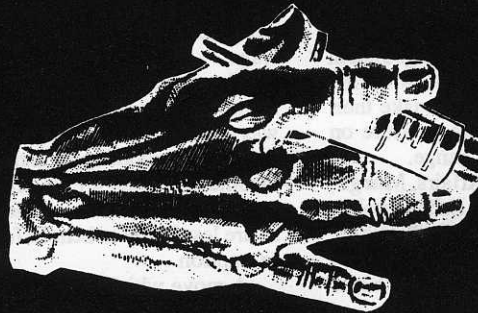


SHOTS IN THE DARK

Sizing Up Immunisation



"They've
got
something,
- these kids"



Hilary Butler doesn't know if she would have become interested in the immunisation issue if the labour and delivery of her first child Ian, now seven, was as rosy as the doctors painted it.

Her paediatrician put Ian on antibiotics and then a nurse gave Hilary a form authorising a BCG against tuberculosis. "He was already getting two injections every eight hours, so I said no. The doctors and nurses hoed into me about being irresponsible. I asked for more information about the pros and cons of immunisation and queried why a baby should be given a live bacterial vaccine while on broad spectrum antibiotics. They said nothing, disappeared, and I heard no more about it. Later my GP insisted that from his experience he had seen how essential immunisation was. When I asked him how long he had been in practice, he replied three months!"

Hilary has been doing her own research on immunisation ever since and urges all mothers to start asking questions of their doctors, and to examine the evidence of children with side effects.

"Parents need to be well acquainted with information. Either decision – to immunise or not – is a difficult one and they have to be prepared to face the consequences. Not immunising is not for the faint-hearted, but knowing what we do now, we could not do it.

"There are so many unresolved ques-

Useful guard or
risky panacea?
More and more parents
are choosing not to have
their children immunised.

They believe this is less
dangerous than the
potential side effects
of the vaccines.

Are they really the
crackpots the "experts"
dismiss them as?

**Lisa Sabbage
finds out**

tions about the immune system, especially that of children. Children have immature immunity – immunisation is like an assault on their system. The vaccines can trigger other conditions which otherwise remain latent and do nothing."

Five years ago in Canada, Katie Kortekaas took her three month old baby Maureen for her first checkup. While the doctor weighed her Katie, took her two

year old, Kevin, to the toilet. When they got back Maureen was crying and an empty vaccine vial and syringe lay on the table. Katie was furious, she hadn't had a chance to tell the doctor that Kevin had a really bad reaction to the DPT shot (which in New Zealand contains three different vaccines: diphtheria, pertussis, tetanus). Katie remembers the doctor's reply, "There's nothing to worry about."

But there *was* something to worry about. That night Maureen shrieked in 20 minute stretches, fell asleep exhausted, only to wake up screaming again, throwing her head back and forth. Her fever was hitting 102 degrees.

Maureen's personality changed in the weeks that followed her first shot. From being active and playful, she turned into an uninterested and cranky baby. Seeking help from her doctor in August, Katie was told it was just a stage Maureen was going through – "All you mothers are the same – calm down, enjoy it, she's a fine baby," he said and then he gave her a second DPT shot. Katie recalls that she stood there and let him do it, that she believed him, he had convinced her even though there had been no real discussion.

Maureen is now five years old and just learning to sit up. Mentally, her development is about that of a six month old. She suffers from frequent, severe seizures and the medication she must take costs up to \$250 a month. Two North American doctors have diagnosed her as brain damaged.

They blame an adverse reaction to the pertussis (whooping cough) vaccine.

Despite these severe side effects like brain damage and blindness as well as the minor responses like low fever and crankiness, much of the medical profession says that the benefits of the whooping cough vaccine far outweigh its risks.

Hilary herself says that she has been involved in several local cases of children who have been damaged as a result of the DPT vaccine. "If we had the equivalent of the Cartwright Inquiry and if 100 percent of the immunisation information came out, I believe these people would be more than publicly condemned. The Japanese withdrew the pertussis vaccine we are using now because of unacceptably high incidence of side effects, and Sweden chopped it out in 1976, firstly because it didn't work and secondly because it had too many side effects. But New Zealand experts say that on the basis of one UK court case, the whole cell vaccine is safe and effective. They take no note of the fact that the United States vaccine liability law is based on accepted documented evidence that this vaccine is crude and unacceptable. If this vaccine is so safe, why is Dr Mandark of the US Food and Drug Administration developing a new 'safe' vaccine?"

