

WHY CHIROPRACTORS SHOULD EMBRACE IMMUNIZATION? TEDD KOREN, D.C.

Even the wisest of doctors are relying on scientific truths, the errors of which will be recognized within a few years time.

Marcel Proust

"Why would someone who knows so little write so much?" went through my mind as I read Craig F. Nelson's article "Why chiropractors should embrace immunization" in Chiropractic Technique Vol. 5, No. 2 May 1993. It was so poorly researched and sloppily written that at first I thought it was a joke but unfortunately the punch lines were in the wrong places.

Nelson's argument can be summed up in his early salvo: "Why, in the face of what would appear to be overwhelming evidence as to the benefits of immunization, do some in the profession continue to take a position that invites ridicule and scorn from others in the health care community?"

Nelson puts forth what he feels are the main arguments against vaccination (I prefer to use the term vaccination rather than immunization since vaccines do not import true immunity; we could also use the terms artificial or unnatural immunity) and then he proceeds to shoot those arguments down. I'd like to know how much rent he pays on his ivory tower. Hey, if I were judge and jury I'd win every case too!

It's easy to agree with Nelson - on the face of it there is overwhelming evidence that vaccinations are safe (if you ignore the scientific journals), have no long-term effects (OOPS! can't say that, no such studies done), that vaccinated kids are healthier (less allergies, neurological and/or learning disorders, get sick less, have better immune systems, etc.) than un-vaccinated kids (OOPS again! can't say that, no such studies ever done), are effective (again, true if you ignore the scientific literature), make billions for the pharmaceutical firms, and have killed and damaged many more infants and children than have ever been reported. Oh wait, Nelson failed to mention those last two facts in his article.

Nelson adds, "In fairness, I should point out that I am not sympathetic to this anti-immunization point of view." No kidding? Like I couldn't figure that out from the title?

Let me begin by quoting Robert Mendelsohn M.D. who said so many things so well:

The greatest threat of childhood diseases lies in the dangerous and ineffectual efforts made to prevent them through mass immunization....Much of what you have been led to believe about immunizations simply isn't true...if I were to follow my deep convictions...I would urge you to reject all inoculations for your child.

There is no convincing scientific evidence that mass inoculations can be credited with eliminating any childhood disease....If immunizations were responsible for the disappearance of these diseases in the United States, one must ask why they disappeared simultaneously in Europe, where mass immunizations did not take place. (Mendelsohn, R., How to Raise A Healthy Child...In Spite of Your Doctor. Ballantine Books/New York 1984. p.20.)

Improved Nutrition, Sanitation and Hygiene

There is ample evidence showing that infectious diseases were reduced to a specter of their once fearful state by improved sanitation, hygiene and better nutrition. As the renown social scientist, Ivan Illich, in his masterpiece Medical Nemesis writes:

The combined death rate from scarlet fever, diphtheria, whooping cough, and measles among children up to fifteen shows that nearly 90 percent of the total decline in mortality between 1860 and 1965 had occurred before the introduction of antibiotics and widespread immunization. In part this recession may be attributed to improved housing and to a decrease in the virulence of micro-organisms, but by far the most important factor was a higher host-resistance due to better nutrition. In poor countries today, diarrhea and upper-respiratory-tract infections occur more frequently, last longer, and lead to higher mortality where nutrition is poor, no matter how much or how little medical care is available. (Medical Nemesis by Ivan Illich, Bantam Books, Toronto/New York/London.1976 pp. 6-7.)

What about the experiences of those in Third World Countries where infectious disease rates drop after vaccination programs are introduced?

Well, let's see. The missionaries come. They close the open cesspools. They remove the rotting garbage. They clean up the water supply and introduce the natives to more sanitary living and better ways to care for the sick. They also vaccinate. Infectious disease decreases. Is it because of vaccination or sanitation?

What about the unvaccinated native peoples who, when first introduced to European diseases suffered terrible death rates? Stories of American Indians, Eskimos and Pacific Islanders having horrible mortality rates to measles and

other diseases after European contact is due to their severe malnutrition and inexperience in dealing with these diseases, not their lack of vaccination.

