive defense mechanism: "Since routine vaccination introduces live viruses and other highly antigenic material into the blood of virtually every living person, it is difficult to escape the conclusion that a significant harvest of auto-immune disease must automatically result...then what we have done by artificial immunization is to trade off our acute, epidemic diseases of the past century for the far less curable chronic diseases of the present."

Doctors aren't the only critics of immunizations. An anonymous lay person, writing under the pseudonym, Elben, has published an almost 500-page book entitled, "Vaccination Condemned" (Better Life Research, P.O. Box 42002, Los Angeles, CA 90042, $12.50). The most significant feature of this book is an extensive presentation of more than 100 years' historical opposition to immunizations.

Immunization fight heats up

Now that millions of Americans are becoming aware of the dangers of immunizations (particularly, but not exclusively DPT), a counterattack is being launched against those who have pointed out those dangers. While some doctors now are admitting that immunizations may cause mental retardation, cerebral palsy, and other forms of brain damage, they concurrently are saying that the incidence of these complications is so low that the benefits of the immunizations outweigh the risks. They claim that epidemics of whooping cough, polio, and other diseases will return if people reject immunization.

Meanwhile those who have critized immunizations are continuing their attacks. A new booklet, "Vaccinations and Immune Malfunction," written by Harold E. Buttram, M.D., and John Chriss Hoffman (The Humanitarian Publishing Co., Quakertown, PA 18951, 1982) reinforces the same company's earlier publications ("The Dangers of Immunizations" and "How to Legally Avoid Unwanted Immunizations of all Kinds").

While vaccine enthusiasts claim that vaccinations enhance one's immunity, the above authors conclude, "The real danger appears to be an indirect effect with impairment of the immune system." Vaccinations lower the body's resistance, but since this effect (malfunctioning of the immune system) often is delayed, indirect and masked, its true nature is seldom recognized.

During Congressional hearings investigating immunizations, Dr. J. Anthony Morris characterized the testimony of the vaccine enthusiasts as "either misleading, self-serving, or both." The transcript of these hearings (the May 7, 1982 hearings were chaired by Senator Paula Hawkins; transcripts available from her, c/o Senate Office Building, Washington, DC), contains statements from proponents of these vaccines, from opponents, and from parents whose children have been damaged.

On Thursday, September 15, I gave a public lecture in Little Rock, Arkansas. That same morning, the Arkansas Democrat had carried a story about six-year-old Justin Douglas Cook of Pine Bluff, Arkansas, who was excluded from first grade because his mother had refused to let him be immunized. She had objected because of problems that had occurred after DPT shots given when Justin was a baby. The Health Department had granted a waiver on the DPT series of shots, but the department insisted that Justin receive vaccines against measles, rubella, and polio. Mrs. Cook maintained, "If they can't tell me, in writing, that he will not go into a coma or die after the shots, I don't want him to have it."

Since the audience to which I spoke was keenly interested (as are audiences I speak to around the country) in the immunization controversy, I mentioned the story to them, pointing out how fortuitous it was for me to be in Little Rock at that particular time. Several members of the audience then told me that, after the article had appeared that morning, television news had carried reports that Mrs. Cook had taken her child

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to school. She had confronted the principal in his office and then had marched into the child's classroom, sitting down with him and challenging the school administration to remove her by force.

I expressed my admiration for this courageous mother who stood up for her rights--even at the cost of considerable embarrassment to her child--and I added that since this was the first time I had heard of any parent accompanying a child into the classroom to protest compulsory immunization, Arkansas may well be setting a national precedent. (For a moment, my mind flashed back two decades to another school confrontation in Arkansas when then-Governor Orval Faubus tried to block the entry of black children into school.)

When several parents in my audience stood up and pledged that they were going to take the same action as Mrs. Cook with their own children, I suddenly realized that all my efforts to help unimmunized children enter school (serving as an expert witness in legal actions, making media appearances, writing books, newsletters and my syndicated column, writing letters of exemption), were not nearly as powerful as the determined action of a parent who physically accompanied her child into the classroom.

Just before writing this Newsletter, I telephoned reporter Larry Sullivan of the Arkansas Democrat for an up-to-date report. He told me that Mrs. Cook again had appeared in the classroom with her child on Friday and that the child had remained in school all day Thursday and all day Friday. He predicted that the next confrontation would occur Monday (tomorrow) when the school superintendent returns from vacation. I passed the news of this sit-in on to my friends on the staff of the Phil Donahue television show, and I will keep you informed on what may well turn into an historic confrontation.

A new booklet, "Dangers of Compulsory Immunizations: How to Avoid them Legally," written by Florida attorney Tom Finn (Family Fitness Enterprises, Inc., P.O. Box 1658, New Port Richey, Florida 33552, $5.95), provides concise, authoritative, and easily understandable directions for parents who have decided against immunizing their children. Uniquely qualified by a major victory in immunization litigation, Finn has written a book which is important not only to patients but also to every doctor who vaccinates patients.

Other lawyers who also are experienced in immunization cases include: James Filenbaum, Nanuet (Rockland County), New York; Robert Kaufman, Gaylord, Michigan; Allen McDowell, Chicago, Illinois; Clifford Neumann, Boulder, Colorado.

Legal experts are handling hundreds of cases of children who allegedly have been damaged by DPT (cerebral palsy, mental retardation, epilepsy). A new organization, Dissatisfied Parents Together (Barbara Fisher, Box 563, 1377 K Street, N.W., Washington, DC 20005), has been created.

The 21 "loophole" states which allow parents to reject immunizations on the basis of personal objection are: California, Colorado, Idaho, Indiana, Iowa, Louisiana, Maine, Michigan, Minnesota, Missouri, Montana, Nebraska, North Dakota, Ohio, Oklahoma, Pennsylvania, Rhode Island, Utah, Vermont, Washington, and Wisconsin.

If you didn't read the American Medical Association News of July 16, 1983, here's what you missed: According to this publication, "A confrontation between syndicated columnist Robert Mendelsohn, M.D., and the director of the American Academy of Pediatrics unexpectedly enflamed a report on pediatric immunization at the American Medical Association Annual Meeting.

"Dr. Mendelsohn made a surprise appearance before a reference committee to state his widely published views that vaccinations, particularly for pertussis, should be halted pending further research."

At this AMA meeting, the AAP Executive Director had tried to personally insult me after I made my statement. However, my fellow medical school alumnus, Joe Skom, M.D., past president, Illinois Medical Society, came to my defense, recollecting that I had been his children's pediatrician and pointing out that, while he did not agree with my views on immunization, he objected to the ad hominem attack on me. Nor did the AMA's Council on Scientific Affairs agree with me. After conceding that "Some pediatricians agree, at least in part, with his (Dr. Mendelsohn's) assessment and do not administer the pertussis vaccine," the Council solemnly declared: "These physicians are ignoring the lessons of the past."

At the end of the discussion, I thanked the chairman for giving me the opportunity to speak out in front of the American Medical Association. I pointed out that I have been a dues-paying member of the AMA for 31 years. The chairman responded, "Dr. Mendelsohn, continue to pay your dues and you may continue to speak."

Polio cases all vaccine-associated

Of the twenty-one cases of paralytic polio which occurred in this country in 1982 and 1983 (MMWR Report, Centers for Disease Control, November 16, 1984), all were vaccine-associated. In other words, the only way one can get polio in this country today appears to be to receive the vaccine or to stand close to someone who recently had the vaccine.

Eight of the reported cases occurred among vaccine recipients. Seven of these recipients were two to four months old and had received only the first dose of the vaccine. Six cases occurred among household contacts with vaccine recipients. Five were parents of first-dose recipients, and one was a four and-a-half month old unimmunized sibling. Two of the stricken parents had not been immunized against polio; the remaining three all had been partially immunized. Three cases occurred among non-household contacts of vaccine recipients. Two of these were children; one had contact with a playmate who had received his third vaccine dose, and the other had contact with a babysitter's child who had received her second vaccine dose. One 31-year-old unimmunized man had contact with a nephew who had received his first vaccine dose.

The CDC points out that the nature of paralytic polio in this country now has changed to include a substantial proportion of vaccine-associated cases. Indeed, 1982 and 1983 were the first years in which all reported cases of paralytic polio were vaccine-associated.

"Because the number of susceptible vaccine recipients or contacts of recipients is not known," reads the report, "the true risk of vaccine-associated poliomyelitis is impossible to determine precisely." In other words, no one knows exactly what the risk is.

Therefore, if your doctor wants to give your baby or your child the polio vaccine, ask him to look up your records and those of other family members to determine whether you were fully vaccinated against polio.

If the records reveal that some family members were incompletely vaccinated, or were not vaccinated at all, or if no records are avail-

able, the doctor then may recommend that those relatives receive the polio vaccine. If so, you can point out to the doctor that the oral polio vaccine has not been used in people over 18 years of age because, since its introduction decades ago, some recipients--almost all over 18 years old--developed polio after vaccination.

Indeed, the American Academy of Pediatrics recommends that administration of live (Sabin) polio vaccine should be avoided for all adults "except under special circumstances." The AAP advises that individuals 18 years and older should receive only the Salk (inactivated) polio vaccine "if any polio protection is necessary."

If the doctor recommends that the unvaccinated family members receive the Salk vaccine, make sure he is not using those lots which recently have been recalled for lack of effectiveness. Also, ask him if he doesn't feel that your child's oral polio vaccine should be withheld until you and all other susceptible family members have received those Salk shots.

In addition to the questions you must ask your doctor, you probably should carefully check out each babysitter to determine whether her child (children) have recently received the polio vaccine.

In case these precautions begin to overwhelm you, remember that natural paralytic polio seems to have disappeared in this country (either because of the vaccine or all by itself). Therefore, the only source of paralytic polio in the U.S. today is the polio vaccine.

the People's Doctor
A MEDICAL NEWSLETTER FOR CONSUMERS
by Robert S. Mendelsohn, MD

VOL.8, NO. 12

IN THIS ISSUE:

More Anti-Vaccine Arguments

Dr. Robert Mendelsohn

Older folks sometimes question why I devote so much space to immunizations. There are at least four reasons:

1) Those who are grandparents and great-grandparents share some responsibility for the health of their grandchildren.

2) Older folks who have certain diseases which usually are attributed by doctors to the aging process may be interested in such other possible causes for their conditions as immunizations given to them decades earlier.

3) The scientific, political, and economic insights gained from the controversies surrounding immunizations may further one's understanding of other controversial issues in medicine.

4) Some of you may be participating directly--as judges, lawyers, and jurors--in present and future legal battles on behalf of parents who are fighting to keep their children from being immunized, as well as legal battles to compensate children (and some adults) who were damaged by immunizations.

Q Ever since my daughter was born almost three years ago, I have been compiling an extensive file on the pros and cons of vaccinations. So far, she remains unimmunized, but one serious worry remains in my mind. Should she be immunized against tetanus? Most anti-vaccination people seem to feel that the tetanus shot is the lesser of two evils--I am told that tetanus germs are everywhere.

I realize you have changed your advice from pro-tetanus for everyone to only for farm dwellers, and we do not live on a farm. If I choose not to vaccinate my child, what if she winds up in a hospital emergency room badly cut or with a puncture wound?--M.H.

A *Are tetanus shots necessary?*

You have every right to closely question me on the tetanus vaccine, since that was the last vaccine I abandoned. It wasn't hard for me to give up vaccines for whooping cough, measles, and rubella because of their disabling and sometimes deadly side effects. The mumps vaccine, a high-risk, low-benefit product, struck me and plenty of other doctors as silly from the moment it was introduced. Arguments for the diphtheria vaccine were vitiated by epidemics during the past 15 years which showed the same death rate and the same severity of illness in those who were vaccinated vs. those who were not vaccinated. As for smallpox, even the government finally gave up that vaccine in 1970, and I gave up on the polio vaccine when Jonas Salk showed that the best way to catch polio in the United States was to be near a child who recently had taken the Sabin vaccine. But the tetanus vaccine exercised a hold on me for a much longer time.

As you point out, I gave up belief in this vaccine in stages. For a while, I still held onto the notion that farm families and people who work around stables should continue to take tetanus shots. But in spite of my early indoctrination with fear of "rusty nails," in recent years, I have developed a greater fear of the hypodermic needle. My reasons are:

1) Scientific evidence shows that too-frequent tetanus boosters actually may interfere with the immune reaction.

2) There has been a gradual retreat of even the most conservative authorities from giving tetanus boosters every one year to every two years to every five years to every 10 years (as now recommended by the American Academy of Pediatrics), and according to some, every 20 years. All these numbers are based on guesses rather than on hard scientific evidence.

3) There has been a growing recognition that no controlled scientific study (in which half the patients were given the vaccine and the other half were given injections of sterile water) has ever been carried out to prove the safety and effectiveness of the tetanus vaccine. Evidence for the vaccine comes from epidemiologic studies which are by nature controversial and which do not satisfy the criteria for scientific proof.

4) The tetanus vaccine over the decades has been progressively weakened in order to reduce the considerable reaction (fever and swelling) it used to cause. Accompanying this reduction in reactivity has been a concomitant reduction in antigenicity (the ability to confer protection). Therefore, there is a good chance that today's tetanus vaccine is about as effective as tap water.

5) Until the last few years, government statistics admitted that 40 percent of the child population of the U.S. was not immunized. For all those decades, where were the tetanus cases from all those rusty nails?

6) There now exists a growing theoretical concern which links immunizations to the huge increase in recent decades of auto-immune diseases, e.g., rheumatoid arthritis, multiple sclerosis, lupus erythematosus, lymphoma, and leukemia. In one case, Guillain-Barre paralysis from swine flu vaccine, the relationship turned out to be more than just theoretical.

Risks of tetanus vaccine

In preparing my courtroom testimony on behalf of a child who allegedly was brain-damaged as a result of the DPT (diphtheria, pertussis, tetanus) vaccine, I reviewed the prescribing information (package insert) for the Connaught Laboratories product which was administered to this child. The 1975 and 1977 package insert information which measured seven-and-a-half inches long listed three scientific references in support of the indications, contraindications, warnings, cautions, and adverse reactions to this vaccine. By 1978, the length of the insert had grown to 13 1/2 inches, and the number of scientific references had increased to 11. By 1980, the package insert was 18 inches long, and the references numbered 14. Of those newly-added references, seven (three from U.S. medical journals and four from foreign medical journals) dealt specifically with reactions to the tetanus DPT portion of the (toxoid) vaccine.

An article in the Archives of Neurology (1972) described brachial plexus neuropathy (which can lead to paralysis of the arm) from tetanus toxoid Four patients who received only tetanus toxoid noticed the onset of limb weakness from six to 21 days after the inoculation. A 1966 article published in the Journal of the American Medical Association reports the first case of "Peripheral Neuropathy following Tetanus Toxoid Administration." A 23-year-old white medical student received an injection of tetanus toxoid into his right upper arm after an abrasion of the right knee while playing tennis. Several hours later, he developed a wrist drop of his right hand. He later suffered from complete motor and sensory paralysis over the distribution of the right radial nerve (one of the major nerves innervating the arm and hand). One month later, no residual motor or sensory deficit could be found.

Reference is made to an article in the Journal of Neurology, 1977, entitled "Unusual Neurological Complication following Tetanus Toxoid Administration." The author reports a 36-year-old female who received tetanus toxoid in her left upper arm following a wound to her finger. Five days later, she noticed a weakness first of the right, and then of the left arm and later of both legs. She complained of dizziness, instability, lethargy chest discomfort, difficulty in swallowing, and inarticulate speech. She staggered when she walked, and she could take only a few steps. Her EEG showed some abnormalities. After a month, she was discharged without neurologic disturbance, but she continued to feel weak and anxious. Examinations during the next 11 months showed continued emotional instability and some paresthesias (numbness and tingling) in the extremities. The medical diagnosis was "a rapidly progressing neuropathy with involvement of cranial nerves, myelopathy, and encephalopathy."

The Journal of Allergy and Clinical Immunology, 1973, carried an article entitled "Hypersensitivity to Tetanus Toxoid," and in a volume entitled "Proceedings of the II International Conference on Tetanus" (published by Hans Huber, Bern, Switzerland, 1967), an article appeared entitle "Clinical Reactions to Tetanus Toxoid."

A 44-year-old article in the Journal of the American Medical Association (1940) was entitled "Allergy Induced by Immunization with Tetanus Toxoid." That same year, an article in the British Medical Journal reported on "Anaphylaxis (a form of shock) following Administration of Tetanus Toxoid." In 1969, a German medical journal reported a case of paralysis of the recurrent laryngeal nerve (the nerve to the voicebox) after a booster injection of tetanus toxoid. The patient developed hoarseness and was unable to speak loudly, but the nerve paralysis subsided completely after approximately two months.

Should your doctor reassure you that tetanus vaccine is completely safe, or that "the benefits outweigh the risks," or that you should have a shot "just in case," why not share these citations with him?

DPT and SIDS

A study from UCLA's School of Medicine linking DPT vaccine to sudden infant death appeared in the journal Pediatric Infectious Disease (January 1983). Conducted by Larry Baraff, M.D., and co-workers, this is the third major research project which links childhood immunizations, and more specifically, the whooping cough (pertussis) component, to crib deaths.

As far as the other two studies are concerned, in 1979 I reported to you the work of Robert Hutcheson, Director of Epidemiology of Tennessee's State Department of Public Health. Dr. Hutcheson statistically associated Wyeth's DPT vaccine with sudden infant death. In June 1982, the work of Nevada's William Torch, M.D., established the same relationship.

The latest study of Dr. Baraff, carried out together with the Los Angeles County Health Department, found that 53 of 145 SIDS (Sudden Infant Death Syndrome) victims whose families were interviewed had received a DPT immunization. Of these 53, 27 had received this immunization within 28 days of death. Six of these 27 deaths occurred within 24 hours of DPT immunization, and 17 occurred within one week of immunization. The most striking finding of this study was that no deaths occurred in the fourth week following immunization. The authors conclude that "The excess of deaths in the 24 hours and first week following immunization and the absence of deaths in the fourth week following immunizations were all statistically significant." They call for more studies to substantiate their findings, despite the fact that this is already the third investigation, and all three have pointed in the same direction.

Since sudden infant death is one of the major causes of mortality in the pediatric age group (approximately one in 600 live births), every parent must take immediate action to protect his own child from becoming a DPT/SIDS statistic. Therefore, when your doctor tells you it's time for your baby to get a DPT shot, ask him if he has carefully read the studies of Hutcheson, Torch, and Baraff. Ask him what he thinks of the last sentence in the Baraff study which suggests that "If further studies substantiate our findings, it seems prudent to consider rescheduling DPT immunization until after the period of highest risk of SIDS, i.e., the latter half of the first year of life." Ask your doctor if he might even go as far as Dr. Mendelsohn and junk DPT altogether. Or more significantly, ask him if he's giving DPT shots to members of his own family. Finally, if you have friends or relatives who have lost a baby to SIDS and who were told by their doctors that the cause of SIDS is "unknown," encourage them to get a copy of their doctor's records in order to determine the exact time relationship between DPT immunization and death.

Pennsylvania doesn't require pertussis vaccine

The laws requiring mandatory immunization for school entry are becoming curiouser and curiouser. When I recently appeared on a Pittsburgh TV station to discuss the hazards of immunizations, a list was displayed which gave the vaccines required before a child can enter school in the State of Pennsylvania. Surprisingly, whooping cough (pertussis) was not on the list.

On my return to Chicago, my editor, Vera Chatz, telephoned the State of Pennsylvania Department of Public Health in Harrisburg to check out this information. She confirmed that, while the whooping cough vaccine is "recommended" for children at earlier ages, it is not required for school entry.

Mrs. Chatz then called out own Illinois State Department of Public Health and discovered that the pertussis vaccine is required for school entry, but is not required after the age of six because everyone agrees that this vaccine is too dangerous to use after age six. She therefore logically asked, "If my child has never received the whooping cough vaccine, why not wait until his sixth birthday to start him in school?" The man at the other end laughed and replied, "I guess you're right."

What do we learn from this? First, we learn there is apparently quite a significant variation from one state to the next, even in those 28 states which have no shots/no school laws. Therefore, if a dispute should arise about vaccinations between you and the school your child attends, you must immediately contact your own state department of public health and ask (in writing, if necessary) for their exact rules.

Second, if your doctor insists that your little infant must receive the DPT vaccine or he will be unable to enter school later in life, ask him (if you live in Pennsylvania, or other states with similar regulations) whether he is aware that the pertussis component of DPT vaccine is not, repeat not, required for school entry.

Your doctor then may retreat to a fallback position on DPT (since there is general agreement among doctors that the whooping cough component is certainly the vaccine most likely to cause severe neurological damage such as epilepsy, cerebral palsy, and mental retardation), telling you that he will give your child only DT vaccine. At that point, instead of quietly acquiescing, take this opportunity to ask your doctor for the readily available information (e.g., included in the package insert of Connaught Laboratories vaccine) which documents the short- and long-term risks of the tetanus component.

