

Vaccinations: An Open Dialogue & Discussion

Lawrence B. Palevsky, MD, FAAP, DABHM

...laws and institutions must go hand in hand with the progress of the human mind. As that becomes more developed, more enlightened, as new discoveries are made, new truths discovered and manners and opinions change, with the change of circumstances, institutions must advance also to keep pace with the times. Thomas Jefferson

The number of recommended childhood vaccinations has continued to increase over the last twenty years. Parents, health care providers, scientists, lawmakers and citizens are voicing their concerns. They are raising questions about vaccine safety, efficacy and short and long term side effects. Parents wonder about the vaccine manufacturing process and how each ingredient affects the maturing neurological and immune systems of their children. They are curious about contaminants from foreign human and animal tissues. They question how the ingredients interact with each other and whether this interaction can be harmful. They want scientific data about the accumulation and detoxification of these ingredients over time. In all of these discussions the need to protect our children and prevent serious illnesses prevails.

Parents want to know if all the vaccines are necessary and whether they need to be given simultaneously. A growing number of parents want to choose a vaccine schedule that differs from the one that is recommended. Others wonder if the recommended vaccine schedule will ever stop growing. Many want to at least have the opportunity to talk openly and safely about these issues and concerns. Most importantly, people are worried that in our haste to reduce the incidence of infectious diseases with the use of vaccines, we have done so at a grave cost to our health and the health of our children. They are asking the medical profession and pharmaceutical companies to address these concerns more seriously.

The FDA gives approval for vaccines after reviewing the safety and efficacy studies presented to them. These studies are performed by the vaccine manufacturers themselves. The Advisory Committee on Immunization Practices (ACIP) follows with a recommendation regarding vaccine dose and scheduling. The financial interests throughout this process have been questioned. There is increasing concern that these financial interests have grown to be equal to or greater than the health interests of the children who are meant to be protected. Incomes and profits may coincide with the need to report positive outcomes and conclusions from these studies. Thus, there is growing concern about the evaluation process. Parents and scientists alike are also questioning the validity of the scientific methods and the vaccine study designs. There is growing evidence that many of the conclusions and recommendations from these studies are based on belief systems and opinions of the prevailing medical paradigm and not on the foundations of proper scientific inquiry and analysis.

People who ask tough questions about vaccines have faced tremendous scrutiny. They have found that, whether or not they have dissenting views, there is little room for them to speak. Some inquiring parents have been rejected by their spouses, their parents, their doctor's offices and their friends as well as from members of their own community. Some parents have been accused of neglect and abuse and have received threats to have their children taken away from them. Some have had their children taken away. Others have been well received and respected.

The current debate about vaccines is very volatile. There are many who feel strongly that vaccinations are responsible for reducing the incidence of preventable diseases and have helped save many lives. There are others who believe that the incidence of these diseases, for which we now vaccinate our children, had been on the decline before the introduction of vaccinations. They believe that better nutrition, sanitation and hygiene have played a stronger role in improving our health and life expectancy and cite CDC evidence to support this contention. Still others believe that while vaccinations have helped wipe out many serious infectious illnesses they have also contributed to the development of major short and long term health problems. Experts tout the scientific studies supporting the safety and efficacy of vaccines while others refute these claims. An increasing number of experts allude to the growing body of scientific evidence that indicates vaccines are neither safe nor effective. The problem is that each group of experts has a different take on what determines safety and efficacy.

Who do you believe? Despite the contradictions, can both sides be right? Can vaccines be responsible for wiping out major infectious diseases and, at the same time, have little to do with the decrease in disease incidence? Do children benefit from having several of these childhood illnesses? If vaccines are responsible for wiping out major infectious diseases do they also play a role in the development of acute and chronic illnesses? Has the benefit of eliminating infectious diseases in children been outweighed by the risks to our health from the side effects of the vaccines? Can we continue to accept from the dominant medical paradigm that the development of a growing number of acute and chronic pediatric and adult illnesses cannot be related to side effects from the vaccines? Is each group of scientific experts correct when they say that vaccines are both safe and effective or unsafe and ineffective? Is one belief system or one set of scientific studies and their conclusions better or truer than the other?

