

There Is a Season

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So many times in our history, the public takes years, even decades, to discover the truths that you see in everyday chiropractic practice. A classic example of this can be found in a rather lengthy article featured in the August 30th edition of the Washington Post.

The article is entitled "Shots in the Dark." It takes a look at the potential dangers of the DPT (diphtheria, pertussis and tetanus) vaccination and follows a family's three-and-a-half year struggle to find justice for their son Andrew. Andrew suffered "catastrophic brain damage" from seizures that began within 15 hours of his vaccination.

According to the article, "Congress passed the 1986 National Childhood Vaccine Injury Act to protect the national immunization program -- and vaccine manufacturers -- from litigation, while providing a no-fault system to compensate children hurt by vaccines ... three-quarters of the complaints that it has dealt with are about DPT."

While the "no-fault system" was supposed to make the process fair and expedient, the author comments: "And yet, the program probably raised expectations it could not meet. Because thousands of petitions initially poured into the claims court, the promise of speedy resolutions failed. Some of the babies whose parents filed claims for DPT shots are of college age now and have yet to get their day in court."

The article goes on to tell how the rules for granting awards changed in 1995 to make it much harder for the parents of these unfortunate victims to win awards. This apparently is not only an effort to lower the compensation costs (the compensation fund is now over \$1.2 billion) but also to bolster the image of vaccinations in general.

The article quotes Geoffrey Evans, the medical director of the Vaccine Injury Compensation Program and the author of the 1995 regulation changes as saying:

"I'm not going to say that awarding too many people will undermine vaccine safety, but I look on the Internet, and I see that our statistics are taken out of context. And so it's important that the table reflect what we think is really caused by vaccines."

Ultimately, Andrew's case was dismissed. After essentially wasting three years in the system, his beleaguered parents must now sue the pharmaceutical company in court.

Andrew's mother Michelle is waging her own war. As reported, Michelle regularly checks in on an anti-vaccine chat room and has started a support group for other parents of "vaccine-damaged children" in her area. Michelle has learned certain lessons that need to be considered:

"We're against the shots. I'll never let anyone I know immunize another person if I can

help it. Nobody told me my child could have seizures. If I had known, the heck I would have immunized him (Andrew)."

Regardless of how you feel about this issue, there is a moral responsibility to ensure that your patients and the public know the risks and have a choice. Perhaps the most frightening paragraph in the article had to do with the potential side effects from the DPT shots:

"According to the handout that the federal Centers for Disease Control requires pediatricians to provide parents, the complications from DPT shots are these: 1 in 100 DPT shots will provoke prolonged crying or high fever in an infant; 1 in 1,700 will cause a brief seizure or state of shock. Over the decades, several hundred million pertussis shots have been given around the world -- today, nearly 90 percent of American 2-year-olds have been immunized -- but there still is no agreement on the graver reactions to the vaccine. The literature has recorded hundreds of instances -- perhaps 1 in every 300,000 shots -- in which children died within a few days a DPT shot, or suffered recurring seizures that brought on retardation or other chronic brain damage."

This article should be read by all of your patients. While it would normally be deleted after two weeks, the Washington Post has graciously agreed to keep this article on their website through the end of October.

You can also download a copy of the article from the Post's archives section. If you don't yet have access to the Web, you can write or call them and ask for a copy of the August 30 issue:

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The cost for downloading the article via the Internet is \$1.50; a back issue of the Post, meanwhile, sells for \$5.75. Either way, get a copy and give it to your patients to read. You may be the only one to ever present them with the information they need to make an informed choice.

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