

## Shots In The Dark

by Barbara Loe Fisher

The worldwide acceptance of mass vaccination to suppress infectious childhood diseases once fiercely resisted is one of the most successful public relations stories in the history of medicine. As a result, epidemics of smallpox, which once swept through 18th- and 19th-century port cities such as Halifax, New York, and Boston without warning and cut down entire families, are now dry facts relegated to medical books. Images of children struggling through whooping cough, walking down the street coughing spasmodically, and stopping at curbs to spit up sticky mucus are only fading memories for grandparents alive to talk about what their parents told them.

Baby boomers and their parents still remember lining up in school in 1955 for polio vaccinations, with the hope that this magic bullet would keep them out of the dreaded iron lung. Mass vaccination has dramatically suppressed childhood diseases. In Canada, recorded diphtheria cases dropped from 9,000 in 1924 to two to five by 1994. When measles vaccination began in the United States between 1963 and 1965, doctors reported more than 400,000 cases annually; by 1995, that number had dwindled to 309. Cases of tetanus are almost unheard of in North America and Europe.

Yet the universal use of vaccines as a worthy goal that prevents needless suffering and that benefits all mankind has begun to be challenged. The voices of critics are heard in the living rooms of families whose children have been injured or have died from reactions to routine childhood vaccinations, and in courtrooms, where parents are suing vaccine makers and challenging mandatory vaccination laws. In the U.S. Congress, legislators who have heard them have set up a vaccine injury compensation program. At scientific conferences and in the pages of prestigious medical journals, researchers and physicians are risking their careers by discussing vaccine side effects.

On network TV, millions are watching parents, who say vaccines hurt their children, square off with policy makers, who say vaccines rarely hurt anyone at all. At the heart of the controversy lies a scientific challenge to the very premise that mass vaccination with multiple vaccines safely and effectively controls diseases and improves individual and public health. Simultaneously, ethical and legal arguments challenge the right of government health officials to force vaccination on everyone. Wrapped up in this scientific, legal, and political battle are beleaguered pediatricians losing the trust of parents and a booming pharmaceutical industry with billions of dollars invested in new vaccine development.

### How it all began

In 1796, British physician Edward Jenner, acting on a hunch, scraped cowpox pus onto the arm of an eight-year-old boy. He theorized that a mild bout of cowpox would prevent a more virulent case of smallpox, and he was right. The procedure, which he dubbed inoculation, enjoyed limited success at first. But it failed in Jenner's own 11-month-old son, and bad reactions to smallpox inoculation, which eventually used lymph from the cow itself, were legendary. One mother in England bitterly complained in 1883 about mandatory vaccination laws that allowed public health officials to issue summons, threaten parents with imprisonment, and impose stiff fines for refusing to vaccinate their children. She said, in no country has the cry of the mothers been allowed a hearing. They who see and realize that their children suffer from this practice have never been consulted as to its initiative or its continuance. If the will of the mothers could be made potent and effective, this cruel legislation would be at once and universally repealed.

But 19th-century physicians quickly adopted and promoted Jenner's new procedure despite public protests. Physicians and politicians were desperate for anything that appeared to keep epidemic pestilences from invading the overcrowded, filthy cities of Europe and the New World. They failed to realize that eliminating the root causes of poor health, poverty, malnutrition, water contaminated by human and animal waste,

spoiled food, and industrial air pollution among others would help prevent the spread of many diseases. Government-enforced vaccinations led to burgeoning chemical/pharmaceutical industries in France, Germany, and Britain. The Pasteur Institute, founded in 1887 by the famed inventor of the rabies vaccine, eventually created Canada's largest vaccine manufacturer: Pasteur Merieux Connaught.

Today, vaccinations are big business. In 1995, an international high-technology research firm, Frost & Sullivan, projected that the worldwide human vaccine market will increase from \$2.9 billion to more than \$7 billion by the year 2001. Public health officials in every country assist the industry's growth, often by force of laws that ensure citizens use about a dozen different viral and bacterial vaccines, including ones to suppress even generally mild childhood diseases such as chicken pox. Traditional public health measures, improving sanitation, nutrition, living conditions, health education, and access to affordable medical care, especially in underprivileged populations often take a backseat to achieving a 100 per cent vaccination rate.

