

Should I Vaccinate My Child?

by Jini Patel Thompson, [Listen To Your Gut](#)

- An unpublished study by the World Health Organisation (WHO) on a "measles susceptible" (malnourished) group of children showed that the group who hadn't been vaccinated contracted measles at the normal contract rate of 2.4%. Of the group who had received the measles vaccine (MMR), 33.5% contracted measles.
- In 1975 Japan raised the minimum age for infant vaccinations to 2 years. As a result, SIDS (Sudden Infant Death Syndrome, or, crib death) and infant convulsions virtually disappeared. In the 80's, Japan lowered the minimum age back down to 3 months and the rate of SIDS returned to previous levels.
- In an Australian study, a group of recruits were immunized for Rubella, and all produced the expected antibodies. When later exposed to the disease, 80% of the recruits contracted it.
- According to the U.S. National Childhood Vaccine Injury Act (est.1986): To qualify for compensation, the adverse effects of vaccination must occur within four hours of receiving the vaccine. Despite this extremely severe limitation, as of February 28, 1998 compensatory payments have totalled \$871,800,000.00. This figure is even more alarming when it is revealed that only one in four claimants were awarded compensation.
- Some researchers postulate that the use of live viral vaccines introduce foreign genetic material into the human system, which has contributed to the unprecedented escalation of auto-immune disorders (like multiple sclerosis, rheumatoid arthritis, lupus, cancer, Crohn's disease, asthma, etc.) in recent decades.

The above facts each highlight a different facet of the immunization question; effectiveness, adverse effects, and long-term consequences. The unspoken thread running through each of these is a pressing question: Why haven't more people been informed of this evidence, and indeed, why is vaccination presented carte blanche as a positive, imperative requisite for our children's health? As the mother of a newborn, it became important to find out what is really going on with infant and childhood vaccination and whether it is conclusively a beneficial or necessary procedure. Thus I embarked on four months of research into immunization - squeezed in between the demands of caring for and breastfeeding our new baby Oscar!

Do Vaccines Actually Work?

As I researched the issue, I was amazed to discover that there is a large and growing body of clinical studies, fieldwork (in developing nations) and historical data refuting the safety and efficacy of vaccination. Unfortunately, the propaganda campaign for vaccination has been so successful that most of us automatically believe that vaccines are so effective they are responsible for the virtual eradication of serious childhood illnesses. In reality, this is not so, and if you examine the actual rates of incidence for each disease (from reliable sources such as the Lancet, WHO and UNICEF), the graphs show a clearly different picture. From the 1800's to the present, in every case, each disease had been virtually eliminated decades before the introduction of the relevant vaccine; through improved hygiene, better nutrition, clean drinking water and improved sanitation. Basically, as people's overall health and immune systems improved, they didn't get sick. As the physician W.J. McCormick summarized in 1950 (before vaccines for measles, mumps, scarlet fever and rheumatic fever were introduced):

"...the decline in diphtheria, whooping cough and typhoid fever began fully fifty years prior to the inception of artificial immunization and followed an almost even grade before and after the adoption of these control measures. In the case of scarlet fever, mumps, measles and rheumatic fever there has been no specific innovation in control measures, yet these also have followed the same general pattern in incidence decline."

Furthermore, research reveals dozens of cases around the world where there was an outbreak of infectious disease (e.g. measles, polio, tetanus, smallpox, etc.) and contract rates were either similar among vaccinated and unvaccinated populations, or higher and more severe among the vaccinated. For example:

- Massachusetts in 1961 experienced a 'type II' polio outbreak and "there were more paralytic cases in the triple vaccinates than in the unvaccinated".
- In 1976, Dr. G.T. Stewart reported in the British Medical Journal that, "of 8,092 cases of whooping cough, 2,940 (36%) were fully immunized, while only 2,424 (30%) were definitely not immunized."
- Professor George Dick, speaking at an environmental conference in Brussels in 1973, admitted that in recent decades, 75% of British people who contracted smallpox had been vaccinated. This, combined with the fact that only 40% of children (and a maximum of 10% of adults) had been vaccinated, clearly shows that vaccinated people have a much higher tendency to contract the disease.

