

the People's Doctor

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

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Immunization Update

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Dr. Robert Mendelsohn

In April 1978, the subject of my 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 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linked the DPT vaccine itself to eight cases of sudden infant death, resulting in hundreds of thousands of doses being withdrawn from the market.

DPT vaccine

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 (reported in Vol. 3, No. 5 of my Newsletter) 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.

A

Tetanus shots

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 Center for Disease Control reports 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 devastating 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 new-born 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
A

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

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

*Texas
law on
DPT*

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.

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

*State
laws
concerning
immunizations*

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.

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, 602 S. University Ave., 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."

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Dr. Mendelsohn's new book, "Confessions of a Medical Heretic" (Contemporary Books, \$9.95) is now available at bookstores throughout the country.

Your questions about the medical problems that trouble you most will be answered by Dr. Mendelsohn. Please send your questions to: The People's Doctor, P.O. Box 982, Evanston, Illinois 60204

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Another View

by Marian Tompson
President, La Leche League
International



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 menace 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 menace 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."