The immunisation schedule for New Zealand children is rigorous. At birth they receive a shot for Hepatitis B. The next day "high risk" babies (defined as Asian, Polynesian, or those with a family history of tuberculosis) get their first BCG (tuberculosis vaccine). At six weeks they receive their first DPT and their second Hep B. At three months children can expect another Hep B and DPT booster, a polio vaccine, and at five months their second polio and final DPT vaccine. Measles and yet another Hep B shot roll around at 15 months. At five years children get their pre-school polio shot. The Health Department is currently considering whether to also immunise children for non-life threatening diseases like mumps and Hib (Haemophilus influenza type B).

It must be said that different doctors vary their schedule, some doctors still throw in a vaccine against meningococcal meningitis as well, others are reluctant to vaccinate a new born or six week old baby and prefer to start vaccinations later.

Other doctors, like American Robert Mendelsohn suggest that there is no convincing scientific evidence that immunisation is responsible for eliminating any childhood disease, and that improved living



Are we weakening the immune system of generations to come?

conditions may account for the diminishing of once common diseases. If immunisation has reduced or eradicated diseases in the United States, why have they also disappeared in Europe where mass immunisation did not take place, he asks?

There is also the question of what long term effects immunisation has on the population as a whole. Are we weakening the immune systems of generations to come? Mendelsohn and others suspect that immunisation against relatively harmless childhood diseases may be responsible for dramatic increases in auto-immune diseases (like leukemia, cancer, rheumatoid arthritis, and multiple sclerosis) since mass immunisation was introduced. He also fears that sudden infant death syndrome (SIDS) or cot death is related to one or more of the vaccines routinely given children.

Hilary's observation that some children have an immune system that can't cope with immunisation is borne out by the debacle of the Auckland Health Department's mass vaccination campaign against meningococcal meningitis in

1987. The campaign reached 130,000 children but was criticised for the lack of information available to parents and the use of prizes as an incentive to have children immunised. It has also been hammered by parents whose children suffered side effects they were never warned about.

One of those parents was Le-Anne Heaslip, whose son became clumsy and feverish after the vaccination. When she took him back to the doctor, he reassured her that the vaccine was 100 percent safe. Two weeks later he got a cold and then tonsillitis, he had fevers every couple of days, and what was worse his behaviour changed. He became irritable, grizzly and clingy.

On July 9, six weeks after Chad was vaccinated, Le-Anne discovered he couldn't walk and that his groin was tight and swollen. At Middlemore Hospital blood tests and x-rays proved nothing. The staff suggested Chad was playing for attention because he was jealous of his baby sister. Chad was a little better the next day, but when Le-Anne undressed him for his bath he passed out and didn't wake up for some time. Then he threw a fit, doing backward rolls, kicking doors and furniture, and then he hit a woman visitor. Chad was finally diagnosed as having ataxia (dysfunction in the nervous system causing "drunken" behaviour) and croup.

Chad's was not an isolated case. By the time the Auckland vaccination campaign was only half complete, the Health Department had received 25 cases of adverse reactions to the meningitis vaccine Menomune A. This vaccine is manufactured by the Canadian company Connaught Laboratories (the same company who produced the DPT vaccine that Maureen Kortekaas was given). At the time, the Auckland medical officer of health Dr John McLeod, decided that these cases were not sufficiently out of the ordinary to warrant a public statement. But when a number of pupils at Drury Primary School reacted badly to the vaccination, more parents came forward.

These reports were dismissed by medical professionals who implied that the reactions were caused by the hysteria or "needle-panic" of children lining up for their jabs. The South Auckland medical officer Dr Allan Cowan, said it was "a psychological thing". Dr McLeod was also reported saying that the reactions of the children were to the injection, not the vaccine, and that they were not surprising. The Health Department went

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so far as to blame the public outcry on "organised anti-vaccination groups".

However, not long after these statements, Dr Cowan admitted that children vomiting and having trouble walking were not expected reactions to the vaccine. Paediatric neurologist Dr David Jamison was called in to examine the children affected. The report which followed gave the vaccine a "guarded all clear", but ruled out second boosters for children who had adverse reactions the first time.

