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F. Woonink

Objections against vaccination

The perspective of those who refuse



rijksvaccinatieprogramma

When parents refuse vaccination

Many cases of serious illness and death are prevented by vaccinations, which have been available in the Netherlands since 1957 under the National Immunisation Programme. Approximately 2.5 million vaccinations are administered to children in the Netherlands every year. These vaccinations are provided on a voluntary basis and free of charge and most parents seize this opportunity, resulting in a vaccine coverage among Dutch infants of more than 95%.

There are several sections of Dutch society that refuse vaccination, however. The people involved predominantly belong to one of three groups: members of certain Traditional Reformed church denominations (*'bevindelijk gereformeerden'*), anthroposophists, and members of the Dutch Association for Conscientious Vaccination (*'kritische prikkers'*). The first group's refusal of vaccination is well-known to the general public due to the polio epidemics in 1978 and 1992/1993, which occurred in the area extending from the southwest of the Netherlands through to the centre of the country and up to the northeast. This area is sometimes referred to as the 'Dutch Bible Belt', as many residents attend (Traditional) Reformed churches, meaning that these municipalities have lower levels of vaccination. The background to the decision of the above-mentioned three groups to refuse vaccination is less well understood, however.

In 2009, the National Institute for Public Health and the Environment organised an Infectious Diseases Day focusing on the topic of children and infectious diseases.

About the author

The programme included a lecture by Consultant Communicable Disease Control Frits Woonink on objections against vaccination. Woonink had conducted an in-depth investigation into the background of the views of the three groups mentioned.

In implementing the National Immunisation Programme, physicians and nurses come into contact with parents who refuse or have doubts about vaccination. It is important for these professionals to take note of the backgrounds and views of these parents. I am therefore very pleased that Frits Woonink has agreed to publish a written version of his presentation. Thanks to him, we can present this booklet to all professionals involved in implementing the National Immunisation Programme. I hope that the contents will assist them in talking openly with parents about the vaccination of their child, so they can reach an informed decision on the matter. After all, the National Immunisation Programme's basic principle is that participation is, and will always remain, voluntary.

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Following the completion of his studies, Frits Woonink (b. 1953) worked for several years as a physician treating cases of leprosy and tuberculosis in Nigeria. Since 1990 he has been employed as a Consultant Communicable Disease Control at the Regional Public Health Service's department of infectious disease control ("GGD Midden-Nederland") in Zeist. Within his field of work he regularly comes into contact with the groups refusing vaccination that are discussed in this booklet.

Introduction

People who refuse vaccination on conscientious grounds can be found in numerous areas around the world. The groups involved include the Amish in the United States, gypsies/Romani in Southeast Europe, certain Muslim groups in Nigeria and Irish Travellers. This booklet focuses on the situation in the Netherlands, and discusses the backgrounds and arguments put forward by three specific groups who refuse vaccination: members of Traditional Reformed church denominations, anthroposophists, and members of the Dutch Association for Conscientious Vaccination.

The Traditional Reformed

Around sixteen percent of the Dutch population are registered as Protestants, amounting to approx. 2.5 million people in total. Eleven percent of the population belongs to the Protestant Church in the Netherlands (PKN), while the remaining five percent belong to a wide variety of other denominations. More than two million Protestants term themselves Reformed, while the others identify as Evangelical, Liberal, Anglican Protestants, etc. Members of Reformed denominations further denote themselves to be Traditional, Modern or Orthodox. The Traditional Reformed therefore form a subgroup within the Reformed denomination as a whole in the Netherlands. The three types of Reformed are spread across the Protestant Church in the Netherlands and the smaller denominations.

The number of Traditional Reformed amounts to at least 210,000 people. Of these, probably thirty percent or so belong to the group refusing vaccinations, although no reliable figures on this exist. The Health Council of the Netherlands has introduced the term 'religious objectors' as a denotation for this group. It should be noted that Orthodox and Modern Reformed support vaccinations without exception.