Q When our seven-month-old daughter received her first DPT shot three months ago, she ran a fever that peaked at 100.8. She became very fussy and cried off and on, sleeping between her cries. She would wake and cry and jump at the slightest touch or movement. Occasionally, she jumped and cried without any known cause. On the next day, she was her usual self.

After hearing about her reaction, the doctor wants to divide the next DPT shot, giving half the dosage one week and the other half two weeks later. What do you think is best for our baby?--Mr. & Mrs. J.C.

A Your doctor was wise to withhold the next full DPT shot after you reported your child's reaction to the first shot. Although quite a few doctors recommend divided doses of DPT vaccine, there never has been a scientific study which proves that divided doses are less likely to result in catastrophic neurological reactions (cerebral palsy, mental retardation, convulsions, sudden infant death, etc.) than are full doses. So return to your doctor, and ask him to provide the evidence which supports his advice.

Dividing DPT dosage

$10 million polio vaccine judgement

Those of you who still are enthusiastic about the polio vaccine should know that a Wichita, Kansas, jury awarded $10 million to a father who contracted polio after his infant daughter was vaccinated against the disease with Orimune, the live oral polio vaccine manufactured by Lederle Laboratories. This verdict, reported in the National Law Journal, June 18, 1984, is the largest verdict thus far in the product liability suits involving Orimune.

The father, Emil Johnson, first showed symptoms of polio 10 to 12 days after his child was immunized. Since then, he has suffered from irreversible bulbar poliomyelitis paralyzing his lungs. He can barely walk across a room before he keels over.

The jury found that Orimune was marketed without adequate warnings of its risks and found Lederle negligent in failing to warn that non-immunized people (Johnson had never been immunized) faced an increased risk of contracting polio by coming into contact with anyone who had received the oral vaccine.

Johnson's lawyers based their case on an interoffice memo written by a Lederle doctor that discussed "the possibility of reduced Orimune sales if the company took steps to inform doctors of the risks associated with administering the drug."

The son of polio vaccine developer Jonas Salk, Dr. Darrell Salk of the University of Washington Medical School, testified on behalf of Johnson. The younger Salk advocated a return to his father's vaccine, a killed virus vaccine given by injection. Dr. Salk said he is aware of 16 pending lawsuits involving Orimune, but Lederle declined to reveal how many cases have been brought against them.

We now have the opportunity to watch the Doctors Salk attack the Sabin vaccine. In previous years, Doctor Sabin attacked the Salk vaccine. I think they're both right.

Pediatricians attack DPT

More pediatricians have joined in attacking DPT vaccine. First, pediatrician-immunologist Kevin Geraghty, M.D., of El Cerrito, California, conducted a major study which linked that immunization to Sudden Infant Death Syndrome.

Now pediatrician Mark Thoman, M.D., head of the American Academy of Clinical Toxicology reports (Veterinary and Human Toxicology, August, 1984) that we are seeing more reactions from DPT today than a few years ago. He states: "The reason for this is that until almost 15 years ago, there was a

pharmaceutical manufacturer that had approximately 50 percent of the market with fewer reactions." The preparation of this manufacturer yielded a purer vaccine (known as a split-cell vaccine) with fewer reactions, both mild and serious.

This company wanted to get out of the vaccine business, and its rights and patents were picked up by another manufacturer who had been using the older "whole-cell" method of preparation. According to information obtained by Dr. Thoman (1426 Woodland, Des Moines, IA 50309), "The newer, safer vaccine was never used! Instead, the older reactogenic form was continued."

Dr. Thoman gives a very careful checklist of contraindications to DPT including neurological history, previous reactions (yes, even mild ones), strong history of convulsions or SIDS in the family, etc. He points out that the split-cell vaccine is being used in different parts of the world but is not available in the United States. He asks: "Isn't it ironic that we require or recommend immunizations in order to start school only to, in some cases, compromise some of the children by the very method we are using to supposedly protect them?"

Speaking to his fellow doctors, he concludes, "Perhaps we could be reminded of the concept that many of us learned during our training... primum non nocere...Above all, let's do no harm!"

Add this safer whooping cough vaccine to the growing list of medications (Laetrile included) that can only be obtained by crossing a border or an ocean.

Another M.D.'s opinion

As the immunization controversy heats up, many pediatricians have lined up in support of vaccines. On the other hand, critics of immunizations now have been joined by one of the giants in American medicine, the Cleveland Clinic's eminent surgeon, George Crile, Jr., M.D.

In a letter he wrote me after he participated with me and eight other medical authorities in a conference on "Dissent in Medicine," Dr. Crile commented: "I was very much interested in your Newsletter [Vol. 2, No. 4]. In the first paragraph, you state that some of these viruses could be molecules in search of diseases, and I absolutely agree. I think that the live vaccines in all are very dangerous. I remember Dr. Owen Wangensteen [the Mayo Clinic's renowned surgeon], who was an old man when he had his, nearly died as the result of neurological complications from that immunization. I would never have one. I think you are completely right about the whooping cough vaccine. The symptoms it produces seem to be more serious than the disease, and I am very much interested in whether the current epidemic of hyperactivity in children could have its origin in the measles vaccine. Certainly that should be looked into. I think that vaccinating with living viruses is almost by definition dangerous... Do you remember when the polio vaccine first came out? They had been using the live vaccine abroad for two or three years, but it was held up and was not allowed to be imported here until Salk could perfect his killed vaccine, and then we went right back and used the live one. Well, I think that the Salk vaccine, being a killed vaccine is safe, and now that the incidence of disease is way down, we could go back to that."

It will be interesting to see how other medical authorities, in fields other than pediatrics, now line up on the immunization issue.

Wyeth halts DPT manufacture

In June, 1984, Wyeth Laboratories, one of the most distinguished pharmaceutical companies in the country, gave up the manufacture and distribution of DPT vaccine. This then left only two commercial producers

(of the original 17) of this injection designed to prevent diphtheria, whooping cough and tetanus--Lederle Laboratories here in the U.S., and Connaught Laboratories from Canada.

My first reaction to the Wyeth decision was delight that the American system of free enterprise was working. Faced with the loss of millions of dollars as a result of legal action by parents of vaccine-damaged children, the drug manufacturers had increased the price of the vaccine tenfold. As judges and juries throughout the country have had the opportunity to carefully listen to and deliberate on the vaccine controversy, increasing numbers of children who suffer from convulsions, epilepsy, mental retardation, cerebral palsy, and other forms of neurologic damage are receiving the financial compensation to which they are justly entitled. Now, the true cost of vaccines is becoming known not only to the manufacturers, but to the American public at large.

I could hardly wait for Connaught and Lederle to follow Wyeth's example so that the DPT controversy would be clearly settled by the law of supply and demand: No vaccine available because no one wants it.

However, on second--and more sober--thought, another, more sinister scenario seems possible. What if Connaught and Lederle do indeed throw in the towel, leaving the U.S. without a supply of DPT? (Connaught Laboratories has withdrawn from manufacturing DPT vaccine--and then there was one.) Won't the top vaccine cheerleaders--the Centers for Disease Control and the American Academy of Pediatrics--immediately predict the return of those diseases?

Indeed, an epidemic of whooping cough in this country had already been invented. But, thanks to former top government virologist J. Anthony Morris, Ph.D. (and the honest editors of the Maryland State Journal who in 1983 published his analysis), the so-called "epidemic" turned out to consist almost exclusively of three categories:

1) bacteriologically unproven cases

2) children under two months of age and thus not even eligible for DPT and

3) cases in children who were completely immunized.

This kind of careful analysis conceivably should scotch such episodes of "creative diagnosis" in the future.

But if this strategy of vaccine-pushers were to go into operation, the American public might well panic and put enough pressure on Congress to rush through legislation which immunizes the manufacturers, just as they did with the ill-fated swine flu vaccine program of the mid-70's. For those of you who don't remember, the vaccine manufacturers refused to produce that material unless the government assumed liability for damage. The doctors, especially those at the Centers for Disease Control, whipped the public into a frenzy of fear, and the government caved in. Of the 80 million people (led by President Gerald Ford) who rolled up their sleeves to receive shots for an epidemic which never occurred, thousands now are paralyzed by Guillain-Barre syndrome. It is you and I, as taxpayers, and not the vaccine manufacturers, who are paying the cost.

I recommend that every reader of this Newsletter:

1) Learn about whooping cough, a very difficult disease to definitely diagnose and one which is easy to confuse with other diseases. Pertussis may look like little more than the common cold, or it may show the full-blown picture of whooping, vomiting and respiratory distress.

2) Learn about the contraindications and adverse reactions to the vaccine.

3) If your doctor claims that you or your child has whooping cough, make sure that he carries out the proper laboratory tests, including special culturing techniques and blood tests.

American physicians, as well as drug manufacturers, have been enraged at the failure of a bill proposed by Florida Senator Paula Hawkins which is piously described as "compensation for vaccine-damaged children." If that were indeed the case, why haven't doctors pushed such legislation during the past 40 years? Why did it take media disclosures

educating members of the public (who legitimately responded by going to the courts) to spur doctors to belatedly run to government? No, the real motivating force behind the Hawkins bill is to protect the doctors and the manufacturers. Indeed, that bill may well limit the compensation to damaged children.

If your local newspapers are not carrying details of this latest attempt to shift to the taxpayers a responsibility which traditionally has been assumed by business, you may contact former top government virologist J. Anthony Morris, Ph.D. (P.O. Box 40, College Park, MD 20740), who together with attorney Robert Kaufman of Gaylord, Michigan, is spearheading the effort to keep the liability for this vaccine, whose dangers are increasingly being recognized, right where it belongs--with the companies who make the vaccine and the doctors who administer it.

Until 1983, pediatricians did not inform parents of the risks of immunization. Then, as a result of media exposure, they admitted that one in a million children might be damaged by the vaccines. And what are their latest statistics? United Press quotes James Strain, M.D., president of the American Academy of Pediatrics: "Our main concern is with the pertussis (whooping cough) vaccine. One in 3,000 doses causes permanent injury to a child." Quite a precipitous drop from one in a million!

Also, until recently, the Academy showed little concern about vaccine-damaged children, regarding such cases as the inevitable price that must be paid (by the damaged child and his parents) for the protection of the entire population. Now, the Academy is showing some concern, and it wants tax dollars rather than vaccine manufacturers' insurance or profits to be used to compensate parents for death, loss of income, and medical care of the child. The benevolent pediatricians even are somewhat concerned with the child's pain and suffering, recommending that compensation for this item be granted "to a limited extent."

In the same UPI article, another Academy priority was noted--their fight against the "Baby Doe" rules that forbid hospitals and doctors to withhold food or medical care from handicapped infants. Dr. Strain said the Academy proposed a "bioethical committee representing society, disabled people, perhaps clergy." (Emphasis mine.)

He continues, "The government should not involve itself in the ethical dilemma..."

I can understand the traditional resentment pediatricians feel towards government, but one wonders why pediatricians hesitate to involve clergy in a committee that deals with ethical questions.

Rubella update

The latest recommendations from the Centers for Disease Control (Journal of the American Medical Association, July 12, 1984) contain a few interesting lines. First let me tell you the bad news and then the good news about rubella vaccine-induced arthritis. The bad news is that up to 40 percent of those vaccinated in the large-scale field trials suffered joint pain (arthralgia). The good news is that less than two percent developed frank arthritis.

Second, in its zeal to completely eliminate rubella, the CDC now recommends that "proof of rubella immunity for attendance at day care centers should be required and enforced. Licensure should depend on such requirements...Vaccination should be extended to include all post-abortion settings...Should become routine before discharge from a hospital for any reason...Vaccines should be offered to adults any time contact is made with the medical system...Consideration should be given for making rubella immunity a condition of employment...Immunity should be required for

attendance for both male and female (college) students."

The CDC explains its drive for enforcement by saying, "Less rigorous approaches, such as voluntary appeals for vaccination, have not been effective..."

Tough guys, those government docs. Perhaps they should be transferred to the State Department to conduct diplomatic relations with the Russians.

Q What is your opinion of the increasing number of vaccines being required for dogs and cats? Our 30-year-old son has never had a shot, and he is healthy. I want the same for my pets, yet the powers that be make that very difficult.--E.W.

A *Vaccine for animals*

My good friend Tom Brewer, M.D., author of "What Every Pregnant Woman Should Know" (Random House, $8.95), is fond of pointing out that animals often get better medical care than do human beings. For example, a dairy farmer never would restrict the salt intake or arbitrarily limit the weight gain of a pregnant cow the way obstetricians have been carrying out such practices in pregnant humans.

While I believe that modern doctors have a lot to learn from veterinarians, perhaps when it comes to immunizations, veterinarians can learn something from such doctors as Richard Moskowitz, M.D. In recent years, Dr. Moskowitz, who specializes in homeopathic medicine, has publicly raised the possibility that the increasing number of vaccines (particularly live virus vaccines) decades later may be responsible for the production of such auto-immune diseases as rheumatoid arthritis, multiple sclerosis, Guillain-Barre paralysis and certain tumors.

Since animals have immune systems that are not too different from those of humans, ask your veterinarian if any research has been done on the danger of vaccines to pets, comparable to the research showing the dangers of vaccines to humans.

Another View

by Marian Tompson

Richard Moskowitz, M.D., graduated Phi Beta Kappa from Harvard University, received his M.D. from New York University's medical school, and teaches homeopathic medicine at the National Center for Homeopathy in Washington, D.C. Although the lecture he recently gave on immunizations will be published in its entirety in the "Dissent in Medicine" volume (Spring, 1985, Contemporary Books), let me now share with you Dr. Moskowitz's lucid explanations between the difference in naturally acquired immunities and what he (and others) suspects happens when we try to provide that immunity with a vaccine.

"For the last 10 years or so," began Dr. Moskowitz, "I have really felt a deep and growing compunction against giving routine immunizations to children. At first, I basically believed, and still believe, that people have the right to choose for themselves. But soon I discovered I just was not able to give the shots, even when the parents wished me to..

"We all know that measles is a disease of the respiratory tract, primarily. It is inhaled primarily by the susceptible person on contact with the infected droplets produced by coughing and sneezing of the person with the disease. Once inhaled, it undergoes a long period of silent multiplication inside the tonsils, the adenoids, the accessory lymphoid tissues, the pharynx. Then it goes to the regional lymph nodes of the head and neck and eventually, several days later, into the blood, entering the spleen, liver, the thymus and the bone marrow--what you might call the visceral organs of the immune system. This incubation period lasts 10 to 14 days, and by the time the first symptoms of the measles appear, you begin to see circulating antibodies in the blood. At the height of the illness, when the child is sneezing and coughing

and his eyes are running, we have the peak of the antibody response. In other words the 'illness' that we see is precisely the definitive effort of the immune system to clear the virus from the blood, which it does by sending it out exactly the same way that it came in. When a child recovers from the measles, you have true immunity. That child will never, never again get the measles no matter how many epidemics he is exposed to. [Earlier in the speech, Dr. Moskowitz cited repeated findings that booster shots have no effect on someone who has been vaccinated against measles and is no longer immune. Such a booster shot, he says, does not restimulate the immunity.] Furthermore you have the sense that that person will respond vigorously and dramatically to whatever infectious agents he is exposed to. The side benefit of that disease is a nonspecific immunity that charges or primes his immune system so that it can better respond to the subsequent challenges that it is going to meet in the future.

"Now by contrast, when you take an artificially attenuated measles vaccine and introduce it directly into the blood and bypass the portal of entry, there is no period of sensitization of the portal of entry tissues. There is no silent period of incubation in the lymph nodes. Furthermore the virus itself has been artificially weakened in such a way that there is no generalized inflammatory response. By tricking the body in this way, it seems to me that we have done what the entire evolution of the immune system seems to be designed to prevent. We have placed the virus directly and immediately into the blood and given it free and immediate access to the major immune organs and tissues without any obvious way of getting rid of it. The result of this, of course, is the production of circulating antibodies which can be measured in the blood. But that antibody response occurs purely as an isolated technical feat, without any generalized inflammatory response or any noticeable improvement in the general health of the organism. Quite the contrary, in fact. I believe that the price we pay for those antibodies is the persistence of virus elements in the blood for long periods of time, perhaps permanently, which in turn presupposes a systematic weakening of our ability to mount an effective response not only to measles but also to other infections. So, far from producing a genuine immunity, if what I am saying is correct, the vaccine may act by actually interfering with or suppressing the immune response as a whole in much the same way as radiation and chemotherapy, corticosteroids and other anti-inflammatory drugs do.

"We already have adequate models from our study of experimental virology to show us what sorts of chronic disease are likely to result from chronic long-term persistence of viruses and other proteins within cells of the immune system. We know that live viruses are capable of surviving or remaining latent within host cells for years without continually provoking acute disease. They do this by attaching their own genetic material to the cell, an extra piece of genetic material. They replicate along with the cell. That allows the host cell to continue its normal functioning but continuing to synthesize the viral protein. Latent viruses produce various kinds of diseases. Because the virus is now permanently incorporated within the genetic material of the cell, the only appropriate immunological response is to make antibodies against the cell, no longer against the virus.

"So it is my feeling," concludes Dr. Moskowitz, "that immunizations promote certain types of chronic diseases. And far from providing a genuine immunity, the vaccines are actually a form of immunosuppression."

the People's Doctor
A MEDICAL NEWSLETTER FOR CONSUMERS
by Robert S. Mendelsohn, MD

VOL. 9, NO. 6

IN THIS ISSUE:

More on Immunizations

Dr. Robert Mendelsohn

As the vaccine machine prepares to roll out new products--chicken pox vaccine, H. influenza meningitis vaccine, AIDS vaccine, malaria vaccine--all of us must be alerted to the proven risks and unproven effectiveness of those vaccines which are already available.

Only this kind of information can immunize us from the latest voodoo curses of doctors ("If you are not immunized, you and your children will die from foreign travel") and from their irrational attempts to create guilt ("You unpatriotic people are depending on your immunized neighbors to keep you healthy").

Thus--this People's Doctor Newsletter on the risks of immunizations.

Q My eight-year-old daughter was immunized when she was a baby. I let her have the standard shots, something which I would never do today. So what now? Is there something I can do to balance out what was put into her body?--Mrs. C.L.

A *Can shots be undone?*

Here are my recommendations for you and for the many other parents who have written me after changing their minds about immunizations:

1) Don't let your doctor give your child any more immunizations. Even if you are in the middle of a series, stop now.

2) In the future, don't accept any of the immunizations which are now on the drawing board, e.g., chicken pox, meningitis, gonorrhea, etc.

3) Since your child has already received, in addition to the weakened bacteria and viruses, a host of chemical agents in those shots, do your best to reduce her chemical intake in the future. Pay close attention to food and water, medicine, etc.

4) Most important, remember that in order to have your child immunized, you had to take her to the doctor when she was healthy. In the future, keep her away from doctors unless she is sick. That's what my latest book "How to Raise a Healthy Child in Spite of Your Doctor" (Contemporary Books, $13.95) is all about.

5) Remember, when your doctor gave your child those immunizations, he did not tell you about their possibly disastrous side effects. In the future, ask him plenty of questions, and then check up on his answers.

DPT on last legs

Since three major charges recently have been exploded in the DPT controversy, no parent should take his child to the doctor's office for that triple vaccine without carefully reading the following documents:

1) If you did not see ABC-TV's April 1985 "20/20" program dealing with the DPT shot (or even if you did) write ABC for a transcript. Incidentally, one of the doctors on that program, Mark Thoman, M.D., a pediatrician and editor-in-chief of the Journal of the American Academy of Clinical Toxicology (1426 Woodland, Des Moines, IA 50309), will send you the warnings issued by his organization on the DPT vaccine.

2) A new book, "DPT: A Shot In The Dark" (Harcourt, Brace, Jovanovich, $19.95), provides in easily readable form the most comprehensive documentation on DPT damage. The authors are renowned historian Harris Coulter and Barbara Fisher, founder of the parents' organization of vaccine-damaged children known as Dissatisfied Parents Together (DPT). The book includes scientific evidence and case reports.

3) A report on DPT by a group of lawyers, "Advocates for a Safe Vaccine," has been presented to members of Congress. This report, which provides scientific evidence and internal memos from vaccine manufacturers and public officials presumably responsible for vaccine safety, may be obtained through the offices of Congressman Henry Waxman of California and Senator Paula Hawkins of Florida.

Now that the vaccine issue is national news, every responsible parent must be sure to get all the latest information in order to avoid future guilt feelings. These three documents will enable parents to make up their minds. I hope you will ask your own doctor if he has done his homework, since I predict that any practicing physician who carefully reads this information will find his hands shaking every time he reaches for his DPT-filled syringe.

Q On the eve of our daughter's first birthday, I am writing to ask you a few questions about vaccinations. We have been afraid to give them to Heather because we are concerned that they contain dreadful toxic things, that they would not contribute to her health and might cause harm to her immune system.

Our daughter was born at home and still is on breast milk, although she has eaten fruits, vegetables, cheese and butter. She was given the oral polio vaccine, and we have been thinking about giving her the tetanus shots. We are convinced not to give her pertussis, but are 50/50 on diphtheria. Would we be doing her harm or jeopardizing her health if we gave her the rest of the polio shots as well as the tetanus shot?

