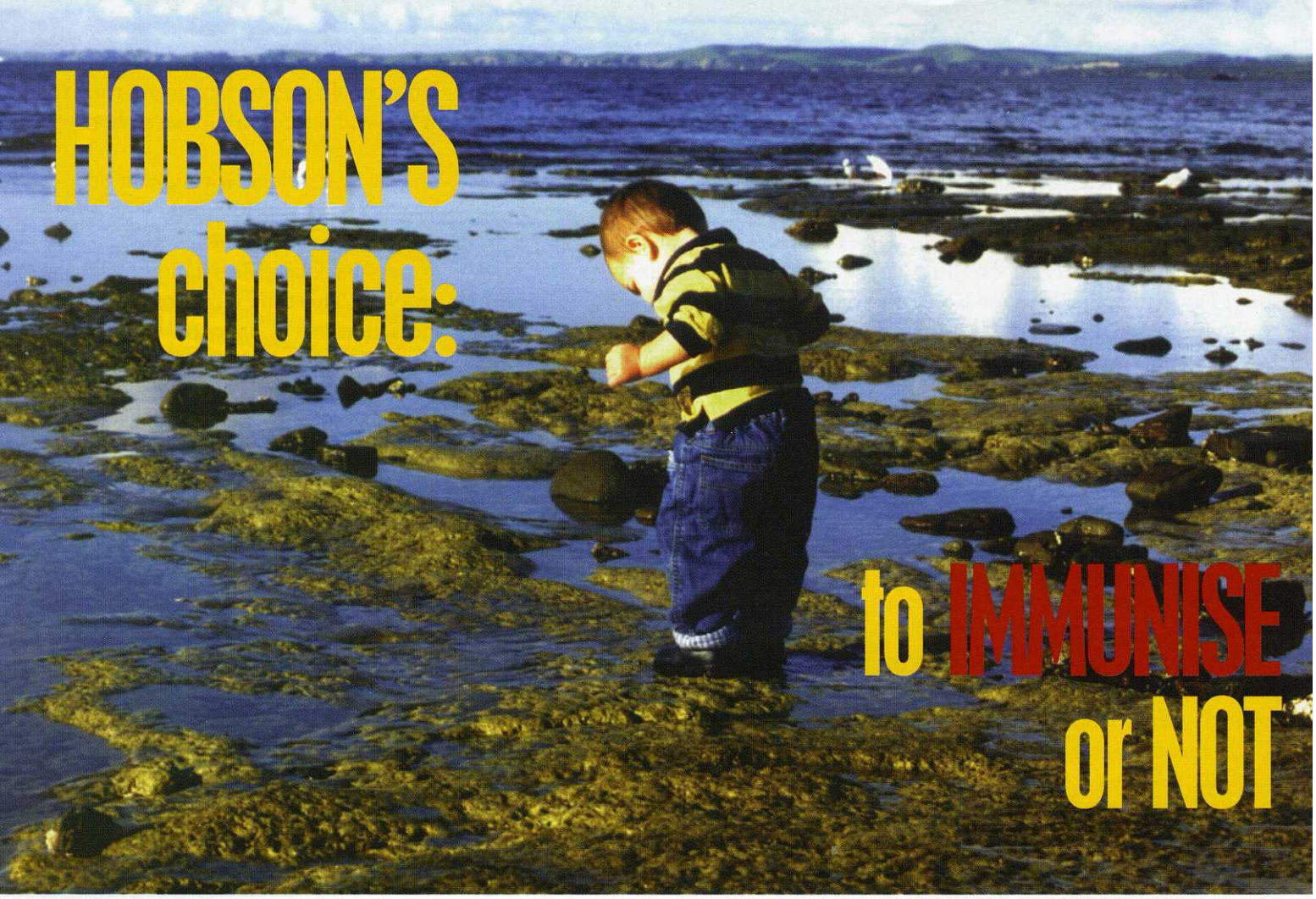


HOBSON'S choice: to IMMUNISE or NOT

It may be highly politically-incorrect in the medical bureacracy, but some researchers are beginning to think the drop in our cot death rate may be linked to a drop in the number of babies being immunised. As the Government examines making immunisation compulsory, there's growing evidence vaccinations are killing New Zealand infants. Bernard Moran examines both sides of a raging debate that few parents are aware of: are cot deaths caused by vaccines?

Natasha Garnet of Tauranga was feeding her five-month old son Ethan in April last year. It was a Sunday morning and she was very worried. Ethan had received his first vaccination at six weeks and immediately fell into a deep sleep at the doctor's clinic. The medical staff assured Natasha that there was no problem, he was fine.

But the next day, Ethan had a sickly pallor, he was both vomiting and passing a clear watery liquid and appeared very sleepy. There were prominent bruises around the vaccination site.

It is usual practice for medical staff to hand the mother a flyer explaining that there could be side effects, but in Natasha's case, the nurse handed it to her after the vaccination.

Ethan was due for another vaccination at three months. His mother was in a quandary about repeating the experience, but reminder letters from the medical practice kept arriving every week. When he was five months old, Natasha took him for his three-month vaccination on a Thursday.

