

# the People's Doctor

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

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## Avoiding Immunizations and their Dangers



**Dr. Robert Mendelsohn**

This is my sixth Newsletter on the subject of immunizations. It 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 "loop-hole" 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, gonorrhoea, 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."

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**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**  
*Tourette's  
and DPT  
shots*

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.

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.

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*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.

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*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."

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*Doctors  
don't  
take shots*

In an article entitled "Rubella Vaccine and Susceptible Hospital 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.

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*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."

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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.

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*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 criticized 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.

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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

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.

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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; Alan 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.

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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."

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**Q** I never have given my son DPT shots, and he's about to start school. He always has been very healthy, and I do not want to immunize him now. The state in which I live only allows exemptions on religious or medical grounds. Can you provide me with a medical exemption?--M.U.

**A** If you will obtain from your child's doctor a statement on his stationery certifying that he has examined your child and found him to be healthy, and if you send that letter to me, I will return it to you along with a letter on my stationery stating that routine immunizations are contraindicated in your child.

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*(Another View, cont'd from page 8)*

nized. I know I'm not alone in feeling this way, but I don't want to put him in the middle of a fight with the school administration at the age of four and-a-half.

"I feel like the government is asking me to trade my son's healthy body for an education!"

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"MalePractice: How Doctors Manipulate Women," Dr. Mendelsohn's latest book, is now available in paperback from Contemporary Books (\$6.95).

"Confessions of a Medical Heretic" is available from WarnerBooks (\$3.25).

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# Another View

by Marian Tompson  
Executive Director,  
Alternative Birth Crisis Coalition



"It was so degrading, I'll never do it again! I was furious at the government, and I felt helpless. It makes me angry that my husband and I have no choice in the matter, short of denying our son an education." Janis was on the telephone, calling me after returning home from the county health department where her son had received his pre-kindergarten MMR (measles, mumps, rubella) inoculation.

"Our doctor had suggested we go to the health department for the MMR because it is quite expensive. My husband and I really didn't want him to have the vaccine in the first place, but when I checked with the health department and the school, I was told the only acceptable exception would have to be made on religious grounds. When I asked why boys need rubella vaccine, the answer was: 'What if one of the teachers is pregnant?'

"So we went to the health department this morning, and a woman who I imagine is a nurse asked me what shots my son had already received. I told her he had received a DPT shot and the oral polio vaccine last month from our doctor. All he needed now was an MMR. 'Oh we can give him another DPT, since it's been a month,' she said. When I questioned if he should really be getting another shot, she stopped, thought a moment and then said, 'Oh, that's right, he won't need a DPT booster for another year.' If I hadn't questioned her, would he automatically have received another shot? And how would it affect him if he had it on the same day as an MMR shot?

"Next, I was given a release form to sign. The form describes the diseases and possible side effects of the vaccine. It states that, if a person who receives the vaccine gets sick within four weeks after the shot, it should be reported. But the blank which should have contained the information on where to report such a reaction was not filled in. At the bottom of the page was room for the parent's signature and a place for the lot number, site of injection and date, along with a notation to please keep the upper portion of the form for your records.

"After my son received his shot, the nurse put the form on a pile without filling in the information on lot number and date. I asked her whether a record of the lot numbers was kept, and she said I could call at any time and get that information. With so many children being taken care of in one day, I wonder about the accuracy of information that is not filled in until later in the day.

"When I tried to tear off the upper portion of the form, the nurse stopped me, explaining that they had to keep the whole sheet for their files. But since I wanted to keep the information on the side effects, she told me to speak to the receptionist (who was busy interviewing mothers) and maybe she would give me a copy. This meant I had to cut into the long line of mothers and babies, and while I felt badly about doing this, the only alternative was to wait another hour or two. The receptionist insisted she couldn't give me a blank release form because she needed them for the patients. When I persisted, she offered to Xerox a copy of the form. This involved her leaving her desk and going down the hall to another office, keeping everyone waiting until she got back. When she returned, I realized she had Xeroxed both sides of the release form and handed me a piece of paper identical to the ones she was holding in her other hand!

"It bothers me that the people handling the immunizations not only seemed to be inept, but also that they acted as though they were doing me a favor and that they knew what's best for me and for my children. There was no time for discussion about my feelings or fears. It's hard to believe that here in America we have no freedom of choice about the kind of medical care our children receive. My son was breastfed and he is very healthy, and if I were allowed to do what I feel is best for him, he would not be immu-

(Cont'd on page 7)