“An Attempt To Swindle Nature”:
Anti-Immunization Press Reports in Australia 1993-1997

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More than two hundred years after Jenner’s observations on the protective effect of cowpox on smallpox, millions of children still fail to receive lifesaving vaccines. There is some evidence that inadequate vaccine coverage is partly a result of parental concerns about vaccination\textsuperscript{1-3}, concerns which may be based on rumour, speculation, or “bad science.”

Ironically, the success of vaccination in reducing disease has meant that risk of adverse effects is receiving more public attention. The US government has just completed congressional hearings into the Hepatitis B vaccine and the UK has experienced controversy surrounding the MMR vaccine.\textsuperscript{4} In 1999 the French government suspended use of the Hepatitis B vaccine following unpublished research linking it with demilenating disease and in Japan negative publicity about DTP vaccine led officials there to cease that vaccination for a time.\textsuperscript{5}

While the important role played by media campaigns in promoting immunization has been studied,\textsuperscript{6-8} little is known about the direct effect of negative media coverage. The potential for the media to damage public confidence in immunization was demonstrated in the UK in 1974 when a television documentary showing two children with severe neurological damage allegedly from the pertussis vaccine was followed by a dramatic reduction in immunization rates, followed by a serious pertussis epidemic.\textsuperscript{9}

Against this background health workers internationally are expressing concern about the potential impact of anti-immunization lobbying.\textsuperscript{10,11} The U.S. Centers for Disease Control devote a webpage to rebutting common anti-vaccination arguments (www.cdc.gov/nip/vacsafe/vaccinesafety/questions/questions.htm) and Australia's federal government published a booklet "Responding to Immunisation Myths".\textsuperscript{12}

There has been much speculation, but little research, about the extent to which anti-immunization arguments are publicised in communities.\textsuperscript{13,14} With their core arguments that vaccination is unsafe and ineffective, writings by opponents are readily located on the internet, in the literature of the alternative health movement, and in self published books promoted during lecture tours by anti-vaccination proponents. However, this exposure does not compare with the reach attained by mainstream broadcast and print media. Together these reach nearly 100\% of the population on most days of the year and accordingly are likely to be the vehicles which expose the greatest number of the community to anti-vaccination views.

We studied press coverage of anti-immunization arguments in Australia's print news media. First we quantified this coverage, comparing it to that given to pro-immunization news items. Then we identified what makes such claims newsworthy and potentially appealing to the public.

We examined a collection of 2,440 press reports about childhood immunization collected from the Australian newsprint media over a 40 month period November 1993-February 1997. This collection included reports published in all Australian metropolitan and regional newspapers. We extracted any article which included anti-immunization claims and analysed it for the specific claim being made, the primary spokespersons quoted and the major themes which emerged.

Only 244 (10\%) articles in the entire collection referred to anti-immunization arguments. Of these, 115 (5\%) were written by or about people who were opposed to immunization. The remaining 129
were written by or about supporters of immunization who, in the course of attempting to refute them identified anti-immunization arguments. For example, "The so called alternative remedies are sometimes recommended instead of the established medicines, but they have no place in immunisation." (Health official quoted in regional newspaper 1 November 1995)

In the 115 articles containing statements from those opposed to immunization, 48 different individuals were quoted. Just under (55) half of those articles contained quotes from the same six individuals, five of whom were representatives of various anti-immunization lobby groups. We counted 65 different claims used in opposing immunization. Table 1 shows the eight most common claims.

Articles devoted to immunization controversy did not occur in isolation. Public calls for parents to immunise their children or proposed policy changes provided a context in which anti-immunizationists could assert their claims. Many letters to the editor were instigated by the proposed Immunization Register where writers responding to the perceived invasion of civil liberties, would also proselytise the dangers of vaccines. In 1994, two prominent anti-immunization speakers conducted lecture toured through eastern Australia. Their arrival in a town would usually be accompanied by an article in the local paper with headlines such as; ‘Health expert visits’. A national anti-immunization lobby group was also urging members through their regular newsletter to write to local newspapers.

Anti-immunization themes

We found 8 major themes which were common to all anti-immunization coverage in the articles. These are defined in Table 2. Their frequency of occurrence in the articles is shown in Table 3.

Cover-up

One of the anti-immunizationists’ most persistent claims was that a widespread conspiracy of information suppression prevents the public from knowing the 'true facts' about the 'danger and ineffectiveness' of vaccines.