Most medical doctors consider vaccines their single most important tool in protecting public health. Few would question the profound importance of vaccines to public health, wrote Richard B. Johnston, Jr., MD, medical director of the March of Dimes and chairman of the Institute of Medicine Vaccine Safety Committee, in a 1994 National Academy of Sciences report,

### **Adverse Events Associated with Vaccines**

Not only have deaths from the most common childhood infections been almost eliminated, but also so have the devastating morbidities of diseases like measles, paralytic polio, and congenital rubella. This revolution has . . . led to major savings in medical costs and gains in work productivity, as well as to reductions in deaths and suffering. An ancient philosophical dispute goes modern. The whole idea of man versus nature can be traced back to the origins of western

medicine more than 2,000 years ago.

In a four-volume book series *Divided Legacy: A History of Schism in Medical Thought* by medical historian Harris L. Coulter, PhD, the centuries-old war between empiricism and rationalism in medicine is revealed as a contest between two competing health philosophies. Is each individual governed by a vital force that, through unique reactions to external stimuli, is capable of participating in the healing process, as empiricists, including Hippocrates, have maintained? Or are all human organisms simply a series of complex chemical reactions governed by the laws of physics, chemistry, and mechanics, as rationalists, including Louis Pasteur, have maintained?

Empiricists accept the existence of viruses and bacteria as part of nature and illness as part of the life process. They consider fevers, diarrhea, and runny noses good, not bad, and do not suppress them with chemically based drugs that might interfere with the body's natural ability to harness the immune system to participate in the healing process. They stress that each individual is unique and that individualized therapeutic techniques can stimulate the body to restore health. Empiricists dislike the one-size-fits-all mass vaccination approach.

Rationalists believe that all living organisms are more similar to one another than they are different, and that a common, universal approach to public health will attain individual health. Viewing symptoms of illness as a sign that a foreign virus or bacteria has invaded the body, they create therapies such as drugs and vaccines to destroy the foreign invader. Rationalists see vaccines, which are designed to prevent microorganisms from invading their human hosts as an important weapon in eradicating disease from the face of the earth.

The lines that are being drawn today in the debate about the pros and cons of vaccination are an extension of this ages-old debate about the laws of nature and the best way to maintain health. Philip Incao, MD, a Colorado physician who utilizes a multidisciplinary approach in his

alternative health care practice, maintains that health is about the individual successfully overcoming illness. Physically, health is about balancing acute inflammatory responses to infection, which stimulate one arm of the immune system, and chronic inflammatory responses to infection, which stimulate the other arm of the immune system. Just like a seesaw, the two arms of the immune system must remain in balance to maintain health. Vaccines tend to stimulate only one side of the immune system. Overuse of vaccines to suppress all acute, externalizing inflammations early in life can set up the immune system to respond to future stresses and infections by developing chronic internalizing disease later in life.

## Questioning authority

But cracks are appearing in the united front that the medical establishment has maintained for two centuries. In industrialized countries, dissatisfied patients and alternative health care proponents are questioning orthodox medicine's basic foundations, especially its heavy reliance on surgery and synthetic drugs. The proliferating number of vaccines is just one more target for increasingly well-educated and Internet-savvy health care consumers, who are wary of the many magic bullets drug companies promote.

Remembering when doctors wanted every child's tonsils out, mothers wonder why doctors now insist that they should stay in. Where doctors once prescribed antibiotics for every sore throat, prescription-dependent patients are now being blamed for new strains of antibiotic-resistant bacteria. A new drug promoted as a lifesaver today is sometimes pulled off the market tomorrow for killing those who took it. In the April 15, 1998, issue of the *Journal of the American Medical Association (JAMA)*, an analysis of drug side effects found that toxic reactions to correctly prescribed medications make more than two million Americans seriously ill every year and kill 106,000, putting drug side effects among the top 10 causes of death in the United States.

Among children, antibiotics and vaccines cause more adverse reactions than any other prescribed

medicines, according to a Canadian study presented at the annual meeting of the American Academy of Allergy and Asthma in 1998. Sandra K. Knowles and her colleagues at the Sunnybrook Health Sciences Center in Toronto reviewed Canadian data on more than 1,500 cases of drug reactions between 1985 and 1995. The antibiotics amoxicillin and ampicillin accounted for 24 per cent of total adverse reactions, with vaccines coming in second at 19 per cent.

