

Is vaccination more risky than the disease?

IMMUNISATION, says Hilary Butler, is creating a medical timebomb and has taken the lid off a veritable Pandora's Box of conditions affecting the immune system.

By messing around with the body's own immunity, she believes vaccination destroys natural resistance to both simple and chronic infections.

Cancer is now an accepted early childhood disease, with measles, mumps and chicken-pox, and is now the second most common cause of children's deaths after accidents, she points out.

"To me it's so obvious. The kids now between five and 14 have had more immunisations in their lives than all my ancestors put together."

And doctors, says Hilary Butler, are dishing out dosages wholesale without offering enough information about side-effects, fatalities or permanent damage caused by immunisation. Doors close when such information is sought, she says, and no real long-term studies are being done.

She believes doctors do not recognise or look for common side effects and therefore statistics are unbalanced. And she says most doctors themselves do not question or bother to find out about immunisation because it is officially authorised.

Hilary Butler takes an extreme stand: her two children Ian (4) and David (nearly 2) have not been immunised and she is against all such measures.

Instead she believes a diet of nonrefined foods, sensible precautions and homeopathic preparations will do. When whooping cough laid low many of Ian's young friends, he did not contract it, she says.

Although she has not gone out of her way to be provocative, she has found medical authorities and doctors simply do not want to know about her criticisms.

SHE knows her stand has earned her the reputation of being a bit of a crank or an oddball. "I'm starting to get fairly immune."

But mostly she talks to those who want to listen: to mothers, to people who want to look at her extensive files. She recently addressed the Home Birth Association and may address its national conference this year.

Butler has a steely quality of commitment and an arsenal of information at her disposal.

The telephone rings constantly at her Tuakau home. During the interview a radio talkback session had turned to the subject of Measles Monday and Butler supporters wanted ammunition before they had their say.

Recent suggestions that parents should be paid if children were vaccinated or family benefit withheld if they were not anger Hilary Butler. That choice should be a free one for parents, she says.

"If immunisation is such a good thing . . . why do they have to resort to threats and blackmail? In some ways I don't care . . . whether people get their children immunised as long as they have heard both sides of the story."

Butler makes frequent visits to the Philson library at Auckland University School of Medicine, somewhat surreptitiously.

Each trip into town takes two hours' driving and costs about \$100 taking into account the time her husband, Peter, has to take off work (he is a self-employed book

Immunisation is accepted today as being necessary to maintain a healthy population and world-wide health authorities are committed to mass protection programmes. But there are casualties and critics of immunisation. In Britain hundreds of families are fighting for compensation for children they believe were brain-damaged by immunisation. **KIRSTEN WARNER** talks to Hilary Butler, a New Zealand campaigner against vaccination, and examines some of the pros and cons of the jab.

representative and former primary school headmaster). They estimate the campaign has cost them at least \$2500 so far, *annually*

LIKE most of her generation, Hilary Butler, grew up believing in vaccination, and had her share. It was not until she had children of her own she started questioning, and then only indirectly at first.

She had a difficult birth with her first son, Ian. She started asking questions about what had happened during her labour, and says she had a running battle for a year before being allowed to see her own medical file.

At the same time her own doctor was applying pressure about immunisation. She felt the information her doctor could provide about side effects was insufficient.

Her previous clash with the medical authorities had not predisposed her to compliance. She got hold of some of the writings of American paediatrician Dr Robert Mendelsohn, strictly anti-immunisation, with whom she continues to communicate.

He writes under the banner *The People's Doctor* and is a provocative and well-known author of *Confessions of a Medical Heretic and Male Practice — How Doctors Manipulate Women and How to Raise a Healthy Child in Spite of your Doctor*.

Mendelsohn believes the greatest threat of childhood diseases these days is the "fanatic zeal" with which doctors "blindly shoot foreign proteins into the body of your child without knowing what eventual damage they may cause."

Says Butler: "What we have done by artificial immunisation is essentially to trade off our acute epidemic diseases of the past century for the far less curable chronic diseases of the present. In doing so we have also opened up limitless evolutionary possibilities for the future."

