

# A folklore analysis of the “autism-vaccine” scare

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## Vaccine scares and liability folklore

In the recent “controversy” over allegations that vaccines cause autism, one of the criticisms that is been directed against the idea is simply that it is an “urban legend”. I share this opinion, but think it should be more than just a pejorative. Rather, by opening the issue up to the field of folklore, it will be possible to get a better grasp on the origins and appeal of the idea, and devise better ways to respond to this and other theories, allegations and outright “scares” over vaccines and their perceived effects.

This and other allegations about harm by vaccines can easily be accommodated within a very specific category of urban legend: the “product liability” rumor. Other examples are:

1. The (dead) “mouse in the Coke bottle” legend. (*Probably inspired by real incidents.*)
2. Various “Halloween sadist” legends, about poisoned Halloween candy. (*Technically “contamination” rumor, but not a “liability” one. Has never happened, but has been staged or faked by “copy cats”, including a parent who poisoned his own child for insurance money.*)
3. The “AIDS burger” legend, about a disgruntled employee contaminating Burger King food with HIV-infected bodily fluids.<sup>1</sup> (*Would not cause HIV infection if it did happen.*)
4. “KKK legends” about one of several major or minor brands being made by the Klan and intentionally contaminated with a chemical that sterilizes black men.<sup>2</sup> (*Notably beyond the temporary effects of real contraceptives, and for that matter the KKK's known ideology.*)
5. A “Doomed By Seatbelt” legend, alleging that many people were burned to death after jammed seat belts trapped them in burning cars.<sup>3</sup> (*An untestable allegation, since a fire or explosion would presumably leave little or no evidence of the belt's role in a death.*)

Such stories and possible resulting scares can be problematic to classify. This problem is especially apparent with the “mouse in Coke” story: Studies of court records show that approximately the events described have occurred (or at least been reported with credible corroboration) on dozens of occasions. Harold Jan Brunvand, renowned scholar and popularizer of “urban legends”, defines it as a legend based on factors other than factuality: “The oral stories... are so far separated from the original facts that they've turned into folklore. In this way, a story can be both an actual event and an urban legend.”<sup>4</sup>

Researchers tend to downplay the impact of such legends on public behavior. For example, Procter & Gamble's efforts to debunk and suppress a rumor about donations to Satanists was criticized as a waste of resources and even as magnifying the rumor's impact. Relevant observations from this case are that only a third of the population were aware of it (many of them only through P & G's debunking campaign), only 3% believed it, and even those who did rarely changed their buying habits accordingly. These can apply as general rules for liability and contamination rumors (the 3% figure, in particular, previously came up in studies of Nazi propaganda), and it can be added that, while some rumors (like the P & G tale) have lasted for decades, most die out within a year. Vaccine concerns fit these patterns

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1 Harold Jan Brunvand, *Too Good to Be True*, 200-201

2 Patricia Turner, *I Heard it Through the Grapevine*, 169-170

3 Brunvand, *Curses! Broiled Again*, 96-98

4 Brunvand, *Too Good...*, 181

well enough. Studies show that close to half the population are convinced vaccines are safe, while only 13% consider them definitely unsafe. Furthermore, vaccine sales have reached probable record highs in the last 3 years.

Yet serious harm to life and property as well as sales is well-documented. The legend of poisoned Halloween candy has so far only wasted time and effort by law enforcement, but the “copy cat” problem precludes simply ignoring it. One of the “KKK/sterility” rumors cost Tropical Fantasy soda a 70% drop in sales, as well as the cost of a debunking campaign, and also led vandalism and violence against stores and delivery trucks. The “Doomed By Seatbelt” legend was at one time a widespread rationale for not using seat belts, and was cited by opponents of laws that required the use of seat belts. As such, it probably caused more deaths than vehicle fires ever did. Thus, the liability legend is a definite danger, not only to the economic safety of corporations but to public order, health and safety.

### **Scares” vs. “real” vaccine injury**

While the autism-vaccine myth has received an unusual (if not unprecedented) amount of attention, it is by any analysis only one vaccine-related myth among many. Other conditions blamed on vaccination in the recent past alone include AIDS, ADD/ADHD, Crohn's Disease, diabetes and “SIDS”. The ability to end or entirely preempt scares will depend on demonstrating distinctions between “scares” and known or plausible causes of injuries that are “real” in the sense of being documented, proved and explainable. The most direct approach is to look for contrasts and discrepancies between the injuries alleged by “scares” and “real” ones in which the role of vaccines is either proved or at least plausible. To this end, the following observations are offered.

