

Renewal: A Journal for Waldorf Education

Letters to the Editor and Author's Response

Spring/Summer 2017 Edition

The following letters relate to an article that appeared in the spring 2017 edition of *Renewal: A Journal for Waldorf Education*, titled: "Childhood Vaccinations – An Anthroposophic Medical Perspective".

As with all letters to the editor, the *Renewal* staff takes input very seriously and considers the impact on future submissions and, also, on editorial board processes and policies.

We recognize that the issues related to childhood vaccination can be polarizing. And, as with all submissions, we seek honest, scholarly viewpoints and thus, welcome the opportunity to review of all timely letters to the editor on all articles published.

In relation to vaccinations, it is AWSNA's task to nurture and promote Waldorf education. The association makes no claim to being qualified in the realm of medicine. Our member schools comply with all state regulations and encourage parents to consult with their child's physician about immunization for their children.

Letters to the Editor (quick links):

Ian Digby, MD
Joan D. Gorden, MD
Linda Kampp, MD
Stephen E.P. Smith, Ph.D
Ben Seligman

Author's Response:

Peter Hinderberger, MD

Dear Editor,

June 6, 2017

I was surprised and disheartened to read the biased article on vaccinations on the spring/summer 2017 issue of *Renewal*. Peter Hinderberger presents an unbalanced one-sided opinion about a very complex topic that deserves a much more nuanced discussion.

He presents data out of context (e.g. comments re mortality rates) and outlandish statements that have no evidence ("this may lead to a premature hardening of the whole system"). Most galling, Dr. Hinderberger repeats the clearly disproven claim there is a correlation between vaccinations and autism: this is false.

Renewal should have printed the medical evidence in a parallel article so readers could get a balanced view about this complex topic. Just because our kids go to Waldorf schools doesn't mean we have to be anti-vax!

Dr. Ian Digby, MD CCFP-EM
Guelph Ontario

To the Editor of Renewal

July 5, 2017

I am a parent of two children attending Linden Waldorf School in Nashville, Tennessee. I enjoy reading Renewal.

However, I find the article written by Peter Hinderberger, MD, very misleading and frankly, irresponsible. While this article has a philosophical approach to children's health and wellbeing which I appreciate, the truth regarding the beneficial effects about vaccines has no representation in the article. For example, the fact that vaccines are lifesaving.

Given the absence of any scientific data represented in the article, perhaps my own personal anecdotes may provide some insight into the importance of vaccines, and will speak to those for whom science has no import.

A friend of mine lost her 15 year old son last year during a family trip to Africa. He died of tetanus. He was never vaccinated. My next door neighbor, a recently retired school teacher of 65 and otherwise healthy, died of varicella encephalitis, due to a dormant virus reactivated from his childhood chickenpox infection.

The Renewal article has no historical context.

Should small pox and polio eradication be mentioned?

Should the concept of herd immunity be addressed? We live in an immunized society and the sequelae of rubella birth defects, measles encephalitis, Haemophilus influenzae meningitis in infants (HIB vaccine), to name a few, remain so uncommon as to be virtually unknown to contemporary parents reading your magazine and exposed to the constant antivaccine news cycle.

What would Dr. Hinderberger recommend to a family traveling with young children to developing countries?

What would he recommend to my friend who agreed with him, yet just lost her 15 year old son to tetanus?

What would he recommend to citizens of West African countries when an Ebola vaccine becomes available?

The anti vaccine movement unfortunately is based on opinion and beliefs, but not medical science. Vaccines are lifesaving. Dr. Hinderberger forgot to mention this fact.

Joan D. Gorden, MD
Assistant Professor of Clinical Medicine

Dear Editorial Staff of Renewal:

I am writing to express my alarm at the publication of an article in the Spring/Summer 2017 issue of Renewal entitled "Childhood Vaccinations – An Anthroposophic Medical Perspective" by Peter Hinderberger.