Are cancer, leukemia, rheumatoid arthritis, multiple sclerosis and other diseases the trade-off for not getting mumps and measles?

Does the attenuated or weakened live virus used in some vaccination stay in the body and become part of its genetic makeup, or does it subtly set up a constant state of false immunity?

ALTHOUGH once-common childhood diseases have diminished or disappeared, the real reason may be improved living conditions and nutrition.

Butler produces the McKinlay graphs (known and accepted by one Auckland Medical School doctor) clearly showing a decline in epidemic diseases long before vaccination was introduced. But she says what is generally shown in graphs is only the decline after vaccination began.

To her, vaccination is a war of statistics and their selective interpretation — which critics would accuse her of too.

No one who lived through the polio epidemics of the past can forget the fear that prevailed, and polio is seen as one of the success stories of vaccination.

But, says Hilary Butler, polio is a nutritional disease caused by sudden loss of calcium and by muscle spasms.

"Sure, the virus is there, but if the conditions are not right you don't get sick. Polio is a totally non-essential immunisation."

If the Salk vaccine was responsible for halting the terrifying polio epidemics of the 1940s and 1950s, why was it, she asks, that epidemics also ended in Europe where polio vaccine was not so extensively used?

DOES preventing rubella in young girls, for instance, simply postpone the possibility of infection to a time when it is most serious, during childbearing years?

The question yet to be answered for the critics is whether vaccine-induced immunity is as effective and long-lasting as immunity from the natural disease of rubella.

And why do immunised children still get measles, whooping cough and diphtheria?

Most liable to criticism is the triple, or DPT, immunisation against diphtheria, whooping cough and tetanus given at six weeks, three months and five months of age. Some parents refuse the whooping cough component for fear of the dramatic — if rare — side-effects.

Critics claim DPT is a major allergy sensitiser and after vaccination children are more prone to ear and chest infections, asthma, fever and colds.

The British National Child Encephalopathy Survey found one child in every 100,000 suffered permanent brain damage after receiving a course of three injections, but critics again say the figures could be much more worrying.

The British Association for Vaccine Damaged Children has 500 members who believe their children have paid the price for everyone else's protection. These parents have been fighting prolonged legal battles — in one case for eight years — for recognition and adequate compensation.

TEN sets of parents went so far as to petition the European Court. The *Herald* contacted two New Zealand families struggling to bring up severely brain-damaged children.

Both mothers said their babies were perfectly normal before routine injections, but suffered severe convulsions afterwards, arresting all mental development.

The mothers were frightened to talk publicly in case it affected their chances of compensation, and were distressed about the difficulty of proving vaccination was the trigger. But both said even if they had been fully informed of the risks they would probably still have gone ahead.

Dr Mendelsohn and others think DPT (the triple) is implicated in cot deaths and see the most likely villain as the whooping cough component. There are two different studies quoted by Mendelsohn and Butler which seem to point this way.

Butler can draw on dozens of research sources to back her case. But above all, she believes there is a conspiracy, a massive medical cover-up, and undue influence by drug companies.

"No one in the medical profession is prepared to question," she says. "If doctors did it would undermine the whole health system."

"How many people with vaccination-damaged children are doing nothing about it because they think they are the only ones?"

... *Or*

do benefits outweigh the dangers?

IMMUNISATION is considered by doctors to be a risk-benefit equation which works in favour of the population at large as well as the individual. They talk about maintaining "herd immunity" in the population to halt the spread of disease.

Vaccination differs from other medical ethical questions in that it involves populations at large, not just the individual.

While living conditions have improved and brought down disease in Western countries, other peoples of the world are less fortunate and the World Health Organisation estimates vaccination is now preventing almost a million deaths a year among the under-fives.

Doctors say there is no doubt whatsoever that if we stopped vaccination health standards would slip right back to what they were in the Middle Ages. Just because epidemic diseases appear to have been largely eradicated that is no reason to stop vaccination, they say.