Baby boomers wonder what and who to believe. Many believe health requires better nutrition, exercise, managing stress, a positive attitude, and a less intrusive approach. A 1997 study in the *Canadian Journal of Public Health* estimated that 15 per cent of Canadians had seen an alternative therapy practitioner in the preceding 12 months. A 1998 survey in *JAMA* found 39 million Americans made more than 600 million visits to alternative health care practitioners in 1997, more than to primary care physicians. The patients paid most of the \$21.2 billion cost themselves because health insurance plans generally don't reimburse patients for alternative health care.

The patients wanted alternative therapies primarily to prevent future illness from occurring or to maintain health and vitality. Embracing the more spiritual concept of achieving better health through better living rather than through better chemistry, members of the Me generation -- who challenged every institution and social more as teenagers -- continue to exercise their counterculture instincts as adults by asserting their right to make independent health care choices. Their demand to make vaccination choices puzzles and worries MDs, including some outspoken alternative health care advocates.

Vaccines are supposed to fool the body's immune system into producing antibodies to resist viral and bacterial infection in the same way that actually having the disease usually produces immunity to future infection. But unlike natural recovery from many infectious diseases, which stimulates lifetime immunity, vaccines only provide temporary protection. That's why booster doses are often required. Vaccination raises two equally contentious questions. First, is it better to

protect children against infectious diseases early in life through temporary immunity from a vaccine or are they better off contracting certain contagious infections in childhood and attaining permanent immunity? Second, do vaccine complications cause more injury and death than diseases do? Both questions essentially pit trust in human intervention against trust in nature.

## **The rise of asthma and other autoimmune diseases**

Physicians and public health officials promoting childhood vaccination insist that vaccines do not harm the immune system in any way. They defend the use of vaccines made in the laboratory from altered viruses and bacteria as well as chemicals, such as formaldehyde, mercury, aluminum, monosodium glutamate, sulfites, and antibiotics as necessary weapons for shielding vulnerable newborns from the suffering caused by viral and bacterial infections.

Visitors to the U.S. Centers for Disease Control and Prevention (CDC) web site ([www.cdc.gov](http://www.cdc.gov)) learn that vaccines give your baby's immune system the chance to practice and make protective antibodies before real germs invade. If left totally to chance, your baby's first exposure to a disease may be from a germ too strong for your baby to fight. That is why before parents had vaccines for their children, many children died from whooping cough, measles, diphtheria and other diseases. Those same germs exist today, but today's babies are protected by vaccines. The CDC warns that Immunizations must begin at birth and most vaccinations [be] completed by age 2. . . . Children under 5 are especially susceptible to disease because their immune systems have not built up the necessary defenses to fight infection.

Yet a growing body of scientific evidence suggests that vaccines may have inadvertently done more than just suppress infectious childhood diseases. Vaccine critics point out that the increase in autoimmune and neurological disorders in the past three decades in industrialized countries coincides with the addition of new vaccines to the

childhood vaccination schedule as well as rapidly increasing vaccination rates. Between 1964 and 1992, the U.S. added six new vaccines to the mandatory vaccination schedule, including five doses of live virus polio; two doses of MMR (measles, mumps, and rubella); four doses of Hib (haemophilus influenzae type b, which is a type of meningitis); and three doses of hepatitis B vaccine, while more strictly enforcing existing laws mandating five doses of DPT (diphtheria, pertussis also known as whooping cough and tetanus).

## **The Asthma Immunization Link**

Asthma is an autoimmune disorder, an allergic condition that tops the list of chronic respiratory diseases found in children in Western societies today. A 1997 study published in Science reported that the prevalence of asthma in westernized societies has risen steadily this century, doubling in the last 20 years. Asthma now affects one child in seven in Great Britain, and in the United States it causes one-third of pediatric emergency room visits. Another study found that between 1964 and 1980, asthma in children aged six to 11 years increased 50 per cent. In 1995, the CDC reported that, between 1982 and 1992, asthma increased 52 per cent for persons between the ages of five and 34 years old, and deaths from asthma increased 42 per cent. The 1978 Canada Health Survey found that only 2.3 per cent of Canadians 15 years and over reported having asthma. By 1991, its prevalence was at 6 per cent. More than 1.5 million Canadians of all ages suffer from asthma. Even more worrisome, however, are the findings of a large survey of Canadian school children in 1995-96 that found a 13 per cent prevalence of asthma. From the early 1970s to the late 1980s, the number of Canadian patients under 35 years discharged from hospital with a diagnosis of asthma tripled. The greatest increase has been in children under four years of age. As in the U.S., asthma deaths in Canada have climbed along with its increased prevalence.