> In the 200 years of vaccination the public has been deceived, misled and lied to. It represents the greatest medical cover-up in history.

Excavation of the ‘facts’

As confirmation of this conspiracy allegations of cover-up were frequently accompanied by a deluge of statistics and supportive information. Such claims were often accompanied by language implying that intrepid truth seekers had needed to search for or excavate the real information that had been hidden from the public. The information so uncovered would often be communicated using dramatic language, frequently involving allusions to vastness to convey both the dedication of those searching for the truth and the sheer enormity of the cover-up. As if to counter the medical community’s frequent references to those opposing immunization as being anti-scientific, research data were often invoked to support the case.

> I spent the next six years researching vaccination and uncovered massive amounts of scientific and medical evidence clearly proving that vaccines played no part whatsoever in the decline of infectious diseases.

> ...she had studied more than 40,000 pages of medical research to form the opinion that immunization was dangerous and unnecessary.

A frequently ‘excavated’ claim was that a number of experts had rejected immunization and that the medical establishment was secretly divided. Many anti-immunizationists insinuated that there were rumblings in the medical establishment of an impending shift in expert opinion. They implied that we
were at the brink of the abandonment of an 'outdated' practice. We called this ‘dissent in the medical ranks’, a concept noted in 27% of articles. For example:

There is growing concern among people around the world and in the scientific and medical community about the safety and efficacy of vaccines.

The Lancet and other journals constantly print findings from doctors and researchers disputing and acknowledging that vaccines are not working and can cause damage.

One opposing ‘expert’ cited in 16 articles and letters was Viera Scheibner PhD, a retired micro-palaeontologist. Although her qualifications were in a non-medical field, this was never acknowledged or footnoted, presumably allowing her “Dr” title to connote medical training for many readers.

“I was a professional scientist and you can’t study cot death without stumbling over vaccinations,” Dr Scheibner said.

Unholy alliance for profit

The suggestion of cover up was frequently paired with the alleged motive of corruption. Vested interests were said to be manipulating parents to ensure that the evidence against vaccines was suppressed so that sales could proceed unabated. Although doctors and government officials were implicated as complicit in an unholy alliance, the ultimate 'dark force' behind the conspiracy were the pharmaceutical companies who were committed to maintaining demand for their products, regardless of the human cost.

Who will profit from the pressure to vaccinate? Not the children but the vaccine manufacturers - the medical mafia.

Towards totalitarianism

Although vaccination is not compulsory in Australia, many articles drew attention to this issue. Strong opposition would be voiced by depicting various “slippery slope” scenarios redolent of totalitarian states with impersonal and brutalising government “machinery” over-ruling parental authority:

Once the machinery of compulsion is in place it will be extremely difficult to dismantle

Compulsory vaccination would set a dangerous precedent - compulsory use of antibiotic to treat disease? Compulsory abortions for high risk pregnancies?

Us versus them

The warning that vaccination programs would erode civil liberties was frequently set in the context of a depersonalisation of medical authorities. This was accompanied with the positioning of anti-immunizationists as concerned citizens providing worried parents with revelations that the corrupted authorities would not provide:

The only vested interests parents have in their children is a love for them, unlike the drug companies to whom vaccinations are a multi-million dollar concern.
Doctors and scientists were framed as uncaring and cold - a contrast to non-immunising parents, portrayed as wisely cautious:

*The rate of childhood immunizations is dropping because parents are becoming more caring and are looking closer at what is being done to their children.*

Many press reports quoted vaccine advocates responding to anti-immunization rhetoric by arguing that the benefits of vaccination outweighed the risks. Against this the moving stories of parents alleging serious effects of a vaccination lent an authenticity to anti-immunization arguments which contrasted with what may have been seen as bland assurances from ill-informed doctors:

*And for those who claim it is for the good of society, like we were told by one helpful doctor, perhaps they could come round to our place and explain to my little girl why she can never be like the other children.*

**Vaccines: Poisonous chemical cocktails**

Vaccines themselves were demonised. This was done by reference to the allegedly toxic ingredients of vaccines, their contamination by exotic and frightening sounding concoctions and images of the purity of children’s bodies being violated by injections:

*Vaccines are highly noxious. They contain formaldehyde, aluminium phosphate, thiomersal, foreign proteins and contaminating animal proteins...* 

*...toxins, animal tissue, unknown viruses and other harmful material are given direct access to babies’ vital organs.*

**Vaccines as cause of idiopathic ills**

Being so “toxic” vaccines were, perhaps, ideal candidates to be blamed as causal agents in a range of conditions with unknown or uncertain origin. Vaccines were invoked as explanations of mysterious diseases and conditions such as cot death, childhood cancer, autism and even crime.