High mortality is not just confined to peoples living on the fringes of human contact. For example, in 1991, in Philadelphia, a religious sect experienced an outbreak of measles in their midst that resulted in the deaths of some of their children. The media headlines said the deaths were the result of non-vaccination! Lots of headlines: "Measles Epidemic Strikes" , "Give your kids shots!" Upon further investigation it was revealed that the group didn't just avoid vaccination, they also avoided caring for their sick children! (Personal communication to the author, Phila. Dept. of Health, 1991.) Ignored, sick, feverish, dehydrated and malnourished, these modern Americans had a death rate as high as any aboriginal peoples.

Measles

I'd like to discuss measles, though similar statistics exist for tuberculosis, diphtheria, pertussis, polio, and the other vaccination programs.

In 1900 there were 13.3 deaths per hundred thousand from measles; in 1955, before the first measles shot that number had dropped 97.7% to 0.03 deaths per hundred thousand.

In 1958 there were about 800,000 cases of measles. In 1962, the year *before* the vaccine was introduced, that number dropped by 300,000. For the next four years, children were being vaccinated and the number of cases decreased by another 300,000. Hallelujah, the vaccine worked! Embarrassingly, it was discovered that the vaccine was completely ineffective, was subsequently discontinued, and replaced by a new, improved vaccine.

Although the overall incidence of typical acute measles in the U.S. had dropped sharply to about 30,000 cases by 1974-76, the death rate has remained exactly the same! (Cherry J., 'The New Epidemiology of Measles and Rubella' *Hospital Practice*, July 1980, pp. 52-54). The peak incidence is now occurring in adolescents and young adults, and the risk of pneumonia and demonstrable liver abnormalities has actually increased substantially, according to one recent study, to well over 3 percent and 20 percent, respectively (*Infectious Diseases*, January 1982, p.21). Why young adults and adolescents? Because the vaccine prevented them from developing permanent natural immunity in childhood. When the disease is contracted naturally, through the respiratory system then permanent, life-long immunity develops. Artificial immunity is temporary, if that - that's why during measles epidemics the majority of those who develop the disease had been fully vaccinated.

The scientific principle behind immunization does not stand up under scrutiny. In truth immunization provides "artificial" immunity. It is

temporary. It is fleeting. In fact, it may not exist at all. (What Every Parent Should Know About Childhood Immunization by Jamie Murphy. Pub. by Earth Healing Products, Boston, 1993, p.118.)

What about the millions of children who receive measles vaccine and never got measles? Doesn't that prove the vaccine works? Since the vaccine has a high failure rate how could it protect millions of children? What protected them was their own natural immunity.

Polio

Medical doctors and other med-heads (as we called them in chiropractic college) use the example of polio to "prove" that vaccination works. Not surprisingly, Nelson cites this. Yet Mendelsohn asks: "Why did the [polio] epidemics end in Europe and other parts of the world, where [the] polio vaccine was not so extensively used?" (op cit. p. 20.)

Interestingly, polio was a disease of modern industrial nations. In fact, it is the only disease to hit epidemic proportions after the advent of better sanitation and sanitary engineering -- why?

One answer is found in What Every Parent Should Know About Childhood Immunizations by Jamie Murphy (p.59):

In 1954 a study published in the *Lancet* briefly reviewed a half-century of research outlining the diverse factors that provoke or increase the severity of polio in its victims, or localize it to a certain section in the nervous system. Some of these factors included: vaccination, trauma, tonsillectomies, pertussis vaccines, and the injection of numerous substances such as cortisone, bismuth, guanine and penicillin. (J. Trueta and R. Hodes, "Provoking And Localizing Factors in Poliomyelitis," *Lancet* 1 (1954): 998-99.)