I am a primary care physician in practice in the Seattle area, as well as mom to 2 boys who attend Seattle Waldorf School. I love Waldorf education, and my children are thriving. I look forward with great anticipation to the Renewal magazine, where I eagerly learn about new and old perspectives in Waldorf education; gradually deepening my own connection to the Waldorf teaching methods.

The article on vaccinations has shattered my trust in the magazine. Dr. Hinderberger has the opinion that childhood vaccines may not be safe for all children. Many people have this same opinion, and everyone has the right to express opinions freely.

My trust in the publication was violated because Dr. Hinderberger manipulates facts with the clear intent to convince the untrained reader, that his opinion is supported by factual information. He says "In Japan, where vaccination is entirely voluntary, the mortality rate is 3.2/1000 for children under the age of five, while in the US the rate is more than twice as high: 7.5/1000." He then sites the World Bank as a reference for this fact. By placing that fact in the context of his writing, Dr. Hinderberger is inviting the untrained reader to conclude that the reason for the difference in mortality rate between the 2 countries is that vaccination is mandatory in the US and voluntary in Japan.

I would argue that this is gross manipulation of facts in an attempt to persuade the reader to agree with his opinion that vaccines are harmful. Many experts agree that the difference in mortality rate between the 2 countries has more to do with lack of health care resources in the United States for children of poor parents, or parents who suffer from addiction, mental illness or other chronic health conditions. In Japan, where both children and parents have better access to health care, the child mortality rate is lower. This has nothing at all to do with vaccines. However, if I hadn't studied medicine and public health, I may have been misled by the way that the childhood mortality statement was presented.

There are many such similar examples in Dr. Hinderberger's vaccination article where facts are introduced to the reader, out of context, in clear attempt to convince the reader to adopt the opinion of the author.

Now that I am aware that a grossly misleading article was published in Renewal, I read the articles on education with great skepticism also. Who is editing these articles? Are the editors allowing the authors to present opinions as if they were facts? Since I have no background in education myself, will I be able to identify the

weak writers from the more sincere and honest, when I read an informative article on Waldorf education?

A good publication needs good editing.

Manipulation of facts with the intent of coercing the reader to agree with the writer's opinion violates the integrity of this fine publication.

I would like to volunteer my services to be part of an medical editorial board at this magazine. I am willing to help review medical submissions for clarity, integrity, and content.

Please let me know if I can be of service. I would also appreciate a reply with reassurance that the articles are, in general, thoroughly edited for integrity.

Warm Regards,

Dr. Linda Kampp MD

To the Waldorf community:

As a Waldorf parent and a scientist, I was concerned that the school sent my child home with the most recent Waldorf "Renewal" magazine, which contained an article that advocated not vaccinating your child. This article bases its argument on a series of inaccurate or misinterpreted scientific facts. It targets a population already at risk for not vaccinating- wealthy, suburban, politically liberal families- and it adds to a general sense of fear and anxiety surrounding vaccination. As a PhD Neuro-Immunologist (a scientist specializing in the intersection of the brain and the immune system) who focuses on autism, I feel compelled to set the scientific record straight.

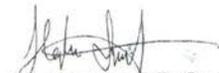
Vaccines have been proven safe and effective in study after study. For example, each time the community has raised a concern about a vaccine ingredient causing autism (MMR, Thimerosal), a flurry of studies has found no link (see <https://www.cdc.gov/vaccinesafety/concerns/autism.html>). Rather than accept vaccines as safe and effective, the anti-vaccine community moves the goalposts to another "potentially toxic" ingredient- their most recent evidence-free "culprit" is aluminum hydroxide adjuvant. Another common tactic in anti-vaccine literature is to cite scary correlations (as vaccine numbers increase, so do autism rates!). However, correlations do not show one thing causing another, just two things happening at the same time (as in the famous example of, "as global pirate numbers decrease, the climate is warming, so lack of pirates causes global warming!"). This "Renewal" article used both techniques in an almost laughable manner, citing lower Japanese child mortality rates (a correlation likely caused by better access to health care, not vaccination); listing scary-sounding vaccine ingredients (that have been shown to be safe and effective); or brazenly inventing a scary-sounding "post-traumatic stress disorder of the body".

