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the immunization dilemma

by darlene d'arezzo

dr. jay gordon sets the record straight

Dr. Jay Gordon began practicing pediatrics in Santa Monica more than 25 years ago. He has advised and supported thousands of parents on breastfeeding, pediatric nutrition, parenting, and vaccinations. I met Gordon (and his dogs) bright and early one morning for a hike to discuss the pros and cons of immunizing our children—a sensitive, controversial and confusing topic for many. The Centers for Disease Control and Prevention, the American Academy of Family Physicians and the American Academy of Pediatrics recommend vaccination against 12 diseases before age two—some of which have been eradicated in the US for more than 20 years.

Most vaccines must be given more than once, so a child could get as many as 23 shots in less than two years and as many as six shots during a single doctor's visit. While CDC reports that the side effects are generally mild—soreness or a low-grade fever—reports linking thimerosal to the autism epidemic have brought the topic to the forefront. Thimerosal is a preservative that has been used since the 1930s in biological and drug products to prevent contamination in multi-dose vials of vaccines. Multi-dose vials increase the profit margins on vaccines. Thimerosal contains approximately 49% ethylmercury, a highly toxic and bioaccumulative organic

compound. Mercury is the second most toxic element on earth. Toxicity of mercury has been linked to learning disabilities, depression, bipolar disorder, Alzheimer's disease, multiple sclerosis, chronic fatigue syndrome, fibromyalgia, lupus and arthritis. CDC maintains that no harmful effects have been reported from thimerosal at doses used in vaccines, yet in July 1999, the Public Health Services (PHS), the AAP, as well as vaccine manufacturers agreed to reduce or eliminate thimerosal from vaccines as a "precautionary measure."

Public health officials believe vaccinations are a matter of public health and social responsibility. If enough doctors and parents choose not to immunize, the public's health might be at risk and diseases that have been wiped out, or nearly so, could reappear. Gordon acknowledges the benefits of vaccinations, but is opposed to the current recommended vaccination schedule. Gordon also believes that the choice of which vaccinations to administer should be tailored to each child's needs.

Dr. Jay Gordon: It's just irresponsible and terrible not to give kids vaccines. The truth is that the quantity of vaccines that we have now, and the schedule that we have now, is not the best thing for a child's health. It's very expedient and profitable and it may be reasonable for public health, but it's not

the best approach to an individual child's health at all. And, the decision about which vaccines to give and when to give them, whether or not to give any, it should be very individualized...

The little known fact is that the last case of wild polio in Kenya was in 1993. The last case of wild polio in Italy was in 1984. Polio was once one of the deadliest childhood diseases of the 20th century in the United States. Thirteen thousand to 20,000 cases of paralytic polio were reported annually before the introduction of the Salk polio vaccine in 1955.

YT: When was the last case reported in the US?

JG: 1979 was the last case of wild polio in the United States.

In 2005, the CDC declared rubella, the dreaded German measles, officially eradicated in the United States. We had a little more than a dozen cases that year. They were all imported cases. Now, the reason that there is no measles in America isn't magic. It's because the vaccine works great. We now have the relative luxury [to live] in a country with no polio, almost no measles, no rubella, virtually no mumps, we usually average about 200 cases a year, tetanus runs around 35 to 45 cases a year, I don't believe we've had 50 cases of tetanus

in the United States for at least 10 years, and the average age remains around 60.

I think that it would be very irresponsible for someone to either take up a microphone or a keyboard and say, "Hey, these vaccines stink and nobody should get them and they all cause autism." You know, we don't have good proof that vaccines cause autism. I personally think that they trigger them.

YT: Is it the vaccine itself or thimerosal?

JG: Vaccine itself.

Dr. Neal Halsey, he's the guy who got the hepatitis B vaccine inserted as a mandated vaccine, he found, I think it was 1999, that on the day that kids get their 6-week-old shots, they are getting somewhere around 65 or 75 mcg. We were exceeding the EPA's (US Environmental Protection Agency) guidelines by 70 times.

The official announcement was [that] it's not that this is dangerous; we just would like to make vaccines safer. It's not that mercury is dangerous; we just want to make it safer.

So we began getting the thimerosal out. The [drug] companies protested because it was going to add expense. The doctors protested because they didn't want to have to get rid of the vaccines, ship them back. But don't worry, we still found a nice market for all that excess vaccine.

YT: And the market is?

JG: South America, any place else but America, every place else but America. So, over the next two years, some people say three, the amount of mercury actually went down to what was called trace. Of course, that's what they called it before. They called it trace, which it really was not, because mercury is so potent, that microgram amounts are dangerous. Subsequent to that, the studies began because they were sitting on, not billions of dollars of liability, but trillions.