Although ten years ago the occurrence of Guillian-Barre syndrome after Swine Flu vaccinations showed the scientific community (and finally brought to public attention) the neurological damage that vaccination could cause, it was noticed many years ago that the polio epidemic was the result of prior vaccination programs:

Dr. William F. Koch, M.D., Ph.D. stated that: "the injection of any serum, vaccination or even penicillin has shown a very marked increase in the incidence of polio: at least 400%. Statistics on this are so conclusive, no one can deny it."

In Los Angeles in 1949, after the largest smallpox vaccination campaign, an epidemic of polio broke out within two weeks. 26 deaths and 1,900 cases were reported.

In 1933 in St. Louis, Missouri, after a typhoid vaccination campaign, there was an outbreak of encephalitis (a form of polio) about ten days after vaccinations with over 100 deaths. (Watkins R.I. "Salk Vaccine and the Nervous System.")

(The above cited in McBean, E., "The Poisoned Needle," Health Research Pub., 1974 Ed.)

Polio is an example of gross manipulation of data. For example, before 1954, patients had to exhibit paralytic symptoms for only 24 hours (without lab confirmation) to be diagnosed as having paralytic polio. From 1954 onwards, after widespread use of the vaccine, the patient had to have symptoms for *at least 60 days* to qualify as a polio victim.

Data manipulation is also accomplished by changing the name of the disease. Polio may have disappeared but viral or aseptic meningitis skyrocketed:

In a California Report of Communicable Diseases, polio showed a 0 count, while an accompanying asterisk explained, "All such cases now reported as meningitis." (Organic Consumer Report, March 11, 1975).

In Immunization, The Reality Behind the Myth by Walene James (Bergin & Garvey Publishers, Inc. 1988 p. 28) the author quotes Christopher Kent, D.C. commenting on the three major polio epidemics in the U.S., in the teens, in the late 1930s and in the fifties:

The first two epidemics simply went away like the old epidemics of plague. Around 1948, the incidence of polio began to soar....It reached a high in 1949, with 43,000 cases, but by 1951 had dropped to below 28,000. In 1952, when a government subsidized study of polio vaccine began, the rate soared to an all-time high of well over 55,000 cases. After the study, the number of cases dropped again and continued to decline as they had in the previous epidemics. 'This time, however, the vaccine took the credit instead of nature.' (Christopher Kent, D.C. Ph.D., "Drugs, Bugs, and Shots in the Dark," Health Freedom News, Jan. 1983, p.26).

Kent also pointed out that the year polio began to soar, 1948, was the year when the pertussis, whooping cough vaccine first appeared.

According to congressional hearings (HR 10541) in 1958 Israel had a major polio epidemic after mass vaccinations. There was no difference in the vaccinated and the unvaccinated. In 1961, Massachusetts had a "type III" polio outbreak

and "there were more paralytic cases in the triple vaccinates than in the unvaccinated." (Hearings before the Committee on Interstate and Foreign Commerce, House of Representatives, Eighty-Seventh Congress, Second Session on H.R. 10541, p.113.)

Much, much more could be written of the polio vaccine hoax. But for now I'll end this section as I began, with Robert Mendelsohn:

Doctors admit that forty percent of our population is not immunized against polio. So where is polio? Diseases are like fashions; they come and go, like the flu epidemic of 1918. (The Herbalist New Health, July 1981, p.61. Interview With Robert Mendelsohn, M.D.)

Conflict of interest?

Nelson admits that the drug industry spends a lot of money in Washington. He quotes the WCA immunization brochure (The Chiropractic Journal 1991; 6 (3):1, 15) stating: "More than 200 lobbyists...contributed a staggering \$60 million to congressional candidates since 1980. Some \$18 million of that money was contributed to members of the four congressional committees that make decisions on health care laws." Nelson concludes that since the WCA brochure he was quoting didn't mention specific instances of influence peddling "such charges can't be taken seriously." Again I missed the joke, but what a punch line! Why, oh why didn't Nelson investigate the facts? I quote Barbara Fisher who served on the National Vaccine Advisory Committee at the request of the Secretary of Health and Human Services. For ten years she worked with staff from the Food and Drug Administration, the Centers for Disease Control and other policy makers to reform the mass vaccination system.