Asthma's economic burden is formidable. According to Canada's 1994 National Population Health Survey, the long-term disability costs

associated with asthma, emphysema, and chronic bronchitis in 1993 totaled \$1.8 billion, without counting costs associated with treating asthma in children under 11 years old. In the U.S., the total cost of illness related to asthma in 1990 was estimated at \$6.2 billion. Although public health officials attribute the recorded increases in asthma to better case diagnoses, more air pollution indoors and outdoors, and smoking, some scientists find evidence that vaccination and lack of contagious infectious diseases in early childhood may later encourage the development of asthma and other allergic conditions.

In 1996, the British medical journal, *The Lancet*, published Danish and British findings concerning child health, lung function, and allergy. Noting that the incidence of early childhood diseases in Britain has fallen this century while those of allergic diseases such as asthma, hay fever, and eczema rose sharply, the researchers hypothesized that certain childhood infections, specifically measles, may protect against allergy. They compared evidence of atopy (allergy) in two groups of young adults, aged 14 to 21, in Guinea-Bissau, West Africa. One group had recovered from measles during a 1979 epidemic (before the measles vaccine was introduced); the other did not get measles as children and were later vaccinated.

The researchers confirmed their hypothesis: About 26 per cent of the vaccinated young adults had allergic conditions, twice the rate of those who had recovered from measles. After adjusting for breast-feeding and other variables, they concluded that their findings might indicate that measles infection prevents allergic sensitization. Because this was the first population-based study to relate reduced allergies to a specific childhood viral infection, they urged further studies in developing countries, where childhood diseases are still widespread due to low vaccination rates.

Vaccine promoters point out that measles complications kill one million children annually, mostly in underdeveloped countries. In Guinea-Bissau's 1979 measles epidemic, the case-fatality rate in children under 3 was 25 per cent: it is better to have asthma for the rest of your life that

die from measles. Mass vaccination critics counter that West Africa's health and living conditions, which could account for the high death rate, don't apply to Europe and North America, where toddlers who get measles usually recover without complications. Why not eliminate poverty, malnutrition, poor sanitation, and substandard medical care in developing countries so that measles-related death rates come down, as in industrialized countries even before vaccination?

Another study, this time comparing the prevalence of asthma and other allergic disorders in child populations throughout the world, appeared in *The Lancet* in 1998. The authors found that the wealthier, more developed countries in Western Europe and North America and Australia and New Zealand had higher incidences of asthma than did the poorer countries in Eastern Europe, Asia, and Africa. The authors of the 1997 *Science* article *Asthma: An Epidemic in the Absence of Infection?* tentatively answered yes to their own question, concluding that childhood infections may, therefore, paradoxically protect against asthma.

In a 1997 issue of *Epidemiology*, New Zealand researchers hypothesized that it is theoretically possible that immunization may contribute to the development of allergic disease. Of 1,265 New Zealanders born in 1977, 23 received no childhood vaccinations, and none suffered childhood asthma. Among the 1,242 who got polio and DPT shots, 23 per cent later had episodes of asthma, 23 per cent had asthma consultations, and 30 per cent had consultations for other allergic illness. Their conclusion was, the findings presented here are consistent with the hypothesis that some component of infant immunization may increase the risk of developing asthma in childhood.†

## **A tripling of diabetes**

Type One diabetes, a chronic autoimmune disorder that disrupts the blood's glucose levels, afflicts some 125 million people worldwide. That number is expected to double by 2025. In the U.S., where 600,000 new cases are diagnosed every year, the number of diabetics has increased

a record threefold since 1958, to nearly 16 million, and millions more may unknowingly have it. Now the fourth leading cause of death in the U.S., diabetes can cause blindness, kidney failure, stroke, and heart disease and lead to amputations. In 1992, the U.S. National Institute of Diabetes and Digestive and Kidney Diseases estimated that diabetes cost the U.S. \$45 billion for medical treatment plus \$47 billion for lost work time, disability payments, and premature death.