There still is mercury in one universally recommended vaccine.

YT: What's that?

JG: The flu shot, influenza vaccine. The flu shots that we give children are allowed to have mercury in California, a lot of mercury, I don't remember whether it is 10, 15 or 20 mcg of mercury. (Last year, California's Health and Human Services temporarily suspended the ban on mercury-based flu vaccines, citing a vaccine shortage caused by production delays. Gov. Arnold Schwarzenegger endorsed the waiver.)

But maybe this isn't the biggest issue. How can we think it's okay to change the immune system of all these babies at an hour or two of age with the hepatitis B vaccine, six weeks later with three, four, five more shots with

15 to 20 separate components? How can we do that? So, what I discuss with my patients is a much slower schedule, starting later, going slower.

YT: So, what schedule would you advise?

JG: No earlier than 6 months of age, preferably 12 months of age. Two years would be fine also. The reason I give it [DPT] to older age groups is mainly for the child, himself, who is going to cough, miss school and be really sick if he gets whooping cough at 2, 3, or 5 years of age, and secondly, I think it is really judicious to vaccinate that 3-year-old to protect his immune system. The DPT (a mixture of three vaccines, to immunize against diphtheria, pertussis or whooping cough and tetanus), that's the only vaccine that I am happy to give and more than willing to give.

I have patients who get no vaccines and I am completely comfortable supporting them. I have patients who give only the DPT because whooping cough is a disease you could catch. You cannot catch diphtheria in America. You can't catch measles, mumps or rubella in America unless you are stunningly unlucky.

YT: The AAP recommends the hepatitis B vaccine be given to all babies at birth. Why are newborns being vaccinated against hepatitis B (HBV)? At risk are intravenous drug users, healthcare workers exposed to blood and those with multiple sex partners. (HBV is a serious disease caused by a virus that attacks the liver.)

JG: Hepatitis B is sexually transmitted, intravenous drugs, blood transfusions. What we tried in the 1980s was a hepatitis B vaccination campaign to attract intravenous drug users, promiscuous heterosexuals, homosexuals. And guess what? No matter how big their neon sign was, it didn't work. So, late 80s, early 90s, the thought was, 'Well, who do we have? We got babies. Let's get 'em.'

YT: And do you even recommend hepatitis B?

JG: No... But, as the kid goes away to college, we got a whole different discussion. Hepatitis B is transmitted in college. You know, there are drugs, sex, beer and junk.

YT: What baby needs hepatitis B vaccine at birth?

JG: Hepatitis B is transmitted vertically from a mother who does not know if she has hepatitis B and the baby gets it, but all mothers are screened. Mothers who are not screened, that doesn't happen very much. No babies get hepatitis B unless their mothers have it.

YT: So, after DPT?

JG: I give the chicken pox vaccine. Chicken pox is a benign childhood illness. [The

vaccine] was intended for the high, high-risk kids, chemotherapy, steroids.

For years the [pharmaceutical manufacturer] came to the American Academy of Pediatrics and said [that] we're not making enough money. We really can't afford to produce this vaccine anymore. If you don't mandate it as a wide vaccine, we're going to stop making it. So now we are vaccinating a pretty high percentage of kids.

I don't know if it's 70, 80, 90%, but the vaccine wears off and kids are not going to remember to get vaccinated every ten years. But, there is nothing I can do about it right now except to tell kids and their parents by around age ten, they got to get the vaccine to give you some protection because teenage chicken pox is God-awful.

I also give vaccines tailored to risk factors. I do have people who go to Africa to work in refugee camps. You do need protection, perhaps against polio. You need hepatitis B vaccination.

Some people need vaccines, many people benefit from vaccines. I think that most kids do not benefit from vaccines and I don't think there are any kids who benefit from the vaccine schedule that we have now.

YT: Many parents don't know that they don't have to vaccinate their kids to get them into school.

JG: Unconditional admission, unconditional admission with parental exemption. Not medical, not religious, just personal exemption. Illegal to exclude kids [from school], illegal to coerce.

YT: And, if a child is not vaccinated at that time?

JG: If these 4-year-olds don't get the viruses of winter 2007, in 2019 they are going to miss the algebra final 'cause they got to get that virus at some point.

YT: Do pediatricians get any perks by giving out these vaccines?

JG: I pay \$10 or \$15 for vaccines that I charge \$100 for. I could have traveled almost anywhere in the world on the vaccines manufacturers make.

YT: What's the AAP's official stand on vaccines?

JG: Nothing but promotion. They are officially in favor of all vaccines given exactly by [their] schedule.

Gordon's DVD, Vaccinations? Other Answers for the Immunity, Nutrition and Well Being of Your Child, is available at drjaygordon.com.

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