But non-vaccination is no laughing matter. In Washington State, we recently had an outbreak of Measles, a highly contagious disease that kills 1 or 2 in 1000 children it infects, even today, in the United States (see <https://www.cdc.gov/measles/about/complications.html>). At a party recently, my pregnant wife and I were potentially exposed to Mumps, due to a recent outbreak among unvaccinated students at UW. We have a vaccine that prevents cancer (let me say that again, a vaccine that PREVENTS CANCER!!), but only about 50% of eligible children are currently getting it, setting thousands of unfortunate, unvaccinated children up for a future of chemotherapy and premature death.

Even knowing the facts, vaccinating your child is scary. The benefits of vaccinations are abstract, because most of us have never experienced a child with swollen testicals due to a mumps infection; or a child in leg braces due to polio; or the lottery of smallpox, a formerly common disease where up to 30% of infected children died while the parents sat at their bedside, helpless. These benefits are abstract because vaccines have largely eliminated these formerly common diseases of childhood. But the risks of vaccines—the inevitable screaming in the doctors office; perhaps a fever or a rash; wait, didn't Jenny McCarthy's kid get autism?—those risks seem very real when the doctor walks into the room with a syringe on a silver tray.

The next time you find yourself in that situation, I urge you to remember that there are thousands of scientists across the world who are working every day to understand the immune system, the brain, and the way your brain and body react to vaccines. While science, by its very nature, can always change, our current best evidence shows that vaccines are safe and effective, and among the most-studied aspect of modern medicine. I urge everyone in the Waldorf community to focus on the facts, not the fear-mongering and pseudo-science. As an expert in the relevant facts, I choose to vaccinate my child, and I hope you will too.

Sincerely,



Dr. Stephen E.P. Smith, PhD
Assistant Professor of Pediatrics at UW

Dear Sir,

I understand that you are the editor of the AWSNA magazine. I am a Waldorf parent and I need to tell you that I found this article both outrageous and offensive. It will be evident to you that I am against the anti-vax movement. More to the point is that I found the content of this article to be misleading and indeed dangerous. I further believe that the publication of this article could harm the reputation of Waldorf education and schools.

Never mind that I disagree with the author, he used logical fallacies to support his position. For example, he implied that higher child mortality rates in the US as compared to Japan are as a result of the US having the most vigorous vaccination program in the world while Japan has an entirely voluntary program. When I consider this argument/conclusion it occurs to me that:

- There may be a correlation but there is no causality. I could write that the infant mortality rate in Somalia is higher than that in the U-S and the vaccination rate in Somalia is pathetically poor so it is evident that vaccinations do save children's lives. Same argument, similarly false.
- What are the actual vaccination rates for Japan and the U-S? The author does not disclose that information. I checked the OECD data and the rates of vaccination for measles, and MMP are actually higher in Japan than in the United States!
- We know that the tens of millions of poor people in the US get terrible, or even, non-existent medical care [and more are heading that way] including pre and post-natal care. I would also suspect that there is a much higher percentage of high-risk mothers in the US than in Japan [alcohol and drug abusers, teenagers, uneducated, poor, etc.] and that paid parental leave in the United States is pathetically poor. All of these things are probably relevant.

It got worse from there. To suggest that increased rates of learning disability are due to increased vaccination rates rather than better diagnostic practices; that increased rates of allergies, asthma and child cancer have the same root cause is preposterous. The author admits there are many other possible explanations but suggests that the only reasons the AAP and CDC won't blame vaccines is because the cause and effect link cannot be absolutely proven. Gee, perhaps it can't be proven because its wrong.

I understand that there are contrary opinions on this issue but it is abundantly clear that while a small percentage of children should not, or cannot be vaccinated, these particularly vulnerable children depend on herd immunity to protect them. We continue to see increasingly serious outbreaks of diseases that we thought had been more or less eradicated -- measles, mumps, whooping cough, etc. The last thing Waldorf Schools should be seen as doing is advocating for the elimination of child vaccines.

