

the People's Doctor

A MEDICAL NEWSLETTER FOR CONSUMERS
by Robert S. Mendelsohn, MD

IN THIS ISSUE: The Truth About Immunizations

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**Dr. Robert
Mendelsohn**

As the federal government's drumbeating in favor of immunizations grows even 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 experiences 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 excludes 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 is also 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 can never 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 "this year's flu"--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,

Q

Tetanus Boosters

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

A

Dear W.M.: Not if he's had one during the past 10 years.

Q

*Whooping cough
vaccine*

Does my baby have to be vaccinated against whooping cough?--E.M.

A

Dear E.M.: Whooping cough (pertussis) vaccine is one of the most controversial of all immunizations, even after 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 to the triple shot, which include high fever and convulsions, come from the whooping cough element.

Doubts persist as to whether the pertussis vaccine has really 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 your child should be immunized with the triple shot, or whether he believes instead that the duo of diphtheria and tetanus immunization is sufficient.

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 in the July and August 1975 issues of Today's Health that rubella immunization is not very long-lasting, with 25 percent 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 percent 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 on 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 breastfeeds, and he 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 chances 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.

A

*Should
children be
immunized?*

Dear Mrs. B.C., K.B. and K.P.: 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 (German measles) 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, Jan, 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 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 conventional 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 is now being 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.

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Medical News

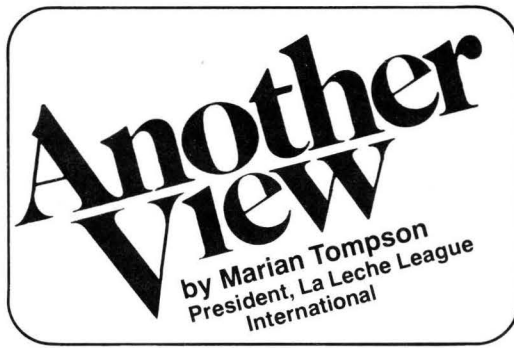
Obstetric and neonatal medical risks for teenagers over age 15 are no greater than those for women in their twenties, provided the teenagers receive regular care before, during, and after delivery. This information comes from Dr. Elizabeth R. McAnarney, director of the adolescent program at the University of Rochester (N.Y.) School of Medicine and Dentistry. Dr. McAnarney says there is some evidence that pregnancy in women aged 15 to 17 may even be healthier for the mother than is later pregnancy. Her information, based on a study conducted by the Rochester Adolescent Maternity Project and on studies conducted in Sweden, contradicts studies conducted during the 1960's which showed young maternal age as being an intrinsic obstetric and neonatal high-risk factor. According to Dr. McAnarney, these studies were erroneous because they were not carefully controlled for race, socioeconomic status, and utilization of health care. (Pediatric News, February 1978)

(Ed. note: While no one can argue with the undesirability of illegitimate pregnancies, it is important to recognize that, under the proper circumstances, teenage pregnancy can be as healthy, or even healthier, than pregnancy later on. Blanket condemnation of teenage pregnancy can rob us of many healthy future citizens.)

According to Dr. Hymie Gordon of the Mayo Clinic, the procedure of amniocentesis (the drawing of amniotic fluid from the mother's womb) stands a 15 per cent chance of being technically unsatisfactory; the sample of amniotic fluid may be inadequate, the culture may fail to grow, or the laboratory analysis may be wrong. Even if amniocentesis were able to determine the absence of the specific disorder for which it was administered, it could not guarantee that the fetus would be free of other disorders. According to Dr. Gordon, the two per cent risk of damaging either the baby or the uterus is not justified by a couple's natural concern about the unborn baby's health, especially since there is no known prenatal treatment for the vast majority of defects detectable through amniocentesis. (Newsletter of the Human Life Center, St. John's University, November 1977)

Almost one out of five physicians shows evidence of having been infected with a hepatitis virus, and those who harbor a hepatitis virus can transmit it to others. The virus (Hepatitis B) usually is transmitted through blood transfusions, but an incidence of 18.5 per cent of physicians demonstrates it can be transmitted from an infected patient through surgery, the prick of a needle or even handling body fluids or excretions. (Journal of the American Medical Association, January 1978)

(Ed. note: This again illustrates the dangers of even a casual brush with a physician--a close encounter of the worst kind.)



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 just happening 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 has just 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 last year, 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 now, where the state legislature has 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 diseases 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?