If vaccination is not responsible for the eradication of childhood illnesses, and vaccinated children are actually at a greater risk of contracting a disease than unvaccinated children, why is vaccination routinely presented as an effective safeguard for our children's health? When the historical data is referred to by pro-vaccine parties, it is often skewed and presented out of context. For example, in reference to a mass immunization campaign carried out in Thailand:

"...the immunization coverage for measles has increased from 6% in 1984 to 63% in 1988, leading to a reduction in measles prevalence from 93.7/100,000 in 1984 to 37.1/100,000 in 1986"

However, what the report doesn't indicate is that in 1987, the infection rate of measles was 87.1/100,000. And in 1988 it was 59.1/100,000 which is actually higher than the rate of infection in 1982 (57.1/100,000) when no one had been vaccinated. Aside from establishing that vaccines are not the reason infectious childhood illnesses have virtually disappeared, and that vaccinated children are actually at a greater risk of contracting disease, there are also the adverse effects and long-term consequences of vaccination to be considered.

Effects of Vaccination

Immediate Side Effects

Immediate or short-term effects of vaccination can include the following: encephalopathy (irreversible brain damage), ataxia (incoordination of voluntary muscle movements), mental retardation, aseptic meningitis (inflammation of the membranes of spinal cord or brain), seizure disorders, hemiparesis (half-body paralysis), retinopathy and blindness, hyperactivity, anaphylaxis, high pitched (encephalitic) screaming/prolonged crying, learning disorders, hay fever, asthma, sudden infant death (SIDS), brachial plexus neuropathy (disease affecting nerves which serve the arm, forearm and hand), and abdominal pain. Secondary complications can include juvenile-onset diabetes, Reye's syndrome and multiple sclerosis.

Unfortunately, it's virtually impossible to determine the real incidence of damaging adverse reactions. For example, a British government report claims the rate of permanent neurologic damage from the DPT vaccine to be 1 in 300,000. However, other researchers indicate the permanent damage level to be anywhere from 1 in 62,000 to 1 in 300. Research by Coulter and Fisher on the 3.3 million children vaccinated yearly in the U.S. found there to be a total of 33,006 cases of acute neurological reactions (encephalitic screaming, convulsions, collapse) within 48 hours of receiving the DPT shot.

When the problems with vaccination are addressed in a serious manner by the pro-vaccination side, it usually involves a member of the bio-medical field qualifying that the dangers of vaccination, although real, are very rare, for example:

"Parents must be informed of the rare possibility of serious adverse effects, including seizure and allergic reaction. Every physician who administers vaccines therefore needs to become familiar with the reactions that may occur with each immunologic agent used. The best safeguard against litigation, when and if a serious reaction follows vaccination, is the indication that these considerations were discussed and that an informed choice was made."

However, there is no scientific evidence as to the actual frequency or incidence of vaccine-induced injury, so in fact we have no idea whether reactions are indeed rare, or, statistically significant. In articles such as the one above, no verifiable statistical evidence, reflecting reliable reporting or monitored studies for this 'rarity' is ever presented. As shown in the official minutes of the 15th session of the US Panel of Review of Bacterial Vaccines and Toxoids with Standards and Potency:

"Many physicians are not cognizant of the importance of reporting untoward reactions, or may be unaware of their clinical features. Further, both physicians and manufacturers have been held liable for damage suits by patients who may suffer adverse effects from established vaccines. All of these factors undoubtedly discourage reporting; without some other form of surveillance, definition of the rates and significance of untoward reactions to current and future vaccines cannot be ascertained."

For this reason, it is suspected that the number of adverse reactions and vaccine-damaged children is actually much, much higher than is currently presented by the medical/pharmaceutical community. Instead, there is a growing number of mothers and lay people, whose children have been irrevocably damaged, forming vaccine risk awareness groups. There continue to be incidents like the one in West Germany in 1967, where smallpox vaccination damaged the hearing of 3,296 children, and of these 71 were rendered completely deaf. At the extreme end of the spectrum, we have occurrences like the one in Australia's Northern Territory where malnourished aboriginal children were vaccinated and in some areas 50% of them died. According to Dr. B. Bloom at the Albert Einstein College of Medicine, there's even an emerging reluctance to further develop vaccines because financial losses due to the liability of established vaccines actually exceed the profits derived from them.

Whether these adverse reactions are caused by the vaccines themselves or the number of highly toxic additives contained in vaccines (e.g. formaldehyde, mercury, acetone, etc.), or a combination of the two, remains to be determined. As yet, no research has been carried out to resolve this question.