The low rate of vaccination in the Dutch Bible Belt cannot be attributed solely to the Traditional Reformed. In a number of municipalities, lower vaccination levels are also caused by anthroposophists who refuse to have their children vaccinated. Detailed knowledge of the region is needed before lower levels of vaccination can be attributed to a specific group.

The Traditional Reformed can be found in six separate religious denominations. The level of resistance to vaccination varies according to the denomination. This can be seen in the vaccination levels at Traditional Reformed schools (i.e. schools at which the majority of children are from an Traditional Reformed background). In an analysis of the vaccination

levels at primary schools in the central Netherlands region, the MMR vaccine coverage was found to vary from around 90 percent down to just 2 percent. The lowest vaccination levels were found in schools which fall under the Reformed Congregations in the Netherlands and a very small offshoot of this denomination known as the Reformed Congregations in the Netherlands (Unaffiliated).

Traditional Reformed

What does 'Traditional Reformed' mean in this context? According to this belief, it is not enough for a person to merely know the Bible and acknowledge it as truth. A deeply felt experience of the Biblical message is required. The experience of God ('*bevinding*') means that a person truly knows and feels he is a sinner before God, and that he lives through his sins in all their severity. "It's about the genuineness of a person's faith. It's about things which are so elevated and so profound that our whole existence is affected by them." A further notable feature is that the Traditional Reformed differ from others in their outward appearance. The somewhat derogatory name 'Black Stocking Church' ('*zwartekousenkerk*') is derived from the black clothes worn by the Traditional Reformed on Sundays.

In the 1994 booklet 'Polio – Resuming the Discussion', the Traditional Reformed minister Moerkerken explains his denomination's objections to vaccination, initially by putting them into a historical perspective: "We hope it's true that, medically speaking, few or no objections can be raised against vaccination. Nevertheless, serious mistakes were made in the early stages. Therefore, nobody can blame us if we continue to take a critical look at the information provided by the government." This passage refers to issues concerning vaccination which arose in the first decades of the 19th century. The memory of deaths due to or following smallpox

vaccinations is very much alive in this group. Moerkerken goes on to state his real objection: vaccination is contrary to Divine Providence. God controls everything that happens on earth. Even the smallest events are subject to His rule. Of course, the belief in Divine Providence is shared by other Christians and Jews. "He's got the whole world in His hands" sang Mahalia Jackson. However, Traditional Reformed understand this to mean that protection through vaccination would make a person less dependent on the Living God. If God sends an illness, he has a reason for doing so. Man must not oppose His will. A vaccinated person might think "I am vaccinated, there is no danger anymore". Vulnerability to illness should be seen as something positive because it reminds people of their proper place.

Refutations

These faith-based arguments are increasingly being refuted from within the Traditional Reformed community. In 1994, Reformed theologian Jochem Douma argued that "if you use sprinklers to prevent crops failing or raise dikes against possible flooding, then isn't it sensible to let yourself and your children be vaccinated against polio?"

Arguments in favour of prevention can also be found in the Bible. One example is Pharaoh's dream when Joseph is in Egypt (Genesis 41). Joseph explains to Pharaoh that seven years of abundance would be followed by seven years of famine. Pharaoh is advised to build storehouses in order to make it through the seven years of famine.

Luke 14 describes how Jesus Christ, understanding that he was being judged by the Pharisees for breaking the law of the Sabbath, asked them a question in order to challenge their perceptions. "If one of you has a son or an ox that falls into a well on the Sabbath day, will you

not immediately pull him out?” As Jews are forbidden to work on the Sabbath, this passage aims to demonstrate that (secondary) prevention is more important than strict adherence to the (moral) law. Refutations along these lines are increasingly being accepted. As a result, most Traditional Reformed in the Netherlands are now positively inclined towards vaccination. Between 1992 and 2004, an increase from 45% to 65% was recorded in the MMR vaccine coverage at an Traditional Reformed primary school in the Central Netherlands region. The group refusing vaccination seems to be diminishing, a trend that is confirmed by the Traditional Reformed themselves. If, for example, we look at DPT vaccination levels over the last few years, we see an increase to over 90% vaccination in municipalities with many Traditional Reformed. The number of municipalities with less than 90% vaccination has declined from 173 to 128 over a three-year period.