I love my son and want to protect him as best I can. At the same time I want to do

my best to protect ill and immune compromised children because I care about their well being too. We have made all manner of laws to ensure children are protected even if their parents may not think that it's important or necessary to do so. I am old enough to have suffered through measles and mumps and driven in cars that didn't have seat belts or child restraints. Perhaps too many people today don't understand the danger and the suffering these illnesses can cause?

Finally, whatever one's personal beliefs I think that this article was ill considered and factually incorrect. I believe that it should never have appeared in the magazine or, at the minimum, should have been accompanied by a companion piece presenting the scientific, statistical and moral perspective on the other side.

Ben Seligman

A letter from Dr. Peter Hinderberger in response to the letters critical of his article, "Childhood Vaccinations—An Anthroposophic Medical Perspective," which appeared in the Spring/Summer 2017 issue of *Renewal – A Journal for Waldorf Education*.

July 24, 2017

First, I want to express my appreciation for *Renewal* for the opportunity to respond to the letters to the editor concerning my article on vaccinations. The main criticism is the writers' concern about the "lack of factual information" (Dr. LK), "misleading, and blatantly false medical information" (Dr. SEPS), "absence of any scientific data" (Dr. JDG). The irony about these letters is *their* lack of scientific data/references and *their* blatant generalizations.

Dr. JDG brings up important questions: Do I recommend vaccinating children whose parents travel to Africa? My answer is "yes". Vaccinations are helpful to prevent diseases in countries with poor hygienic standards and limited access to health care. Do I recommend adult vaccination: My answer is "yes". Adults (hopefully) have a fully developed nerve and immune system. My article discussed the issue of *childhood vaccination in the USA*.

Furthermore Dr. JDG brings up the issue of "herd immunity", which implies that if ninety five percent of the population is immune to a disease through vaccination, diseases will either be eradicated or controlled. This is theoretical because it would require 100% efficacy and long term immunity. For example, herd immunity was achieved before the chickenpox vaccine program: *95% of adults experienced natural chickenpox (usually as school aged children)—these cases were usually benign and resulted in long term immunity. This high percentage of individuals having long term immunity has been compromised by mass vaccination of children which provides at best 70 to 90% immunity that is **temporary and of unknown duration—shifting chickenpox to a more vulnerable adult population where chickenpox carries 20 times more risk of death and 15 times more risk of hospitalization compared to children.*** (1)

Dr. LK: "Dr. Hinderberger has the opinion that childhood vaccines may not be safe for all children". With other words: Dr. LK has the opinion that childhood vaccines are safe for all children (generalization). Why, then do all 50 states allow medical exception, why is there a vaccine injury compensation program (VICP), why did drug companies keep pushing for complete liability protection and, in 2011, convinced the US Supreme Court majority to rule that federally licensed and recommended vaccines are "unavoidably unsafe" and that the VICP should be the "sole remedy" for all vaccine injury claims? (2)

I would love to see the "flurry of studies", "studies after studies" (generalization) mentioned by Dr. SEPS proving that vaccines are safe.

To my knowledge there no *new* peer-reviewed scientific studies showing that accumulation of neurotoxic substances are still safe for children under the age of 5 (like aluminum, aluminum hydroxide, potassium chloride, neomycin, thimerosal, polymyxin, sodium deoxycholate, squalene, and formaldehyde) using the latest more aggressive vaccine schedule.

Why was Dr. Andrew Wakefield's 1998 research paper on autism and MMR, which was published in the peer reviewed journal *Lancet* (3) retracted? (4)

Why have we not heard anything from the Vaccine Safety Panel led by Robert Kennedy, Jr.?