Long-Term Consequences

While these short-term consequences are alarming (especially if it happens to your child) the possible long-term consequences of vaccination are, in my opinion, even more of a worry. When you contract a disease naturally, the virus or bacteria normally enters via the body's natural filtration system; by being inhaled or swallowed, passing through the liver. With measles, for example, the airborne virus is carried first to the tonsils, then the lymph nodes and then into the spleen, blood and other organs. This succession produces a variety of reactions; sneezing, coughing or the secretion of a local antibody within the respiratory tract, all designed to expel or weaken the virus at its port of entry. With vaccines, foreign antigens are usually injected directly into the body's tissues and carried throughout the circulatory system, giving them direct access to all of the body's vital organs and systems. To bypass the body's natural defence system, and at such a young age, is simply asking for trouble. In addition, because the vaccine contains an attenuated (or weakened) form of the virus, the body doesn't activate its major inflammatory response, nor its non-specific immune defences. Another long-term complication of vaccination involves the 'one cell-one antibody' rule. This means that once a B cell is committed to an antigen (disease-causing virus or bacteria), it becomes inert and incapable of responding to other antigens or attacks on the immune system. If a child contracts childhood diseases naturally, it is estimated that up to a total of 7% of their immune system is taken up with responding to these diseases. However, a child who undergoes the routine course of vaccinations, risks having up to 70% of

his/her immune system committed to these antigens and no longer available for other immune challenges. Current research suggests this reduced immune-response capacity is responsible for increased susceptibility to other infections, allergies, and auto-immune diseases. Other researchers argue that these attenuated forms of the viruses remain in the body causing continual antigenic stimulation of the immune system which also weakens it and leads to auto-immune diseases.

A placebo-controlled trial of acellular pertussis vaccines in Sweden, compared vaccinated children with un-vaccinated children of the same birth grouping. During the trial, an invasive bacterial infection occurred among the vaccinated group resulting in numerous deaths. A review of the trial data led researchers to conclude that "The hypothesis of an immunosuppressive effect of the vaccines, which would explain the deaths...could not be refuted by the data."

As further evidence, one of the few double-blind trials that have ever been conducted on a vaccine shows the same immunosuppressive effect. In the trial, of the group who were vaccinated with the Salk polio vaccine, over 200 people went on to contract polio. Among the control group (unvaccinated), not one of them developed polio.

Citing references from numerous valid sources, including four recognized textbooks on paediatrics and immunology, Harold Buttram, MD and John Hoffman, PhD, conclude that childhood vaccination "cannot help but have adverse effects on the immunologic system of the child, possibly leaving this system crippled in its ability to protect the child throughout life...opening the way for other diseases as a result of immunologic dysfunction."

The other worrying aspect of live viral vaccines is they introduce foreign genetic material into the human body. Dr. R. Moskowitz, MD and Harvard graduate, explains how this can lead to auto-immune disease susceptibility:

"Vaccinal attenuated viruses attach their own genetic 'episome' to the genome (half set of chromosomes and their genes) of the host cell, and are thus capable of surviving or remaining latent within the host cells for years. The presence of foreign antigenic material within the host cell sets the stage for their unpredictable provocation of various auto-immune phenomena such as herpes, shingles, warts, tumors - both benign and malignant - and diseases of the central nervous system, such as varied forms of paralysis and inflammation of the brain."

Dr. Markowitz states that in addition, vaccines do not just produce mild versions of the original disease, but all of them commonly produce a variety of their own symptoms. In some cases, "these illnesses may be considerably more serious than the original disease, involving deeper structures, more vital organs, and less of a tendency to resolve spontaneously. Even more worrisome is the fact that they are almost always more difficult to recognize."

In addressing scientists at a conference sponsored by the American Cancer Society, Rutgers University professor R. Simpson warned:

"Immunization Programs against flu, measles, mumps, polio and so forth may actually be seeding humans with RNA to form latent proviruses in cells throughout the body. These latent proviruses could be molecules in search of diseases, including rheumatoid arthritis, multiple sclerosis, systemic lupus erythematosus, Parkinson's disease and perhaps cancer."

