

The Vaccination Quandary: Foiling Dr. Tenpenny's Trip to Australia

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So much for debate, which, for many involved, was not a debate at all. Had Dr. Shirley Tenpenny of Ohio State in the US been given the chance to speak at venues at a few capital cities in Australia, there would have been little fuss. But the armies of the needle got wind of it, and the medical and parent groups down-under mobilized to target the anti-vaccination campaigner.

The statements from these groups, led by the Stop The Australian Anti-Vaccination Network, has been overwrought and manic. Tenpenny has become a caricatured monster, painted as a disseminator, not merely of false doctrine, but dangerous suggestions. The Parenthood organisation insisted with paternalistic fury that, "Dr. Tenpenny's seminars are a serious public health risk and we believe that [sic] Australian Government should stop her anti-vaccination message from hitting our shores".

The advertised petition, featured with the hashtag #StopTenpenny, boasts in rather jingoistic fashion a picture of Tenpenny with a map of Australia beside her covered with the words, "Access Denied." The message ties in rather well with other threats to the sanctity of Australian health and living, a coda for fearing any challenging narratives from the outside. The Australian government has spent years preventing an assortment of others, notably asylum seekers, from ever coming to its shores.

The sense of urgency seems to have worked. Tenpenny has cancelled her tour, given a spate of cancellations. The Kareela Gold and Social Club, in Sydney's south, was one of the first to cancel the venue for one of Tenpenny's addresses. The general manager of the club, Dennis Skinner, cited the heated nature of the topic. "The club, as a avenue, we don't have a position for or against this, we just decided that the subject matter was too controversial for us to be involved in" (SBS, Jan 8). The problem with such fence-sitting rationalisations is that it vanquishes debate by removing forums to discuss them in. Speech is terrifying, so best not have it.

Even those with a cursory knowledge about vaccination programs will be aware that Tenpenny is far from incorrect to suggest there are "gaps" in the nature of such practice. There always is. More to the point, vaccination programs, in the past, have had their fair share of bad publicity, a point that has been made before.

As the journal *Nature* (May 25, 2011) noted in a piece by Roberta Kwok, vaccines can have side-effects, however small the risk. They do "stave off" what is unseen, and are given special attention in the safety standard stakes. For all the anger and activity of such individuals as Andrew Wakefield, a UK surgeon who went to war against the measles, mumps and rubella (MMR) vaccine linking its use to causes of autism, much of the

discussion can obscure actual risks.

In Kwok's words, these can range "from rashes or tenderness at the site of injection to fever-associated seizures called febrile convulsions and dangerous infections to those with compromised immune systems." Figures show that 1 in 14,000 children can suffer a seizure after receiving a DTap shot; while the chances are 1 in 3,000 with the MMR vaccine.

The supposedly dangerous message being aired from Tenpenny's side of the fence, is "that vaccines are not safe, have little proven efficacy and can/do cause harm". Strongly worded in terms of position, though hardly one that should warrant an exclusion from public discussion, something campaigners in Australia were keen to prevent altogether.

In an email to this correspondent (Jan 8) outlining her position, Tenpenny insisted that her sources, and her platform, are merely designed to highlight holes in the pro-vaccination argument. She is eager to underscore an obsession with resorting to vaccines for a range of mild conditions. "If we could discuss vaccines/vaccination in a civil forum, without venom or bullying, we could examine the problems associated with injecting children with foreign substances and known carcinogens that could cause a lifetime of harm or ill-health, in our effort to simply avoid short term infections associated with a cough, a fever, a rash and diarrhoea" (underlined emphasis in original).

In this, she has pointed out humankind's continuing terror with the environment, one riddled with potential disease and condition. Such crippling fears have been examined by Frank Furedi, who has argued that a "culture of fear" has gripped our imagination. One way of coping with such terrors is stocking up with pills and needles, under the illusory notion that a totally vaccinated population somehow guarantees unimpeachable immunity.

Tenpenny insists she does not chew over sources from any conspiracy blog or sources such as Conspiratology.com. Nor does she busy herself with parent's guides. The point is significant, because this angle of neat slander has been used to muddy the Tenpenny oeuvre, suggesting that she is a crank resorting to the conspiracy argot. "My opinions have evolved after nearly 20,000 hours of research," furnished by "6000 articles from mainstream journals in the www.VaccineResearchLibrary.com that confirm problems associated with vaccines."

Overall, her references are gathered "either from government sources, such as the CDC, or mainstream medical publications, such as Vaccine, NEJM, Paediatric Infectious Diseases Journal, etc." All these have yielded a body of work concerned with risks. The US Centers for Disease Control and Prevention (CDC) did, along with the FDA, established The Vaccine Adverse Event Reporting System in 1990 with a sweeping mission to detect "possible signals of adverse events associated with vaccines." Data, in short, is never hard to come by.

When science becomes a matter of trenchant lobbies, manic factions and canonical high priests, the discussion ceases. The ground becomes ripe for heretics. There is also an unintended effect: validating, rather than dismissing, the positions of those heretics. Those against the anti-vaccination lobby may well have suffered self-injury in the process.

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