"Parents should simply take our word for it," says the Auckland medical officer of health Dr John Stephenson. "We wouldn't be doing it if we thought the risk was too great."

On a mass scale, immunisation started in New Zealand with diphtheria in the late 1940s, whooping cough in 1943, tuberculosis in 1951, polio in 1959, measles in 1969 and rubella in 1970.

Many questions could not be answered in such a short time, but on a world scale there were huge numbers of

doses administered and significant numbers of side effects would already have turned up, says Dr Stephenson.

ONLY one senior health official reacted with annoyance when asked the sort of questions Hilary Butler asks about vaccination. "I thought we had been through that one," he said. What was the point of bringing up that whole scare again? he asked

He pointed to the disastrous results in 1978 in Britain when the whooping cough vaccine got an airing in the press and parents stayed away in droves.

The acceptance rate dropped 31 per cent causing 170,000 cases of whooping cough and 36 deaths.

In Japan a similar loss of faith was even more dramatic and resulted in 118 deaths.

But according to the *American Pediatrics* magazine: "Of the vaccines used routinely in childhood, pertussis (whooping cough) vaccine is the least protective. In addition, it produces the greatest number of reactions."

"In the past 40 years, pertussis vaccine has changed little yet there is clearly room for improvement. We are dependent on private industry to produce a better vaccine as it did in the cases of rubella and measles."

One reason why manufacturers are slow to experiment with new vaccines is the litigation climate in the United States where there has been a profusion of lawsuits in recent years concerning pertussis vaccine.

Virologist Dr Paul Goldwater dismissed the idea that there had been an enormous increase in "strange diseases" or that vaccination was to blame. ME (myalgic encephalomyelitis), rheumatoid arthritis and Hodgkinsons disease are not immune deficiency conditions,

he says. Nor is polio a "nutritional disease."

Dr Goldwater believes the tuberculosis or BCG vaccination could quite effectively be scrapped and replaced by one for hepatitis B which is more of a risk, but he says there are political reasons preventing a change.

He was not aware of any link between immunisation and cot death. "It's just a common association that children of that age have been vaccinated."

BOOTH the attenuated (or weakened) virus in vaccines and wild viruses could incorporate with the body's own genetic material, but the risk was no higher with vaccines, according to Dr Goldwater.

Was there study being done of the long-term risks of immunisation?

"I'm sure there is but because there's no disease thought to be generated by immunisation it hasn't generated a lot of interest," says Dr Goldwater.

Of those studied who were treated in hospital during the recent measles outbreak in Auckland, about a quarter seemed to have already had the vaccination. The Health Department believes parental memory, storage and transport of the vaccine are more suspect than the vaccine itself.

To diagnose measles these days only a blood test is acceptable because other infections can produce similar symptoms. This infuriates Hilary Butler, who says doctors are now controlling the statistics. She knows of one case where a blood test was refused because the child had already been immunised.

Serious side effects — at least those reported and recognised — seem to be rare although there have been batches of vaccine withdrawn from time to time.

There are three levels of monitoring vaccines: the Health Department, an advisory committee structure and the National Adverse Drug Reactions and National Poisons and Hazardous Chemicals Information centres in Otago, directed by Professor Ralph Edwards.

Although cancer is now the second most common cause of death among children, it appears that this is only because many other diseases are no longer fatal or even contracted. The mortality rate from childhood cancer is declining because of better treatment.

And the incidence does not appear to have changed much either since the mid-1950s, according to statistics readily available from the National Health Statistics office in Wellington.

COMPARED with the period 1955-57, deaths from tuberculosis are now down 98 per cent, those from pneumonia down 92 per cent and those from infectious and parasitic diseases down 88 per cent.

Between July 1981 and February 1985 there were 34 adverse reactions reported to the triple (or DPT) vaccine. Two involved brain damage, with convulsions in both cases.

But, according to Health Department spokesman Dr Michael Soljak, the problem was determining what actually caused the convulsions.

"There are neurological problems in childhood which can begin about that time — in the first six months. There can be viral infections causing high fevers and convulsions."