It is expected that in the long term, the group of Traditional Reformed objectors will diminish further, especially if community leaders argue in favour of vaccination.

Anthroposophists

In the Netherlands, anthroposophists are organised into the Netherlands Anthroposophical Society, an association of some 4,300 members. The Society recognises around fifty member groups. The number of people with an anthroposophical worldview is undoubtedly far higher, given the large number of students in Waldorf schools and the high concentration of anthroposophical institutions in the Netherlands. A lesser known fact is that there is also an explicitly religious group within anthroposophy, known as the Christian Community. This is mentioned here because this group also organises summer camps for children. The spread of measles in 2008 from the region around The Hague to various other regions of the Netherlands was able to occur due to a national youth camp where children infected each other.

Anthroposophy is a spiritual philosophy which postulates the existence of an objective, intellectually comprehensible spiritual world accessible to direct experience through inner development. The founder of anthroposophy is the Austrian philosopher Rudolf Steiner, who wrote a dissertation which was later expanded into his 1894 book *Die Philosophie der Freiheit* (The Philosophy of Freedom). Steiner considered this book to be the basis for his further work in anthroposophy. Anthroposophy is applied in practice in Waldorf education, anthroposophical medicine, special needs education and biodynamic agriculture.

Anthroposophists see the experience of paediatric illnesses as an essential step in a child's development, provided that the illness does not present too great a risk. An anthroposophist might argue along the following lines: “Adversity, discomfort and illness can be seen as helpers in one's development. A child that experiences an illness with fever may experience a leap in development after recovery, in the area

of toilet-training, verbal skills or individuality, for instance. Paediatric illnesses help children develop and adjust to their environment. A paediatric illness can cause a child to modify his or her genetic makeup, and fever is a means for doing this.”

Anthroposophists believe that if a child becomes ill without being vaccinated, the illness has to run its course in a peaceful and quiet environment with due care and attention being provided to the child. Thus, the idea is that the discomfort benefits the child’s development. Paediatric illnesses are also seen as important experiences for the parents, and beneficial to *their* development. The change that the child undergoes is an essential formative experience for his or her parents.

Anthroposophists also criticise the prevailing attitudes towards paediatric illnesses in Western society. Given our current lifestyle, it is difficult for many parents to provide enough care for children experiencing and recuperating from illnesses. Illness and infirmity are seen by society purely as disabilities which have to be avoided and remedied. Furthermore, they cost money because parents have to stay home from work. In other words, the child is not allowed to be ill anymore.

Individual choice

Anthroposophy has a particular view of the human body. The refusal of vaccinations among this group is not absolute, but relative. The anthroposophical point of view emphasises making one’s own choices, such as refusing vaccination or postponing it. Both postponement and refusal must be possible. DPT-IPV vaccinations are provided as a rule, while MMR jabs are considered unnecessary.

Anthroposophy is sometimes viewed as a pseudoscience with a religious character. ‘Pseudoscience’ is the name given to a system of views, statements or acts which does not pass the test of the scientific method, but is presented as science by its adherents or at least suggested to be ‘scientific’. Religious or spiritual beliefs in themselves are not pseudoscientific, so long as they make no assertions about empirical reality that are contrary to the generally accepted view of scientific knowledge and its acquisition in a particular culture and/or time.

Anthroposophical physicians in the Netherlands are organised into the Netherlands Association of Anthroposophical Physicians (NVAA). The completion of a regular medical degree is followed by a three-year part-time specialisation in anthroposophical medicine. During this specialisation, physicians focus on:

- the overall relationship between processes within the human mind and body
- ‘thinking with the head and the heart’

Numerous publications on anthroposophical medicine can be found on various websites. The Netherlands Social Health Care Centre (CSG) has published several booklets providing explanations of health problems from an anthroposophical point of view. Anthroposophical physician’s clinics are a phenomenon specific to this philosophy. Parents with questions about vaccination can consult a physician if they want advice from somebody with the same (anthroposophical) background. This means that a proportion of anthroposophically oriented parents do not go to regular health clinics, whereas Traditional Reformed would. As far as is known, no Traditional Reformed physicians have refused to provide vaccination, or if any do, they do not make this fact public.

