

THE VACCINATION MYTH **An Exercise in Logic**

There exists within and throughout the universe an intelligent mechanism that organizes matter with both constructive and destructive forces to provide a conscious expression of material existence known as LIFE!

THE CHIROPRACTIC TRUTH

Yes doctors, the body truly is a self regulating, self healing organism. Our bodies have an innate ability to be well and will do to their maximum potential when a 100% unobstructed state of health is present. It is a logical contention that health does not manifest in the presence of poisons or toxins. The Outside-In, Below-Up approach of the vaccination theory is in direct philosophical contradiction to chiropractic's Above-Down, Inside-Out healing veracity.

THE VACCINATION MYTH

Learned individuals and spokespersons from both the health care and disease care professions have voiced concerns over the utilization of vaccinations to provide safe and effective "immunity." A logical investigation of the vaccination issue produces more questions than answers.

- Do vaccinations work?
- Do vaccinated people get the disease?
- Do vaccinations provide "true" immunity or simply tolerance?
- Have vaccinations provided "herd immunity?"
- Do vaccinated people who get the disease recover faster and with less complications than the unvaccinated person?
- Are vaccines safe?

MYTH #1

Vaccines are effective

The effectiveness of vaccinations is influenced by many factors such as: misleading statistics, misinterpretation of post vaccination antibody count, misunderstood and/or overlooked vaccine reactions and the debate regarding provision of "true" immunity or "booster activated tolerance." If vaccines are effective at preventing the contraction of diseases, the vaccinated person should logically not get the disease. In 1986, the Center of Disease Control (CDC) reported that approximately 80% of non-preventable cases of measles were contracted in people who had been properly vaccinated. The CDC further reports in 1989 that continued outbreaks have occurred in populations that report a 100% vaccination rate.

The July 7, 1994 issue of the *New England Journal of Medicine* continues this trend of ineffectiveness with a report on the DPT vaccine in Cincinnati, Ohio. This report identifies a contraction rate of 70-80% in children who were appropriately vaccinated. It appears from review of the above and similar reports in refereed, peer reviewed literature concerning other vaccines, such as pneumonia and rotavirus vaccines, that effectiveness is highly suspected.

Table 1. Chemical and organic agents used to produce various vaccines

- Alum
- Aluminum phosphate
- Formaldehyde
- Glycerin
- Phenol
- Thimerosal
- Mercury
- Solutions and toxoids from infectious organisms from infectious
- Killed or diluted infectious organisms
- Dog and monkey kidney tissue
- Pig or horse blood
- Duck and chicken egg proteins
- Genetically manipulated organisms

MYTH #2

Vaccines are natural

There is some misconception regarding the naturalness of vaccination. In an attempt to develop a proactive approach to “health care” some vaccine proponents feel that vaccination is a natural process. Those opposed to the introduction of non-self material, whether it is produced from organisms or extracted from living tissue, argue their viewpoint based on the contents and processes of these vaccines. Table 1 illustrates many of the chemical constituents and organic agents used to produce various vaccines.

Although the source of some of the listed substances may be organic or natural in origin, they become pollutants in a body for which they do not naturally occur.

MYTH #3

Vaccines provide herd immunity

The concept of “herd immunity” is used to explain the eradication of many childhood diseases due to a high vaccination rate among the population. This may sound good in theory the vaccination rates are truly high. The April 18, 1994 issue of *American Medical News* detailed the lagging vaccination rates in 20 different major U.S. cities. The overall average for vaccinations on schedule was 44%! The lowest city cited is Houston at 11% with the highest vaccination rate being Boston at a mere 58%. If vaccines have wiped out

childhood diseases it does not logically appear to have occurred as a result of high vaccination rates. Nor do these high vaccination rates appear to be providing a continued degree of protection, for they simply don't exist.

The erroneous belief or a "herd immunity" continues to be attacked by medical authorities such as Theodore Ganiats, MD, of the American Academy of Family Practice (AAFP). Expressed concern over the new rotavirus vaccine mandate put forth by the American Academy of Pediatrics and the CDC's Advisory Committee on Immunization Practices. Dr. Ganiats commented in *Pediatric News* that this mandate could necessarily override patient preference by promoting use of a vaccine that doesn't produce herd immunity and for which the cost is not yet known.