In Canada, the Laboratory Center for Disease Control found that the 1993 cost burden of diabetes exceeded \$1 billion, including \$565 million in drug, physician, and hospital costs and \$559 million in mortality-related costs. As early as 1949, the medical literature reported that some children injected with the pertussis vaccine had reduced blood glucose levels. The pertussis vaccine can cause diabetes in mice. In recent decades, scientists have suggested that viral infections may be a co-factor in causing diabetes. Because both rubella and mumps infections have been associated with juvenile diabetes, the introduction of the live virus vaccines for measles, mumps, and rubella in the 1960s and 1970s also raised questions about whether live vaccine virus could be a contributing co-factor to the onset of diabetes.

In the May 24, 1996, New Zealand Medical Journal, J. Barthelow Classen, MD, a former researcher at the U.S. National Institutes of Health (NIH) and the founder and CEO of Classen Immunotherapies in Baltimore, reported that juvenile diabetes increased 60 per cent following a massive hepatitis B vaccination campaign for babies six weeks or older in New Zealand from 1988 to 1991. In the October 22, 1997, Infectious Diseases in Clinical Practice, Classen showed that Finland's incidence of diabetes increased 147 per cent in children under five after three new vaccines were introduced in the 1970s, and that diabetes increased 40 per cent in children aged 5 to 9 after the addition of the MMR and Hib vaccines in the 1980s.

He concluded that the rise in IDDM [juvenile onset diabetes] in the different age groups correlated with the number of vaccines given. Classen

discounts the conclusions of many vaccine safety trials, especially 48-hour or several-day vaccine reaction follow-ups, which can miss the development of autoimmune dysfunction that can take years to develop. According to Classen, previous vaccine trials are flawed because they are not designed to detect associations between vaccination and autoimmune diseases, such as diabetes. Prospective clinical trials are needed.

Government health officials dispute Classen's research, and that of others concerned about mass vaccination policies. In 1997, U.S. federal health officials did admit that one of their own studies showed that "the possibility that hepatitis B vaccination, particularly at older ages, may increase IDDM risk cannot be ruled out and will require larger more detailed studies.

Nevertheless, in 1998, they told the public in a report written to rebut Classen's findings, Dr. Classen's results are not consistent with current scientific thinking and have not been verified by other researchers.

Comparison of diabetes rates between countries with different vaccination policies also provides weak evidence because many factors, including different vaccination schedules, may differ by country. Many factors, including genetic predisposition and a number of possible environmental exposures unrelated to vaccines, may influence the development of diabetes in different countries. Last year, after Classen discussed the possible link between diabetes, certain vaccines, and the timing of early childhood vaccinations on ABC's World News Tonight, he was summoned to a closed meeting at Johns Hopkins University chaired by Neal Halsey, MD, chairman of the American Academy of Pediatrics Committee on Infectious Diseases, AAP liaison member of the CDC's Advisory Committee on Immunization Practices, and Director of the Institute of Vaccine Safety at Johns Hopkins University. Officials from NIH, the Food and Drug Administration (FDA), and the CDC, as well as representatives from several vaccine manufacturers also attended the meeting. There, they criticized Classen for speaking publicly about his findings. Later, World Health Organization

officials joined U.S. health officials in berating Classen. Undaunted, Classen and a colleague appealed to vaccine policy makers in a letter published in the January 16, 1999, British Medical Journal. We believe that the public should be fully informed that vaccines, though effective in preventing infections, might have long-term adverse effects, he said. An educated public will probably increasingly demand proper safety studies before widespread immunization. We believe that the outcome of this decision will be the development of safer vaccine technology.

## **Autism soars**

Other scientists researching health problems associated with vaccines have also felt the ire of public health officials. In 1998, an unsuspecting young British gastroenterologist suddenly found himself in the eye of a hurricane for discovering a possible connection between the MMR vaccine and autism. In the February 27, 1998, issue of The Lancet, Andrew Wakefield, MD, and 13 colleagues reported on a new syndrome involving inflammatory bowel disease and autism in children. Eight out of 12 normal children who developed severe intestinal disorders soon after an MMR vaccination also became autistic. Previously, five of those eight children had reacted adversely to vaccinations.