As you can imagine, our children's health is of the utmost importance. We are looking into home schooling for the kids and are planning to move out of Los Angeles; my husband has lived in Chicago and Wisconsin.--L.S.

A You may not have to worry too much longer about the diphtheria shot. In early 1984, stung by the multi-million dollar judgments awarded to vaccine-damaged children, Wyeth Laboratories and Connaught Laboratories stopped the manufacture and distribution of DPT (production has since been resumed). Lederle, while still in the field, has raised the cost of the vaccine sharply.

As the country and the manufacturers--and even the doctors--are learning finally the true cost of the DPT vaccine, all the vaccine's manufacturers may permanently throw in the towel. When this happens, the vaccine issue will have been settled by my favorite method--the American free enterprise system.

When you consider where to re-locate, keep in mind that while Illinois laws mandate immunization (no shots equal no school), moves are afoot to change that law (see page 53). Since you are interested in home schooling, you have joined many other parents who have told me that if they are smart enough not to immunize their children, they also are smart enough not to

send them to school. You should know that Wisconsin is one of the 22 "loophole states" (your present state, California, is another) in which parents can exempt their children from immunization on the grounds of personal conviction.

Measles outbreak raises questions

On the day after newspaper headlines told of two students who died from measles at Principia College, a Christian Science Church school in Southern Illinois, TV pictures showed anxious students on the campus lining up for immunizations. Those pictures were enough to scare any parent into taking his child on an emergency visit to the doctor's office for a measles shot.

If you should take this route, be sure to broach some subjects to your doctor before he fills the syringe for your baby, your college-age son/daughter or for you:

1) How sure were the Principia doctors of their diagnosis? After all, most doctors today see few cases of measles, and they may not even recognize the characteristic signs (e.g., white spots in the mouth) of the disease. Did the doctors confirm the diagnosis by virus isolation from the throat or blood, or by certain blood tests (e.g., complement-fixation) on those two victims, or in the other 79 cases diagnosed as measles since January 1985 in that school? Did they exclude other diseases sometimes confused with measles, including scarlet fever, drug rashes, meningococcal infections, infectious mononucleosis, Rocky Mountain spotted fever, etc.?

2) Even though these students came from families which reject vaccines, perhaps their parents felt differently years ago and had them inoculated with the killed measles vaccine when they were babies. This dangerous immunization (which is no longer available) was given to a million children in the U.S. and Canada between 1963 and 1970. Recipients of this vaccine, if later exposed to natural measles, may develop an especially virulent condition known medically as "atypical measles," characterized by severe pneumonia and other life-threatening conditions. Atypical measles has also occurred after inoculation with the live measles vaccine, perhaps as a result of inadvertent inactivation due to improper storage.

3) Ask your doctor to give you the government-mandated form or the manufacturer's prescribing information or the articles from the Journal of the American Medical Association which describe the adverse effects of the vaccine, including thrombocytopenia (a clotting deficiency leading to abnormal bleeding into body organs), hyperactivity, learning disabilities, polyneuritis, Guillain-Barre syndrome, ocular palsy (paralysis of the eye muscles), arthralgia (painful joints), arthritis, convulsions and a mysterious "slow virus" form of mental retardation named SSPE which leads to death.

4) Were all female Principia College students informed that the prescribing information for the vaccine clearly states, "Subjects should be considered for vaccination only if they agree they will not become pregnant within three months following vaccine and if they are informed of the reason for this precaution [fetal damage]"?

5) Were those college students warned that, in addition to pregnancy, other contraindications to the vaccine include illness with fever; allergy to eggs, chickens and chicken feathers, because of a potential risk of hypersensitivity reactions, and (of particular interest to college-age students) the use of cortisone, a drug present in many anti-acne medications?

6) Before the doctor plunges that measles vaccine needle under the skin, you might be well-advised to ask to see his bottle of adrenalin. The prescribing information warns that "epinephrine (adrenalin) should be available for immediate use in case an anaphylactoid (shock) reaction occurs.

7) Even if doctors are right in claiming that the measles vaccine reduces the death rate from measles, how, in the absence of any controlled studies, can we be sure that the vaccine does not increase deaths from other causes? For example, cholestyramine, a popular cholesterol-lowering drug, reduces the death rate from heart attack. But patients on this drug have a higher death rate from violent causes (suicides, homicides, accidents). Thus, the "funeral rate" of cholestyramine takers is the same. Why hasn't a study of this nature been carried out on the measles (or any other) vaccine?

Perhaps the heads of Principia College and their Church should have insisted on a full investigation by a panel of experts representing both sides--vaccine enthusiasts and vaccine critics--so that they could have learned the real truth. If that had been the case, college students and parents would not have been panicked into moving hastily only to regret at leisure.

Salk vs. Sabin polio vaccine

Many of you have been justifiably frightened of the Sabin polio vaccine which has been linked to every case of polio in the U.S. during the past three years, and so you have asked me whether you should not be taking the Salk vaccine instead. Even though the Salk vaccine has not been shown to cause polio, I have been skeptical of it for other reasons (e.g., its ability to produce tumors in experimental animals).

Now, an outbreak of five cases of polio in Finland (reported in American Medical News, February 8, 1985) reveals problems with the Salk vaccine. A 17-year-old male developed paralytic polio, even though he previously had received five doses of inactivated (Salk) polio vaccine. A 12-year-old boy, who also had received five doses of Salk vaccine, developed paralytic polio. A 33-year-old man, who had not been completely immunized and who had Hodgkin's disease, developed paralytic polio.

Can you guess what the Finnish doctors have recommended? You guessed it--a campaign to immunize all adults with oral (Sabin) vaccine!

Religious exemptions for vaccines

For more than a year, Penny and Stanley Heard of Hot Springs, Arkansas, have been fighting to exempt their healthy children from state-mandated inoculations. At the beginning of the 1984 school year, the State granted the Heards a six-month exemption based on religious grounds. As reported in attorney Mark Huberman's column (Vegetarian Health Science, November/December 1984), the Heards furnished evidence of membership in the Universal Life Church, based in Modesto, California. Individual branches of that church, including the one to which they belong, oppose vaccines.

Illinois reconsidering mandatory vaccinations

The Illinois State Board of Education and the Superintendent of Education have recommended the elimination of financial penalties for schools which permit non-immunized students to attend classes (Illinois Medical Journal, September 1984).

The Board also adopted a recommendation to eliminate the fifth- and ninth-grade mandatory physical examination. As you might expect, the Illinois State Medical Society opposes these two brave actions by the State's education officials who feel that the purpose of schools is to educate, not medicate.

I will keep you informed on the legislative fate of these proposals.

Flu shots discredited

Thanks to former top government virologist, J. Anthony Morris, PhD, I can pass on to you scientific data which discredits the flu vaccine.

At a meeting on January 24 and 25, 1985, a government group known as the Vaccines and Related Biological Products Advisory Committee (Centers for Disease Control, Influenza Branch, Atlanta, Georgia) presented studies showing the failure of the vaccine to protect against influenza B illness. Nursing home patients in seven states were studied over four successive influenza seasons. In an analysis of studies to measure protection afforded by the influenza vaccine against influenza illness in aged patients in two New York/New Jersey hospitals, it was shown that improper controls were used. Thus, the test results were meaningless.

In addition to these important disclosures at meetings attended by scientists and doctors, this bad news about the flu vaccine was distributed to the public through the Gannett News Service in an article (January 30, 1985) by ace reporters Chris Collins and John Hanchette headlined "Flu shot benefit questioned in new studies."

In case your doctor points that needle in your direction and tells you that flu shots are good for old folks, be sure to ask him whether he is aware of these important studies.

Many older patients who suffer from asthma are advised by their doctors to have flu shots. I hope their doctors know that "immunization procedures should not be undertaken in patients who are on corticosteroids (Medrol and prednisone both belong to this group)...because of possible hazards of neurologic complications and a lack of antibody response." That means that any kind of immunization given to a patient who is taking Medrol can cause vertigo, convulsions, increased intracranial pressure, and death. At the same time, as measured by blood tests, the shot doesn't work.

The drive to immunize adults

While no one knows for sure whether routine childhood immunizations benefit children, no one questions that such shots certainly benefit pediatricians. Compulsory immunizations have produced a captive population for pediatric service, a captive population which must return at regular intervals for pediatric service. This round-up of child patients by pediatricians has not gone unnoticed by doctors who treat adults. So not surprisingly, the 60,000-member American College of Physicians has launched a major campaign to make sure that "adult Americans are as well protected by vaccines as their children..."

Since the good doctors are recommending seven vaccines for adults, you must be prepared to ask your doctor some questions if he tries to convince you of the safety and value of these shots:

1) If your doctor suggests a tetanus shot, ask him to hand you the prescribing information that the manufacturer has shared with him so you can discover the references describing neurological damage from that vaccination.

2) Should your doctor recommend diphtheria shots, ask him about the evidence from diphtheria outbreaks (including that reported by the Chicago Board of Health) which show that neither the incidence of the disease nor the outcome were different in those who were vaccinated and those who were not.

3) If the doctor advises you to have the measles vaccine, be sure to ask him for the printed prescribing information so that you can learn the severe neurological complications associated with this immunization.

4) If the doctor recommends the rubella (German measles) vaccine, ask him about the much higher incidence of arthritis in adults who use this product.

5) If the doctor advises the hepatitis vaccine, ask him why two-thirds of medical personnel who are considered to be at risk of developing this serious liver disease have refused this vaccine, even when it is offered without charge. Because the hepatitis vaccine is a human blood product, health professionals fear it may harbor the agent that transmits AIDS--even though not a single case of AIDS has thus far been traced back to that vaccine.

6) If the doctor offers you the influenza vaccine, ask him if he remembers the hundreds of cases of paralysis that resulted from the swine flu vaccine, a condition which can develop with any kind of flu vaccine.

7) If the doctor suggests the pneumococcal vaccine, ask him if he knows that a variety of neurological disorders, including paralysis, have been associated with this substance. Furthermore, make sure you have not received pneumococcal vaccine in the past, since re-vaccination of adults is not recommended.

When your doctor recommends the seven vaccines, be sure he doesn't accidently throw in the polio vaccine (not to be given to adults) or pertussis, the whooping cough vaccine (not to be given to anyone over five years of age).

After you have done your homework, you may decide to reject your doctor's recommendations. He then may remind you of the danger of tetanus. He may luridly describe the risk of a rusty nail leading to lockjaw, paralysis, convulsions and painful death. If so, you might point out to him that, according to the Federal Centers for Disease Control, 40 percent of adults in this country have not had the booster tetanus injections which are needed to protect them against this disease. In view of those statistics, where are all the cases of tetanus from all those rusty nails?

Will this adult vaccination drive succeed? I predict that these well-intentioned doctors will not be able to corral their adult patients with nearly the same success rate achieved by their pediatric colleagues. After all, most parents fear more for their children then they do for themselves. So support your commonsense with a little homework. Before your doctor aims the needle in your direction, ask him to give you the reading material on vaccines recommended by this Newsletter.

With the stepped-up drive to vaccinate U.S. adults (now that more than 90 percent of children have been forced to receive immunizations because of the no shots/no school laws), the government doctors at the Centers for Disease Control are trying to figure out how to accomplish their new goal. The front page of the AMA News (February 1, 1985) bore the headline, "Is a 'Gimmick' the Answer?"

The government doctors complain that 40 percent of U.S. adults lack protection from tetanus, 30 percent have no antibodies against diphtheria, and 10 to 15 percent of women are still susceptible to German measles. The government doctors tell us that, with regard to the flu vaccine, things are getting worse. The popularity of flu vaccinations peaked at 38 percent of the high-risk population in 1977, but since then, it has declined to between 25 percent and 35 percent (sounds as though people learned something from the swine flu fiasco).

Because of this sorry state of affairs, the AMA advises, "Adult vaccines need a gimmick--something catchy, yet sophisticated, designed to capture the imagination of a populace that embraces bottled water, running shoes, and Pritikin diets, yet balks at the thought of a simple inoculation." (Imagine comparing my sneakers to a "simple" inoculation!)

The CDC's well-intentioned physicians then proceed to speculate on the reasons for the "abysmal" acceptance rate of vaccines. Reason #1 is: "Patients don't want vaccines." The doctors answer: "There are lingering

doubts about safety. In the minds of many patients, the hepatitis vaccine still is linked to acquired immune deficiency syndrome (AIDS); the flu vaccine, to paralysis, and the diphtheria/pertussis/tetanus vaccine to brain damage." (The CDC doctors fail to mention that two-thirds of physicians eligible for the hepatitis vaccine have refused to take it, and Guillain-Barre paralysis from the flu vaccine and cerebral palsy from the whooping cough-pertussis vaccine exist not in the minds of patients, but rather in their paralyzed limbs.)

Another reason given by government doctors is, "Physicians do not encourage vaccination." (Maybe physicians who have flesh-and-blood patients know something the CDC theoreticians don't.) A recent poll revealed that 50 percent of elderly people who requested a flu vaccine were dissuaded by their physicians--let's hear it for those doctors!

The government doctors complain about other forces which oppose immunizations, e.g., "Resistance from civil libertarians who assert that you cannot force healthy individuals to be vaccinated..." And they conclude, "The biggest obstacle, however, is physician and public ignorance."

"Consumers aren't sold on the idea," bemoans the director of marketing for Merck Sharp & Dohme. (What would you expect a director of marketing for a vaccine manufacturer to bemoan?) He continues, "We're asking them to do something they don't want to do and aren't required to do. We're asking them to spend money and cause pain to prevent themselves from disease they'll probably never get." (Can't argue with that!)

The vaccine enthusiasts have solutions which even they concede "range from the sublime to the ridiculous." They describe a "vaccine voucher" which is "just like the discount cards people use to get bargains at dry cleaners or win prizes from cereal boxes. These government-provided vouchers could be traded in by patients for a free vaccination at the physician's office of their choice." They propose, "A vaccine superstar could do for infectious disease what Michael Jackson did for drug abuse or Mary Tyler Moore did for diabetes." (I assume this falls in the "sublime" category of recommendations.)

CDC physicians suggest a catchy slogan, such as "Vaccines are not just kid stuff" or "Vaccines: The adult thing to do!" In case the above marketing techniques don't do the trick, the government doctors are ready to unfurl their crepe-hanging techniques, using TV spots to stir up memories of the 1918 flu epidemic (precious few of us have memories that go back that far), iron lungs and crippled limbs from polio, etc. Magazine ads could warn high-risk groups; for example, the hepatitis vaccine has been plugged in 73 gay magazines.

The CDC doctors recognize that, for child vaccines, the school system is the "gatekeeper" of immunizations. They complain, "But adults have no common institution through which they all pass."

Perhaps your own doctor, if he belongs to the AMA, will share this entire AMA News article with you. Then, you can read in detail the government doctors' game plan for this new shooting war in which you are the target.

Another View

by Marian Tompson

My immunization file originally was put together to help my daughters and their husbands decide what to do about immunizing their children. But in recent years it's been shared with a lot of other families. If you're looking for information, documentation, or help with a vaccine damaged child, here are some of the published resources now available:

1) "DPT: A Shot In the Dark," by medical historian Harris L. Coulter and Barbara Loe Fisher (Harcourt Brace Jovanovich, $19.95). While it's hard to get through the heart-wrenching interviews with parents whose children developed serious reactions to the DPT shot, this comprehensive report also gives us the background on pertussis and the development of the DPT vaccine with all the political, economic and social forces involved in shaping our vaccination policy. It includes a guide for parents on vaccine reactions, medical conditions that put a child at high risk of a reaction, and the dangers of the disease itself.

2) "Dangers of Compulsory Immunizations--How To Avoid Them Legally," by attorney Tom Finn (Family Fitness Press, P.O. Box 1658, New Port Richey, FL 33552, $5.95). A nationally-known trial attorney, Tom Finn has litigated cases dealing with health freedom issues, including compulsory immunizations. Brief and to the point, the book gives readers the background of immunizations, the status of the law, and alternatives to inoculating their children.

3) "Immunization Booklet" (Mothering Publications, P.O.Box 8410, Santa Fe, NM 87504, $5.00). Reprints of the best articles on immunization that have appeared in Mothering magazine are presented in this newly revised edition with an updated resource section.

4) "The Vaccine Machine" (Gannett News Service, Box 7858, Washington, DC 20044, 1984). A 24-page special report available free of charge.

5) "DPT" (Fresno Bee, Features Dept., 1626 E. Street, Fresno, CA 93786). Twelve-page reprint of a multiple-part series that appeared in the Fresno Bee.

6) "How We Beat the School System--One Family's Lengthy Struggle to Avoid Compulsory Immunizations at School," by Robert Allanson, plus "The Medical Time Bomb of Immunization Against Disease" (from "How To Raise a Healthy Child in Spite of Your Doctor") by Robert S. Mendelsohn, M.D., in East/West Journal, November, 1984. Available from East/West Journal, Back Issues Dept 144B, 17 Station St., P.O.Box 1200, Brookline, MA 02147, $2.00.

The following organizations have excellent resources on vaccines:

1) DPTSHOT (Determined Parents to Stop Hurting Our Tots), P.O. Box 543, Beaver Dam, WI 53916. When Marge Grant, the founder, appeared on the Donahue Show with her vaccine-damaged son, Scott, she asked viewers to send her information on other vaccine-damaged children in an attempt to start a central record keeping agency. Everyone who writes to DPTSHOT receives a newsletter.

2) DPT (Dissatisfied Parents Together), 128 Branch Road, Vienna, VA 22180. The goals of this non-profit organization include in-depth research and study of the pertussis portion of DTP; effecting mandatory reporting of adverse reactions; promoting public debate on whether or not the vaccine should be a requirement for attending school, and assuring treatment and compensation for persons damaged by the vaccine. A copy of the first vaccine reform bill to be signed into law in Maryland in 1984 is available for $2.00. The group also sells a 16-page information booklet, "Pertussis and Pertussis Vaccine," for $3.00.

3) Advocates for a Safe Vaccine (Andrew W. Dodd, Esq., Ward, Dodd, Gaunt & Denver, 21525 Hawthorne Blvd., Pavillion A, Torrence, CA 90503) is a group of lawyers who have extensive experience representing plaintiffs allegedly suffering the effects of whooping cough vaccine injuries. They have prepared an impressive interim report on DPT vaccine for the use of professionals engaged in similar litigation.

4) Physicians for Study of Pertussis Vaccines (Box 345, 11072 San Pablo Ave., El Cerrito, CA 94530) is a small, but rapidly growing, group of physicians, scientists and nurses committed to the continued development, improvement and availability of safe and effective vaccines. This group recently initiated legislation introduced in the California Assembly which would require true labeling of DPT vaccines sold in California as to their actual assayed potencies.

5) And last but not least, there's this Newsletter. While most other resources have only been available for a few years, since April, 1976, The People's Doctor has informed readers on the risks and confusion surrounding immunizations.

the People's Doctor
A MEDICAL NEWSLETTER FOR CONSUMERS
by Robert S. Mendelsohn, MD

VOL. 7, NO. 9

IN THIS ISSUE:

AIDS . . . Hepatitis . . . New Hepatitis Vaccine

Dr. Robert Mendelsohn

Not since the polio epidemic of the 1940's have people been as afraid of a disease as they are today of AIDS (acquired immune deficiency syndrome). And they have good reasons to be afraid--the disease is a particularly virulent one, accompanied by painful, disfiguring symptoms and an exceedingly high death rate.

In this issue of my Newsletter, I raise some important questions about this disease, questions with which the medical community and the gay community (a high percentage of those who contact AIDS are male homosexuals) must come to terms.

The AIDS epidemic is raising serious concerns about blood transfusions, especially in light of a recent report by two University of Illinois researchers (Infections in Surgery) that a 20-month-old boy, who received blood at birth, acquired AIDS. The blood donor, apparently well at the time he donated the blood, later developed AIDS and died. The researchers said that, before transfusing any patient, doctors should ask themselves, "Is this unit of blood really needed?"

Coincidentally, at the same time reports of AIDS were surfacing in the public press, a new vaccine for hepatitis B was coming on the market. The vaccine is the first to be made from human blood, much of it donated by male homosexuals who, having a higher incidence of hepatitis, carry immune substances which makes their blood more desirable for vaccine preparation. It would not take a genius to deduce that health-care workers, often exposed to the virulent hepatitis B through patient contact, would stay away from the new vaccine in droves.

The second part of my Newsletter deals with the hepatitis B vaccine, giving the questions health workers (and others) must raise if they are asked to take this new, and possibly dangerous, immunization.

Random thoughts on AIDS

1) Anyone who doesn't believe that epidemics come and go, that new diseases appear, that old ones disappear, that some diseases run in cycles and others appear once and are never heard from again, merely has to look at the history of epidemics over the past 10 years.