Most doctors spoken to pointed out the very serious risks of complications, including brain damage and death, from the diseases immunised against.

The Accident Compensation Corporation has paid out on one or two cases of injury attributable to vaccination.

There are so few they come under the classification "medical misadventure" so it was a major job researching them, says compensation controller Harry Lynch.

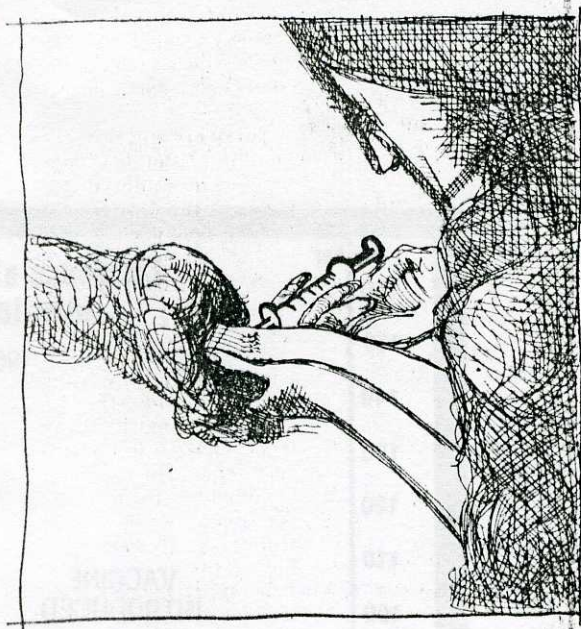
"Perhaps people don't realise they may well have a claim under the legislation."

EVEN among doctors there is some dissenting opinion on vaccination.

Dr Jonathan Kuttner, a Waiuku general practitioner says he has some profound doubts and takes pains to discuss the pros and cons of vaccination with parents, most of whom decide to have the full course.

"If you choose to read the standard medical literature you'll find immunisations are perfect, the reason why all these diseases have vanished, but really all diseases have their ebbing and flowing."

Dr Mendelsohn takes the other extreme, says Dr Kuttner. "I'm sure the truth is somewhere in between."



"I'm sure that by putting allergenic material into the human body at such a young age you're causing long-term effects on the child's immune system. We don't know that 30 years along the line we won't get some immune deficiency disease or cancer."

"Nobody knows the answer, but if we don't have immunisation we run the risk of contracting some terribly serious disease and that you have to live with."

Children immunised against whooping cough could still get infected, but the mortality risk was lower, whereas natural whooping cough could be a "terribly serious disease at times."

Measles also could cause numerous complications. "In South Africa where I used to work it was the biggest killer, but that was because it occurred in malnourished children," says Dr Kuttner.

Green Bay GP Dr John Hilton says the triple vaccination is "a hefty insult to the immune system at six weeks of age" but there were reasons why if protection was given it had to be early.

"What a lot of doctors are noticing is that kiddies (after vaccination) seem to be more susceptible to other infectious illnesses, but there have been no studies done so you can draw no conclusion."

Generally, Dr Hilton follows the prescribed line on immunisation.

Dr Keith Scott is a Kingsland general practitioner who uses mainly homoeopathic medicine (treatment of disease by using minute doses of drugs which produce symptoms and stimulate the body's own response).

HE too has reservations "but it's a very controversial subject".

He says he notified authorities of one severe adverse reaction to vaccination, with three specialist opinions supporting his conclusion. In this case spasms occurred the same night. "It's a recognised hazard."

Far more common were minor problems such as changed sleeping patterns and personalities, ear infections, children who have just never been well since being vaccinated, asthma or eczema.

"Of course, those are anecdotal and don't hold up under scientific scrutiny. I'm not anti-vaccination, it's just that I think a much more critical view should be taken."

"My opinion is that [immunisation] does affect the immune system in an adverse way because of the cases I've seen," says Dr Scott.