*In his book, Mr Miller discusses the possibility that mandatory vaccines can trigger developmental disorders and auto-immune diseases and that they cause childhood behaviour problems which later lead to criminal activity and violent crime.*

**Back to nature**

In 1885, the smallpox vaccine was portrayed by one opponent as "an attempt to swindle nature" 15. The continuity of this theme was seen in articles where the alternatives to vaccination always referenced ‘natural’ methods which maintained the pristine environment of the healthy child’s body. Occasionally this was contextualised in a romanticisation of the past, a ‘return to the garden’ and the idea that vaccinations were violations of some natural order:

*In the past, children began life protected by their natural immune systems...* 

Society’s increasing preference for alternative therapies was captured in journalistic comment from some articles:

*The couple use natural methods to boost what they say is a baby’s naturally strong immune system. Oliver is still being breast fed and eats only organic vegetables. The family also uses some homoeopathic remedies.*
The eight themes we identified that coursed through the news reports formed a coherent narrative that can be summarised as follows:

**Distillation: The Anti-Immunisation Argument in Australian Media**

*Vaccines are the modern equivalents of witches’ brews, brutally injected into babies’ pristine bodies. These concoctions are commodities promoted by the faceless, venal pharmaceutical industry which enjoys the support of governments and the medical profession. Doctors’ professional arrogance and concern to close ranks in the face of damning evidence has not allowed them to acknowledge what is plain to see for anyone who takes the trouble to search: that vaccines maim and kill infants as the testimony of grieving parents shows us undeniably. Further, a whole host of allegedly mysterious illnesses and social problems are also caused by vaccines. The public has not been told this because it would cause the conspiracy between the drug industry and governments to unravel, with the general totalitarian agenda of government being the main casualty. There are many doctors who privately agree with this assessment but are either being ignored or gagged.*

*Those attempting to blow the whistle on this conspiracy are not quacks but scientifically literate and intrepid truth-tellers, motivated by their rapport with parents and their outrage at having discovered the extent of the conspiracy. Vaccines are poisons which are in every sense unnatural – in contrast to pathways toward natural immunity such as homoeopathy and healthy living. Those advocating vaccines are urging us to expose our children to these witches’ brews rather than choose healthy, natural lifestyles.*

**Discussion**

We have shown that the anti-immunization case received small news coverage compared to normative or overtly promotional articles on the value of immunization. The question for immunization advocates is; what makes such coverage memorable and potentially influential for the public? In attempting to understand the appeal of anti-immunization coverage it is instructive to first consider its appeal to those who publish it. News is not selected for whether it represents information as factually as possible. Journalists and editors selecting news are rarely qualified in any area of science or medicine and thus poorly positioned to judge whether the often elaborate quasi-scientific claims made by anti-immunizationists have any substance. Indeed, as we have shown, a core characteristic of much anti-immunization news is that it is self-consciously paradigm challenging. It positions itself as attractive precisely because of the forthright challenges it claims to lay, Galileo-like, at the door of the scientific church.

At the heart of anti-immunization discourse is an appeal to an individualistic ideology that upholds vigilance against the erosion of civil liberties, suspicion of authority figures and the prevention of disease through “natural” methods. By framing their arguments in this way anti-immunizationists locate their cause under a canopy of similar newsworthy issues that centre on the moral authority of the individual. For many this evokes a virtuous outlook that would contrast favourably with what they may see as an unquestioning compliance with the dictums of the medico-industrial axis. Armed with tragic case studies of children allegedly harmed by immunization, conspiracy theories of profit-motivated cover-ups and in a context where medical authority is increasingly under challenge for its iatrogenic failures, the individualistic rejection of immunization orthodoxy can appear a rational and principled choice.