Could it be because of the powerful influence of Big Pharma? Besides advertisements in medical journals, **up to 75% of clinical trials published in major journals like *JAMA*, *Lancet*, *NEJM*, and *Annals of Internal Medicine* are industry-sponsored (5). Could it be that the trust and credibility in the CDC, FDA, and American Academy of Pediatrics would then be seriously damaged? Could it be that any sane career-oriented scientist will not touch this issue any more?**

And I still wonder why the United States is an appalling #5 (only Turkey, Mexico, Argentina, and Slovakia are worse) in a list of 34 Organization for Economic Co-operation and Development (OECD) countries in under-five mortality rate per 1000 live births as published by the [WHO](#) in 2015 (6).

The same Dr. SEPS who accuses me of "misinterpreted scientific facts" states "We have a vaccine that prevents cancer" (generalization). His statement is completely misleading. He obviously means Gardasil, which was approved by the FDA in 2014 for use in the prevention of 9 [strains](#) of [human papillomavirus](#) (HPV), which cause an estimated 70% of [cervical cancers](#). In 2004 the FDA approved an older version of Gardasil against 4 strains of HPV.

All Gardasil has shown so far is that it induces high *initial* serum HPV type specific antibodies. 35% of women lose measurable type specific antibody titers in 5 years. At this point we can scientifically say that "Gardasil offers protection against CIN 2+ lesions caused by HPV 16/18 and against genital warts caused by HPV 6/11 for at least 5 years....Gardasil will not prevent cervical cancer unless its efficacy persists for at least 15 years..." (7) because it takes an average of 10-15 years from HPV infection to cervical dysplasia (CIN) to invasive cancer. That's why the Pap early detection has been and still is so successful.

Really, how is Dr. SEP's stereotyping of anti-vaxxers as "wealthy suburban politically liberal families" scientific?

Let's face it: the vaccination issue has become so emotionally charged that it is more dogmatic than scientific. At a minimum, the vaccination issue leaves a lot of room for skepticism:

We live in a country that grants us a lot of freedom: freedom of religion, speech, voting, and assembly. Why is the decision of what parents believe is in the best interest of the child made by the State?

By law a patient or legal guardian has a right to full disclosure and informed consent. The physician's obligation is to *"present the medical facts accurately to the patient or to the individual responsible for the patient's care and to make recommendations for management in accordance with good medical practice. The physician has an ethical obligation to help the patient make choices from among the therapeutic alternatives consistent with good medical practice."* (AMA's Code of Ethics regarding informed consent, section 8.08) Why does this code of ethics not apply to vaccination?

Children, especially infants, develop uniquely and individually. Why does the government believe that the "One-Size-Fits-All Vaccine Program" is good enough for every infant?

We have the right to sue anybody for anything. Why do we have no legal right to sue the government nor the vaccine manufacturers nor the doctor (the only time in medicine) when a child suffers lifelong disability due to vaccination (average compensation by VICP was \$366,182.48 in 2016) (8)

Why is it that there is not a *single* long-term comparative study assessing the health of vaccinated and unvaccinated children? The only study that comes close is a pilot comparative study on the health of vaccinated and unvaccinated children in the Amish community, which suggested vaccines raise the risk of autism and other neurodevelopmental disorders (9). Again, this article was later retracted. Unfortunately, the United States health care system is run by Big Pharma and politics (no references necessary...).

- (1) <https://www.ncbi.nlm.nih.gov/pubmed/22659447>
- (2) [Supreme Court of the United States Blog. Bruesewitz v Wyeth. Feb. 22, 2011](#)
- (3) [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(05\)75696-8/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(05)75696-8/abstract)
- (4) <http://www.nytimes.com/2010/02/03/health/research/03lancet.html?mcubz=0>
- (5) <http://www.globalresearch.ca/medical-journals-serve-as-big-pharma-drug-marketing-platform-study/5452308>
- (6) <http://apps.who.int/gho/data/node.sdg.3-2-viz?lang=en>
- (7) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3690661/>
- (8) https://www.hrsa.gov/vaccinecompensation/data/vicpmonthlyreporttemplate7_1_17.pdf
- (9) <http://newamericannews.com/wp-content/uploads/2017/02/MAWSON-STUDY.pdf>