With regard to the long term, it should be expected that anthroposophical circles will continue to include people who refuse vaccination. Arguments for the postponement or refusal of vaccination are implicit in the anthropology of this group. An unambiguous argument in favour of vaccination cannot be expected from an adherent of anthroposophy, as it contradicts the view that illness is to be valued positively. Anthroposophists consider a number of paediatric illnesses to be less serious than the general public would.

Considering the growth in the number of students at Waldorf schools over the past 25 years, more and more people will come into contact with these ideas and adopt them.

Dutch Association for Conscientious Vaccination

It is difficult to provide an estimate of the number of people who belong to the group known as the Dutch Association for Conscientious Vaccination (NVKP), which was founded in 1994. Other associations such as the Dutch Centre for Bioregulatory Therapy also include NVKP members.

When providing advice, NVKP members weigh up the arguments for and against vaccination. They do not base their considerations on a particular ideology or philosophy. A micropaleontologist (micropaleontology is a branch of geology) called Viera Scheibner is considered to be one of the pioneers of the movement. The NVKP's public information brochures consistently refer people with health problems to homeopaths and practitioners of natural medicine (naturopathy). The NVKP membership probably consists of adherents of homeopathy, natural medicine, anthroposophy or several of these views combined. Furthermore, some members will maintain critical attitudes towards vaccination for other reasons.

Homeopaths emphasise the (alleged) damaging effects of vaccinations. In this sense they differ from anthroposophists, who stress the significance of paediatric illnesses for children's development.

The basic principle of homeopathy is that every illness can be cured by choosing a medicine that presents the same 'clinical picture' as the symptoms of the illness itself. Homeopathy uses heavily diluted and shaken preparations, which may sometimes be dilutions of vaccines. Dilutions are also administered before or after an actual vaccination in order to prevent 'Post-Vaccination Syndrome'. Some homeopaths and anthroposophists use the term Post-Vaccination Syndrome to denote a wide range of symptoms after vaccination. The list of the acute and chronic symptoms which form part of Post-Vaccination Syndrome comprises dozens of disorders. A child will almost always show one of

these symptoms, whether he or she has been vaccinated or not. No scientific evidence for the existence of Post-Vaccination Syndrome has ever been produced.

Homeopathy is a natural method of treatment, i.e. it aims to naturally promote and enhance the body's self-healing capabilities. Homeopathy has existed for around 200 years. It was founded by the German physician, writer and chemist Samuel Hahnemann. The word homeopathy derives from the Greek *omeos*, meaning 'alike', and *pathos*, meaning 'suffering'. Homeopathy therefore means 'like is cured by like.'

The basic principles of natural methods of treatment may be summarised as follows:

- Natural medicine assumes the 'healing force' of nature. The underlying idea is that every human being has an inherent self-healing capacity which is directed by the mind in conjunction with the body's immune system. This 'force' then ensures that we are able to heal ourselves.
- Treatment always proceeds in a very careful and gradual manner.
- The underlying causes of the disorder are investigated and dealt with.

The ten principles of natural medicine are: eating well, drinking clean water, choosing natural products instead of processed foods, setting aside time to think about what you have done well and accomplished, looking for a natural solution to health problems, having hobbies, working on your spiritual development every day, teaching and learning safe behaviour (such as driving safely or doing a first-aid course), noticing the good things friends and family do, and letting yourself be surprised by unexpected things which may enrich your life.

NVKP members call scientific results into question and emphasise the risks and side effects of vaccination. They point out that not all side effects are known yet, especially when it comes to the introduction of new vaccines. The NVKP is therefore right by definition, because only in the long term can long-term effects become known. The association claims that side effects are not properly registered by official bodies. This is in turn linked to the idea of 'passive surveillance'. Parents should actively report side effects, and they often fail to do so. NVKP members are of the opinion that there is little willingness to investigate the side effects of vaccination in the Netherlands, and call for large-scale scientific trials that fulfil all the relevant criteria. They criticise the role of the pharmaceutical industry and, naturally, examples can be named where the NVKP is certainly not alone in its criticism.