The team of British scientists, who had inadvertently stumbled upon the connection while studying Chron's disease and other inflammatory bowel dysfunction in children, emphasized that they had not proved a cause-and-effect relationship. They called for more studies to investigate whether persistent viral infection, either from natural disease or live virus vaccines, can lead to central nervous system damage in some children. Nevertheless, in the same issue of The Lancet, CDC officials Robert Chen, MD, and Frank DeStefano, MD, charged in an editorial that vaccine safety concerns such as that reported by Wakefield and colleagues may snowball when the public and the media confuse association with causality and shun immunization.

Other CDC officials discounted the study's importance, saying that the children's health

problems were coincidental and not caused by vaccination. Soon after, a Reuter's newswire story quoted Johns Hopkins's Halsey saying it was highly inappropriate for Wakefield and his colleagues to discuss a possible connection between the children's health problems and measles or MMR vaccines. Wakefield was later called before the Medical Research Council where British, U.S., and WHO health officials criticized his report for unnecessarily scaring the public.

In contrast, autism experts defended Wakefield. Bernard Rimland, who has a PhD in experimental psychology and is founder and director of the Autism Research Institute in San Diego, said, It is ludicrous to claim that the link between many causes of autism and vaccination is just coincidental. Dr. Wakefield's group has greatly expanded our understanding of one possible mechanism. The blunt truth is that some children are harmed by vaccinations. Research, not denial, is the proper response to this report.

Portia Iverson, founder and president of CAN, the Cure Autism Now foundation in Los Angeles, also took issue at the government-led criticism: Approximately one-half of the hundreds of parents who call our office each month report that their child became autistic shortly after receiving a vaccination. Isn't it the responsibility of the government to take a pro-active position on behalf of these children rather than a defensive one? Like incidences of asthma and diabetes, the incidence of autism has climbed dramatically in the past 30 years. Although the medical literature identified only a handful of cases in the 1940s, by the mid-1960s, after the DPT vaccine had been widely used and the measles vaccine introduced, autistic children began flooding doctor's offices. (Parents in the U.S. and Canada who report vaccine-associated autism most often mention that their children's autistic behaviors followed DPT or MMR vaccination.) Today, 1 in 1,000 children are diagnosed as autistic, making autism more prevalent among children than cancer, multiple sclerosis, or cystic fibrosis. A recent California study put the figure at 1 in 312 children, a 273 per cent increase between 1987 and 1998.

## Hepatitis B vaccine takes a hit

Canadian physicians have also faced criticism from government health officials who dismiss vaccine side effects. Byron Hyde, MD, chairman of the Ottawa-based Nightingale Research Foundation and an internationally recognized authority on myalgic encephalomyelitis (chronic fatigue syndrome), has accumulated data on several hundred cases of serious immune and neurological dysfunction following hepatitis B vaccination. His first case reports, in the early 1990s, came from Quebec nurses who reported a constellation of autoimmune symptoms, including pain, fatigue, and mental dysfunction, and were unable to work. Hyde, a vaccination advocate, spoke out publicly about the side effects in September 1997 at the First International Public Conference on Vaccination sponsored by the National Vaccine Information Center in Washington, D.C. He told more than 500 parents and doctors that in the early 1990s, both the vaccine manufacturer and the Canadian health authorities repeatedly rebuffed his requests for an investigation into signs of demyelinating disease, measurable loss of IQ, loss of stamina, intractable pain, blindness, skin lesions, and other problems affecting health care workers following their hepatitis B vaccinations.

**COMMENT: Barbara is one of the leading lay authorities in the country. This is an excellent review of the damage caused by vaccines and should be forwarded to anyone who is not yet convinced of the damage that they can cause.**

### **WARNING:**

The Information in these articles is not intended to replace medical advice or treatment. Questions about symptoms, specific dietary needs and medications, general or specific, should be discussed with your physician. The information in this article is for informational purposes only, and is not medical advice or a substitute for a physician's consultation and/or examination.

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