The bulk of the evidence gathered from numerous countries points out that not only is vaccination ineffective at preventing the spread of infectious disease, but vaccinated children are actually at a higher risk of contracting these illnesses. In addition, the adverse reactions to vaccination are much higher than presently documented in the medico-pharmaceutical literature and the long-term damaging effect of suppressing the immune system is rarely addressed.

In light of all the evidence to the contrary, why have vaccines been pressed upon the public as a necessary, beneficial way of preventing our children from getting sick? In the words of Dr. Raymond Obomsawin (who's held senior positions in UNICEF and CUSO), referring to mass vaccination, "It is reprehensible that such actions continue to be enforced by authorities, while parents and local health workers are not accorded any practical knowledge of the known dangers involved, and the extent to which there prevails a general ignorance of the longer term consequences."

Combine this ignorance with the millions of dollars in profit generated by vaccination that goes straight into the pockets of manufacturing companies, governments and medical doctors, and it becomes clear that vaccination is more of a political and economic issue, than a health issue. Barbara Fisher, who served for ten years on the U.S. National Vaccine Advisory Committee states:

"We have bad science and bad medicine translated into law to ensure that vaccine manufacturers make big profits, that career bureaucrats at the Public Health Service meet the mass vaccination goals promised to politicians funding their budgets, and pediatricians have a steady flow of patients...As the drug companies have often stated in meetings I have attended, if a vaccine they produce is not mandated to be used on a mass basis, they do not recoup their R&D costs and do not make the profit they want. In the medical literature official studies of vaccine risk are published purportedly proving there is no cause and effect. What the reader does not know is that often the studies have been designed and conducted by physicians who sit on vaccine policy-making committees at the Centers for Disease Control...some of whom receive money from vaccine manufacturers for their universities and for testifying as expert witnesses in vaccine-injury cases. And others are federal employees with an eye on career advancement within HHS and a future job with a vaccine manufacturer after retirement from public service. Many of these same physicians sit on the peer review boards of the major medical journals such as Pediatrics and JAMA, where they refuse space for studies or letters from the few brave physicians who dare to challenge their assertions that there is no cause and effect"

As to whether you should vaccinate your child or not, only you can and should make that decision. It is very difficult to stand strong and resolute against the ubiquitous pressure to vaccinate. It's like having to keep insisting the earth is round when authorities, your community, intellectuals, and the majority of scientists etc. all insist it's flat. As with all matters of health, each of us has to go with what our gut tells us is right, or the best possible option for us at that time.

There are very effective alternatives to vaccination, but it's beyond the scope of this article to address that here. Any good naturopathic physician will be able to advise you of the alternatives and prescribe immune support measures for your child. For those of you who are wary of the dangers of vaccination but not quite strong enough - or convinced enough - to decline immunization, there are a few options you might wish to explore:

- Only give your child the vaccines you feel are most necessary and omit the most dangerous ones, or the ones that have been banned in other countries. For example, opt for diphtheria and tetanus but omit the pertussis component of the DPT shot, skip the hepatitis B vaccine - especially in infants (it's been banned in the USA and 200 doctors in France have banded together to try to get their government to ban it). The MMR (measles, mumps, rubella) shot has also been banned in several countries.
- If you do vaccinate, assist your child/baby's immune system before, during and after vaccination to reduce the risk of adverse effects. Dr. Lendon Smith (an Oregon pediatrician) administers the following to his patients: 1000 mg. Vitamin C, 500 mg. Calcium, 50 mg. Vitamin B6 the day before, the day of, and the day after vaccination. Consult with your doctor (medical or naturopathic) as to the best amounts and delivery method of these immune support substances for your child. Continue to supplement with a full range of vitamins and minerals daily thereafter (use 100% natural preparations specially formulated for infants or children).
- Continue to educate yourself by reading other sources and conduct your own research on vaccination. See some of the publications and websites listed at the end of this article for further reading.

Recommended Books:

[Listen To Your Gut : Natural Healing and Dealing with Inflammatory Bowel Disease](#) by Jini Patel Thompson

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Jini Patel Thompson was diagnosed with Crohn's Disease in 1986. She has remained drug and surgery-free for over a decade by using natural healing and treatment methods. She lives in Vancouver with her husband and child, owns her own business, and travels regularly throughout North America, Asia and Europe. She is the author of the recently published [Listen To Your Gut: Natural Healing & Dealing with Inflammatory Bowel Disease & Irritable Bowel Syndrome](#)