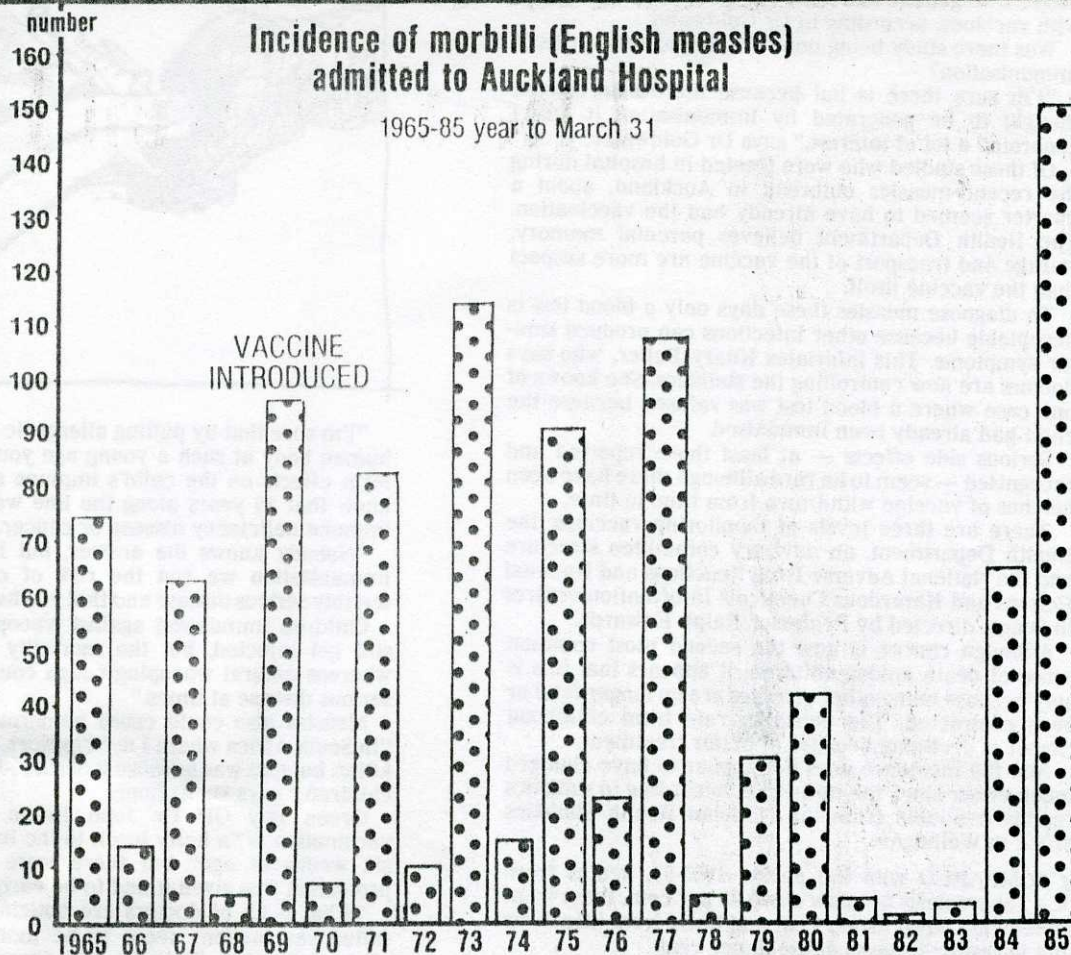
"We seem to be vaccinating against more and more conditions, bacterial conditions that can be dealt with by antibiotics," he says.

And a whole new set of diseases were on the increase such as hepatitis, "presumably AIDS" and ME or myalgic encephalomyelitis.