NVKP members do not absolutely reject vaccination. Some of their objections are the same as those of anthroposophists. It sometimes seems as if this group is engaged in a kind of resistance against the government, as can be observed in numerous other ways in society.

Every connection which has ever been made between vaccination and side effects is emphasised, even if that connection is later refuted scientifically. For instance, NVKP members persist in their conviction that there is a connection between autism and MMR jabs, even though the Health Council of the Netherlands, the World Health Organization and the Institute of Medicine in the United States have all concluded that there are no indications that MMR jabs cause or exacerbate autism.

The fact that vaccinations may give rise to side effects is not disputed by anyone. Furthermore, the NVKP is not alone in its criticism. For example, the debate surrounding the introduction of HPV vaccination in 2008 was also held by the Health Council of the Netherlands, which

shows that it is certainly possible to take a well-founded critical attitude to such vaccinations.

It is unclear whether the objections coming from the NVKP camp will subside in future. If it proves possible to agree on the objective, scientifically sound results of studies and the registration of side effects, and if the NVKP's objections are based solely on these grounds, then criticism from this camp is likely to abate. However, if the objections raised derive from alternative philosophies, it may be assumed that criticism will remain.

Advice for professionals

To conclude, the following highlights the best approach for medical professionals to adopt when dealing with objectors.

In the Netherlands, the decision whether or not to have your child vaccinated is a voluntary and personal one. The National Immunisation Programme aims for the highest levels of vaccination possible. The goal is not only to protect the individual against illness, but also to protect the population from epidemics. Professionals who come into contact with objecting parents may benefit from considering the following points.

It is important to know the motives behind someone's refusal of vaccination. This includes knowledge about parents' vaccination behaviour. This is a complex subject because it depends on personal attitudes and beliefs, social influences and the parents' expectations regarding the effectiveness of vaccination. Regular clinical staff can be trained in these matters. The skills required to hold this specific type of conversation can also be developed further. The inclusion in training programmes of role-playing exercises and techniques such as Motivational Interviewing already partly fulfil this need.

If members of staff have the right attitude, this will contribute to a conversation in which objectors to vaccination are able to explain exactly why they are refusing treatment. A physician working at a health clinic who had certain preconceptions about the convictions of an objector noticed, to her surprise, that taking these objections seriously actually led to the objector accepting vaccination. An 'allergy' to the views of people refusing vaccinations makes professionals less suitable for working with these groups.

Professionals can put forward arguments in favour of vaccination, explain what we know about the presumed risks and side effects, and

show an understanding of objectors' doubts. In conversations with anthroposophists, for instance, the predominant topic for discussion will be that apparently less serious paediatric illnesses can sometimes have serious outcomes.

In the case of religious objectors, due attention must also be given to questions of a medical nature. It is known that such questions are asked more pointedly in Traditional Reformed circles because medical objections raised during the time of the smallpox vaccination continue to linger in the memory of this group. These medical objections provide an opening for conversations with parents about vaccination.

It does not seem possible to combine arguments in favour of compulsory vaccination with an open conversation with people refusing vaccination. The threat of compulsory vaccination is counterproductive in dealing with any group which has doubts about vaccination or refuses it altogether. Such threats will make the conversation more difficult.

However safe vaccinations are, there are and always will be limited risks associated with them. Giving these risks due attention when talking about vaccination may serve to alleviate any fears.

A publication in Dutch: "Bezwaren tegen vaccinatie" of the National Institute for Public Health and the Environment – Centre for Infectious Disease Control
ISBN no. 978-90-6960-238-7
Editing: Kees Vermeer, freelance copywriter
Final editing: Marijke van Oosten, Centre for Infectious Disease Control
Translation: DBF Communicatie, Alphen aan den Rijn, The Netherlands

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