In the past, a small number of parents watched as their children became neurologically impaired after a measles infection. From their perspective, no other child or family should suffer this outcome, however rare its occurrence may be. In their eyes, every child should receive the measles vaccine to protect them from a measles infection and the possibility of a serious outcome. Other parents watched as their children became neurologically damaged after receiving a measles vaccine. This was their truth despite what the authorities called a coincidence. In their eyes, no child should get the measles vaccine. The issue for many parents is very emotional.

Parents and scientists have questioned the need for the measles vaccine. Measles infections can be beneficial for the maturity of a child's neurological and immune system. Measles is a benign disease leaving only 3 in 10,000,000 deaths by 1957, 6 years before the introduction of the first measles vaccine. Even serious neurological outcomes (SSPE—subacute sclerosing panencephalitis) from the illness are rare and would be rarer if the right nutritional treatments and preventive measures were taken before, during and after the illness. By 1960, the incidence of SSPE was 61 cases per 10,000,000 measles infections.

What makes a few children suffer severe effects from a measles infection while the vast majority recovers without a problem? What makes others develop neurological damage after the measles vaccine while others who are vaccinated appear to be in good health? What determines the expression of a measles virus or any other viral infection even in a child who is supposed to be protected by the vaccine? Can we give every child the same vaccine expecting the same response from each one even though no two children are alike? Can we continue to treat each child the same as the next? Is a mass vaccination program necessary and does it protect more than it harms?

Many parents and scientists are concerned about the growing incidence of autism and autism spectrum disorder over the last 10-20 years. Parents are beginning to see the development of neurological problems in their children either immediately or soon after having their children vaccinated with the MMR (measles, mumps, and rubella) vaccine. Some children with autism/autism spectrum disorder clinically present like those who develop SSPE after a natural measles infection. The medical authorities believe the relationship between autism and the MMR is impossible.

A recent study from the Mind Institute in California showed that the increased incidence in autism, now claiming one in every 250 California children, is real and not due to an increased ability for health care providers to make the diagnosis. Recent research by Dr. Wakefield et al and Dr. V.K. Singh has shown that there is a subpopulation of children with susceptible nutritional, intestinal and immune deficiencies who develop autism/autism spectrum disorder related to the administration of the MMR vaccine. Clearly, if this research can be replicated and is found to be true, the incidence of autism/autism spectrum disorder is much greater than what we would see if children were allowed to get a wild measles infection.

How we decipher these issues depends a great deal on our fundamental belief systems, our prejudices, our fears, our ties to special interests, our intentions and our level of inquiry, discovery and interpretation of the information we receive. Finding truth depends on how we ask the questions, how we interpret the answers and in whose authority we place our trust. As a result of the contradictions, a growing number of parents are discovering their own truths about vaccinations and placing the ultimate authority in their own hands. It behooves the medical profession and the vaccine manufacturers to take a serious look at the

way in which we discover and publish information about vaccinations and in whose interests we draw our conclusions. There are many questions about vaccinations for which we do not have the answers. We need to expand our thinking beyond what we know now and learn to examine the contradictory information with an open mind.

Perceptions and realities about vaccine safety and efficacy are shifting. Yet, these differing opinions can co-exist even though they seem to contradict each other. Parents have found the courage to educate themselves and explore the topic of vaccinations. They are beginning to weigh some of the pros and cons about vaccinating and looking at each child's health on an individual basis. Parents are beginning to discover their own ideas about wellness and illness, how the immune system works and how they can support it. Many of the so-called alternative modalities—nutrition, herbology, Chinese medicine, homeopathy, Ayurveda, chiropractic, osteopathic—provide a wealth of information about prevention and safe treatment for childhood acute and chronic illnesses.