Reye's syndrome, an often-fatal disease of children, characterized by severe damage to the liver and the brain, now is linked to aspirin, Compazine, Thorazine, and Tigan. Guillain-Barre paralysis is an example of an old disease which appeared in epidemic form as a result of the swine flu vaccine as well as other immunizations. Legionnaire's Disease, originally striking only male Legionnaires holding a convention in Philadelphia, now seems to be caused by a newly-discovered, mysterious germ.

Toxic shock syndrome, originally linked to certain tampons, also can occur in men. The herpes epidemic is a newcomer to the field of venereal

disease. And now comes AIDS, deaths from which probably exceed all the others combined. The chief way that AIDS can reach the heterosexual population is through blood transfusions. (Please note what a high percentage of this decade's epidemics are doctor-produced.)

2) The public reaction to AIDS seems to be dependent more on personal ethics than on scientific considerations. For example, the homosexual community of San Francisco is furious over the refusal of the city's main blood bank to accept donations from sexually-active homosexual and bi-sexual men. At the other extreme, the Rev. Jerry Falwell declares that acquired immune deficiency syndrome represents divine retribution. Since my interest is in medical ethics, I have been reflecting on the important role doctors played in the creation of the AIDS epidemic.

Many years ago, homosexuality was considered a sin. Over the last several decades, modern physicians redefined it as a disease. Just a few years ago, modern medicine, led by the psychiatrists, removed homosexuality from the lexicon of diseases, calling it an alternative lifestyle. (The implication of the word "alternative" is that one is just as good as the other.) By removing the traditional social taboos against homosexual behavior, doctors weakened the traditional barriers of fear and guilt that served, at least partially, to reduce the incidence of blatant homosexual behavior. When in American history have homosexuals found it so easy to have, in one evening, the contact with multiple sexual partners that appears to be a prime predisposing factor in AIDS? It makes little difference whether the mechanism of AIDS causation is traumatic, bacterial, viral, or immunologic; a major determinant still remains the number of sexual partners.

Because of AIDS, doctors should begin to re-think their non-judgmental position on homosexuality just as, because of herpes, they have already started to change their non-judgmental stand on certain heterosexual behavior patterns. Perhaps the common denominator of both these modern epidemics--AIDS and herpes--is promiscuity. Maybe the first step doctors can take in an effort to discourage relations with multiple sexual partners and the diseases that such behavior leads to is to abandon the euphemism "sexually active" and to call promiscuity by its real name.

3) We are assured by government doctors that, except for homosexual contact, AIDS is not transmitted from person to person. Yet we know that many people tend to avoid contact with those suspected of carrying AIDS. Some hospitals carry out severe isolation techniques of suspected AIDS patients. AIDS has been justifiably referred to as "the new leprosy." (Might AIDS have been the old leprosy, both associated with moral lapses--with the Biblical account of skin changes being the equivalent of today's Kaposi's sarcoma--the once-rare skin tumor now linked to AIDS?) Yet while government doctors are trying to calm us down, a spokesman for the National Institute for Allergies and Infectious Diseases has stated: "AIDS is creeping out of well-defined epidemiologic confines." And a spokesman for the National Institutes of Health has said, "We're observing the evolution of a new disease." The FDA's Dr. Gerald Quinnan has pointed the finger at two viruses: "It is possible that mixed infection with CMV and EBV would be the cause of AIDS."

Therefore, the heterosexual community cannot afford to self-righteously ignore AIDS as being important only to homosexuals, drug abusers, and recipients of blood tranfusions. At any point in its evolution, the AIDS epidemic may directly threaten the rest of the population.

4) Two years ago, J. Anthony Morris, Ph.D., the top government virologist who was the first scientist to blow the whistle on the swine flu vaccine, suspected that hepatitis vaccine might be "an inducing factor in

pneumocystis pneumonia and in Kaposi's sarcoma that were...being observed for the first time with uncommon frequency in homosexual men." On September 1, 1981, Dr. Morris wrote to the Centers for Disease Control about his concerns, and he received an unresponsive letter in reply.

Now that Arthur Hayes has resigned under a cloud of scandal as FDA Commissioner, how about Tony Morris for that job?

5) Many months ago, I warned readers of my syndicated newspaper column as well as readers of my monthly column in RN Magazine about the new hepatitis vaccine. I recommended that they stay away from it because the major studies of this human blood product, obtained chiefly from homosexual donors, have been carried out on male homosexuals in New York. I questioned whether studies on this particular group were applicable to the rest of the population.

Little did I know that other doctors shared my concerns. For example, New York oncologist, John A. Finkbeiner, M.D., warned in Medical World News (January 10, 1983) that the new hepatitis vaccine "might possibly be contaminated with a pathogen responsible for the acquired immune deficiency syndrome (AIDS) epidemic."

Dr. Finkbeiner noted that the vaccine often is made from the blood of gay men. The medical group to whom he issued that warning then downgraded its original recommendation that "urged all doctors to be immunized" to "suggesting" that health care workers get the vaccine after being given "an informed option."

On October 20, 1982, Dr. James Chin, M.D., chief of the Infectious Disease Section of California's Department of Health Services, wrote to the Centers for Disease Control expressing his concern over the lack of a systematic, formal, concerted, and co-ordinated surveillance system to detect adverse reactions to the hepatitis B vaccine. Dr. Chin recommended that the AIDS task force and other units of CDC should be involved in this search for long-term hazards of the vaccine. Dr. Chin also expressed his regret that the special surveillance system for Guillain-Barre paralysis which had been established at the time of the swine flu disaster had been discontinued.

David Ostrow, M.D., Ph.D., Associate Professor of Community Medicine at Northwestern University, reported in Medical Tribune (February 23, 1983) that the first order of 100 vials of hepatitis vaccine had not been used at Chicago's Howard Brown Memorial Clinic, the largest VD facility in the country supported and run by gays. Dr. Ostrow said, "The reason gays voice most often for hanging back is possible contamination of the vaccine by whatever agent may be causing AIDS."

The Veterans Administration reported in U.S. Medicine (April 1, 1983) that many of the government's own doctors and nurses are avoiding the hepatitis vaccine. The VA had experienced less than half the anticipated demand for the 90,000 doses of hepatitis vaccine it was prepared to offer its high-risk workers in hospitals around the country. While the VA had expected that 85 per cent of those eligible would take the vaccine, the actual response rate has averaged only 35 per cent. VA officials say that health workers in the high-risk categories are choosing to take their chances of contracting hepatitis rather than taking a chance with AIDS.

At New York University Medical Center, site of the early vaccine trials, the hepatitis vaccine was offered free of charge to 1600 employees at highest risk. As of June 13, 1983, only 500 had accepted the vaccine.

The New England Journal of Medicine on May 12, 1983 carried a letter from Jeffrey A. Golden, M.D., University of California-San Francisco School of Medicine. Even though not a single case of AIDS resulting from the hepatitis vaccine has yet been reported, Dr. Golden questioned: "Is there a possible risk of actually transmitting the unknown agent that causes AIDS in the course of trying to protect medical personnel and others from hepatitis?"

If all these doctors are scared, don't you think you should be?

Transferring hepatitis via medical instruments

Hot on the heels of recent disclosures that diseases are being spread because physicians don't wash their hands comes a revelation in the 1983 issue of Gut (a British medical journal) that hepatitis B virus can be transmitted by doctors' improperly sterilized instruments. The Department of Gastroenterology in a Glasgow (Scotland) hospital reported the case of a 78-year-old woman who had been subjected to endoscopy (the passing of a tube into the stomach for viewing purposes). Ninety-six days after the endoscopic examination, the woman became jaundiced. A liver biopsy revealed severe acute hepatitis. Fortunately, she made a complete recovery 150 days after the endoscopy.

A thorough epidemiological investigation revealed that the patient had received an endoscopic examination in which the same instrument was used that had been used 24 hours earlier on a 50-year-old man who later died of severe acute hepatitis. The two patients had been managed on different wards throughout their hospital stay and had had no direct contact with each other. Hospital personnel who were involved in the management of both patients had been tested to determine whether they were carriers of hepatitis B; the tests were negative. The packed red cells transfused into this 78-year-old woman also were re-examined for evidence of hepatitis; results were negative. Laboratory investigation (sub-typing of the hepatitis B antigen) showed the identical type of hepatitis B virus in both patients.

The authors of the study conclude: "It is remarkable that endoscopic transmission of HBV (hepatitis B virus) does not occur more frequently.... It is possible that instances of endoscopic transmission of HBV have not been detected because the subsequent attack of hepatitis B has been sub-clinical." ("Sub-clinical" means that jaundice and other obvious symptoms did not appear even though liver damage could be demonstrated by laboratory tests.)

The authors point out that the endoscopic instrument had been cleaned and disinfected according to instructions, and they recommend a number of possible solutions to this problem, solutions which they characterize as cumbersome, time-consuming, expensive, not practical, and not readily available. They recommend the use of a new disinfectant (glutaraldehyde), but they point out, "Because of their design, most endoscopes cannot be totally immersed in the fluid." While the risk of transmitting hepatitis B via endoscope appears to be small, the authors point out, "The importance of preventing the transmission, however, should not be underestimated" since the infection is potentially fatal, and patients as well as endoscopy staff are at risk.

Whenever you as a patient face the ever-increasing number of endoscopy procedures which are being performed, you might ask your doctor a few questions. Ask him if he is familiar with the new list of recommendations produced by the British Society of Gastroenterologists for the cleaning and sterilization of endoscopes, in which they make it clear that it is impossible to "formally" sterilize an endoscope. Ask the doctor what diseases the patient had who last was endoscoped with this particular instrument. Did that patient have hepatitis or cirrhosis or any other liver condition? In view of these newly-discovered risks of endoscopy (in addition to those previously known), does your doctor still feel this is a vitally necessary test? Or does he think the same information can be discovered through another, safer approach? Finally, for every patient who develops hepatitis, think back over the last several months, particularly if you were hospitalized, and try to recall whether the doctor used any endoscopic tool on you.

Hepatitis in day-care centers

Hepatitis may be spread among infants at day-care centers during diaper changing, according to a report in the New England Journal of Medicine. Investigators said at least 30 per cent of the reported cases in the Phoenix (Arizona) area during one 10-month period were spread by children who had been in day-care centers. (American Medical News, June 20, 1980)

Q I am a nurse who has had several hepatitis A patients on our medical unit recently, with each there for a number of weeks. I have a two-year-old son at home and am worried that he may be exposed to the virus. Is there any possibility that I could unknowingly become a carrier of the disease?

A Yes, you might become a carrier, but your chances of that happening are not much higher than those of the rest of the population. It is estimated that between 27 and 64 per cent of the U.S. adult population carries the antibody specific for hepatitis A (viral or epidemic hepatitis). Yet the great majority of these infections have obviously been asymptomatic.

Hepatitis carriers

On the other hand, your chances of contracting hepatitis B (serum or endemic hepatitis), which is also caused by a virus, is higher than that of the general population because you work in a hospital and are exposed to needles and blood products. In this type of hepatitis, most infections are also sub-clinical.

Health care personnel who carry a hepatitis virus can, in some circumstances, transmit the disease. In one instance, 66 patients developed hepatitis B after receiving care from dentists who were carriers. Yet, despite numerous studies, the details of carrier transmission still remain a mystery.

As far as your son is concerned, I would not advise you to take any particular course of action. The administration of immune serum globulin for members of households in which carriers reside has not so far proven to be of any value.

Pushing hepatitis vaccine

I originally warned against the hepatitis B vaccine in April, 1982, when it was first being promoted. From that time on, the promotion escalated. The Journal of the American Medical Association carried an editorial from the National Institutes of Health recommending that "Medical, dental, and nursing students should be vaccinated at the beginning of professional training." The editorial also recommended vaccination with hepatitis B vaccine for nurses, physicians, phlebotomists, medical technologists, dentists, oral surgeons, dental assistants, dental hygienists, and other laboratory personnel.

The promotion for this new vaccine then reached fever pitch. A Madison Avenue public relations firm even invited me to cover a "National News Briefing" at the Grand Ballroom of the Plaza Hotel in New York. This briefing was carried live via satellite to 34 cities, and the panel of experts was introduced by Ron Nessen, whom some of you will remember as press secretary to President Gerald Ford, the man who publicly rolled up his sleeve to show all Americans the safety of the swine flu vaccine.

Nurses are at particular risk of being pressured to take the hepatitis vaccine. Tremendous pressure to immunize nurses will be exerted not only by the mass media, but also through hospitals and doctors. A double-blind, randomized, placebo-controlled study demonstrated the efficacy and apparent safety of the currently licensed vaccine. This study has been hailed by the vaccine enthusiasts at NIH as being virtually perfect in design and flawless

in execution, one which "will serve future generations as a model for the conduct of clinical trials."

When this study is thrown at nurses, I hope they will respond by pointing out it was conducted exclusively among male homosexuals in New York City. They should ask what evidence researchers have to demonstrate that results from this highly selected, unusual population be applied to them.

Nurses also should ask the vaccine advocates if they have done any long-term controlled studies on health workers, including nurses. When these advocates concede that no such study is available, a nurse should politely inform them that she has decided to serve as part of the non-vaccinated control group.

Q I am a medical technologist who is employed in a large hospital. I soon will be involved in hepatitis screening tests--the pathologists in our lab have been urging the technologists to take the new hepatitis B vaccine.

As an avid reader of yours, I have reservations about this. Could you please tell me if there are any reported side effects from this vaccine?

A I advise you to ask the pathologists you work for a few questions:

Should she get hepatitis shot?

1) While no complications of the hepatitis vaccine have been noted over a period of several years, an editorial in the Journal of the American Medical Association conceded that "There are theoretical disadvantages to using a vaccine derived from human plasma." What are these theoretical disadvantages?

2) Since the major study demonstrating the efficacy and apparent safety of the currently licensed vaccine was conducted exclusively among male homosexuals in New York City, what is the evidence that those results apply to me? Might the vaccine expose me to AIDS? From the immunologic standpoint, aren't there very important differences between the homosexual population and the rest of the country?

3) Doesn't it take a long time for the adverse reactions of vaccines to reach public attention? (For example, only last year and largely through television, did the American public first learn the dangers of DPT vaccine which has been inside the medical literature for 40 years.)

4) Will the federal government, over the next year or two, be following the fate of those who elect to take the hepatitis vaccine? (It was this kind of careful follow-up that taught us that Guillain-Barre paralysis could result from the swine flu vaccine.)

5) What is my present risk of getting hepatitis by working in this hospital? What precautions has your laboratory taken to protect me?

6) Have any long-term controlled studies of the hepatitis vaccine been done on health workers, medical technologists included, who work in large hospitals?

7) Are you taking the vaccine?

Health professionals refusing hepatitis vaccine

Of 1200 University of Illinois Hospital employees who were considered to be at risk for hepatitis, only 400 said they were interested in taking the shots, even though there was no charge for the vaccine.

Reporting in the Chicago Sun-Times (July 11, 1983), Howard Wolinsky notes that so far only 237 employees have participated in the vaccination program. The reluctance of these doctors, nurses, and other health workers to line up for the shots is remarkable, especially in view of the dire predictions of Dr. Brigitta Sonnenkalb, Director of the University of Illinois

Health Services, that refusal to take the shots leaves these professionals open to "deadly hepatitis-caused liver failure and liver cancer."

The health workers are refusing the shots because they are concerned that the hapatitis B vaccine, made from human blood taken largely from homosexuals who have had hepatitis, might transmit AIDS. Meanwhile, because of anxiety about AIDS, European countries--including West Germany, Austria, and Belgium--have refused to accept vaccine that is made from U.S. blood.

There are four lessons to be learned from this experience:

1) The torrent of promotion of the hepatitis B vaccine by Merck Sharp & Dohme and by government doctors is being countered by responsible news reporting by such people as the Sun-Times' Howard Wolinsky.

2) Hepatitis B now becomes the second vaccine which health professionals have rejected. An earlier survey of obstetricians disclosed that 90 per cent of them had refused to take the rubella (German measles) vaccine.

3) Since doctors are suspicious that this blood product might carry AIDS, should we develop similar suspicions about other blood products, such as gamma globulin and RhoGAM (the shot given to some Rh-negative mothers to help prevent erythroblastosis in their babies)?

4) If any members of your family or your friends are nurses, laboratory technicians, or employees of hospitals or doctors' offices, make sure they know about the hepatitis vaccine non-compliance rate at the University of Illinois Hospital.

A young surgeon from New York's Beth Israel Hospital passed through Chicago to promote the new hepatitis vaccine. The manufacturer, Merck Sharp & Dohme, felt the vaccine effort needed a shot in the arm, since, even when the vaccine has been offered free to health professionals, its usage has been low. The young surgeon, Dr. Gregory Fried, who almost died from hepatitis incurred while he was treating a patient, agreed with Merck Sharp's assessment. Dr. Fried appeared before an audience of hospital administrators to assure everyone present that the hepatitis vaccine, the first derived from human blood, is absolutely safe and effective. Since my view of this vaccine--produced largely from the blood of homosexuals--is not nearly as sanguine, I attended Dr. Fried's presentation and had an opportunity to interview him. Our discussion was a wide-ranging one, one not confined strictly to the hepatitis vaccine. The following is a synopsis of some of my questions and Dr. Fried's answers.

Q: Why are doctors and other health workers rejecting the hepatitis vaccine?
A: Some doctors feel that they are omnipotent and invulnerable. Therefore, disease will not strike them.
Q: Does that mean doctors tend to ignore all vaccine?
A: They do.
Q: What about children of doctors?
A: Doctors vaccinate their children because the pediatrician recommends it.
Q: What about the passive surveillance system used by the Centers for Disease Control to monitor vaccine reactions? (As indicated by the word "passive," the government depends on patients who suffer vaccine damage to report these reactions to their doctors and health departments, who then in turn report to the CDC. I asked Dr. Fried this question because of the long-standing criticism of vaccine manufacturers and government agencies for not using the active surveillance system in which the drug company or the government agency takes the initiative and at intervals actively seeks out vaccine

recipients by personal interview, or by using a questionnaire to monitor adverse reactions.)

A: Since the hepatitis vaccine is being given to health workers--an intelligent and highly-aware segment of the population--they can be expected to report reactions. Therefore, in this group, the active surveillance system is not necessary.

Q: What about vaccines--for example the measles vaccine--given to the general population? Should the active surveillance system be used in those inoculations?

A: No. By asking patients about the possible relationship between vaccines and reactions, they may imagine they developed symptoms--the power of suggestion.

Q: Then you don't believe there is any use for active surveillance by drug companies and federal agencies, the keeping of a card file of every patient who has received vaccine, and the making of periodic follow-ups over a period of 20 years or so?

A: No, that would be terribly expensive.

Q: Let's get back to hepatitis. Health workers are concerned that the hepatitis vaccine, being a blood product, may carry AIDS and other viruses. A CDC spokesman who was asked about this claimed that "all known types of viruses" are destroyed in the process of making the hepatitis vaccine. The spokesman said he cannot imagine that any type of virus--either known or unknown--could be present in the hepatitis vaccine. Since just a few years ago, no-one "imagined" that AIDS existed in--and could be transmitted by--human blood, why is it so unreasonable to think that blood and blood products may contain viruses and other agents of disease that we still don't know abou

A: Well, of course, anything is possible. There might be an Andromeda strai in blood that came from space capsules.

Q: How does Beth Israel, your hospital, screen its blood donors?

A: Well, of course, they ask them if they are homosexuals. And practically everybody denies it. But after all, we can't go to extremes in questioning potential donors. Do you know about the national blood shortage? Do you know that New York City has only a one-day reserve supply of blood?

Q: Do you think the newspapers are right in the theory that people are afraid to donate blood because they mistakenly think that they can catch AIDS from donating blood?

A: No. I think the reason people are not going to blood banks is because of a general fear in the population of hospitals in general, and now blood banks in particular.

Q: Do you think that other blood products, such as RhoGAM, might be contaminated with AIDS?

A: If anything, RhoGAM and gamma globulin are far more likely to carry AIDS because they are not as purified a product as the hepatitis vaccine.

That ends the interview. So now, in considering the hepatitis vaccine, it's time for you to choose between young Dr. Fried's enthusiasm and old Dr. Mendelsohn's skepticism.

the People's Doctor
A MEDICAL NEWSLETTER FOR CONSUMERS
by Robert S. Mendelsohn, MD

VOL. 11, NO. 8

IN THIS ISSUE:

AIDS: LINKAGE TO SMALLPOX VACCINE

AIDS linked to smallpox vaccine

Have you read anything in your newspaper which links the AIDS epidemic with vaccinations? Have you seen or heard any television or radio reports on the subject? I haven't, and as you know, I've been following the AIDS epidemic very carefully.

Have you heard Dr. Robert Gallo, the U.S. expert who first identified the AIDS virus, talk about AIDS and vaccines? I haven't. But, Dr. Gallo did tell the London Times (May 11, 1987), "The link between the WHO programme [the World Health Organization effort to eradicate smallpox in Third World countries] and the [AIDS] epidemic in Africa is an interesting and important hypothesis. I cannot say that it actually happened, but I have been saying for some years that the use of live vaccine such as that used for smallpox can activate a dormant infection such as HIV."