Furthermore, immunization requires that a parent take a small but active risk with their child for the benefit of disease prevention in the community and for future generations who face a world free of such diseases as has been the case with smallpox. Some may see the risk they are being asked to take as a risk that will bring little benefit to their child, with the arguments for vaccination embracing communitarian rather than individualistic values.
The response dilemma

So what does this analysis imply for public health officials concerned to maximise public confidence in immunization? The usual responses of the public health community to anti-immunizationists have vacillated between dismissiveness, (“I feel that even to give it the credibility of being an issue worth debating suggests it has some credence”17) and efforts to provide fact by fact rebuttals of their various claims.18 An assumption underlying this cognitively-oriented response would appear to be that if the public were assisted in understanding that anti-immunizationists are simply ill-informed or wrong in their arguments many would set aside their reservations about immunization and rates would improve. Here the criteria seen to define the debate are those concerning the quality of evidence being advanced by both parties to the debate.

However, only a minority of those opposed to immunization would have the necessary tools to assess the validity of epidemiological evidence. In fact, Mezaros et al found that when parents who had decided to forgo pertussis vaccination were presented with evidence about risks and benefits they became more committed to their antipathetic position. This response was moderated by underlying values about death and chronic disability.19

Indeed, research reveals that the decision not to immunise is based on a complex web of factors including personal experience with attributed adverse reactions, advice from family and friends, general scepticism about health professionals and a preference for alternative methods of preventing disease.20 21 Such factors indicate that parents choosing not to immunise their children would feel comfortable with their position by virtue of its consistency with wider reference systems -- with values, predilections and what has been described as “philosophical or intuitive resistance to the idea of immunization”22

In this context, any attempt to dissuade parents from accepting anti-immunization argument which is entirely based on evidence is likely to fail to address the core dispositions that potentially attract them to the values underscoring anti-immunization advocacy in the first place. Once these are identified as we have done the more basic elements at the core of anti-immunization belief systems may suggest quite different communication strategies. For example,

Possible advocacy strategies

- The cover-up discourse championed by anti-immunizationists along with the associated tactics of forming “independent” groups investigating adverse reactions tends to position medicine as the defensive, guilty-until-proven-innocent party. These accusations could be neutralised by making more transparent processes where adverse reactions are recorded.

- Medicine must avoid all remnants of communication policy that simply denies or denigrates the possibility of adverse reactions. More attention should be given to the substantial literature on risk perception and communication which might inform ways of communicating the risks of vaccine preventable diseases compared to the infinitesimal risks of serious adverse reactions to vaccines.23-25

- Attempts to dogmatically dismiss parent concerns might be interpreted as medicine afraid of challenges. When health professionals refute the favourite claims of anti-immunizationists, they should be prepared to discuss the claims rather than a dismissive disqualification. Once dealt with, advocates should immediately reframe the debate in pro-active terms emphasising the benefits of immunising.
• Efforts should be made to broaden the coalition of voices speaking out in support of immunization beyond voices largely confined to those from medicine and government who are vulnerable to dismissal by those harbouring anti-authority sentiments. A coalition of parents supportive of immunization could be established in order to highlight the overall support for immunization that exists among parents and to counter anti-immunization claims in the media and other public forums.

• Health professionals wanting to avoid being de-personalised by the 'us versus them' frame might testify to their own experience of caring for children affected by vaccine preventable diseases. For example, older health care workers such as infant nurses who experienced the polio epidemic of the 1950s, or those who have worked in developing nations where vaccine-preventable diseases are endemic should be encouraged to play active roles.

• The “excavation” strategy might equally be used to good effect against anti-immunizationists. Public health should trawl cinematic and pictorial archives for footage of victims of infectious disease epidemics. Public historical travelling exhibitions and television documentaries may also be good vehicles for reminding the community of the impact of these epidemics (see Figure 1).

• More effort to should given to exposing the questionable research history and post graduate training of maverick doctors and others claiming status as truth excavators. Similarly whilst the value many parents see in the alternative therapies needs to be acknowledged, the potential dangers of going too far with natural health practices requires attention. Accounts of parents holding ‘measles parties’ where non-immunised children are exposed to the disease in the hope of conferring natural immunity, instances of placing children in warm manure to draw out “toxins”, fasting sick children for days at a time and other such procedures are examples that are likely to convey to many a picture of fanaticism gone too far.