A review of available statistics identifies a trend of decreasing death rates for most all childhood diseases before the introduction of widespread vaccination. If this decreased rate of occurrence manifested after the administration of vaccines, a logical conclusion would be that a degree of immunity has occurred. But this just isn't so. Therefore it would be illogical to conclude that vaccines have decreased the disease rate, when the decrease occurred before their usage and sometimes before their invention. Enough said!

MYTH #4

A vaccinated person has more protection than an unvaccinated person

This myth appears to be logical in stance and i must admit there is a compulsion to actually believe this to be true. Assuming that the individual survived the short term effects of the vaccination and long term side effects have not yet set in. The casual observer would think that a vaccinated person is provided more protection than an unvaccinated person. This belief is included in the debate that when a vaccinated victim contracts a disease for which they were vaccinated against, they will recover faster and with less complication than the unvaccinated victim. The truth to this debate is revealed in the October 12, 1991 issue of the *Lancet*. Researches found that children who had received a new high-titre measles vaccine had died in significantly higher numbers than children who did not receive the vaccine.

In defense of the unvaccinated victims, the New England Journal of Medicine and the British Medical Journal have both reported that high doses of Vitamin A reduces complications and the death rate in children with measles. Thus, it appears that a true natural substance such as Vitamin A may be more effective than a high-titre measles vaccine in preventing death and complications. And most certainly, specific chiropractic adjustments, when delivered properly will assist the body to properly communicate from brain-cell to tissue-cell.

Logically an argument can be made concerning the risks vs. the benefits of vaccination.

- **A vaccinated person who gets the disease:**
Benefit = 0%
Risk = Unknown
- **A vaccinated person who does not get a disease or vaccine reaction:**
Benefit = Unknown
Risk = Unknown
- **A vaccine injured or killed person:**
Benefit = 0%
Risk = 100%

An unvaccinated person has one risk—contracting the disease. The vaccinated person has two risks—contracting the disease and possible vaccine injury (Myth #5). And as B.J. Palmer would say, “It’s As Simple As That!”

• Mumps	Hepatitis
• Measles (attenuated)	Middle ear infections, convulsions, tonsillitis
• Live Rubella	Arthritis
• Small pox, yellow fever typhoid, rabies, TB, polio, diphtheria, tetanus	Multiple Sclerosis
• Diphtheria-Tetanus, Oral polio	Deafness, tinnitus
• MMR	Arthritis
• Hepatitis B	Central nervous system demyelination

MYTH #5
Vaccines are safe

All vaccines have side effects, some mild—some severe. The question of safety is not only a legal issue but also a moral and conscience issue. The known side effects of vaccines both short term and long term are numerous. These effects are detailed in the drug inserts provided by the manufacturers and in the scientific body of literature. Table 2 is a small example of vaccines and some of their implications.

Vaccine safety is judged in part by the incidence of adverse reaction. FDA figures in the early 1990’s estimated that 90% of doctors refuse to report these incidents. A further and more disturbing concern is the prevalent misunderstanding of what an adverse vaccine reaction is and its long term effects. When these events are overlooked and/or misreported, the issue of public safety becomes evident.

References

1. Morbidity and Mortality Weekly Report. U.S. Govt., June 6, 1986/35(22): 336-70.
2. Morbidity and Mortality Weekly Report. U.S. Govt., Dec. 29, 1988/38(S-9): 1-18.
3. Chrisite, CDC, et al. The 1993 epidemic of pertussis in Cincinnati--resurgence of disease in a highly immunized population of children. *New England Journal of Medicine*, July 17, 1994. Vol. 331, No.1.
4. *Physician's Desk Reference (P.D.R.)*, 1990.
5. Pinkney, D., CDC, AMA. Start new immunization push. *American Medical News*. April 18, 1994; 3,23.
6. Ganiats, MD, T. *Pediatric News*. 1998 Vol. 32, No. 8:22.
7. Garenne, Michael, Et al. Child mortality after high-titre measles vaccines: prospective study in Senegal. *Lancet*. Oct. 12 1991. Vol. 338:903-907.
8. Keusch, Gerald T. Vitamin A supplements--too good not to be true. *The New England Journal of Medicine*. October 4, 1990:985-987.
9. Barclay, et al. Research from the south, vitamin A supplements and mortality related to measles: a randomized clinical trial. *British Medical Journal*. Jan. 31, 1987.
10. Cournoyer, Cynthia. *What About Immunizations? Exposing The Vaccine Philosophy*. Santa Cruz, CA: Nelson Books. 1991:13-14.
11. Beeson, P., et al. Hepatitis following injection of mumps convalescent plasma. *Lancet*. June 24, 1944:814-816.
12. Markum, F., et al. Discussion on immunization of man against measles. *American Journal of Disease of Children*. 1962 Vol. 103:390-393.
13. Landrigam, P., White, J. Neurologic disorders following live measles virus vaccination, *Journal of the American Medical Association*, 1973 Vol 223, No12:1459-62.
14. Ogra, P., Herd, K. Arthritis associated with induced rubella infection. *Journal of Immunology*. 1971 Vol 107:810-13.
15. Miller, H., et al. Multiple sclerosis and vaccination, *British Medical Journal*, 1967:210-13.
16. Mair, I., Leverland, H. Sudden deafness and vaccination, *Journal of Laryngology and Otology*. 1977 Vol. 91:323-29.
17. Benjamin, C.M., et al. Joint and limb symptoms in children after immunization with measles, mumps, and rubella vaccine. *British Medical Journal*, April 25, 1992:1075-1078.
18. Herroelen, L. et al. Central nervous system demyelination after immunization with recombinant hepatitis B vaccine. *Lancet*. 1991 Vol. 338:1174-1175.