Has Dr. Gallo been making these speculations "for some years" to only the British press? Or, if he and Surgeon General Koop and the experts from the Centers for Disease Control have mentioned this to U.S. reporters, have their words been drowned in the cacaphony of statements telling people that it's their own fault if they get AIDS?

Government scientists have been quick to point the finger at peoples' lifestyles--"You don't have the right sexual partners," "You don't wear enough condoms," etc. But nowhere on the front pages of U.S. newspapers has there been a hint that the doctors may have played at least as important a role in spreading AIDS as have the people.

Look how quick government doctors are to blame drug addicts for spreading AIDS by sharing needles. But have they told you that, in the recent WHO smallpox vaccination campaign, needles were re-used 40 to 60 times? The main method of "sterilization" was waving the needle across a flame. Doctors are quick to play the game of "blame the victim," but what if it turns out that doctors themselves are responsible for the victims' plight?

WHO information indicates that the AIDS table of Central Africa matches the concentration of smallpox vaccinations, i.e., the greatest spread of HIV infection coincides with the most intense immunization programs. Thus, Zaire, at the top of the AIDS list, had 36,000,000 people immunized with the smallpox vaccine. Next is Zambia, with 19 million, followed by Tanzania with 15 million, Uganda with 11 million, Malawai with 8 million, Rwanda with 3.3 million and Burundi with 3.2 million. Brazil, the only South American country covered by the smallpox eradication campaign, has the highest incidence of AIDS in that part of the world.

This theory--that the AIDS epidemic in Africa may have been triggered by the smallpox immunization program--has sparked intense debate among scientists. You may not have heard about this debate, but an urgent call for evidence to support the idea has been demanded by the World Health Organization. This theory was discussed by WHO officials last autumn. No follow-up data are available from the smallpox eradication campaign because no systematic studies of the complications produced by the mass immunization have been done(!).

According to Professor Oswald Jarrett, an AIDS researcher at the University of Glasgow (Scotland): "We need to know whether the virus was spread from a small to a large group of people through the immunization programme." And Dr. Laurence Gerlis, a clinical AIDS researcher, states, "Previous circumstantial evidence looks more persuasive alongside the latest research that shows AIDS can be stimulated by smallpox vaccination."

Here's what the unnamed WHO advisor who disclosed the problem to the Times had to say: "I thought it was just a coincidence until we studied the latest findings about the reactions which can be caused by vaccinia. Now I believe the smallpox vaccine theory is the explanation to the explosion of AIDS."

This theory also provides an explanation of how AIDS infection is spread more evenly between males and females in Africa than in the West.

Further evidence of the link between AIDS and the smallpox vaccine comes from the Walter Reed Army Medical Center in Washington, D.C., where routine smallpox vaccination of a 19-year-old army recruit was the trigger for the stimulation of dormant HIV virus into full-blown AIDS. This discovery was made by a medical team working with Dr. Robert Redfield at Walter Reed. The recruit developed AIDS two-and-a-half weeks after being immunized against smallpox, and he died shortly thereafter. [More on pages 78-79]

While in no way diminishing the role certain lifestyles play in AIDS causation, isn't it high time that we turn the spotlight on the possibility that modern medical miracles--immunizations included--can help cause modern medical plagues?

AIDS and hepatitis B vaccine

The safety of the hepatitis B vaccine (a human blood product) has been questioned in the Journal of the American Medical Association (January 16, 1987). Albert L. Meric of Metairie, Louisiana, disagrees with other researchers who insist that the AIDS virus has been physically removed from the hapatitis vaccine. He points out that just because hepatitis vaccine recipients did not develop antibodies to the AIDS virus does not mean the AIDS virus is not present in the hepatitis vaccine. Or, to use his own words, "It does not rule out the physical presence of AIDS virus antigen in the vaccine." Meric concludes that the presence of AIDS virus in Heptavax-B remains an open question.

If your doctor recommends this vaccine, ask him if he has read this important article.

Q As a result of your work and that of others, I have decided not to immunize our 18-month-old son against most childhood diseases. My only concern is with the tetanus vaccine. Although I hesitate to give it because of the various immune and chronic disease risks which seem to accompany it, it does seem to be important: If my son receives a deep tissue injury and has not been previously immunized, the treatment includes an injection of tetanus immune globulin, a pooled blood product which carries with it the risk of AIDS and other contagion.

What is your advice? Are such globulin injections really necessary and, if so, in what sorts of injuries?--S.F.

AIDS and tetanus vaccine

I share your suspicion of tetanus immune globulin and all other pooled blood products, including pooled plasma, gamma globulin, the hepatitis vaccine, RhoGAM and certain anti-bee venom extracts. Furthermore, tetanus immune globulin has never been subjected to a scientifically-controlled study. That is, no one has ever taken a bunch of patients injured by rusty nails who never had previous tetanus vaccine, given half the group tetanus immune globulin and the other half a placebo injection and then compared the outcomes.

In the absence of that kind of scientific proof, no one knows whether that immune-globulin is effective in preventing or ameliorating tetanus or has no effect at all. Furthermore, no one knows what kind of damage (in addition to the risk of AIDS) might be caused by tetanus-immune globulin. So, any doctor who wants to use this unproven remedy on a patient ought to tell the patient that he is basing his recommendations not on scientific evidence, but rather on his opinion, belief, hunch, guess, conjecture or theory. So much for tetanus immune globulin.

As for the tetanus vaccine, I'm not surprised that you are holding onto that after giving up on the other vaccines.

the People's Doctor
A MEDICAL NEWSLETTER FOR CONSUMERS
by Robert S. Mendelsohn, MD

VOL. 10, NO. 5

IN THIS ISSUE:

Immunization Update

Dr. Robert Mendelsohn

If you have been visiting your pediatrician's office, you may have seen large posters about vaccinations on his walls. The posters carry the American Academy of Pediatrics' warning that, if children are not vaccinated against whooping cough, 14,000 of them will die.

Well, it turns out that the learned Academy has made a mistake. Thanks to Leslie Chapman, head of the Ad Hoc Committee of Parents & Physicians for Safe Immunization (183 Lindbergh Drive NE, Atlanta, Georgia 30305), I have before me a copy of a five-page letter written by Jeffrey P. Koplan, M.D., an official of the Centers for Disease Control, to Mrs. Chapman on January 14, 1986.

Dr. Koplan writes that he and others from the Centers for Disease Control have discussed that estimate of 14,000 deaths with the AAP. And after reviewing the statistical methodology, "The Academy acknowledges this is an erroneous number...the AAP poster containing this projection has been recalled." In case that "erroneous" poster still is displayed in your pediatrician's office on your next visit, ask him if he hasn't heard about the recall.

Q How many doctors are there in the United States who oppose vaccinations? Have these doctors banded together?--Mrs.D.S.

A *How many doctors oppose immunizations?*

The simplest answer to your question would be, "Very few."

But let's probe this issue a little more deeply. If you had phrased the question, "How many informed doctors oppose vaccination?" the answer might be quite different. After all, as revealed in the many recent court cases involving vaccine-damaged children, many doctors know very little about the documented risks of vaccines. Yet, this doesn't prevent the vast majority from administering these controversial injections to their patients.

As doctors are becoming educated through the media and through the legal system, many of them are privately (and a few publicly) becoming restless about vaccinations. Some doctors have gone so far as to require that the parents of to-be-immunized children sign a release form testifying that they have read the prescribing information and are absolving the doctor of responsibility in case their child develops some of the dread complications. While doctors opposing immunization have not banded together, parents have--Dissatisfied Parents Together, Box 563, 1377 K Street NW, Washington, D.C. 20005.

Q What do you recommend for a four-and-a-half-year-old child who has had no immunizations at all and who steps on the classic rusty nail?

I know you are against immunizations, and I agree with your statistics and data. However, when my son stepped on the nail, that old familiar feeling of "Did I make the right decision?" haunted me. Not to mention the "friends" who have told me that deafness, etc. will result if someone is not immunized and steps on a rusty nail. So please, send me a reply on this most important question.--G.R.

A *Tetanus shots*

Just like you, I was brought up with a dread of rusty nails, having been warned by every doctor, medical school and health department that puncture by a rusty nail, in the absence of tetanus shots, could lead to convulsions, lockjaw, and death. Motivated by this fear, I kept my own tetanus immunizations up-to-date during the earlier decades of my life. During the years when I believed what my professors taught me, I also dutifully pumped tetanus vaccine into the flesh of every human being who came in my direction who had been tainted by a rusty nail. If anyone had the temerity to question the shot, I "cursed" the questioner with the threat of disease and death if my instructions went unheeded.

After my patients submitted to the inoculations, I then gave them my "blessing" and assurance that the injection of this "holy water" would guarantee them safe passage through life. However, as the years passed, my store of knowledge about the tetanus (toxoid) immunization has grown, and I have shared the following with my readers through my column, my books, and this Newsletter:

--The finding that those annual (or even more frequent) tetanus shots were counter-productive and could even decrease one's immunity, leading to official recommendations that tetanus boosters not be given more often than once every ten years.

--The disclosures that the tetanus vaccine has been progressively weakened (in order to lessen its often-severe reactions), thus simultaneously reducing its capacity to effectively immunize (antigenicity).

--The government's statistics over the past several decades which show that at least 40 percent of our nation's population, children included, had not been immunized against tetanus and other diseases. Where then were all the cases of tetanus from all those rusty nails?

--My own clinical experience in which I saw no cases of tetanus from rusty nails, and the few cases of tetanus I did see occurred in malnourished derelicts who had not stepped on rusty nails.

--The failure of the tetanus vaccine, like all other vaccines, to have been proven effective and safe by scientifically controlled trial. No-one ever has taken a population group, immunized half, given placebo injections to the other half, and compared the outcomes to determine whether there was indeed a difference in the incidence and death rate from tetanus and to determine whether, years later, the tetanus vaccine might itself be responsible for certain diseases.

--My growing suspicion as other, much-better studied, vaccines were revealed to be risky and ineffective.

So, for the past decade, I have spoken out against the tetanus vaccine because my fear of a rusty nail doesn't begin to match my fear of the dangers that lurk in the hypodermic needle.

Now that many patients--and quite a few doctors--are abandoning the whooping cough (pertussis) vaccine, physicians are assuring patients of the safety of the other two components of that triple shot--diphtheria and tetanus. However, you (and your doctor) should know that some eminent medical authorities now are beginning to backpedal on the DT vaccine.

Doctors R. G. Mathias and Martin T. Schechter of the University of British Columbia, Canada, reporting in the British medical journal The Lancet (May 11, 1985), contradict the standard recommendations for DT booster shots: "It is unnecessary to give a routine booster of diphtheria and tetanus vaccine every 10 years....The benefits of the procedure do not justify the risks...."

The anti-vaccine fight is heating up internationally. In addition to information from Canada's Committee Against Compulsory Vaccination and from anti-immunization leaders in Australia and New Zealand, I have received an important packet from the Paris-based Ligue Nationale pour la Liberte des Vaccinations (Simone Delarue, president). This packet contains international references which describe complications following tetanus vaccinations, compiled on the basis of information contained in the computers of the Belgian University System.

Let me share some of these references with you. In the Netherlands, a 42-year-old patient suffered three episodes of a demyelinating neuropathy (a degenerative condition of the nervous system), each of which followed an injection of tetanus toxoid (Journal of Neurological Sciences, 1978).

In Sweden, three infants developed severe hemolytic (blood-destroying) anemia after they received the DPT vaccine (Acta Pediatrica Scand., May 1978).

In Israel, a preschool-aged child suffered anaphylactic shock due to tetanus toxoid (Harefuah, November 1975), and another anaphylactic reaction following tetanus immunization was reported in Germany (Dtsch. Med. Wochenschr., January 1973).

In West Germany, a report appeared of nerve damage to the inner ear by tetanus toxoid (Munch. Med. Wochenschr., November 1965). In the United States, a report appeared of a foreign body granuloma which was caused by jet injection of tetanus toxoid (Rocky Mountain Medical Journal, January 1966).

In Poland, researchers reported that 13 of 17 children who were given DT immunizations showed significant changes in their electroencephalograms; the main finding was the appearance of seizure activity for the first time or intensification of previously present seizure activity (Neurol. Neurochir. Pol., September 1981).

In Switzerland, tetanus toxoid given during pregnancy was shown to cause a significant increase in incidence of jaundice in the newborn (Vox Sang, 1980).

And finally, in our own United States, a report was published of recurrent abscess formation associated with hypersensitivity to tetanus toxoid (Pediatrics, May 1985).

I recognize how hard it is for you readers to wade through these technical citations. However, I include these citations for those of you who are facing immunizations for college entry and those of you whose children and grandchildren are facing immunizations.

Carry this Newsletter to your doctor; citations impress doctors. Your doctor can ask his medical librarian to retrieve the original articles and share them with you. His medical library can even run a computer search of its own for adverse effects of the tetanus vaccine. Or if he or you read French, you may wish to directly communicate with the important organization that compiled this information (Ligue National pour la Liberte des Vaccinations, 4 rue Saulnier, Paris, France 75009).

Q We live in Turkey, and the United Nations has begun a vaccination drive to "hopefully" inoculate five million children here over the next year. Poignant commercials appear on radio and television, always stating that 80 children a day die in Turkey from diseases for which there are immunizations.

After lengthy discussion, my husband and I have had our children vaccinated only against polio, primarily because my husband was never vaccinated against this disease.

We are concerned about whether our children should get the DPT shot. We've read your books, but your advice is aimed at people in developed nations where mortality from childhood diseases is very low.

In this country, nutritional and cleanliness standards are not always the best. We have high standards in our house, but our children (now two and four years old) will attend public schools, ride on public buses, etc.

What advice do you have for people in Third World countries?--B.A.

A

DPT immunization in 3rd world

My advice--including that on immunizations--is directed to all my readers, those whose children attend public school and ride on public transportation, whether in Manhattan or in Istanbul. In both places, and everywhere else for that matter, the DPT (diphtheria, whooping cough, tetanus) vaccine remains unproven in effectiveness, but proven in risk.

The best book on the dangers of immunizations, "DPT--A Shot in the Dark," is now available in revised and updated form from WarnerBooks ($4.50). Co-authors are eminent historian Harris Coulter and Barbara Fisher, president of Dissatisfied Parents Together, an organization founded by parents whose children were damaged by DPT shots.

Q

What can happen if a woman takes the Sabin oral vaccine while pregnant?

In 1964, while I was pregnant with my third child, an active campaign was underway to immunize everyone. After checking with my doctors, I took the vaccine in February, March, and April. My son was born on May 22, 1964, and was pronounced "normal and healthy" at birth. But it wasn't long before I noticed that his mental development was considerably slower than that of his two older brothers.

Not until my son was five years old did a doctor finally admit to me that the child was mentally retarded. We have since taken him to various agencies at which many psychological tests have been performed, and he has been pronounced "moderately retarded" as a result of all those tests. The doctors can find no genetic cause. I didn't smoke, drink, or take drugs while I was pregnant (or at any other time).

You can imagine the questions that have gone through our minds as we agonize over what might have happened to our son. In my mind, I have narrowed the possible causes down to two--lack of oxygen at birth, and my taking of the Sabin vaccine while pregnant. I know it won't change my son's future, but it will help to put my husband's and my minds at rest if we know whether either of these possibilities might be responsible for our son's retardation.--B.H.

A

Polio vaccine

You are quite correct in pursuing answers to your important question. The polio vaccine should not be given to adults unless a polio epidemic occurs. Pregnancy is not an indication for administration of this vaccine.

Since so few adults, especially women during their pregnancy, have received the Sabin oral polio vaccine, the average doctor has no experience on which to assess the risk of the vaccine to the unborn fetus. Similarly, neither our university medical centers nor our government health agencies have ever, to my knowledge, carried out a follow-up study on children born to those few mothers who received the polio vaccine during their pregnancies. Therefore, you must seek out national--and if necessary, international--

authorities in the fields of immunology and virology (such as Baylor University's Joseph Melnick, PhD.) who can help you determine whether this immunizing material, known to be toxic to the central nervous system, may be responsible for your son's present condition.

Also, you must investigate the lack of oxygen at birth. What caused this lack of oxygen? Did something happen during the labor itself? Or had the baby's nervous system already been compromised by an insult earlier in pregnancy, which manifested itself during delivery? Since the doctors have excluded genetic reasons and your own lifestyle as causes of your son's retardation, you must pay special attention to all drugs--the Sabin vaccine included--that doctors gave you during your pregnancy and delivery. Careful review of your hospital records and those of the infant may help clarify these issues.

Thanks to material passed on to me by a reader from New Zealand, I am able to bring you documentation used by anti-immunization forces in still another country which faces this international controversy.

In a study of poliomyelitis in England and Wales from 1940 to 1970, there had been an 82 percent decline in polio mortality prior to the 1956 introduction of the polio vaccine. In the post-vaccination era, until 1962, there was a further 67 percent decline. During all the subsequent years of vaccination, at no time has the decline in mortality been as steep as during those six years prior to vaccination.

Without any doubt, the mortality from polio declined dramatically from 1950 to 1956 without vaccination. This phenomenon was not peculiar to England and Wales; indeed, the same epidemiological pattern emerged in France. A series of epidemics which began around 1930 culminated in a massive epidemic in 1955. After 10 years of vaccination, the situation had returned to what it had been 30 years before. No particular change in the direction of illness trends can be observed after the introduction of vaccination.

Q I urge you to read an article from Science magazine, March 17, 1972, entitled, "Division of Biologics Standards: The Boat That Never Rocked." The article examines opportunities for man-made disaster through mass inoculation programs. It explains how polio vaccine was contaminated by a cancer-causing monkey virus.

I hope this information may go far in rocking vaccination programs.--N.K.

A Thanks for sending me one of the most important articles that ever appeared in the prestigious publication, Science. The first paragraph in this article criticizing the government agency responsible for immunizations says,

> "There can be few graver opportunities for man-made disaster than the mass immunization campaigns that are now routine in many countries. Should the vaccine preparations become contaminated with an undetected agent present in the host cells, such as a cancer-causing virus, a whole generation of vaccines could be put in jeopardy. This, of course, is no science fiction writer's horror story--it has already happened once; millions of people have been injected with a monkey virus known as SV40, which was found in 1961 to be contaminating polio and adenovirus vaccines. The virus causes cancer in hamsters; no one yet knows what it may do in man."

Just as in 1972, no one today knows whether or not the contaminated polio vaccine may cause cancer in man. Since the latest statistics predict

that one of every three people who read this column will die from cancer, you may wish to ask your doctor to carefully review this 13-year-old article before you agree to have your children receive the polio vaccine.

Long ago in the days of the Czar, a Russian feldsher (a class of assistant doctors in that country) tended a carpenter who had pneumonia. He gave the man a poor prognosis, telling him he probably would not live out the week. The carpenter, convinced that the end was near, decided that since all was lost anyway, he might just as well indulge his strongest passion--a love of cabbage soup. He instructed his wife to serve him one bowl of cabbage soup after another. To his surprise, after five days of this healthy diet, he recovered. When he reported this miracle to the feldsher, that health professional dutifully inscribed in his notebook: "Cabbage is the cure for pneumonia." Weeks later, the town blacksmith also developed pneumonia. The feldsher told him about the cabbage soup cure for this disease. But this time, it didn't work. The blacksmith died. The feldsher pulled out his notebook, adding to his previous notation--"Only in carpenters, not in blacksmiths."

I am reminded of this story whenever I hear U.S. doctors regale us with the wonders of 100 percent immunization with the polio vaccine. For then come words like those in the April issue of Science 86, the publication of the prestigious American Association for the Advancement of Science: "European countries have eradicated polio without vaccinating everyone. Finland, for example, seemed to have wiped out polio when only a fraction of its population had been vaccinated." England's medical journal, The Lancet, noted: "Oral polio vaccine often gives disappointingly poor immunity and protection in tropical countries."

Maybe we should take a leaf from the book of that Russian feldsher and make a mental note that the polio vaccine is marvelous--in the U.S., but not in Finland...or in the rest of Europe...or in tropical countries...

Measles statistics inaccurate

All of us have heard vaccine enthusiasts boast that 95 percent or more of the nation's school-age children now have been completely immunized thanks to mandatory immunization laws. Since plenty of parents (and even a few doctors) have told me that they simply fill in the required forms even though the shots have never been given (a practice I condemn), I have been somewhat skeptical of those government numbers. And now, I have some real evidence to back up my suspicions.

In the Hobbs, New Mexico school system, an outbreak of 76 cases of measles occurred in 1984. The school system had reported that 98 percent of students had been immunized against measles. When the researchers carefully studied the epidemic (Pediatrics, October 1985) they concluded that "vaccine failure was associated with immunizations that could not be documented in the provider's records."

