

General News

Immunisation — More Harmful Than The Disease

Is vaccination more risky than the disease? Or do the benefits outweigh the dangers?

Hillary Butler, a medical researcher, believes: "By messing around with the body's own immunity, vaccination destroys the natural resistance to both simple and chronic infectious diseases". She believes the risks taken by vaccinating include such symptoms as asthma, eczema, bronchitis, ear infections and possibly even cancer in many young babies and children.

However, Dr Don McInnes of the Waihi Medical Centre disagrees, stating he believes immunisation to not only be a safe procedure but a necessary preventative measure.

These and other views were put forward at a public meeting held at the Friendship Hall on Saturday morning. Forty people attended, some anti-immunisation, some pro-immunisation, all concerned for the health of their children. A group of women from Hamilton attended especially to hear Ms Butler's lecture on an alternative health issue.

The meeting was organised by Ms Chrissie Hooker, who considers the question of vaccination is a controversial social issue of which more parents are becoming aware. Chrissie wants people to gain information and educate themselves about the side effects of immunisation and to have heard both sides of the story.

The alternatives and choices available to them were presented by guest speaker Hillary Butler, with members of the Waihi Medical Centre present contributing their view. Local naturapath George Robinson also presented constructive information and did much to keep the meeting at a calm level.

Although Ms Butler has only been lecturing for 18 months, she has become a talented public speaker. Hillary's reasons for becoming a researcher were that she was administered D.P.T. (i.e. the vaccination for diphtheria, whooping cough and tetanus) and contracted

rheumatoid arthritis as a result. She chose to learn more of her immunology problems and discovered through her Auckland doctor that she is 1-900 people born with an immunology malfunction not tested for at birth.

While most doctors study immunology for 3-4 months at medical school, Hillary has spent the last five years documenting medical literature researched from overseas and local sources. She is near completion of a book that is full of facts and statistics on side effects of vaccinations.

One of Ms Butler's close research associates is to write a forward to her book to add support for her cause. The noted anti-immunisation specialist, Dr Robert S. Medelsohn of the United States, collates information through various research sources worldwide. Medelsohn believes that the greatest threat of childhood diseases these days is the "frenetic zeal with which doctors blindly shoot foreign proteins into the bodies of young children without knowing the eventual damage they may cause."

Both Butler and Medelsohn believe although once common childhood diseases have diminished or disappeared, the reasons may be improved living conditions, sanitation and nutrition. Ms Butler relates to the McKinlay graphs clearly showing a decline in epidemic diseases long before vaccination was introduced.

Critics claim D.P.T. is a major allergy sensitiser, and after vaccination children were more prone to bronchitis, asthma, eczemas etc. Another reported statistic is on the rubella vaccine, which records a 93 per cent failure rate in America and 80-88 per cent failure rate in Australia — this indicating those immunised contracted the disease regardless of having antibodies introduced.

The therapy preferred by anti-immunisation groups include a diet of non-refined foods, healthy and sanitary living conditions and homeopathic preparations. The most impor-

tant aspect is parents must be responsible for their children's health and be aware of all contributing factors.

Dr McInnes, a pro-immunisationist, stressed that he trusted the Health Department's judgement and information on which he based his actions of promoting immunisation. The numbers of polio, whooping cough and tetanus cases had reduced so considerably since his youth that he felt the immunisation programme had definitely succeeded and was a sound practice.

The nurses from the medical centre were also responsive to queries regarding administration of the vaccines and agreed that "screening" of the patients and mothers past and immediate health could be more detailed. In these cases babies that were of low birth weight or had neurological problems such as epilepsy should not be immunised and more significance and care would be noted of babies "at risk" for Sudden Infant Death Syndrome (i.e. cot deaths) at this time.

Angela Devine represented the Plunket Society for Waihi and felt Hillary Butler had emphasised some good points which Plunket shared. The major of which included the long term breastfeeding of the babies immunised, good nutrition for the whole family and more screening of those babies "at risk".

Angela believes that more communication between the doctors and the Plunket and health nurses will mean more support and information for mothers. The shortage of Plunket staff is always a contributing factor for not spending enough time with those requiring special assistance.

Plunket's major concern over the meeting's outcome was at the possibility of mothers being "put off" vaccinating their healthy children. Plunket consider immunisation a good safety precaution for preventing dangerous diseases.

So, do the risks outweigh the benefits? Immunisation is not compulsory in New Zealand. It

is the personal choice of the parents, based on what they feel is the most suitable and safe for their child.

Hillary Butler would like to recommend the following important factors to note if you do choose to vaccinate against hers and others' dissenting opinions.

1. Ensure that the baby is free from colds, viruses etc at least one week previous to immunisation.

2. Note from the doctor/nurse administering the vaccine the batch and lot numbers and the name of manufacturer.

3. 28 days surveillance should be noted after vaccination. Changes in actions, temperature, bowel motions, inflammation of vaccination site and infantile spasms.

Special consideration should also be given to the age factor at immunisation. A six week old baby has not yet developed many neurological features so it is difficult to note changes caused by the vaccination. It has been suggested that a more suitable age of nine months should be more appropriate.

For those interested in researching this controversial issue — the book, "A Shot in the Dark", by Harris L. Coulter and Barbara Louis Fisher, is available in New Zealand, along with published thesis papers by Hillary Butler.—Rae Ellery.