1. Probably the most common form of “real” vaccine injury is an infection with a known disease. These do not play a major part in US vaccine scares. Instead, scares here most often involve a newly recorded or newly increasing disorder whose causes are, in the eyes of orthodox science, still unknown. This is especially blatant with SIDS, which is *defined as* unexplained death!
2. Real vaccine injuries presumably happen to people of all ages. US scares are almost exclusively about claimed injuries to children, especially ages 3 and younger.
3. Real vaccine injuries can be diagnosed within days of the injection. Scares commonly involve disorders that can only be conclusively diagnosed from weeks or months of observation.
4. Any given case of real vaccine injury is most likely to be the fault of the person(s) *not* directly involved in the vaccine's manufacture. Scares consistently blame manufacturers and particularly high-level executives for alleged injuries.
5. Real vaccine injuries are most likely to occur in the developing world, where the quality of vaccines and vaccination procedures is predictably uneven or poor. But US scares are caused mainly by reports in the US, and when reports from abroad are involved (as in Wakefield's contribution to the autism controversy) they are from other western nations with a comparable quality of medical care.

### **Folkloric elements of vaccine scares**

In treating the “mouse in Coke” legend, Brunvand has argued that a “legend” can parallel and interact with real events. Yet, by his thesis, the legends will always have qualities which, to a trained eye, will separate them from accurate reports of real events. Thus, having established significant distinctions between a “scare” and proven cases of harm, the next step is to look for suggestively folkloric elements of the scare. Especially obvious are:

1. “Dreadful contamination” (*especially in eventual focus on mercury in autism “controversy”*)
2. Endangerment of children, particularly by a disguised threat (*see “Halloween sadists” legends*) and through parents' neglect.

3. Distrust of large corporations; also of government and scientists (*“Goliath effect”*).
4. Blame of a “scapegoat” for an otherwise unexplained phenomenon.
5. Superstition and stigma about disabilities (*See John 9:2, also compare “changeling” folklore.*)

It is clear that, in the vaccine autism controversy, there is an overall a shape of recapitulated superstitions, organized into a distinctive narrative. Where the Black Death was blamed on witches, Jews or the undead, the “autism epidemic” is blamed on the real and imagined powers of corporations and the government. As in the Hansel and Gretel drama, the child's plight is blamed directly on a malevolent but appealing stranger, the vaccine manufacturers and various accomplices, and indirectly on parents, who neglect their children simply by failing to question claims that vaccines are safe. (Note how the “neglect” subtext is shared with the now-infamous “refrigerator mother” theory!) There are also overtones of the myth of the changeling, the fairy impostor left in place of a human child, with which “special needs” children were often historically identified. The child is frequently described as “captive” to autism, with the autistic symptoms seen as supplanting the child's identity. In a further and disturbing parallel, there is an altogether magical belief that, with sufficiently drastic treatment, the “normal” child can be extracted from the autistic semblance. In an all-too-similar line of reasoning, supposed changelings were once abused as a means to make the fairies return the real child!

Of course, as with “mouse in Coke” tales, it is equally clear that such “folk” resonance cannot argue directly against factuality. For the most part, the major concerns do correspond to real patterns of vaccination, at least in the modern US. Vaccines are administered mainly to children, they are made by large corporations and they are administered through the US government. On the other hand, we cannot ignore the role of resonance with folklore in making an issue a subject of concern in the first place. To make useful progress, it is worthwhile next to look at certain recent myths held specifically about vaccines:

1. Any health problem following vaccination, including a change in behavior, is potentially a vaccine injury. (*In legal terms, this would make vaccines “guilty until proven innocent”.*)
2. Vaccines make large profits for companies. (*Actually notoriously unprofitable!*)<sup>5</sup>
3. Vaccine manufacturers pay the government and doctors to cover up vaccine injuries. (*Not necessary, since all parties have comparable liability.*)
4. People who have recovered from “natural” infection have stronger immune systems than those who are vaccinated. (*Probably a misunderstanding of longer immunity to a specific disease; any further basis in fact explainable by selective survival!*)
5. Before the increase in autism (ca. 1990??), vaccines were only available to the wealthy. (*Public vaccination programs existed by late 1800s.*)

When such latter-day lore is added to the mix, it can be seen that specific “myths” and outright denials of fact serve to conform the “scare” to “folkloric” patterns. The nucleus of the scare was undoubtedly a historical double accident: that, in the early 1990s, unrelated clinical procedures led to many autism diagnoses and many “first” vaccinations both occurring when a child was 18-24 months old. The perception of this as proof of cause and effect approximates the superstition of sympathetic magic. The ultimate focus on thimerosal and mercury made the autism scare explicitly a “contamination” legend. The canard that public vaccination is somehow a “recent” development is effectively a rationalization for a gross chronological discrepancy: Thimerosal was introduced in 1942, about fifty years before any documented (“real”) increase in autism.