We have bad science and bad medicine translated into law to ensure that vaccine manufacturers make big profits, that career bureaucrats at the Public Health Service meet the mass vaccination goals promised to politicians funding their budgets, and pediatricians have a steady flow of patients....As the drug companies have often stated in meetings I have attended, if a vaccine they produce is not mandated to be used on a mass basis, they do not recoup their R & D costs and don't make the profit they want.

In the medical literature official studies of vaccine risk are published purportedly proving there is no cause and effect. What the reader does not know is that often the studies have been designed and conducted by physicians who sit on vaccine policymaking committees at the Centers for Disease Control and American Academy of Pediatrics -- some of who receive money from vaccine manufacturers for their universities and for testifying as expert witnesses in vaccine injury cases. And others are federal employees with an eye on career advancement within HHS and a

future job with a vaccine manufacturer after retirement from public service. *Many of these same physicians sit on the peer review boards of the major medical journals such as Pediatrics and JAMA, where they refuse space for studies or letters from the few brave physicians who dare to challenge their assertions that there is no cause and effect.* (Talk before the International Chiropractic Pediatrics Association, Boston, MA March 19, 1993.)

Does the DPT shot cause SIDS?

Nelson is selective in his use of research. For example, he quotes an article in the January 1992 issue of JAMA (Journal of the American Medical Association) which found no evidence of a causal relationship between the DPT shot and sudden infant death syndrome. He did not quote a 1979 report of eight cases of SIDS that were reported immediately following routine DPT immunization. Nor did he mention a 1983 UCLA School of Medicine Department of Pediatrics and Los Angeles County health department study of 145 SIDS victims. Of this number 53 had received DPT immunizations in close proximity to their deaths. Twenty-seven died within 28 days of being immunized, 17 of those within a week after receiving the DPT shot and six within 24 hours. The researchers concluded these findings "further substantiate a possible association" between DPT shots and SIDS. (Baraff, L, M.D. et al. DPT Immunization and Sudden Infant Death Syndrome. *Pediatric Infectious Diseases*, January 1983).

Distorted Science

Vaccine authorities have distorted the scientific literature for their own ends as revealed in Whooping Cough, the DPT Vaccine and Reducing Vaccine Reactions published by the National Vaccine Information Center (1989):

Most U.S. vaccine authorities rely on a 1981 British study that reported that 1 in 110,000 DPT shots results in a serious neurological reaction and that permanent brain damage occurs in 1 in 310,000 shots. (These figures are often misquoted by U.S. physicians as 1 in 110,000 *children*. This is a significant error because a child may receive 3 to 5 doses of vaccine). However it is misleading to apply these risk estimates to the U.S. population because the British use a less potent vaccine (whole cell), high risk children were excluded from the study even though high risk children are routinely vaccinated in the U.S., and only those children who had a convulsion that lasted more than 30 minutes were counted as having an adverse reaction. A child can die or become brain damaged from a convulsion of less than 30 minutes duration.

The WCA brochure states that as many as 1 in 875 DPT shots can produce convulsions, shock, brain inflammation or even death. Nelson writes: "This figure is unreferenced and I have been unable to find it's source. It is, in any case,

wrong." Nelson is great! What flippancy! What arrogance! Why is that statement of 1 in 875 wrong, Dr. Nelson? Here comes the punch line: Because an article in JAMA disagrees with it. Well excuse me. [By the way the source of the "1 in 875" quote Nelson could not locate is based on a UCLA-FDA study: Pertussis Vaccine Project: *Rates, Nature and Etiology of Adverse Reactions Associated with DPT Vaccine*. Prepared for the Bureau of Biologics, Food and Drug Administration, March 18, 1980. Cited in H. Coulter and B.L. Fisher, *DPT: A Shot in the Dark* [New York, Harcourt Brace Jovanovich, 1985], pp.243-48.)