Within hours Ethan was vomiting and passing the watery liquid. He was sleepy, yet disturbed and wanted his mother close by. The condition suddenly worsened on Sunday morning, Ethan was soaked as the liquid poured out of him. Natasha applied CPR in vain.

"The autopsy report stated that Ethan had died of SIDS (Sudden Infant Death Syndrome)" recalls Natasha. "The doctor who had immunised him seemed to avoid meeting me face-to-face. She would telephone and cancel appointments. Later she rang me and as we spoke, I could hear her typing the conversation on to her computer. Her manner was very defensive. Later I arranged for another doctor to examine the autopsy report and he advised me that there was a direct link with the vaccinations."

Hilary Butler of the Immunisation Awareness Society has heard of many such tragic tales. She has prepared a 34-page position paper to be delivered at the

International Sudden Infant Death Syndrome Conference, Auckland University Conference Centre (February 8-11th).

Her invitation to speak at the Conference comes from Dr Ed Mitchell, Associate Professor in Paediatrics at Auckland University, himself the co-author of an article summarising the data and findings from the 1995 NZ Cot Death Study. The final sentence declared; "We can confidently state that immunisation is not a risk factor in the occurrence of SIDS."

Dr Mitchell told *Investigate* that he personally invited Hilary Butler, so that the issue could be properly debated and examined at the Conference. Butler's response? "That's ridiculous - how can a brief presentation be debated by delegates who haven't studied the literature presented? Most of the doctors there wouldn't know the pathology of endotoxin effect from the symptoms of an evil spirit, and probably more important: they would believe in niether."

Who is Hilary Butler?

Like the crocodile who relentlessly pursued Captain Hook in Peter Pan, Hilary Butler doggedly accumulates evidence that she believes will one day force the NZ medical establishment to recognise that for some at risk babies, immunisation poses more of threat than the disease it is meant to prevent. She also maintains that the importance of breastfeeding as Nature's own built-in immunisation system is not effectively promoted.

Currently living in Tuakau, just south of Auckland, Butler collaborates with a number of overseas doctors with similar views. One of her close friends and mentors was the late Dr Herb Ratner, editor of the Child and Family paediatric journal in the United States. Dr Ratner was fond of quoting his favourite axioms "You fool around with Mother Nature and she'll take her revenge."

Hilary Butler's 18 year research into vaccines was triggered when she had her first child in hospital. "I went there as a conforming conventional mother, only to experience gross medical mismanagement. At that time, all I knew was that instinctively everything felt wrong. When I found out that my instincts were correct, I felt deeply betrayed.

"When the same people wanted to vaccinate my baby, I asked some questions and was given reassuring platitudes. I went to the medical library to find the answers, which were quite different from what I had been told. Having a need to know, I kept on researching.

"My personal position on immunisation is that parents should be able to make an informed choice. The problem is that most doctors have little idea about what the full information is. They think they do and information given to parents is carefully crafted to ensure that they are too scared not to vaccinate. What is presented is minimal, vague, usually accurate, but not truthful, because the information lies by omission."

Before going into the revelations, let us first go back to basics and clarify just what immunisation is about. Immunisation or vaccination is the process of artificially inducing immunity or protection from serious diseases. In the case of New Zealand there are nine: polio, diptheria, tetanus, pertussis (whooping cough), measles, mumps, rubella, haemophilus (influenza) and tuberculosis.

A vaccine contains live or killed organisms as bacteria or viruses and together with other immunising agents, it stimulates a response from the body's natural defences.

To evaluate whether a particular immunisation programme has been successful, depends on comparing the number of cases of the target disease being prevented, with the spread and incidences of infants suffering adverse effects. It is essentially a comparison of risks and benefits.

For example, when immunisation rates are low and the incidence of infectious diseases are high, the risk from the disease is considered far greater than the risk of harm from the vaccine. As immunisation rates increase, the disease is supposed to become more rare and the risk from the vaccine approximates the risk of contracting the disease. Therefore, there is a conflict between the individual person's risk and the greater good for the wider community.

Indeed the counter-argument goes that people who refuse to vaccinate their children are "freeloading" on the readiness of the majority of parents to do their duty. You only have to watch *One News* to see the media relentlessly pursuing this line.

However, there is the matter of just how much is known about the body's immune system. Here's a quote from a Siri Carpenter writing in *New Science* (26th August 1999):

"Despite advances, researchers admit

the immune system is much more complicated than the Thl/Th2 relationship - and that the research is just beginning to reveal the bigger picture."

In other words, the current orthodoxy may not be valid if we don't know the full detail.

Carpenter also comments: "while the decline in infectious diseases is due in part to the development of better sanitation and cleaner living environment, a growing number of scientists are touting the theory - known as the hygiene hypothesis - that society has been too successful in its fight against infectious organisms and has eliminated contact with many harmless bacteria and microbes that actually help the immune system build its defences against more toxic infections.