In many ways the most significant distortion of fact is the overestimation of vaccine profitability, which

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5 Arthur Allen, *Vaccine*, 425-430

serves to bolster the accusation that vaccine manufactures (and leaders thereof) are the leaders and main beneficiaries of an alleged conspiracy. All that really needs to be said in response is that the alleged “profits” simply don't exist, at least not on a scale to pay for, let alone fiscally justify, what the alleged conspiracy would cost. (Incidentally, even liability legends rarely accuse executives of intentionally distributing harmful products, the KKK cycle being the only well-known exceptions. Apparently, even in urban legends, nobody expects to get rich off dead customers!) But what makes no sense as an interpretation of facts fits perfectly with the folkloric impulse to *rationalize* an event. In these terms, one chief scapegoat is “simpler” than several equally culpable parties; and actions that benefit the scapegoat are “reasonable” where those that give none or actually drain his resources are not. The only problem is that real life is rarely simple, and real people routinely do things that have no semblance of reason in the eyes of anyone else. The denial of such irrational realities is undoubtedly the central impulse in creating a scapegoat in the first place. To a certain frame of mind, even making yourself the scapegoat may carry a kind of comfort. As Stephen King has remarked, “Someone has to be to blame, or all the pain and depression and isolation make no sense. You'd go crazy. Better to be guilty than crazy.”<sup>6</sup>

### **Folkloric spread of vaccine scares**

Paul Allen's book *Vaccine* is an especially interesting volume on vaccines and controversies about them, particularly for a chapter in which he gives an account of an area of low vaccination before, during and after a pertussis outbreak.<sup>7</sup> He makes several interesting observations, some of which fit with what is known or suspected of scares in general, others of which are counterintuitive.

1. Many who reject vaccination cited reasons of ideology as well as safety concerns.
2. Opponents sought “converts” through personal interactions, *not* the internet. (p. 356-357)
3. Vaccine opponents cited vaguely defined conditions, including “tantrums”, as *evidence* of vaccination. (p. 356)
4. Rejection of vaccination was strongest in the upper class, particularly “stay-at-home” mothers.
5. A migrant worker subpopulation had a consistently high vaccination rate. (p. 358)
6. Many if not most vaccine opponents did not change their beliefs when their own children were infected by preventable disease. (p. 361)

One conclusion which is fairly axiomatic is that conditions for a vaccine scare are ideal when the vaccination rate is high, because predictably the occurrence of preventable disease will be low while cases of proven or alleged vaccine injuries will be relatively numerous. Allen's account is consistent with this common wisdom, but introduces significant wrinkles. His observations of the role of ideology, including religion, “alternative health” movements and a general belief that the natural course of a disease benefits children, are extremely significant. Such individuals and groups may be treated as a “base” non-vaccinating population. Under normal circumstances, they probably would not be especially effective in raising public concern: Besides often being physically isolated, their ideologies would create major cultural barriers, not just from the public but from each other. But, they would undoubtedly do their part to feed and exploit a general “scare”, and in such a climate would enjoy much greater credibility with and interest from the public. It is also of interest that he treats *under-vaccination* as a phenomenon discrete from *non-vaccination* (367-369). The former group would presumably include parents who rejected vaccination only after their children had received at least one vaccine. A principle which may be suggested is that *limited* experience with vaccines may create more distrust than simple ignorance. Finally, the fact that anti-vaccination ideology did not affect migrants is significant but open to interpretation. By standing paradigms, this is easily accounted for by greater personal experience with disease. On the other hand, it could be more evidence of the apparent pattern

<sup>6</sup> Stephen King, *Rose Madder*, 230

<sup>7</sup> Allen, *Vaccine*, 327-370

that scares do not readily “jump” between nations and cultures.

Another widely held premise is the importance of the internet in spreading vaccine scares. It is a universal complaint that skeptics and critics rely heavily on dubious “information” from the internet, and this fits within a pattern of problems with new technologies: Well before the advent of the internet, “xeroxlore” and “faxlore” were already notorious among folklorists. But Allen's observations point to a problem with such “amateur” media: They are very typically couched in terms peculiar to an ideology or subculture. For example, photocopies that spread the notorious “P&G Satanism” legend are transparently designed to antagonize conservative “evangelical” Christians, a factor which should have limited their direct impact outside those circles. Likewise, Allen gives ample evidence that vaccine opponents were using the internet to reach each other, not the public, and it may be inferred that ideology creates significant barriers even among themselves. The simplest explanation may be two “vectors” at work for two different segments of the population: amateur, “sectarian” media for sharing information among established believers, and more conventional “word of mouth” for moving it on to the public.