Further analysis of unpublished data from the above study revealed that the 1 in 875 figure was overly optimistic:

The previously unpublished "Final Report" revealed that there were about 7,000 children enrolled. If this is the case, then 1 in every 778 children suffered a convulsion from the vaccine, 1 in 778 children suffered a shock-collapse from the vaccine, or 1 in 389 children had some sort of neurological reaction to the vaccine. Additionally, there were twenty-two cases of unusual crying (1 per 363 children), which the authors, unlike many other medical authorities, did not regard as a neurological reaction to the DPT vaccine. (What Every Parent Should Know About Childhood Immunization by J. Murphy, Pub. by Earth Healing Products, Boston, 1993 p.86.)

The death rate from the DPT vaccine based on the UCLA-FDA study? One in 3,500. Why must we force parents to play Russian roulette with their children?

The English Epidemic (that never was)

What would happen if parents decide to stop vaccinations? We are told to expect horrible epidemics. Dean Black, Ph.D., recounts the whooping cough "epidemic" that hit England after many parents began to hold off vaccinating their children for pertussis. Media headlines plying the medical party line had people convinced that the nation was in the grip of a killer epidemic. Headlines such as "Killer disease strikes again" and "Pertussis Peaks Again" joined impassioned pleas from public health officials:

After publicity about vaccine reactions in 1977, pertussis vaccinations in Britain declined from 80% in 1974 to 30% in 1978, at which point medical journals began to report a pertussis epidemic...the fact [was] that the death rate from pertussis during Britain's "epidemic" remained the lowest on record...it begins to appear that "epidemics" can virtually be manufactured on demand. (Immunizations, Compulsion or Choice by Dean Black, Tapestry Press, 1989, pp.10-11.)

Civil Liberties

There's one area in which Nelson and I agree: that is that the argument to refuse vaccinations from a personal freedom or libertarian viewpoint is a strong one. Compulsory vaccination is a serious abridgment of our right to privacy. In fact Dean Black, Ph.D. has noted that virtually all Western Europe had ended forced vaccination whereas:

Virtually all Eastern European countries rely on compulsion. As an example of the more lenient Western European attitude, a German government official said, "In my country we are of the opinion that compulsory measures within the field of public health are only justified when the general public is greatly endangered....It is not surprising that dictatorships insist...on compulsory vaccinations. (Congress 1985, p.100.)

In this regard, America falls among the dictatorships. (Dean Black, Immunizations, Compulsion or Choice? 1989)

I'm reminded of something Bill Remling, D.C. of New York recently told me: "If vaccination is so good, why do they have to force it upon us?"

Homeopathy

Nelson's comments on homeopathy ("In some ways homeopathy and immunization are based on the same therapeutic technique...there is an abundance of evidence demonstrating the efficacy of immunization and none that I know of that demonstrates the efficacy of homeopathy") are consistent with his ignorance, BUT NOT WITH THE FACTS.

I must admit that I had similar biases *before* I investigated the subjects. I once asked homeopathic physicians, nationally known experts, on my radio show: "Isn't homeopathy's stimulation of the body's natural defenses with disease causing preparations similar to the process of immunization?" I was greeted with emphatic and angry denials. Homeopathic dilutions are of naturally occurring substances in infinitesimal amounts. The clinical mechanism is totally different from the medical practice of injecting large amounts of foreign proteins and toxins into a baby's bloodstream. The statement that there is no evidence demonstrating the efficacy of homeopathy is pure idiocy. Nelson should investigate a subject before he comments on it. (I suggest E. Davenas et. al. *Human basophil degranulation triggered by very dilute antiserum against IgE* and the editorial in the same issue: *When to Believe the Unbelievable*. Nature, Vol. 333, 30 June 1988).

Nelson says immunization is safe. How does he know that?

Government health officials and Dr. Nelson tell us that the risk of harmful reactions is too small to worry about. The congressional hearings on Vaccine Injury Compensation included this exchange between Congressman Henry A.

Waxman and Martin H. Smith, M.D., president of the American Academy of Pediatrics:

Mr. Waxman. In your opinion there is an accurate reporting of reactions to vaccines?

Dr. Smith. Not at the present time.