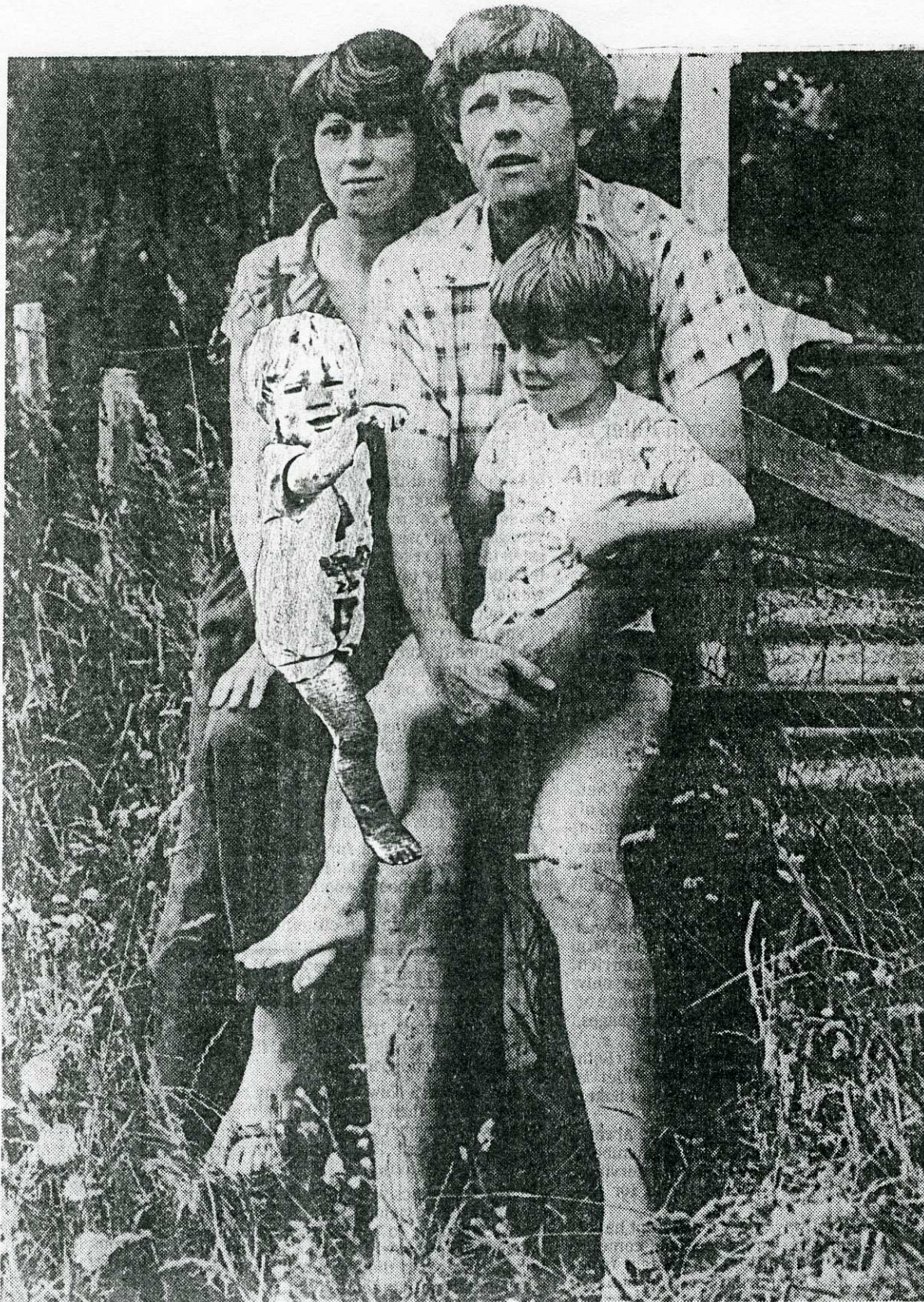
"Whether it's to do with vaccination I'm not sure, but I think it's a strong possibility."

Incidence of morbilli (English measles) admitted to Auckland Hospital

1965-85 year to March 31



● This Health Department graph of the number of measles cases hospitalised shows the cyclical nature of infectious diseases. It also seems to show very little difference before and after vaccination was introduced in 1969 (taking into account a children's population increase of about 20 per cent) except in the years 1981-83 following a vaccination push. The Health Department says efforts still should continue for an overall level of protection.



● Anti-vaccination campaigner Hilary Butler with her son Ian and husband Peter.