In other words, school records showed that the children had been immunized, but the doctors' records didn't: "Nine students had records that should not have been accepted by the school system according to current state immunization program guidelines. Fourteen held vaccination cards that were acceptable but could not be verified with the provider listed on the card." The researchers speculate that some parents who do not wish to take the time to get their child vaccinated, or for other reasons "may choose to complete the record according to their memory." They also point out that students who transfer from other places with lax law enforcement of school immunization laws "may bring unreliable records into the Hobbs system." The health department doctors who conducted this study expressed alarm that "widespread unreliability of vaccination cards would be a

serious blow to the nationwide measles control effort." They report that in at least one other measles outbreak, in Pennsylvania, unverifiable school immunization records have been a factor.

What's a person to believe? Maybe practically all of America's school children have been vaccinated. Maybe not. Maybe, if you believe in the vaccine, measles is being eradicated by immunization. On the other hand, if the records don't reflect the reality, then maybe measles, like plenty of other infectious diseases, is disappearing all by itself.

Because of the record-keeping discrepancy now shown to exist, vaccine enthusiasts will now have to redo their studies to determine whether children whose school records said they were vaccinated really were vaccinated.

Pneumonia vaccine

If your doctor tries to sell you on injecting your child with pneumococcal vaccine, you should know that a double-blind controlled study of the vaccine performed on 1,300 healthy Australian children showed there is no benefit.

Recipients of the vaccine had no fewer days of respiratory illness, no reduction in antibiotic consumption, hospitalization, visits to a physician, or incidence of ear infections when compared with those who received a placebo (Journal of Infectious Diseases, 1984).

Q My doctor suggests I have a gamma globulin shot before I travel overseas. I know this shot is made from blood, and I wonder whether, in view of the AIDS epidemic, it's safe for me to take it.--M.R.

A *Gamma globulin*

Many doctors still are using gamma globulin to ameliorate chicken pox in children and to protect Americans who travel abroad.

If your doctor assures you that this human blood product is safe, ask him if he has read the February 7, 1986, issue of the Journal of the American Medical Association. That issue contains the information that the entire supply of gamma globulin available in the United States is positive for the AIDS (HTLV-III) antibody.

Donald Steele, M.D., of Newport Beach, California, comments: "I am appalled that the Food and Drug Administration, the Centers for Disease Control, local health services or the drug companies have not informed physicians throughout the United States that administration of gamma globulin to their patients or employees may entail the risk of converting them to a false-positive reaction for the HTLV-III antibody....Without advance knowledge, however, the liability imposed on each of us is potentially enormous. Each of us can envision innumerable scenarios that might put us at grave risk if we fail to inform the patient in advance...."

While I am all in favor of giving patients information, perhaps a simpler solution would be to dump all gamma globulin down the drain.

Eminent medical researchers have told you that AIDS is caused by a virus. They also have told you that this virus probably originated in African green monkeys. But did you know that cells from the livers of these African green monkeys are used in the production of U.S. vaccines (The American Spectator, March 1986)?

This startling bit of news, not further elaborated on in this publication, makes me very happy that none of my five grandchildren has received any vaccinations.

the People's Doctor
A MEDICAL NEWSLETTER FOR CONSUMERS
by Robert S. Mendelsohn, MD

VOL. 11, NO. 10

IN THIS ISSUE: IMMUNIZATION CONTROVERSIES CONTINUE: Vaccines Implicated in AIDS . . . DPT Seizure Hazards . . . Futility and Risks of Measles, Flu and Pneumonia Shots

This is still another Newsletter on immunizations and the revelations about the damage they cause continue to appear in the public press.

Dr. Robert Mendelsohn

A hard-hitting salvo against infant vaccines appeared this year in a five-part 16-page newspaper series in the Rochester (New York) Democrat and Chronicle. Entitled "Children at Risk--DPT Dilemma," this special report by reporter Jennifer Hyman represents five months of research, complete with photos of brain-damaged children, graphic depictions of reaction estimates and interviews with doctors on both sides of the vaccine issue.

Hyman discovered what I have been reporting to you for the last several years--doctors who won't give the vaccine to their own children. For example, Dr. Kevin Geraghty, a specialist in pediatric immunology, told Hyman, "You could put a gun to my head, and I wouldn't use the American [DPT] vaccine. No power on earth could make me do it."

According to Hyman, many pediatric neurologists--some say a majority--will not allow their own children to have the vaccination. Hyman learned that doctors still are not informing parents about the vaccine's side effects. Nor were most parents and doctors aware that nine states, including New York, do not require the DPT shot. Of greatest importance are Hyman's revelations that DPT is not the only childhood vaccine with side effects. She tells about adults who develop polio after they have contact with children who recently have been immunized with that vaccine; more fevers have been reported to the Centers for Disease Control after the MMR (measles, mumps, rubella) than after the DPT shot.

Rochester, New York, is not exactly a hotbed of radicalism. And the appearance of this important series indicates that word about vaccine dangers is entering the consciousness of middle America. The Democrat and Chronicle, after receiving thousands of requests from around the country for copies of this series, has made special reprints available.

Q I am enclosing an article from the Denver paper advocating immunizations. I am against immunizations, and so is my daughter, but my son-in-law disagrees with us. In my opinion, the newspaper's statement about increases in some childhood diseases simply is not true. The article seems intended to panic people into getting unnecessary shots for their children. I'd love to know where those statistics came from!--Mrs. E.J.

Vaccine proponents defend themselves

A Thanks for sending me that clipping from your Denver newspaper which blames the increase on the cost of vaccines, as well as the public disputes over vaccine safety and liability and the alleged shortages of some vaccines.

All the above is true. Because of jury awards to children who have been brain-damaged by vaccine, vaccine costs have skyrocketed. As more and more parents begin to recognize the link between vaccines and their child's condition (epilepsy, convulsions, mental retardation, cerebral palsy, Sudden Infant Death, etc.), lawsuits have become commonplace. As drug companies exit the vaccine field, public health authorities worry about vaccine shortages.

Therefore, whenever you read one of the ever-increasing number of articles which try to panic people into vaccinating their children, you also must read about the other side of this most controversial issue. Read about doctors who are concerned about the damage that may appear decades later as a result of immunizations intended to protect children against relatively innocuous diseases. Read about doctors who are concerned about damage to the immune system from immunizations. Read about the sorry record of public health authorities in other preventive matters--the swine flu vaccine included. Read about the many fully-immunized children who nevertheless are getting measles and mumps and whooping cough.

While I share your misgivings about the kind of scare tactic exemplified by this article, at the same time I admit a certain sense of satisfaction. The fact that our public health authorities feel compelled to thus defend themselves indicates that they are being hard hit by vaccine opponents, myself included.

Before 1982 (when the vaccine controversy became a public issue), public health authorities never had to resort to this kind of scare strategy. But now, the public health people know that lots of parents don't believe them anymore. Lots of parents are asking lots of questions of their own doctors before they let their children receive those shots.

By bringing you documented information on the darker side of immunizations, this Newsletter will continue its tradition of opposing the blind acceptance of routine immunizations. But you have to do your part too. Denver is your home town. The Denver newspaper is your newspaper. While I am flattered that you chose to write to me, I urge you to also write to the editor of that newspaper. Tell him how you feel about immunizations and why you feel that way. In case you want to send the editor some medical references which oppose immunizations, send him a copy of this Newsletter.

Can immunizations trigger AIDS?

With increased public awareness of the dangers of immunizations, I repeatedly have been asked about future vaccines, particularly the new genetically-engineered recombinant vaccines. People ask, "Will such vaccines be safer than the present pertussis vaccine? Will such vaccines, because they are not derived from human blood, obviate the danger of catching AIDS from the shot?"

Until now, I have had to answer such questions by invoking some of Mendelsohn's Laws. For example, "Look for quick use of the new vaccines because doctors try to use a new remedy as rapidly as possible before its side effects become known." Or, I reply with another of Mendelsohn's Laws, "Doctors never give up one dangerous remedy until they have an even more dangerous one waiting in the wings."

But now, concerns about genetically-engineered vaccines are surfacing in the highest circles of medicine. Buried deep within the New England Journal of Medicine (December 3, 1986) are three important sentences: "Extensive research is being conducted on recombinant live-virus vaccines in which vaccinia [the smallpox organism] is used as a biologic carrier. Recently, several groups have developed candidate recombinant HIV vaccines. Our case report raises provocative questions concerning the ultimate safety of such vaccines."

Now for the background of those admittedly technically complex, but obviously frightening, sentences. The NEJM article entitled, "Disseminated Vaccinia in a Military Recruit with Human Immunodeficiency Virus (HIV) Disease," was sent to me by Simon Delarue, head of the Paris-based French League Against Vaccinations. The article describes a healthy 19-year-old U.S. Army recruit who began basic training in April, 1984. Within the first three days of basic training, he received multiple immunizations (adenoviruses 4 and 7, measles, rubella, bivalent influenza, trivalent poliomyelitis, tetravalent meningococcus, tetanus, and diphtheria, followed

by a smallpox vaccination at the end of the first week of basic training). Two-and-a-half weeks later, he developed fever, headache and a stiff neck. A spinal tap showed him to be suffering from cryptococcal meningitis. HIV (the AIDS virus) was isolated from his blood.

Interviews conducted by trained investigators with the patient and family members failed to reveal evidence of homosexual activity or intravenous drug use. Four weeks after vaccination, during his hospitalization for the treatment of the meningitis, the patient developed an ulcer at the site of the smallpox vaccination. Within the next few days, 80 to 100 pustular lesions appeared on the buttocks and legs, rapidly progressing to ulcerations. When these lesions were cultured, vaccinia was found. The young soldier died in December, 1985.

Live-virus vaccines (such as smallpox, polio, mumps, rubella and measles) have been well-recognized as a cause of severe complications when they are given to patients who have impaired functioning of their immunologic systems. In an attempt to minimize the occurrence of this complication, the U.S. Armed Forces now require screening for HIV antibodies before immunizations are given. And the U.S. Public Health Service has stated that live vaccines are not recommended for use in patients with "clinically apparent HIV-associated immunodeficiency."

The U.S. Army is not waiting for "clinically apparent" AIDS. Instead, on the basis of pre-vaccination AIDS screening, they are excluding recruits with evidence of HIV infection from receiving live virus vaccines.

This article raises a series of important questions:

1) Should your child receive a blood test to see whether he has HIV (AIDS) infection before you allow your doctor to give the live-virus vaccines?

2) What about killed viruses?

3) Did you know that Army recruits receive so many vaccines, all within such a short period of time? While the general population no longer is vaccinated against smallpox, military populations are immunized against smallpox "because of strategic defensive military and anti-terrorist considerations."

4) Since we now know that the production of gentically-engineered recombinant vaccines involves the use of smallpox (vaccinia), how safe are any of these new vaccines?

And why are these admittedly provocative questions buried so deeply within the pages of medical journals instead of being headlined on the front pages of your newspapers?

My Newsletter, "AIDS: Linkage to Smallpox Vaccine" (Vol. 11, No. 8), brought you information gleaned from foreign newspapers which linked the AIDS epidemic in Africa to previous smallpox vaccination campaigns.

A perfect correlation exists between the number of AIDS cases, mostly heterosexual, in various Central African countries and the number of people vaccinated in that country. The method of vaccination had the vaccinators using the same needle on 40 to 60 people, passing the needle through a flame as the only means of sterilization.

The only South American country that has a significant number of AIDS cases is Brazil, which happens to be the only South American country that had a recent smallpox vaccination campaign. The relationship between smallpox eradication efforts and AIDS cases could explain the equal distribution of the disease between the two sexes in Africa, in contrast to the United States, where the disease seems to be primarily spread by homosexual sex and intravenous drug use.

I just learned that Harold E. Buttram, M.D., wrote about the relationship between smallpox vaccine and AIDS in the December 1986 issue of Health Report (Clymer Health Clinic, Quakertown, Pa.). The lead article was entitled, "A Theory on the Origin of AIDS: Cross-cultural Immunizations and Immune Malfunction."

Dr. Buttram and researcher John Chriss Hoffmann wrote: "There are grounds for believing that Western vaccines, introduced since World War II into native populations, may have catalyzed the change of the AIDS virus from latent to active states." They quote Dr. Robert Gallo, chief AIDS researcher at the National Cancer Institute, who told the Washington Post on February 2, 1986 that vaccines "trick the immune system into manufacturing antibodies and can be a risk for infected persons."

In other words, Buttram and Hoffmann explain that immunizations may mimic the effects of multiple infections in the healthy carrier of the AIDS virus, possibly activating infection from its latent state. If the present AIDS epidemic did begin in Africa (as is thought), according to Buttram and Hoffman, it probably is due to the weakening of the immune system of native Africans from multiple causes, of which immunization is one. They conclude, "There is a great need to study the possible immunosuppressive effects of vaccine."

Another doctor has spoken out on the possible relationship between the AIDS epidemic and vaccinations. Thanks to Santa Monica, California subscriber Johanna Amschl, I have before me the August 7, 1987 issue of the Los Angeles Reader which details Pasadena internist Robert Strecker's belief that AIDS is transmitted through vaccines.

In addition, Jeremy Rifkin, a medical activist in Washington, D.C., has asked the National Institutes of Health to examine world-wide stocks of human vaccines to see if they might be contaminated with animal viruses which could be central in causing AIDS.

How might animal viruses get into vaccines? The Reader describes how smallpox vaccine is manufactured: "A young calf has his belly shaved. Many slashes are made in the skin. A prior batch of smallpox vaccine is dropped into the slashes and allowed to fester over a period of days. During this time, the calf stands in a headstock so that he can't lick his belly. The calf then is led out of the stock to a table where he is strapped down. His belly scabs and pus are scraped off and ground into a power. That powder is the next batch of smallpox vaccine."

Reader reporter Jon Rappaport asked the veterinarian who gave the above description whether incidental viruses which the calf was carrying might be contained in these scabs and, hence, appear in the vaccine. "Reluctantly, he [the vet] said yes."

And don't think that smallpox vaccine, which largely has been abandoned in the United States, is the only vaccine under suspicion. Ten years ago, William Bennett, medical editor of the Harvard University Press, wrote in The Atlantic Monthly (February, 1976) that the SV40 virus (which comes from monkeys--SV stands for Simian Virus) was used, along with its host monkey kidney, during the 1950s and 1960s in the manufacture of polio vaccines and "cold shots."

In 1985, Dr. Jacob Rachlin, head of a group of University of Chicago researchers, reported a study to the American Association of Neurologic Surgeons which turned up SV40 in human cancers. In Rachlin's study, three children with brain tumors were born of mothers who had received polio shots during their pregnancies.

One of Mendelsohn's laws is, "When it comes to medicine, whenever you think things are bad, they usually are worse." These new revelations are powerful evidence that vaccines are more horrible than even I would have imagined.

The last time you took your child (or grandchild) to the doctor for an infant vaccine, did he ask you whether any member of your family ever had a

convulsion? If not, he is in violation of government standards.

As reported by the Centers for Disease Control in its MMWR report (May 15, 1987), the Immunization Practices Advisory Committee (ACIP) recommends that parents of infants and children who have family histories of convulsions should be informed of their children's increased risk of seizures after DPT vaccinations.

"In particular, they should be told, before the child is vaccinated, to seek immediate medical evaluation in the unlikely event of a seizure," says the ACIP.

(Doctors like to use words such as "event" or "incident" when something they do leads to trouble. For example, if a mistake is made in prescribing medication in a hospital, an "incident" report is filled out. Similarly, the CDC refers to the risk of neurologic "events" after DPT vaccination. Do these words "incident" and "event" serve to obscure responsibility and make the patient's damage appear to be an act of God Himself?)

According to the CDC, studies now show that infants and children with a history of convulsions whose parents, brothers and sisters have a history of convulsions have a "3.2-fold increased risk for neurologic events compared to those without such histories."

So, parents and grandparents, see whether your doctor asks you if anybody in the family has had convulsions before he injects your child. (Approximately five to seven percent of all children have a family history of convulsions.) If there is a family history, see whether he warns you of the increased chance that your child will convulse following the shot. Then see whether he tells you, before he gives the shot, to seek medical care if your child has a convulsive "event." See whether he follows the CDC recommendations to document in your child's medical record that "the small risk of postvaccination seizure and the benefits of pertussis vaccination have been discussed." (That documentation is just in case you later decide to sue for any damage your child may have incurred because the shot was given without affording you the opportunity for informed consent.)

Finally, see whether the doctor talks to you about using acetaminophen, Tylenol included, after the DPT shot to decrease the risk of febrile convulsions. If so, tell him that the CDC confesses that "there are no data on whether the prophylactic use of antipyretics [which may be able to reduce the incidence of postvaccination fever] following the DPT vaccine can decrease the risk of febrile convulsions."

Now watch the language of this next sentence. "Thus, it is reasonable to consider administering antipyretics (such as acetaminophen) at age-appropriate doses at the time of vaccination and every 4 to 6 hours for 48 to 72 hours to children at higher risk for seizures then the general population." Note how carefully the CDC pussyfoots around the issue of acetaminophen. They don't say it is reasonable to give this antipyretic. Instead, they say it is reasonable to consider giving this drug, which they know can be toxic to both the kidneys and liver.

This latest revelation doesn't add very much to our store of knowledge about DPT's safety and efficacy. But it certainly gives us some insights into the Byzantine thought processes of government doctors who are supported by your tax dollars and mine.

Japanese pertussis vaccine no panacea

If your doctor says the Japanese whooping cough vaccine (not available in the U.S.) is a more effective vaccine and is a safe substitute for the dangerous U.S. vaccine, ask if he has read the November 1986 issue of the American Academy of Pediatrics Newsletter.

Since the development of this new acellular pertussis vaccine in Japan late in 1981, there has been a continuing decrease of the incidence

of pertussis from the epidemic peak in 1979. Yet surprisingly, in spite of higher vaccination coverage, the incidence of whooping cough in 1984 was above the levels of the early 1970s.

While you legitimately may be amazed that the incidence of whooping cough in Japan actually was higher after this new vaccine was introduced than it had been a decade previously, this news will not surprise epidemiologists and others who specialize in tracing disease patterns. A long time ago, when smallpox vaccine first was introduced, medical journals carried quite a few reports of an increased incidence of the disease in the years after introduction of the vaccine; the same thing happened initially with the polio vaccine. And, as I inform you below, some communities in the U.S. are reporting an increase in measles cases following introduction of the measles vaccine.

What does it all mean? Does the vaccine paradoxically cause the disease it is intended to prevent, or do the doctors change their criteria for reporting a disease after the vaccine is introduced? While experts continue to ponder these and other hypotheses, you have to be informed about this strange pattern which perplexes scientists.

If your pediatrician tells you that the serious neurological reactions (convulsions, epilepsy, mental retardation, cerebral palsy, sudden infant death, etc.) associated with the original pertussis vaccine have decreased with use of the Japanese vaccine, please remind him that the Japanese do not start routine pertussis vaccination until two years of age. In contrast, the U.S. vaccine is started at two months, and it is given during the high-risk months for Sudden Infant Death Syndrome. In addition, serious neurologic reactions following pertussis vaccination in Japan had already fallen significantly after 1975 when the age of administration of the vaccine was raised to two years. But the rate of whooping cough in children ages two and below is higher than it was before 1975.

All these variables make it impossible to say the Japanese vaccine is any more safe or effective. The lesson to parents is clear. They must ask the same questions about the Japanese vaccine which they have been asking about the U.S. vaccine.

Measles updates

If your doctor has been singing the praises of the measles vaccine, you may want to get a second opinion.

The federal government reports (Morbidity and Mortality Weekly Report, June 6, 1986) that during 1985, out of 1,984 non-preventable cases of measles, 20 percent (395) occurred in children under 16 months of age who were too young for routine vaccination and 3.6 percent (71 persons) were born before the vaccine became available. Of the 1,518 who were between 16 months and 28 years of age, 80 percent (1,207) had been vaccinated on or after their first birthday; one percent (14) had previously had a physician diagnose them as having measles; three percent (48) were non-U.S. citizens, and 16 percent (248) had medical contraindications or exemptions under state law. Please note that 80 percent of these so-called "non-preventable cases" occurred in people who had been properly vaccinated.

So if your doctor tries to remind you of all those cases of measles that would have occurred if no-one had been vaccinated (a guess on his part), you might remind him of all those for-sure cases of measles that occurred in spite of the shot.

After there had been no reported cases of measles in the state of Iowa since 1979, 125 cases occurred last year (Waterloo Courier, July 10, 1986).

Most of the cases occurred in children who had received the measles

vaccine. Iowa health officials consulted with the Centers for Disease Control which reported that a number of other communities in the United States had experienced similar problems.

As reported in Science News September 13, 1986, "The war against measles isn't going according to plan." In the first half of 1986, more than twice as many cases were reported as in the first half of 1985 and nearly four times as many as were reported in the first six months of 1986, according to the Centers for Disease Control's Bulletin of August 22, 1986. Half the measles patients had been vaccinated.

Great stuff, that measles vaccine!

Q Should I get a flu shot this year? I'm 66 years old and in good health. My doctor has told me about the pneumonia vaccine and I wonder if I should get that as well.--C.C.