• For a long time now, public health advocates have relied on public knowledge of the seriousness of diseases to convey the need for vaccination. But as the risks of diseases become less evident and vaccines risks receive greater relative prominence, public health advocates will need to re-think the way they frame vaccine benefit as an individual phenomenon and find creative ways to communicate societal benefit. This will become increasingly important as the ratio between vaccine risk and benefit for individuals narrows.

Acknowledgments

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This paper should be cited as:

Additional Information

For more information about anti-immunisation messages and for downloadable resources to help parents separate myth from reality, visit the Bill and Melinda Gates Children’s Vaccine Program Resource Center at www.childrensvaccine.org/html/immun_programs.htm.
References


Table 1: Most prominent claims in the immunization debate

<table>
<thead>
<tr>
<th>Claim introduced to oppose immunization</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Vaccines are dangerous</td>
<td>57</td>
</tr>
<tr>
<td>2. Vaccines are ineffective</td>
<td>49</td>
</tr>
<tr>
<td>3. Vaccines play a causal role in the development of various diseases and conditions</td>
<td>25</td>
</tr>
<tr>
<td>4. The pertussis vaccine causes brain damage</td>
<td>10</td>
</tr>
<tr>
<td>5. The diseases vaccines are meant to prevent have declined due to better sewage, water, hygiene and nutrition</td>
<td>7</td>
</tr>
<tr>
<td>6. Vaccines erode the immune system</td>
<td>6</td>
</tr>
<tr>
<td>7. Good diet, exercise, clean water and fresh air will develop “natural” immunity making vaccination unnecessary</td>
<td>6</td>
</tr>
<tr>
<td>8. Homeopathy is an alternative to immunization</td>
<td>3</td>
</tr>
</tbody>
</table>

Table 2: Definitions of sub-textual categories

A headline, passage or quote was coded:

1. **Cover-up** if it stated or inferred that information about immunization was being wilfully distorted, suppressed or otherwise withheld from the public.

2. **Excavation of the ‘facts’** if it referred to allegedly reliable information about immunization that ran counter to generally accepted wisdom about the benefits, safety and efficacy of vaccines. Included here were accounts of “experts” who disagreed with the orthodoxy on vaccines.

3. **Unholy alliance for profit** if it stated or inferred that the promotion of vaccines was motivated by monetary gain; and that doctors, pharmaceutical companies, researchers and public health bureaucrats were colluding in this regard.

4. **Towards totalitarianism** if it stated or inferred that regulation of the administration of vaccines involved a threat to civil liberties and was an excessive exertion of governmental control.

5. **Us and them** if anti-immunizationists positioned themselves as caring and concerned friends or allies of parents, together pitted against the collusive interests of uncaring doctors and government. Included here were instances when a parent or advocate against vaccination gave a personal account of a child who had allegedly suffered badly from immunization.

6. **Poisons** if it stated that vaccines are toxic and poisonous or that their contents are made from undesirable products.

7. **Vaccines as the cause of idiopathic ills** if it was suggested that vaccines were the cause of diseases or behavioural problems of unknown or uncertain origin.

8. **Back to nature** if it inferred that ‘natural’ methods of preventing diseases are more desirable than the ‘artificial’ method of vaccination.
Table 3: Sub-texts found in articles and letters featuring statements from persons opposing childhood immunization: November 1993 - February 1997

<table>
<thead>
<tr>
<th>Sub-text</th>
<th>Appearance in articles analysed. (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Cover-up</td>
<td>41</td>
</tr>
<tr>
<td>2. Excavation of the facts</td>
<td>79</td>
</tr>
<tr>
<td>3. Unholy alliance for profit</td>
<td>24</td>
</tr>
<tr>
<td>4. Towards totalitarianism</td>
<td>22</td>
</tr>
<tr>
<td>5. Us and them</td>
<td>70</td>
</tr>
<tr>
<td>6. Vaccines as poisonous chemical cocktails</td>
<td>16</td>
</tr>
<tr>
<td>7. Vaccines as cause of idiopathic ills</td>
<td>21</td>
</tr>
<tr>
<td>8. Back to nature</td>
<td>21</td>
</tr>
</tbody>
</table>

Figure 1.
Drinker Polio Ward in Los Angeles during a 1952 polio epidemic

Photo courtesy of CDC
also available via [www.immunize.org/images/ca.d/ipcd1861/img0008.htm](http://www.immunize.org/images/ca.d/ipcd1861/img0008.htm)