Waxman asked the following to Dr. Edward N. Brandt, Assistant Secretary for Health in the Department of Health and Human Services:

Mr. Waxman. I have been hearing that physicians don't even know a reaction when one occurs. That they assume that maybe it is from some other cause and are unaware of the fact that there can be a reaction...to a pertussis vaccine. Is that a fair statement?

Dr. Brandt. Well, certainly there have been a number of people who have pointed that out.

If there's no accurate reporting of reactions to vaccines as Dr. Smith says, and if physicians often don't even know a reaction when one occurs, as Dr. Brandt acknowledges, how can we be so confidently assured that the risk of reaction is small? (Dean Black, Immunizations, Compulsion or Choice? 1989 p.7)

According to testimony before the U.S. Senate Labor and Human Resources Committee and the U.S. House of Representatives Subcommittee on Health and the Environment (April 30, 1993) more than 17,000 injuries (including 360 deaths, 2,525 cases of serious and permanent damage) were reported to the Federal Government following vaccination in a 20 month period ending July 1992. Yet the FDA estimates that doctors report only 10% of all deaths and injuries following vaccination.

In actual fact, no one knows the long-term effects of injecting animal proteins into a child's body but there is a growing suspicion that by tinkering with an infant's immature immune system we are setting the stage for immune malfunctions and autoimmune disorders. Studies have shown that vaccines work immunosuppressively, laying the foundation for the later appearance of autoimmune diseases such as cancer, leukemia, polio, multiple sclerosis, arthritis, Guillain-Barre syndrome and SIDS (Sudden Infant Death Syndrome). (Physicians Desk Reference, 1980, p.1866. Organic Consumer Report, April 29, 1969).

We are starting to see some of the long-term effects of mass inoculation programs. For example, girls who were vaccinated against measles never developed natural immunity to the disease and had no immunity to pass on to

their babies. Once infant measles was rare, but because babies of immunized mothers have received no protection from their artificially immunized mothers, infant measles, more dangerous than childhood measles is more common. Further, the vaccine policy makers who assured us two decades ago that the measles vaccine confers lifelong immunity are now calling for booster shots. How many more boosters will be needed in the future?

Our children, our guinea pigs!

American children are participating in a national vaccine experiment every time a new vaccine is produced and added to the existing vaccine schedule. But because most doctors don't report deaths and injuries following vaccination and the government does not follow up on those that are reported, the results of this national experiment are never known.

So, after a half century of using vaccines and more than two decades of legally requiring children to receive vaccines, we still don't know how many children die or are left with vaccine-associated mental retardation, uncontrolled seizures, learning disabilities, behavior and immune system disorders and other damage. We do not know if the introduction of so many viral and bacterial antigens into newborns are resulting in negative changes in their immune and neurological systems or even changing the genetic blueprint of whole generations of children. (Barbara Loe Fisher, A Speech Delivered to The Second Annual International Pediatric Chiropractic Association, Boston, Mass. March 20, 1993).

Chiropractic Philosophy and Vaccinations

While chiropractic philosophy is derided by certain critics as the last refuge of the unscientific, that is unfair. Chiropractic may have an anti-medical bias, but not an anti-science one. D.D. and B.J. Palmer, for example, were well read in the sciences of their day and labored amidst great limitations to scientifically verify chiropractic. They did not do so by denigrating chiropractic philosophy nor was that necessary. Chiropractic philosophy provided a fertile ground of inspiration and direction for them and others. It does so today. I suggest that the denigration of chiropractic philosophy is the last refuge of medical apologists who have an un-scientific belief in the religion of scientism (Christopher Kent, D.C. Ph.D. and Patrick Gentempo, D.C. have written eloquently on the subject of scientism).

Nelson believes chiropractors oppose vaccination at least partially because it "sets chiropractic apart from medicine...by opposing immunization, chiropractic ensures that it will not become assimilated into the health care mainstream." That statement implies that chiropractors would oppose a therapy simply because of a political agenda; that we'd place politics above our patient's health. That's a vicious remark! Its an insult to Chiropractors everywhere!