Risks of flu shots and pneumonia shots

A Even though it is almost now winter and these shots are to be given before the flu season begins, plenty of people still are under pressure to be vaccinated against influenza and against pneumonia. That pressure to immunize emanates from at least three sources--one's own doctor, public health doctors, vaccine manufacturers and their public relations firms.

This triad (triumvirate? troika?) will, of course, try its best to frighten people about the dangers of the diseases. Just take a look at the very name of last year's flu--Taiwan flu. Haven't you ever wondered why doctors name flu strains after Asiatic countries? Do you remember the Hong Kong flu? The Singapore flu? The Bangkok flu? The Asian flu? The Russian flu, etc.?

Did you note that, when a strain finally originated in the U.S., doctors didn't call it the New Jersey flu? Instead, they named it after an animal that has a thick, bristly skin and a long, mobile snout--swine flu.

When the scare campaign heads in your direction, don't panic. Instead, keep in mind the fact that the doctor's treatment may be even more dangerous than the disease. Before your doctor fills the syringe, ask him to hand you the prescribing information for the vaccine. When you carefully read the four columns describing Merck Sharp & Dohme's pneumococcal vaccine, Pneumovax, you will learn that, while this vaccine is particularly recommended for older folks who are more likely to be ill, the manufacturer warns that caution should be exercised in giving Pneumovax to individuals "with severely compromised cardiac and/or pulmonary function in whom a systemic reaction would pose a significant risk." Thus, the very people for whom the vaccine is recommended may be the same ones for whom it is the most dangerous!

You also will learn that, in addition to the more common reactions--soreness, redness, fever--neurologic disorders including Guillain-Barre paralysis have been associated with the penumococcal vaccine.

After you have read the small print on the pneumococcal vaccine, read the small print on Fluzone, Squibb-Connaught's influenza virus vaccine. Under the section on warnings, you will learn that this vaccine interacts with anticoagulants, theophylline and anti-convulsants. You will learn that if jet injection is used, special precautions must be taken during sterilization to prevent the transmission of hepatitis or other infectious agents. You will learn that neurologic disorders such as encephalopathy (brain damage) have been linked to this vaccine. These reactions can begin as soon as a few hours and as late as two weeks after vaccination. You also will learn that, when the doctor or his nurse brings in the tray

for your injection, the tray should be carrying two syringes--the second containing adrenalin, in case you go into shock from the vaccine.

Writing for Scripps-Howard News Service, Dr. William Froschauer reports (November 5, 1986) that healthy people under age 65 should not take the flu vaccine because "the risk of suffering serious complications from the vaccine is far greater than that of having serious effects from the flu."

Maybe after you read all this information, you will lean toward rejecting the vaccine. If you still need a clinching argument to help you make up your mind, ask your doctor if he himself has taken those shots.

Q I am a physician who is interested in side effects and risks of vaccinations. In the November 21, 1986, issue of the Journal of the American Medical Association, I read that the most common cause of death in Air Force recruits during basic training is myocarditis. This appears to be caused in some cases by vaccinations given to the recruits. The article refers also to the Annals of Clinical Research (1978) which showed that post-vaccination EKG changes of myocarditis were seen in three percent of asymptomatic recruits in Finland.

Keep up the good work.--V.A.V., M.D.

Vaccine dangers to recruits

A Thank you for sending me that important and authoritative article which gives a 20-year review of sudden cardiac deaths in Air Force recruits (from the Department of Cardiology, Wilford Hall Medical Center, Lackland Air Force Base, San Antonio, Texas, and the Department of Cardiovascular Pathology, Armed Forces Institute of Pathology, Washington, D.C.).

All the airmen had received meningococcus, influenza and tetanus-diphtheria inoculations on the fourth day of training. On the eighth day, adenovirus, rubella and rubeola inoculations were administered. Vaccinia (smallpox) vaccinations were administered on the third day of the training during the period from 1965 through 1968, but were discontinued thereafter On the 30th day of the training, oral polio and tetanus-diphtheria booster were given.

In the Finnish study you refer to in your letter, smallpox and diphtheria immunizations were identified as the most common agents of EKG changes of myocarditis (inflammation of the heart muscle). In another reference from the New England Journal of Medicine, a fatal case of myocarditis occurred after a smallpox vaccination. In the JAMA study, a recruit who died of vaccinia myocarditis was immunized two weeks before

This study proves one thing: For Air Force recruits, a shot from the doctor may be more tragic than a shot from the enemy.

Another View

by Marian Tompson

How do you get your non-immunized child into school when you live in a state in which immunizations are required? Well, let me tell you how Rose dealt with this situation this year when her eldest child, Lara, was ready to enter kindergarten.

Wanting to make this transition as smooth as possible for Lara, Rose contacted the state health department months before school was to begin and asked how she might go about getting an exemption from immunizations for her daughter. "All you have to do is write a note to the school stating why Lara doesn't have shots," she was told.

But when Rose tried to register Lara for school, she sensed there was going to be trouble. The school nurse was most unfriendly, declaring that no unimmunized child had ever been registered at that school. Even with a letter of exemption, it still was up to the principal to decide if Lara could enter school. "And if anyone in the school catches a disease," she warned, "you could be sued by the parent of that child!"

The week before school began, the school secretary phoned Rose with the urgent message that the exemption letter was needed right away so it could be presented to the school lawyer before the school committee meeting. The letter, which both Rose and her husband signed, was headed Legal Immunization Exemption Per Compliance With State Statute Provisions. Underneath, the name of the school, the city and Lara's name were listed. The text read as follows: "As legal parents of Lara _____ we hereby withdraw our consent to have our child immunized since one or two of the immunizing agents could manifest an allergic reaction. Also whereas; Vaccines are contrary to our beliefs and practices, which violates the free exercise of our religious principles. As legal and responsible parents of the above child we hereby release the school from its responsibility. This legal request to be filed with student's school health record as legal proof of our objection."

Rose accompanied Lara to her first day of school only to be told by the nurse that she had conferred with the school principal, and he said the exemption letter wasn't specific enough to allow Lara to enter school. "And what if Lara should cut herself on the swing set?" the nurse demanded. "If she got lockjaw, she would just die because it's a fatal disease. So then, how are you going to live with that?"

The nurse next handed Rose a handwritten note containing the following points which she claimed the school's lawyer required be added to the letter: The name of the religion, an agreement to exempt the school and all of its personnel from any and all liability now and in the future, willingness to allow first aid to be given to the child as stated in the school department protocol, a list of the beliefs and practices specifically violated by immunizations given to the child, specific allergic reactions referred to and why, and the understanding that copies of the objection would be filed with the state health department. The letter was to be completed, signed and notarized before Lara would be allowed in school. Rose's objection that none of the points was required by law was met by the nurse's reiteration that the school's lawyer required them.

During the next 24 hours, Rose got a copy of the state's general laws on immunization from the library. Next she got a notebook, writing in it everything pertinent to the issue, including the names of everyone she had talked to and exactly what they had said. By making one long-distance phone call, Rose learned that the U.S. Supreme Court had ruled that an individual's personal religious beliefs do not necessarily have to be tied to or affiliated with any external manifestation of religious practice through any organized religious organization. She called the Attorney General's office in the role of an irate mother whose child was being kept out of school. ("I had been told that if you're too nice, they just put you on the back burner," Rose explained.) An assistant to the Attorney General told her that while they couldn't make a formal decision unless it was in writing, he personally felt that Rose and her husband had complied with the law in their original letter, and he suggested that Rose have the school lawyer call him.

When she telephoned the principal to get the lawyer's phone number, Rose learned that the principal never had seen the original letter. He also claimed to know nothing about the added demands made on Rose by the school nurse. A call to the school's lawyer produced the added revelation that he knew nothing about those demands. In the end, the principal prepared a statement which contained one single agreement which would allow first aid to be given. Rose signed the statement, and Lara started school, only one day late!

Getting her daughter into school became an educational experience for Rose as well. She learned to check out the claims of people in authority because they might be lying. She learned to check out the actual laws and use them. And she learned that, with persistence, even a young mother holding a nursing baby in her arms can challenge the system and win. And I think she deserves a medal!

the People's Doctor
A MEDICAL NEWSLETTER FOR CONSUMERS
by Robert S. Mendelsohn, MD

VOL. 11, NO. 11

IN THIS ISSUE:

Beware of Hib Vaccine

Dr. Robert Mendelsohn

With the Hib vaccine, we face the entire question of disease borne from one child to another in daycare centers. Should the problem be dealt with by the quick fix of a shot, or should our society rather be looking at the overall question of what happens to babies of women who work?

Q The director of my child's daycare center is pressuring me to have my child immunized with the Hib vaccine. Should I take his advice?--M.U.

A *Beware of Hib vaccine*

Just as with the older vaccines, the best advice I can give parents is to carefully read the prescribing information before permitting the doctor to use this new Hemophilus influenza b vaccine.

You then will learn that, in addition to the active agent or germ, the vaccine injection also contains lactose, thimerosal (a derivative of mercury) and sodium chloride. You might ask your doctor whether any studies have shown that the injection of these materials--sugar, mercury and salt--is safe. I know of none.

Be sure that your doctor has a second syringe available if he gives your child the shot. The prescribing information states that an epinephrine (adrenaline) injection should be available for immediate use if an anaphylactoid (shock-like) reaction should occur. Also, be sure he takes a careful history and performs a physical examination on your child, since any febrile illness (one that is accompanied by a fever) or active infection is reason to delay the vaccine.

If you decide to have the doctor inject the vaccine, watch that he injects it in the right place. The vaccine should be given under the skin (subcutaneously) and not intradermally (between the layers of the skin), intravenously or intramuscularly. The safety and efficacy of these other routes of administration have not been evaluated.

Where has the vaccine come from? Has it been sitting on a table or in a drawer? The prescribing information says the Hib vaccine should be refrigerated upon receipt and should be stored when not in use at 35 to 46 degrees Fahrenheit. Be sure the vaccine is taken out of the refriger-

ator and not out of the freezer, since the prescribing information carries the warning--DO NOT FREEZE.

If you can, determine when the doctor mixed the vial of vaccine with the vial of diluting fluid, since, after mixing, the vaccine is stable for only 30 days when stored as directed. The date of mixing (reconstitution) should be recorded on the label of the vial containing the vaccine. Look at the label before the shot is given to make sure the expiration date has not passed.

Health dangers of daycare

The bad news about daycare centers has been extensively presented in a special supplement to Pediatrics, June, 1986, the official journal of the American Academy of Pediatrics.

Children in daycare centers, their teachers and their household contacts have higher rates of diarrhea, hepatitis, meningitis, and ear infections than do children who are not in daycare. These children also are at risk of various types of developmental deficits, including personality flaws, less intellectual development, and an increased sense of social isolation.

Daycare centers which accept children who are younger than two years of age reported three-and-a-half times as many cases of diarrhea as did centers which did not accept such young children. Thus, children in diapers are a "risk factor" for diarrhea in daycare settings. Staff members who diaper children and also prepare or serve food to children play an important role in transmitting the germs associated with diarrhea.

There is now indisputable evidence, spanning 13 years of study, that daycare centers play a very significant role in spreading viral hepatitis among children (in whom it manifests itself as a mild disease), center staff, and adult household contacts of daycare children. In contrast, viral hepatitis can be very serious and can carry the risk of death when it strikes adults.

Children younger than three years old have much higher rates of Hib (a disease caused by the Hemophilus influenza germ) than do children who are not in daycare, and daycare attendance is particularly asociated with elevated rates of the deadly Hib meningitis. Other forms of meningitis may also plague daycare centers. Measles and tuberculosis can be communicated in daycare settings.

Ask your doctor to let you read this important supplement, which is fully documented with 172 references. What can you do after you have absorbed the grim evidence that daycare centers have joined other institutional settings, including homes for the retarded and hospitals, in being medically dangerous places for both children and adults?

1) If any member of your family becomes ill, and if you belong to the millions of American families which, either through choice or necessity use daycare centers, think about the center being the source of the disease. Did the workers at the center--particularly its medical personnel and consultants--warn you about the increased risk of various infectious diseases in your family at the time that you enrolled your child?

Ask your local health department about the disease record of your child's daycare center as compared to others in the area.

2) If you work in a daycare center, be aware that you face an increased risk of contracting important disease conditions.

3) If you fall into neither of the two above categories, think about strategies, both private and public, which you can initiate and implement to help working parents.

Q I received the enclosed "Dear Parent" letter from the Ministry of Health of the Province of British Columbia by way of my daughter's private school. The letter tells about the Hemophilus influenza type b vaccine which is being offered to children aged two to five years. The letter says this

type of influenza "is the major cause of epiglottitis and meningitis in children under the age of five years," and "Children attending day care centers are more at risk because of increased exposure, both in the number of children they are in contact with and the number of hours of exposure."

Is there a good chance that either my three-year-old or my one-year-old will get meningitis if they are not immunized?--C.S.

A Since the Hib vaccine first was introduced a few years ago, I have been warning people about the tendency of doctors to use a new medicine as fast as they can before all the adverse effects are known. Now, the darker side of this new vaccine, designed to prevent children from getting meningitis, is beginning to surface.

In an article entitled, "Meningitis Risk Seen from Use of Vaccine" (St. Paul Pioneer Press Dispatch, April 21, 1987), Minnesota state epidemiologist Michael Osterholm reported that, instead of protecting children from meningitis, the Hib vaccine increases the risk of illness. Speaking to physicians and health experts from around the United States who were gathered at the National Institutes of Health, Osterholm reported that a study of children who had received the Hib vaccine since its introduction in 1985 showed they faced a fivefold increase in the risk that they will be infected by the Hemophilus influenza type b bacteria (against which the vaccine is supposed to protect them). This Minnesota study found the vaccine has an effective rate of minus 86 percent, meaning the number of infected children grew. In Minnesota, many doctors have stopped administering the vaccine until they get a definitive response from the FDA.

In contrast, the original study of children in Connecticut, Pittsburgh, and Dallas which was done by Dr. Eugene Shapiro of the Yale University School of Medicine, found the vaccine to be effective 89 percent of the time. The most startling revelation is that Shapiro excluded Minnesota from his study (even though that study used the same methodology) because the state's results were so far out-of-line from the other areas examined. I hope every reader of this Newsletter, whether in the United States or in Canada, is aware of the almost uncontrollable tendency of researchers to throw out findings that don't agree with their preconceived conclusions!

In view of this important news, every parent whose doctor recommends the Hib vaccine must ask the doctor if he knows what's happening in Minnesota.

Hib disease follows vaccination

The authoritative Centers for Disease Control publication, Morbidity and Mortality Weekly Report, reported in its August 21, 1987 edition that invasive Hib disease was occurring in children who previously had been vaccinated with that immunizing agent.

When the vaccine was introduced in 1985, the FDA asked its manufacturers to conduct post-marketing studies. As a result, the FDA, CDC, vaccine manufacturers and individual vaccine investigators have received spontaneous reports of these vaccine failures.

The word "spontaneous" is important. It indicates that government agencies and vaccine manufacturers have depended on passive surveillance in their search for adverse effects. "Passive surveillance" is the epidemiological term used when there is only voluntary, spontaneous and therefore spotty reporting of adverse effects by patients and doctors to the government or drug companies. In contrast, "active surveillance" refers to a situation in which the company making the drug or vaccine and the government's health and watchdog agencies make an effort to check up on the patients to determine the extent of adverse effects.

For example, in active surveillance, a vaccine manufacturer or the FDA might keep a file card on each person who was given the vaccine during

field trials. Then at some point--days, weeks, months or even years later--each vaccinee and his family would be contacted, examined and closely questioned to determine both the efficacy and safety of the vaccine.

As you can see, from the scientific standpoint, active surveillance is vastly superior to passive surveillance. However, not too unsurprisingly, vaccine manufacturers are quite resistant to the idea of active surveillance. They claim it is too expensive, too time-consuming, etc.

I often have felt that a more basic reason for opposition to active surveillance is vaccine manufacturers' fears of what such a scientific study might turn up. But even with inadequate, slapdash and sloppy passive surveillance, bad news about the Hib vaccine has surfaced. Investigators at the Northern California Kaiser Permanente Health Plan and the Minnesota Department of Health have reported some cases of invasive Hib disease during the one-week period following vaccination.

Last year, one investigator suggested in the New England Journal of Medicine that these vaccine failures might be due "to an inability to induce an appropriate antibody response." Translating this into English, the vaccine might not work.

The CDC says further investigation is necessary to evaluate the meaning of Hib cases found soon after vaccination. They warn that physicians should be aware that "cases may occur in the week after vaccination, prior to onset of the protective effects of the vaccine."

I will not argue with the CDC that physicians should be aware of the vaccine failure. But just in case your physician does not have time to read this weekly government publication, I think it important that patients get the message directly.

the People's Doctor
A MEDICAL NEWSLETTER FOR CONSUMERS by Robert S. Mendelsohn, MD
VOL. 12, NO. 6

IN THIS ISSUE:

IMMUNIZATION UPDATE No. 3

Attacking immunizations from the beginning

In February 1976, more than 12 years ago, a new syndicated medical column—The People's Doctor by Robert S. Mendelsohn, M.D.—made its way onto the pages of some of the largest and most prestigious of the nation's newspapers.

Almost from the very beginning, Dr. Mendelsohn wanted to attack routine childhood immunizations. But many voices urged caution. Don Michel, who then was features editor of the *Chicago Daily News* (he now is editor of the *Los Angeles Times* Syndicate) warned against "taking on all the dragons at one time." And I, who had faithfully taken my own two children to the pediatrician for each and every shot, cautioned Dr. Mendelsohn against even broaching the subject of immunizations. How, I wondered, could anyone attack such a sacred cow?

But Bob Mendelsohn couldn't be contained for very long. On March 29, 1976, only one month after the column began, he answered a question about whether babies need to be given the whooping cough vaccine. This was his answer:

First answer on immunizations

Whooping cough (pertussis) vaccine is one of the most controversial immunizations, even after all these decades of use. It is included automatically in the "triple shot" given almost all babies, the other two being diphtheria and tetanus. Yet it is the least effective of the three and the most dangerous. Most of the bad reactions, including high fever and convulsions, come from the whooping cough element, and the official recommendation is that the shot usually not be given to anyone older than six.

The incidence of whooping cough in this country has certainly declined, but the disease is not that rare. Doubts persist as to whether the pertussis vaccine itself has had very much to do with the decline in the disease and whether the vaccine, if introduced today, would pass FDA standards.

If you're concerned about giving the whooping cough vaccine to your child, ask your doctor if he really feels that your child should be immunized with the triple shot, or whether he believes that the duo of diphtheria and tetanus immunization is enough.

Today, with the advantage of more than 12 years of hindsight, the above answer strikes me as very mild. But taken in the context of the time when it was given, it was revolutionary.

Dr. Mendelsohn's position on childhood vaccines evolved gradually. At first, he took on only the pertussis [whooping cough] vaccine, the most deadly and dangerous

Opposition evolves

one of them all. But as the years went on, he took on all the dragons. In the end, he opposed all vaccines, arguing that no-one knew what harm the injection of all those foreign substances into a child's body could cause during the course of a lifetime.

All told, 11 issues of the People's Doctor Newsletter have dealt with immunizations. This one, made up of questions answered by Dr. Mendelsohn in the months just before his death, is the twelfth.

The tradition continues

Next month, our name changes to The Doctor's People Newsletter. A distinguished group of physicians and non-physicians will answer your questions and provide you with information you will not find anywhere else. The Doctor's People will continue in the tradition of Robert S. Mendelsohn—we will search out the truth, and we will take on all the dragons. Maybe we'll even slay a dragon or two.—*Vera Chatz, Managing Editor.*

Can shots cause cancer?

Q Dear Dr. Mendelsohn:
I have heard you say that immunizations can cause cancer. What is the reasoning behind this? Can you cite any studies which support your claim?—M.K.

A You might begin your investigation of this important issue by examining a report in *Mutation Research,* 1980, which showed that children who underwent repeat smallpox vaccination (which at one time were recommended every six years) had chromosomal aberrations in their white blood cells. The Czech researchers who authored this study concluded that smallpox vaccination has a mutagenic (having the power to cause a change) effect on human chromosomes.

The study referred to other studies in French and English journals which showed an "increased number of chromatid breaks in cells of persons" who were vaccinated against yellow fever. A chromatid break represents damage to chromosomal material.

In addition to using this information (which was supplied to me by prominent New Zealand vaccine researcher, Hilary Butler) as a starting point for your own investigation in the library or elsewhere, you also might keep it in mind when you hear about new vaccines which now are being prepared through genetic engineering.

Do compulsory immunizations violate her rights?

Q The thought of injecting toxins (of fairly dubious origin) into my children, who have never known any illness more serious than an occasional cold, is absurd. I feel that a law which forces me to have my children vaccinated is a violation of my right to have a choice about what is the best alternative for myself and my family.

In this era of malfunctions of the immune system—cancer and AIDS specifically—our country would be better off spending its research money on learning about immune functions rather than picking at the sore. It makes me furious to see flu vaccines being dispensed for the sick and elderly when the logical solution would seem to lie in strengthening general health by providing good and wholesome food and a healthy psychological environment.