The man who compiled this report, Dr Ralph Edwards, the New Zealand Medical Assessor, has since written that Chad Heaslip's illness was not necessarily due to the vaccine and that his "analysis of about 600 children with symptoms demonstrated over and over again that while the symptoms occurred after vaccination other causes were just as, if not more, likely." It must be a strange coincidence then that these "symptoms" all occurred shortly after vaccination.

Hilary stresses that parents should hold off immunisation until the baby is walking because the only way to assess if development is normal is to wait for responses like walking, balance, and co-ordination. "Otherwise there is no 'scientifically acceptable' way of diagnosing whether the vaccine or genetic factors have caused the problem."

While Menomune A vaccine was used here in the 1987 meningitis campaign, an identically made vaccine called Hib, made by the same manufacturer, Connaught (again!) was used in the United States. But because millions of children received the shot there, the research couldn't disguise that it was a disaster. They say as little as possible about that one, Hilary says. "Historically there are larger skeletons, they have larger bones and they smell a lot worse."

There is an uncomfortably recent reminder of this.

Controversy raged in 1983 when the Health Department revealed that during its mass polio vaccination campaign in the early sixties it had knowingly used a contaminated polio vaccine. Twenty years after the event the department announced that the vaccine was contaminated with a monkey virus, SV 40 (Simion Virus 40). Although this information had been on record since the sixties, it had been confidential. The contaminated vaccine was cheaper than the uncontaminated one.

Although other brands of the polio vaccine were similarly contaminated, it is interesting to note that the company which produced the vaccine is the very same Connaught Laboratories responsible for the DPT, Hib and Menomune A vaccines



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The 1983 inquiry found that the contaminated vaccine had "no measurable harmful effects on the health of New Zealanders". But what does "measurable" mean and how far did the inquiry go in its investigation?

A letter to the *Listener* (October 3, 1987), suggests that it did not go far enough. Mary Porte is adamant that there have been long term effects. She says that her daughter developed multiple sclerosis as a result of the polio vaccination. "One cannot prove the connection, but there is a strange and probably significant correlation in that multiple sclerosis has a geographic distribution and New Zealand has - now - a much higher percentage of cases than our geography explains".

Yet the 1983 inquiry noted that "while there had been speculation in the literature that there might be a link between SV40 and multiple sclerosis there was not evidence to support this. ... Such a relationship may exist, but if it did, it might be restricted to persons given immunosup-

pressive drugs or to persons who were otherwise immunologically incompetent."

Nothing can be proven by Mary Porte or others like her, so there is no question of Connaught or the Health Department being found liable or paying compensation.

The inquiry also recommended that in the future the Health Department should involve the public in decision making about the risks entailed in mass vaccination campaigns. Director General of Health, Dr George Salmond says this did not happen with the 1987 meningitis campaign because the speed required to act precluded involving the public! He explains that because the disease killed 16 people out of 141 reported cases in 1986, double the number of cases in 1985, the Health Department thought it had an epidemic on its hands.

How does the Health Department decide to embark on immunisation campaigns, what criteria is used for the choice of vaccines, and to what extent is cost a deciding factor? According to Auckland medical officer Dr Patrick Wong, these decisions are made by an expert Communicable Disease Control Advisory Committee and cost comes last. But there is no consumer representation on this committee, and what input do pharmaceutical companies have?

Instead of massive immunisation campaigns that don't guarantee immunity to disease anyway. Hilary Butler would prefer to see the money spent on educating the public and changing the pre-conditions for the disease. She points out that epidemics of meningitis occur in overcrowded and poor living conditions. Poverty is rife in Auckland, particularly in the central, west and south of the city where the meningitis figures jumped.

Immunisation campaigns often use limited or mis-information, explains Butler. In one Auckland secondary school a doctor from a vaccine manufacturer told 300 students that one in 30 of them were carriers of hepatitis, that they would spread the disease amongst their friends and family, and that they would eventually die of liver cancer. An argument ensued between one of the students and his mother who did not want him immunised. She rang Hilary who then rang the principal. "I told him that the kids should be tested first to identify the carriers, to inform their families and to find out who really needed a vaccine and who didn't. For its own reasons, the school had decided to test the students first anyway. It turned out that there were *no* carriers, and ten children who were immune. The immunisation pro-

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