Chiropractic does not reject things medical simply because they are medical. Chiropractic recognizes the need for medical care in certain instances and a chiropractor practicing ethically would never stand in the way of care that would help the patient irrespective of the school of healing it originated from. I only wish medicine had such principles.

Regarding assimilation, the topic of vaccination is secondary to that issue. The issue is the acceptance of the medical paradigm in the care of patients. Only the acceptance of that paradigm can cause our assimilation.

So how does chiropractic philosophy fit into all this? Being a philosophy of things natural, rather than artificial, it is no wonder that chiropractors should gravitate towards natural rather than artificial immunity. But more than conviction, there is an obvious sense that naturally-acquired immunity must be superior to artificial immunity. That the body's billion year wisdom is superior to man's few decades of tinkering. Nowhere is this more apparent than in the long-term effects of vaccination.

And, as studies continue to show the futility of medical care in the prevention and treatment of the diseases of modern day (cancer, arthritis, immune disorders, obesity, mental illness), of rampant clinical and social iatrogenesis and a trail of failed therapies (for example, cancer chemotherapy, heart bypass operations, childhood vaccination) should we not, as chiropractors, comfort ourselves in the knowledge that we, largely, have seen through the sham and didn't fall for all the b.s (bad science?)

"Medicine is not a science but a learned profession deeply rooted in a number of sciences and charged with the obligation to apply them for man's benefit." (Cecil and Loeb Textbook of Medicine, Edited by Beeson and McDermott, W.B. Saunders Company, Phila. Thirteenth edition 1971). In the case of vaccination this obligation is sub-served to the special interests of pharmaceutical houses, political careers, influence peddling and the willful distortion and omission of scientific information.

Nelson and his ilk are out of touch

Was this article motivated by something more than Nelson's intellectual shortcomings? It appears in the wake of the ACA's strongly criticized pro-vaccination statements and right before the ACA's yearly convention in which they'll be making a formal position statement on vaccination. Are Chiropractic Technique's ties to National College clean and pure? I wonder.

Nelson seems less concerned about scientific fact than about chiropractic being ridiculed. He doesn't want chiropractic to look bad. An admirable goal. But irrelevant. In spite of medical ridicule and scorn chiropractic has become the

largest alternative health care system in the world. I say, "Let them laugh, I'd rather get sick children healthy."

Some feel that the coming of more socialized medicine means we have to show the fed\$ that we're just like real doctors: we think like them, believe like them, have the same pseudo-scientific mind-set and don't go for any of that disagreeable stuff that might show we have a separate set of values or ideals.

Perhaps Nelson's fear of ridicule reflects his own phobias rather than what's best for the entire chiropractic profession. I suggest he deal with his problem privately rather than shame the memory of those brave D.C.s who were imprisoned for their beliefs! I can hear him standing outside their prison cells: "Give up. Don't hold yourself out to medical ridicule and scorn. Science has proven that vertebra don't sublaxate."

Dr. Nelson, this profession was founded by people who had the courage to stand up to the accepted lies and half truths of the day. Palmer and other chiropractors join those brave pioneers of every field of human endeavor who had the courage to endure the ridicule and scorn of their peers. Without such people willing to do the same today chiropractic will soon be little more than a branch of medical therapeutics.

THE TIDE IS IN OUR FAVOR

Significant numbers of parents are rejecting artificial immunization. They are often willing to bravely confront compulsory immunization laws to keep their children drug free. They are turning to natural childbirth, breast feeding, better diet and alternative health care providers to ensure their family's health "naturally." When they tell their health care provider about the non-medical path they have bravely taken let's hope that he is not Craig Nelson, D.C. who says chiropractic should "abandon its opposition to immunization...and embrace this procedure that has been such a benefit to mankind."

Lastly, I fear for the future of my profession when I hear that Nelson is an instructor at a chiropractic college (Northwestern). The last thing chiropractic needs is for its colleges to produce unthinking pols who worship at the shrine of modern medicine. That's the role of medical school.

Tedd Koren, D.C.