Parents want to prevent their children from getting infectious diseases—so do the medical providers, health officials and pharmaceutical company executives. Vaccines were developed and manufactured to prevent further morbidity and mortality from childhood illnesses. In our haste to meet the public demand for curbing these illnesses, we developed vaccines that meet this need but are manufactured without sufficient scrutiny. We are now faced with some tough questions about the ways in which vaccines are manufactured and administered, the ingredients that are used and, the effect(s) of each of these ingredients on a child's immune system and their interaction with each other in the body.

A good scientist asks tough questions. A good scientist is open to the possibility that the answers to these questions can be contrary to what was previously hypothesized and perceived to be true information. Knowledge and wisdom can only be furthered by continuing to ask questions. If the scientific and medical communities have nothing to hide, the questions and their answers will not be a threat to the existing belief system. If anything, the answers will merely add to our level of understanding of vaccinations and bring us to a greater truth, all with the intention of providing the safest and most effective medical care for our children.

How do we obtain knowledge and wisdom?

A two month old baby is given the following vaccinations: diphtheria, pertussis, tetanus, hemophilus influenza B, polio, pneumococcus and hepatitis B. This protects the child against seven diseases at one time. Rarely, if ever, does a child, or an adult, become ill from two diseases at the same time, let alone seven. The same vaccines are administered at four months old, except for the Hepatitis B. In addition, the same vaccines are given to a six month old, except for the Hepatitis B and the polio but now with the added recommendation of the flu vaccine. Why administer them all at once? What is a good scientific rationale that helps shed light on why it is safe, effective and prudent to administer them all at once? Where are the studies to substantiate this policy? What are the short and long term effects on a child's immune system when multiple vaccines are given, injecting many different viral particles into the body at one time? How do the viral particles from different viruses interact with each other in the body? Is the interaction benign? Can it be lethal? Which child is most susceptible to having a lethal reaction?

We are taught in medical school that lab animals will recover from viral infections when injected with single viruses on two separate occasions. When specific viruses are combined at the same time, the combination can be lethal--some of the animals die. When clinical studies are done to look at vaccine safety and administration, most children are observed for up to seventy-two hours, some as much as up to five to seven days. If there are no major health problems observed in the study group during this time, the vaccine is found to be safe. So, when experts conclude that there are no major side effects to the administration of several vaccines at the same time, they are correct. If we ask some of the deeper scientific questions listed above that have been raised by parents, scientists and health care providers we find that we do not know the answers to these questions. Should we know the answers to these questions before we recommend these vaccine schedules?

Dosages for antibiotic and pharmaceutical prescriptions for children are based on their weight. A small child receives a smaller dose of a medicine than a larger, older child. With vaccines, a two month old child, noticeably smaller than a six month old, receives the same amount of each of the vaccines as would a six month old, or an eighteen month old or a four year old for that matter. What is the correct dose of each vaccine per child's body weight to help achieve the desired effect of antibody production against the specific disease in question? Is the large dose of antigen given to a two month old, too much for their immune system to handle? Do we understand enough about the developing immune system to answer these questions?

What are the contaminants from animal tissues that are used during the manufacture of the vaccines? Many of these animal tissues may have viral and bacterial particles specific to their own species embedded in the DNA of the culture cells. Some vaccines are grown on chick embryos, monkey kidney cells and, human fetal cells. During the manufacturing process serum is used from cows, some of which come from Europe. DNA from viruses and bacteria, as well as animal proteins, is known to move about freely when placed in culture. How many animal DNA proteins and/or animal viruses or bacteria are incorporated into the genetic material of the viruses and bacteria for which we are trying to vaccinate against? Other vaccines contain varying amounts of mercury, aluminum, formaldehyde, anti-freeze, gelatin, MSG, neomycin and other antibiotics, genetically modified yeast and other volatile chemicals. Can we realistically quantify an accepted safe level of a vaccine ingredient when none of these ingredients naturally make their way into a child through injection? And we have no idea of the combined effect of these ingredients in the body and whether they amplify each others potency. Each child has a different capacity for detoxification. What may be a small amount of a vaccine ingredient for one child, having no ill effect on his/her health, may cause a lethal immune response in another whose detoxification system is