Robin C. Hyman, DC, FRC - is a 1989 magna cum laude graduate of Palmer College of Chiropractic. He maintains a subluxation-based practice in Dallas, Texas and has been a professor of chiropractic technique for ten years at two chiropractic colleges. His most popular tests are Tables Assisted Adjusting--An exposition of the Thompson Technique and Applied Kinesiology & Subluxation Analysis. Soon to be published are books on chiropractic philosophy and cranial adjusting. Dr. Hyman may be contacted at (972)488-7979

ICA Review, August 1999

Exemptions for Vaccines

Illinois allows medical and religious exemptions to mandated vaccines. The **medical exemption** must be signed by a medical doctor and is getting more difficult to obtain due to the backlash doctors receive. The **religious exemption** can be written by any parent, for their elementary or high-school aged child (for more information about pre-school and college exemptions, contact IPSCA Central Office) explaining their religious belief opposing the vaccination.

Contact IPSCA Central Office for a copy of a **letter from the Illinois Department of Public Health (IDPH) explaining how a religious exemption should be written.**

Also, they have sent a copy of the memo that the IDPH sent to schools to help the school distinguish between a religious exemption, which is allowable, and a philosophical exemption, which is not.

An acceptable religious exemption uses one or more of the words “higher power, scripture, spiritual belief, or prayer.” Contact IPSCA Central Office for the fax from the Illinois Department of Public Health (IDPH).

Pre-School and College Exemptions

Excerpts from Illinois Department of Public Health’s June 7, 2000, letter to IVAC regarding child care and college vaccine exemptions.

Section seven of the Child Care Act of 1969 {225 ILCS 10/7} provides the Illinois Department of Public Health with the statutory authority to establish immunization requirements for children attending child care facilities. This Section specifically states that children may be exempt to immunization if the “parents object thereto on the grounds that they conflict with the tenets and practices of a recognized church or religious organization, of which the parent is an adherent or member”. The wording of the religious objection in the Immunization Code/Part 695 is consistent with that stated in the Child Care Act of 1969.

The specific language of the religious exemption in the College Immunization Code, which is similar to that for children attending child care facilities, was adopted from a recommendation of the college immunization task force. It was the opinion of the task force that the current language of the religious exemption was necessary to ensure that colleges interpret the rule in a uniform and consistent manner throughout the State.

The department does not define “recognized church” or “religious organization”; the College Immunization Code authorizes an institution, such as a college, to maintain records, to allow students or parents/legal guardians of minor students to object to the requirements based upon individual beliefs that immunization conflicts with the free exercise of their religious beliefs. Colleges usually interpret “recognized church or religious organization” to mean that the objection should include a statement that the individual’s beliefs follow a

organization” to mean that the objection should include a statement that the individual’s beliefs follow a religious doctrine whose teachings are opposed to immunization. It is the responsibility of each day care center or college to determine validity of the religious exemption statement submitted to the day care center or college.

The Illinois Department of Public Health supports changing the college religious vaccine exemption to conform with the elementary religious vaccine exemption, and is in the process of holding hearings to achieve this goal. IVAC agrees with this decision and would like to see the pre-school issue addressed.

©2001 Illinois Vaccine Awareness Coalition. All Rights Reserved.