As with so many things that seem to be beyond my scope of influence, I can only do what I think is best for me and try to plant ideas in other receptive places. Thank you for listening.—J.M.

A It wasn't the lawmakers who initiated compulsory immunization laws; it was the doctors. A small group of vaccine-touting doctors actively pressured every state legislature in the country, while a much larger group of doctors who were uninformed about and often indifferent to vaccines insured passage of these laws by their own inaction. Only a handful of doctors spoke out against

mandatory immunization. Yet, despite all the laws, all the medical pressure, and all the media hype, plenty of parents have found ways to protect their children from vaccines. In almost half the states in the U.S., the law provides that parents can reject immunizations on the basis of personal convictions. (Since doctors seldom tell patients about this important provision, you may have to do a little digging—like calling up your governor's office—to get this information.)

Many parents are taking advantage of the almost-universal religious exemption to immunization. They are learning about churches whose basic beliefs include prohibition of vaccines. This escape hatch has infuriated the vaccine enthusiasts, some of whom recently have mounted campaigns to get rid of the religious exemption. It will be interesting to watch the collision between the members of this movement and those who defend First Amendment rights.

For those who think that the effort to strike the religious exemption represents over-reaching on the part of doctors, let me point out that doctors already have achieved a certain degree of success in limiting traditional American freedoms. In their fight against the malpractice crisis, in some states they have been able to restrict time-honored statutes of limitation, to limit the amount of compensation a victim damaged by medical care can receive, and to even remove a citzen's right to trial by jury.

So, if doctors have been able, at least in part, to repeal the Magna Carta, why shouldn't they feel free to go after freedom of religion? But not to worry. As long as there are mothers like you—and there are plenty of you—there will be successful strategies for bypassing compulsory immunizations.

Rubella vaccine linked to Epstein-Barr virus

Many people now know about the dangers of DPT shots in babies, and they are rejecting those particular shots. Yet, they still accept other vaccines for their children. So for those trusting souls, here is the latest evidence on the dangers of the German measles vaccine.

A study of 200 patients with Epstein-Barr Virus (often called Yuppie disease) is scheduled for publication this spring in the journal *Medical Hypothesis*. In an advance report in the *San Diego Tribune* (September 30, 1987), the study's researchers have linked EBV syndrome to exposure to the weakened, but live, rubella virus found in the vaccine. Given to young children, the vaccine can linger in their systems for years and can be passed to adults through casual contact.

Biomedical researcher Allen D. Allen of Algorithms, Inc. of Northridge, California, blames EBV syndrome on Merck Sharp and Dohme's Biavax and Meruvax vaccines which were introduced in the late 1970's. Allen says, "I can say all this attention to the (Epstein-Barr) syndrome, the public awareness, started in the early 1980's, right after these vaccines came out. Young adults, the ones most likely to be in contact with young children, are the primary targets. It's too much of a coincidence to ignore."

In a similar study, Dr. Hugh Fudenberg, professor of immunology at the Medical University in Charleston, South Carolina, found the same linkage in 24 patients.

What about shots for foreign travel?

Q I am writing to get information on some vaccines you never discuss—those supposedly needed by adults traveling to foreign countries. My husband and I were given quite a frightening list of "necessary" shots to have before going to Ethiopia.

Would you please comment on the need to receive shots or drops for cholera, yellow fever, malaria, typhus, etc. We were told that we were required by law to get the yellow fever vaccine! What should we do? Can you recommend commonsense precautions to help us avoid these diseases?—K.G.

A Since no controlled studies ever have been carried out to scientifically establish the effectiveness of the vaccines you mention, they all remain in the category of unproven remedies. But since their ill effects are well established, I recommend against their use. Your letter does not state who told you that the yellow fever vaccine was required by law; you just say, "We were told." Who told you, and did they furnish you with written documentation for their claims?

As for commonsense precautions to help you avoid those diseases, I would begin my search by talking to people who have lived in or have visited Ethiopia.

Do house pets really need rabies shots?

Regular readers are aware of my unconditional opposition to the rabies vaccine. In spite of all the horrible pictures doctors conjure up of hydrophobic patients frothing at the mouth, I am much more afraid of the documented dangers of neurologic damage and death from the vaccine. Now, a doctor from Mississagua, Ontario, Canada, has joined the opposition.

As reported in the Toronto *Globe and Mail* of January 28, 1988, Dr. Peter Cole, Medical Officer of Health, has refused to support tighter controls of vicious dogs. Present legislation gives the Medical Officer discretion over whether or not to order a 10-day quarantine of animals which bite humans. Now, a new law requires that any dog which bites a human must be quarantined for 30 days. Dr. Cole disagrees.

Dr. Cole also opposes compulsory rabies vaccination of household dogs and cats. He says he would not bother getting anti-rabies shots if he were bitten by a pet because there is no relationship between rabies and control of vicious dogs.

According to Dr. Cole, there is no rabies problem in Ontario: "The number of dogs and cats that contract rabies is very small, and no human has been shown to have contracted the disease, let alone died from it, for well over 20 years."

Dr. Cole says he wouldn't worry even if he were bitten by a pet and could not get the rabies vaccine, citing the fact that the disease is not as readily communicable to humans as most lay persons and doctors believe.

Lots of rabid animals; no rabid people

"In 20 years, there have been thousands of confirmed rabid animals. Hundreds of people have been exposed to bites, and not all of them have been able to get the vaccine. Yet no-one has got rabies. That should tell you something."

So, if you or your children or one of your friends happen to get bitten by a household pet, there's no reason to rush unthinkingly for the highly controversial rabies vaccine. Instead, ask your doctor to get in touch with Dr. Cole (who at last report still had his job) for a second opinion.

Must recruit have shots?

Q My soon-to-be 18-year-old son wants to enter the military. If he joins up before his 18th birthday, my husband and I must sign for him. If he waits until he is 18, we have no more control. My son has had no vaccinations since he was a baby—I submitted to those because at that time I didn't know I could refuse. I know his physical health will be jeopardized if he submits to the routine immunizations that are administered upon entering the military. How can we protect him by exempting him from these shots?—J.R.

A I do not know the answer to your question. I would advise you to communicate with the highest military officials in order to find out whether there is any way servicemen can waive immunizations. You also may wish to contact one of the growing number of lawyers, such as Allen McDowell of Chicago, who have become expert in protecting young children from immunizations. Some of these

lawyers have been involved with college students who seek exemption from vaccines. Maybe these lawyers have some experience with military requirements for immunizations as well.

Please let my Newsletter readers know if you are successful in shielding your son.

Is Hib vaccine effective?

A few months ago, in keeping with my role as an early warning system, I cautioned you about the newly discovered danger of the Hib (H influenza B) vaccine which is primarily used to prevent meningitis. On November 13, 1987, the American Academy of Pediatrics sent a red-bannered "AAP Member Alert" to all its members. The Academy reported that this new vaccine was licensed in the United States because it was found highly effective in Finland. After it had been used for a while in the U.S., post-licensing efficacy studies were carried out in five communities.

Not in Minnesota

In Dallas, Northern California, Connecticut and Pittsburgh, the vaccine was found to be effective, although estimates of its effectiveness vary widely. But in Minnesota, exactly the opposite occurred. In that state, there was an increased risk of Hib disease—including meningitis—following immunizations.

Therefore, the Academy has changed its recommendations. Instead of its initial advice (which was for universal use of the Hib vaccine), the members of the Academy recommend that the vaccine not be used "in areas in which studies have shown the vaccine to be without efficacy." That means the good AAP doctors are recommending that the folks in Minnesota stay away from the Hib vaccine.

In view of this strange recommendation, you must ask your pediatrician a number of questions:

First, what is it about the Minnesota children that made them so different from children in California, Connecticut, Texas and Pennsylvania? Is it their Scandinavian background? If so, how come the vaccine worked so well in Finland?

Second, is this Hib vaccine the same one that was used in Finland? The AAP alert describes the vaccine as a "similar one to the one used in Finland. Does the world "similar" mean "the same?" Or does it mean something different? If it wasn't the exact vaccine used in Finland, why haven't studies been done in the U.S. to prove the vaccine safe? What about people who live near—but not right in—the state of Minnesota? What about the children in neighboring Fargo, North Dakota? Should they or should they not be exposed to the Hib vaccine?

Ask your pediatrician about Rifampin, a powerful antibiotic given immediately before immunization to children who are exposed to other children with invasive Hib infection. If your doctor plans to give your child Rifampin, ask him to let you read the prescribing information first. Indications include pulmonary tuberculosis, but there's nary a word in the prescribing information about Hib infections. (However, the warnings, precautions and adverse reactions are enough to make your hair stand on end.)

The Academy informs its members in the "Alert" that a new, "second-generation" Hib vaccine soon will become available. What assurances do we have that a second-generation vaccine will be any better than its parent?

Could plasma product be contaminated?

Also, according to *Science News* (Vol. 132), some doctors at the Johns Hopkins School of Public Health in Baltimore are trying to protect children from meningitis by injecting Hib immune globulin. But, doesn't this immune globulin come from the plasma of adults? Since this material is a human blood product, how do you or I know that it is not contaminated with AIDS? Or hepatitis?

Ask your pediatrician a far-reaching question: Have post-licensing efficacy studies ever been carried out on all the other vaccines in use today? Is it possible that, as with the Hib vaccine, those other vaccines which are supposed to

prevent disease actually promote it in some geographic areas?

Conclude this discussion by telling your doctor you know he is busy and may not have time to read a two-page, single-spaced AAP Member Alert. Ask him if you can have his copy so you can study every single word. If your doctor can't part with his copy, write or call the American Academy of Pediatrics in Elk Grove Village, Illinois, and request your own copy of this very special bulletin.

Wouldn't inoculate his grandchildren

Dr. Eugene D. Robin, Professor of Medicine and Physiology at Stanford University, urges parents to "accept or reject the vaccine on the basis of a rational decision actively made by you. Don't stand by passively and let your pediatrician decide. He/she may know less about the risks and benefits than you do. For my own grandchildren, I would advise against the vaccine."

New Hib vaccine (ProHIBiT) raises old questions

In early 1988, Connaught Laboratories announced a dazzling array of medical breakthroughs—headed up by the newest vaccine for Hemophilus influenza B.

And not a moment too soon. The old Hib vaccine has come under strong attack because studies by Minnesota's State Department of Public Health have revealed that children who received that shot were more likely to get meningitis than those who did not. Now, thanks to Connaught, doctors can answer worried parents who ask embarrassing questions about the Hib vaccine by saying, "You don't have to worry anymore. We have a new Hib vaccine."

Cute and catchy names

Let's take a quick look at the new vaccine as described in the slick press release sent to medical columnists. Let's consider first the vaccine's name—ProHIBiT. Cute and Catchy Capitalization. This catchy title puts it in a class with Librium—which allegedly liberates you; with Valium which allegedly makes you valiant; with Tranxene—which allegedly tranquilizes you, and with Procardia—in favor of your heart (it certainly wouldn't be called Anticardia).

ProHIBiT is the first "conjugate" vaccine and, as the press release points out, the first successful clinical application of conjugate technology. Qu'est que c'est "conjugate technology?" It means that parts of two vaccines have been linked together; in this case, the new Hib has been linked to the old diphtheria vaccine. One of the advantages of this vaccine marriage is the enhancement of the ability of the vaccine to elicit an immune response in the "poorly-developed" immune systems of young children. The previous Hib (polysaccharide) vaccine was effective only in children who were older than two, but giving the vaccine after 24 months had been somewhat silly since the vast majority of Hib infections occur in younger infants.

The new (conjugate) Hib vaccine produces an immune response in children as young as 18 months old, thus extending vaccination to nearly 50 percent more children at risk for Hib disease than were previously covered.

The head of Biochemical/Immunochemical Sciences at Connaught Laboratories puts it this way: "Through conjugate technology, noninfective portions of Hemophilus b and diphtheria are linked in such a way that the immune system now 'recognizes' and produces antibodies to Hib in the same way that it normally does for diptheria, resulting in the production of protective levels of Hemophilus b antibody."

As Connaught introduces ProHIBiT, it simultaneously announces its intent to discontinue HibVAX, the old polysaccharide vaccine. The Vice President of Connaught refers to ProHIBiT as an "exciting" new discovery. (I advise everyone to run for cover whenever doctors say they are "excited" by any new discovery. One man's excitement is another man's poison.)

More questions raised than answered

Not unexpectedly, the ProHIBiT researchers reassure us that there are "no significant vaccine-associated adverse effects" (even when the vaccine was tested in children who were only a few months old.) But, as is usual with "medical breakthroughs," more questions are raised than are answered. For example, if we're going to give ProHIBiT, do we still have to give the DPT vaccine (diphtheria, pertussis, tetanus)? Maybe we can retire the diphtheria component,

despite Connaught's reassurances to the contrary. Maybe this is a good opportunity to also do away with the acknowledgely dangerous pertussis (whooping cough) component.

What are the implications of injecting these new linkages into little infants with "poorly developed" immune systems? Even though ProHIBiT has been tested for a short time in thousands of infants in Finland (the only country in which the vaccine has been tested extensively), what will happen when the vaccine is given to millions of infants? What are its long-term effects as far as cancer, immune system disorders and leukemia are concerned? What will happen when the vaccine is tried out in Minnesota (where its predecessor, the old Hib vaccine, produced meningitis)?

Since breastfed infants have much better immune protection than those who are fed artificial infant formula, do breastfed babies need the kind of extra strain on their immune systems that is produced by this vaccine laden with as-yet-unknown risks? And since Hib meningitis is largely a disease of children in day care and their families, why should children cared for at home be subjected to ProHIBiT?

Connaught boasts that this "revolutionary" technique (technically called carrier-hapten conjugate technology) "fools" and "tricks" the immune system into producing a strong antibody response. While all of us have great respect for the ability of scientists to trick the human body, who's to say that the human body doesn't have a few tricks of its own to throw back at the scientists?

And Connaught scientists dangle in front of our eyes the promise of more conjugate technology to come—vaccines against environmental toxins, venoms, AIDS, allergies, chemical carcinogens, cancers and other diseases. The buzzwords are "monoclonal antibody technology," "genetic engineering," "liposome adjuvants," and "recombinant DNA," "cell fusion," "viral fragmentation," and "organic synthesis." (In case you were wondering, liposomes are "microscopic man-made spheres composed of non-toxic lipids.")

In view of the apparent splendor of Connaught's latest package, perhaps it's time to restate a few of Mendelsohn's Laws:

1. Doctors never give up one dangerous treatment until they have an even more dangerous one waiting in the wings.
2. Doctors always try to use a new discovery as fast as they can and before the side effects are known.
3. A medical breakthrough is analogous to a lateral pass in football—lots of razzle-dazzle, but no yards gained.

While the words surrounding the technology are new, the same old caveats apply. Don't let the fancy words confuse you into thinking that this time, the piper won't have to be paid.

Immunization recording load increases

Part of the government's newly enacted vaccine compensation law mandates that doctors use new recording and reporting requirements when they give shots to little babies.

A physician now must record the date and lot number of each dose of vaccine given in his office. He also must record the name of the person who gave the vaccine. Finally, he must report to the Centers for Disease Control any patient's reaction listed on the package insert or in the "Table of Compensable Events" included in the law.

All parents who elect to have their children vaccinated now have a new set of questions to ask the doctor. First, ask whether the doctor has recorded all the information required by law on your child's record. Second, ask for a copy of the doctor's recording form to keep in your child's baby book in case something happens later on. Third, ask for a list of possible reactions to the vaccine listed on the package insert and on the Table of Compensable Events so that you can be on the lookout for any adverse reactions. And last, if (God forbid) any adverse reactions do occur, ask for a copy of the report to the CDC so you can add that to your child's baby book.

Another View

by Marian Tompson

In the April 8, 1988, issue of the *Journal of The American Medical Association*, an article entitled "Pertussis Vaccines; Trials and Tribulations" describes the recent field trials of two acellular pertussis vaccines in a double-blind study which involved close to 4000 infants. Not only were the vaccines shown to be less effective than was hoped for, but four deaths occurred among the vacinees.

Pediatric immunologist Kevin Geraghty, M.D., a critic of the pertussis vaccine currently being used in the U.S. points out that there is a great deal of unrest around the country. Dr. Geraghty predicts that the 90 percent acceptance rate for pertussis immunization "will go down to 60 percent if something isn't done quickly."

But I think it's already too late to change that trend. Lawsuits are being filed even in Japan, where vaccines are supposed to be superior to ours and where litigation is uncommon. Last autumn, a group of inoculation victims won a damage suit of over a billion and a half yen against the Japanese government. Eleven of the 66 defendants who received the award previously had not been recognized as vaccine victims by the government. The court ruled that the plaintiffs were victimized for the sake of promoting public interest in preventing contagious diseases!

Drawing on the growing pool of information now available, consumers today are questioning not just which vaccine is preferable, but are questioning whether or not vaccines should be used at all. Last summer in Chicago, the American Quack Association, headed by Roy Kupcinel, M.D., presented a panel on immunizations. Speakers included Drs. Kalokerinos and Dettman from Australia and Tom Finn, a Georgia attorney who has defended more than a dozen vaccine-related cases. Not only were the recognized hazards of immunizations described (the use of mercury—a serious compromiser of the immune system—as a preservative in the DPT shot was news to me), but sensible suggestions also were given for building up one's own health. We were reminded that sugar weakens the immune system. Ingesting 100 mg of sugar reduces the immune functions in the body by 50 percent within an hour. Most disturbing to me was a discussion of long-term effects of immunizations. Because vaccines are incubated in the egg and the kidneys of monkeys and other animals, it becomes possible for genes to jump from one species to another. "Viruses are picking up other DNA and planting it in our cells," one speaker pointed out. (In an interview in the Spring 1988 issue of *Mothering,* Richard Moskowitz, M.D., warned that vaccines "are engineering changes in genetic material that we really do not understand.") A set of cassette tapes of the meeting AQAImmunization 2A and 2B are available for $13.50 from Birkey-Follick, Video & Sound Recordings, Dept. M, 1401 S. Madison, Normal, Illinois 61761.

Jo Szczesny (P.O. Box 4182, Northbrook, Illinois) continues her efforts to keep parents informed by providing them with lists of the latest published information and media presentations on immunizations. To receive your copy, please send $1.00 and a stamped ($.45) self-addressed #10 envelope.

You'll also want to read "Immunization—The Reality Behind the Myth," by Walene James (Bergin and Garvey, $10.95). In his foreword, Dr. Mendelsohn called this book "the most up-to-date, completely and authoritatively documented comprehensive critique of vaccines." I liked Walene's statement that her purpose in writing the book "was not to fill minds as much as to open them," for it is only when we cultivate an open mind that we can make a truly conscious choice.

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The Risks of Immunizations and How to Avoid Them

In February 1976, more than 12 years ago, a new syndicated medical column—*The People's Doctor* by Robert S. Mendelsohn, M.D.—made its way onto the pages of some of the largest and most prestigious of the nation's newspapers.

Almost from the very beginning, Dr. Mendelsohn wanted to attack routine childhood immunizations. But many voices urged caution. Don Michel, who then was features editor of the *Chicago Daily News* (he now is editor of the *Los Angeles Times* Syndicate) warned against "taking on all the elephants at one time." And I, who had faithfully taken my own two children to the pediatrician for each and every shot, cautioned Dr. Mendelsohn against even broaching the subject of immunizations. How, I wondered, could anyone attack such a sacred cow?

But Bob Mendelsohn couldn't be contained for very long. On March 29, 1976, only one month after the column began, he answered a question about whether babies need to be given the whooping cough vaccine. This was his answer:

> Whooping cough (pertussis) vaccine is one of the most controversial immunizations, even after all these decades of use. It is included automatically in the "triple shot" given almost all babies, the other two being diphtheria and tetanus. Yet it is the least effective of the three and the most dangerous. Most of the bad reactions, including high fever and convulsions, come from the whooping cough element, and the official recommendation is that the shot usually not be given to anyone older than six.
>
> The incidence of whooping cough in this country has certainly declined, but the disease is not that rare. Doubts persist as to whether the pertussis vaccine itself has had very much to do with the decline in the disease and whether the vaccine, if introduced today, would pass FDA standards.
>
> If you're concerned about giving the whooping cough vaccine to your child, ask your doctor if he really feels that your child should be immunized with the triple shot, or whether he believes that the duo of diphtheria and tetanus immunization is enough.

Today, with the advantage of more than 12 years of hindsight, the above answer strikes me as very mild. But taken in the context of the time when it was given, it was revolutionary.

Dr. Mendelsohn's position on childhood vaccines evolved gradually. At first, he took on only the pertussis [whooping cough] vaccine, the most deadly and dangerous one of them all. But as the years went on, he took on all the elephants. In the end, he opposed all vaccines, arguing that no-one knew what harm the injection of all those foreign substances into a child's body could cause during the course of a lifetime.

Vera Chatz, Editor

The People's Doctor, Inc.
Evanston, Illinois

$15.00 U.S.
$20.00 Foreign (U.S. funds)