We are witnessing a growing number of children and young adults with chronic disabilities of one kind or another. They are living with a moderate to severe dysfunction of their

digestive, neurological and immune systems. A recent study from The Mind Institute in California shows that the rise in incidence in autism spectrum disorders is real and not due to an increase in our ability to make an earlier or more frequent diagnosis.

The majority of these children in the autistic spectrum disorder are found to have laboratory evidence of nutrient and vitamin deficiencies, immune dysfunction and deficiencies, emotional, behavioral and learning problems, sensory issues, changes in vision and hearing and bowel dysfunction with overgrowth of organisms not commonly seen in healthy children. Other children with chronic illnesses such as cancer, allergies, asthma, acquired skin disorders, inflammatory bowel disease, diabetes, ADD/ADHD and other neurological and autoimmune disorders have been found to have similar neurological and immune system dysfunctions as well.

Many parents see their children deteriorate before their very eyes. And many of them feel that these changes have occurred either immediately or soon after the administration of single or multiple vaccinations. Who knows a child better than the parent? I remember hearing these words as an integral part of my pediatric training. These were the wise words of my mentors who had been in clinical pediatric practices for decades. Suddenly, however, many of these parents, who were lauded for their knowledge, wisdom and expertise, are being shunned by the medical profession when they offer their experiences and their observations about their children. Experiences that do not make sense to us based on what we were trained to understand and believe. We were told that vaccines are safe and effective, a major contribution to the reduction of severe debilitating childhood illnesses. It was as simple as that. With such training, it was preposterous to think otherwise.

In a growing number of cases, parents are observing a direct and immediate relationship between the onset of the deterioration of their children and the administration of one or more of the vaccines. Could this relationship also be true for a child who develops a chronic illness later on in life? Is it possible that there is a latency period? Could the children who suffer damage to their neurological and immune systems later on in life simply be stronger than the ones who deteriorate immediately? Do the vaccines play a part in these events? How do we even test this theory? Have we lost the capacity to continue asking questions? Has the topic of vaccinations, as it pertains to safety, efficacy, manufacturing, scheduling, ingredients, disease development etc., become such dogma that there is no longer room for scientific inquiry? Could these parents be right? And what if they were? What would it mean? Have we become so rigid in our belief systems that we have failed to see the possibility that we are wrong? Is everything that we thought we knew about preventing childhood illness as it pertains to vaccines, all that there is to know? Do so many parents and other concerned consumers know something that we do not know or do not want to know?

More and more children are found to have learning, speech and hearing problems, some

with bowel dysfunction, and others with visual changes and behavior and emotional problems. The defining feature amongst these children is that their neurological and immune systems have deteriorated.

Do we need to give our infants and children so many vaccines? Do we need to give them so many at once or is there a more optimal schedule? Are we compromising their health by administering 9 vaccines in one office visit? Are fevers, rashes and crying fits really “normal” for a child after receiving his/her vaccines? How do these vaccines affect their health? Has the risk of harm from vaccine(s) outweighed the risk of getting the disease? Are all the diseases fatal in most cases? If a few children die from a childhood illness, does that mean that every child who gets that illness will also die? Is that enough of a reason to give a vaccine? If a small number of children suffer permanent damage from a vaccine, does that mean that every child who gets that vaccine will also suffer permanent damage? Is that enough of a reason to not give a vaccine? Is there a benefit to the child’s growth and development by having some of the childhood illnesses? How do the vaccines affect the DNA of a child? How do they affect the immune system?