A broader question which so far has received little attention is the degree to which reports of vaccine injury may spread as folklore. One of the most directly relevant comments I have encountered is David Salisbury's complaint of “stamp collections”: isolated incidents of alleged vaccine injuries, compiled and presented to the public as a large collection of data.<sup>8</sup> The nature and impact of such “collections” can to a large extent be described with reference to folklore. It can be noted, first, that those who collect these reports are likely to act as a folklorist would, taking down a source's report in detail without going to great lengths to evaluate its factual basis. Folklorists do this simply because beliefs are of at least as much interest to them as objective facts; a conventional journalist or academic might do this in the name of objectivity, fairness or “post-modern” philosophical leanings. Second, thorough compilers will cover the widest possible range of sources, including isolated subpopulations. In this way, the “collector” may become a line of communication for the anti-vaccine individuals and groups that (as noted above) would probably have little influence if left to their own devices. Third, once a “collection” is compiled and published, all items in the collection have the potential to further circulate by word of mouth and thus fall even more completely into the realm of folklore.

A final issue “folkloric” transmission worth particular concern is the appearance of variants, accounts telling approximately the same story with significant differences in details. Theoretically, variants present at least as much hindrance as assistance to the spread of a scare. Besides presenting inconsistencies for critics to play upon, variants are likely to reflect conditions and concerns of specific subpopulations, which (as argued above) are an obstacle to more general circulation. On the other hand, there is ample precedent for details being changed or even reversed. Furthermore, some people may become more willing to believe as they encounter more variations of the same story. To the uncritical and unwary, these may seem like independent accounts of separate incidents. Even those who acknowledge the hand of folkloric “mutation” may be sufficiently impressed by the sheer number of accounts to accept them as inspired by at least one “real” incident. Interestingly, the best conditions for variants with overlapping circulation are in either very large or relatively small populations, and the latter is a well-known quantity for success in all kinds of “folk” beliefs.

### **Folklore and risk**

The underlying problem of all “folkloric” scares and anxieties is that rare, exaggerated or wholly imaginary risks are allowed to distract from much greater threats. The conventional response of

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<sup>8</sup> Synopsis of speech, 2002. johnsnowsociety.org

supporters of vaccines against scares and more organized criticism is that the risks are much less than the diseases they prevent- what may be termed argument of proportion. This same line of argument can be seen in virtually any area of public concern, and the lesson of history is that it is largely useless. An especially amusing example is a response by Florida wildlife management officials to a “flap” over a series of seven heavily publicized alligator attacks in the summer of 2001: They pointed out that, by their own records, seven alligator attacks was below average for that period of time.<sup>9</sup> It would be difficult to underestimate how “reassured” the public was!

A more proactive strategy would be to cross-examine the scare-mongers, and especially to emphasize where their hysteria and ignorance merge into outright hypocrisy. This sort of flaw is especially egregious with coverage of vaccine “controversies” compared to other medical issues. Whatever else may be said of them, vaccines are the oldest, most widely used, best studied and best understood of all pharmaceutical products. Nothing in the controversies that surround vaccination is in proportion to their known complications, nor to anything that might plausibly have gone unnoticed or arise with changes in the technology. What is truly contemptible about the publicity given to vaccine scares is that the same media does not hesitate to *advertise* far more dubious products, from new prescription drugs with long lists of known side effects (always speed-read at the end of the ad) to “supplements” which may have no testing at all. So why is there no furor over these products? The fact that the media are being paid to endorse them won't suffice: Even more direct conflicts of interest are created when different media are owned by the same company, but that doesn't stop such subsidiaries from criticizing or parodying each other. The only “obvious” answer is that these drugs don't hit “folk” nerves by being directed to children or distributed by the government.

Public knowledge and perception of autism is also a major consideration in the related vaccine scare. A significant feature of those arguing a connection is the the characterization of autism by extreme, vague and/or questionable “symptoms”, including the thoroughly-debunked “retardation” claim, and by the general premise that it is a form of brain damage. If science and activism can debunk these perceptions, holdouts of the autism-vaccine scare will lose credibility.

Thus, it is important to send several messages to the public. First, it has been very soundly established that autism is connected to genes. Second, the known differences between “autistic” and “neurotypical” brains, mainly more or less dense neural connections in specific regions, are the kind that would be seen to some degree between any two healthy brains. Autism is thus understandable as a variation on “normal” neural development, not a pathology that could be caused by external trauma. Third, the greatest need of the autistic is not to be “cured”, but to be understood, and to be protected from the “normals” who would abuse us: the school bullies, the con men, the thieves and killers, and for that matter those who might think that some potentially dangerous “cure of the month” will solve all our “problems”.

And if “NT” society can't take enough time from its “scares” to recognize these facts, who really has the bad wiring?

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<sup>9</sup> Loren Coleman, The Copycat Effect, 9

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