

Immunizations: A Growing Debate

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Recent years have seen a growing international debate over mass mandatory immunization. A complete introduction to this inherently complex discussion could fill volumes. Positions in the U.S. range from full compliance with CDC recommendations to complete abstinence, and include middle ground such as anthroposophical medical doctors' view that children should be given only the polio and tetanus vaccines. Following is a brief overview of a few of the more salient points, followed by a brief commentary about legal options.

Few would dispute that infectious diseases wreaked havoc in the early half of the last century, yet are all but absent from modern society today. However, the credit that vaccines deserve for this is debatable. Some 90% of infectious disease decline in the 1900's *preceded* vaccines, and some diseases declined without vaccines. In addition, the rate of decline following

vaccines changed little if any from that already well established prior to the introduction of vaccines (polio actually *increased* in the two years following the introduction of the first polio vaccine following previous declines). Further calling into question our widespread faith in vaccines are studies that document instances in which highly- and even fully-vaccinated populations experienced disease outbreaks. Still, health authorities assure us of their past success and present necessity.

That *vaccines themselves* pose a serious health risk can no longer be denied. Hundreds of deaths and permanent disabilities are documented each year by the Vaccine Adverse Event Reporting System (VAERS) established by Congress under the National Childhood Vaccine Injury Compensation Act of 1986. Worse yet, sources such as the CDC and NVIC (National Vaccine Information Center) report that from 90 - 99 % of serious adverse events never get reported (estimates vary depending on the source). Meanwhile, U.S. taxpayers pay as much as \$100 million annually to compensate the families of the vaccine-injured that are reported and

deemed compensable. Thus, the immunization debate, at least to some, boils down to a cost-benefit analysis. Again, experts disagree widely on the final analysis.

Long-term effects of vaccines include immunological and neurological disorders such as autism, hyperactivity, ADD, allergies, cancer, and other conditions. This may be due in part to vaccine ingredients, which include known toxicants and carcinogens such as thimersol, aluminum phosphate, formaldehyde, and phenoxyethanol (antifreeze). Vaccine ingredients include known gastrointestinal, liver, respiratory, cardiovascular, blood, reproductive, developmental and neuro- toxicants. The debate here is whether or not the minute quantities of these ingredients used renders them safe. Once again, experts disagree. A more theological question is raised by the use of aborted human fetal tissue in the development of some vaccines.

Every state mandates vaccines, but each also offers one or more legal exemptions. North Carolina has medical and religious exemptions. The religious exemption doesn't require membership in any specific

religion (such a requirement was held to be unconstitutional by federal courts in NY and AR). Exercising an exemption doesn't require a lawyer, but religious exemptions are a deceptively complicated area of the law with pitfalls for the unwary, so for those—or if you have a dispute with medical or education authorities, or simply want more information—you may wish to consult one.

Vaccination resources pro and con: [Immunization Resource Guide](#), 4th Edition, Diane Rozario, Patter Publications, P.O. Box 204, Burlington, IA 52601. 319-752-0039, 888-513-7770; or use a standard Internet search engine to find sellers online.

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