"Graham Rook from the University of London Medical School, a leading proponent of the hygiene hypothesis, believes children's bodies do not necessarily need exposure to disease-causing microbes, but that they need contact with harmless microbes to provide their immune system with an extensive workout."

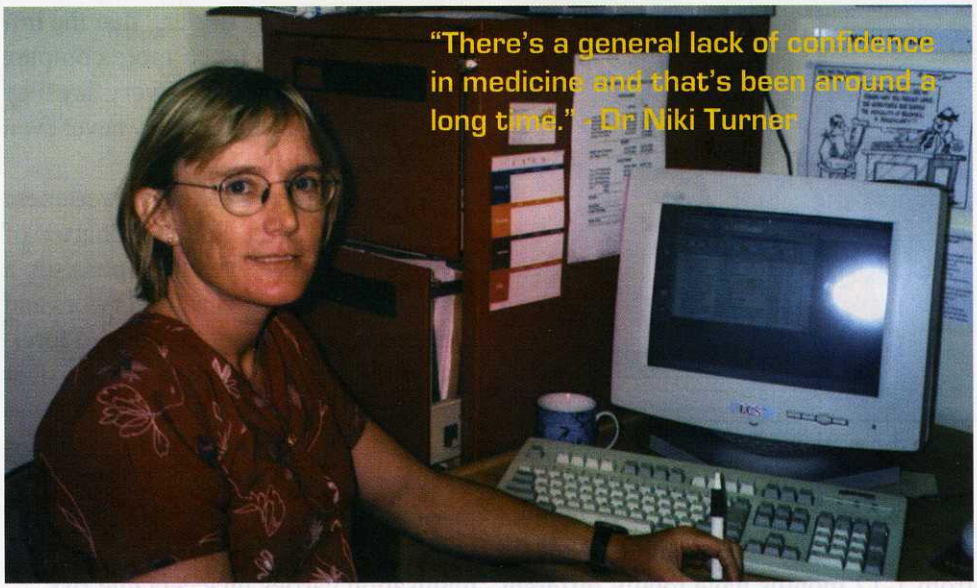
According to Hilary Butler, the immune system is a wonder to behold. Whether you believe it is a matter of God's design or the way Mother Nature intended, the immune system works best in a systematic, sequential series of steps to protect the body from invading toxic forces.

As the magazine *Immunology Today* notes: "Indeed, learning is an absolute necessity, and these systems have evolved in the 'anticipation' of appropriate inputs provided in an appropriate sequence after birth, and continuing throughout life."

Th1 is the name for specialised white blood cells that search for and destroy infected cells. The cell particles are then analysed by Th2 to make antibodies, and prevent foreign organisms from invading the body's cells a second time in future.

Th1 blood cells are the frontline troops, the first line of defence, who surround and destroy the invaders. When the initial fighting wanes, Th2 moves in to mop up the battlefield.

Hilary Butler says the key the fighting infectious diseases is to have a strong Th1 immune system. A mother's breastfeeding, fortuitously, helps prime her baby's defensive Th1 system.



However, 18 years of research have led Hilary to the conclusion that some vaccinations activate the Th2 system first and can permanently suppress the first line of defence, the Th1 'search and destroy' system. The result? A Th2-skewed immune system that doesn't work properly and which leaves children with an increased risk of allergies.

Perhaps this would explain why doctors now advocate ongoing booster shots in order to maintain artificial immunity.

"When a baby is born," says Butler, "its immune system is initially TH2-skewed, by virtue of the mother's immune system. But the mother's immune system changes back to normal very quickly and breast milk quickly starts the process of changing the baby's balance. It acts as a buffer and assists in the development of the baby's immune system.

"The first year of life is the time when the 'difference' between 'vaccine' and 'natural immunity' is so important.

"The portals of entry and learning pathway of the Th1 system - your mouth, nose etc - teach and mature the immune system and help to prevent both allergy-development and auto-immune disease.

"Any antigens are processed with the help of immunological factors in breastmilk, the baby's cued-in immune system through the mucous membranes and the various layers of the internal immune system, which then turns over to the Th2 system to produce antibodies. A vaccine bypasses all this."

Hilary Butler maintains that a decrease in the frequency of breastfeeding has altered the nature of human bowel flora, which is the bacteria that live in a baby's gut. The difference is that the flora from bottle feeding, in particular E. Coli, is not particularly good for the baby, whilst breastmilk provides a bowel flora that is healthy.

"Most parents are not told exactly what breastfeeding does, or how this little immune system all of its own is so vital. Breastfeeding gives a baby a sophisticated defence system from birth, which helps to protect the baby and teach the immune system how to work.

"It is breastfeeding which modifies the baby's environment in such a way as the immune system learns the correct way to process and handle the bugs that invade.

"The intestinal flora of a bottle-fed baby is quite different to a breastfed baby, and has the potential to be a silent time bomb. For example, one bottle of formula is enough to change a baby's gut dramatically, and it takes two weeks of breastfeeding to return the gut back to normal. The only neonatal immune system primed today in the correct, natural way is the unvaccinated, breastfed baby."

Bear in mind that our Government has pushed mass vaccination programmes