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

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More Anti-Vaccine Arguments

Dr. Robert Mendelsohn

Older folks sometimes question why I devote so much space to immunizations (this is the seventh People's Doctor Newsletter on the subject in the past eight years). There are at least four reasons:

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

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

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

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

Q

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

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

A

Are tetanus shots necessary?

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

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

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

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

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

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

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

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

Risks of tetanus vaccine

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

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

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

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

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

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

DPT and SIDS

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

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

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

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

Pennsylvania doesn't require pertussis vaccine

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

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

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

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

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

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

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

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

Dividing DPT dosage

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

$10 million polio vaccine judgement

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

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

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

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

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

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

Pediatricians attack DPT

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

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

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

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

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

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

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

Another M.D.'s opinion

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

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

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

Wyeth halts DPT manufacture

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

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

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

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

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

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

1) bacteriologically unproven cases

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

3) cases in children who were completely immunized.

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

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

I recommend that every reader of this Newsletter:

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

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

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

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

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

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

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

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

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

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

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

Rubella update

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

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

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

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

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

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

A *Vaccine for animals*

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

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

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

Another View

by Marian Tompson
Executive Director, Alternative Birth Crisis Coalition

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

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

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

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

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

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

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

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