

"By 1853, Parliament began passing laws to make the untested vaccine compulsory throughout the British empire. Other countries of Europe followed suit. Once the economic implications of compulsory vaccinations were realized, few dared to disagree. Then, as now, the media were controlled by the vaccine manufacturers and the government, who stood to make huge money from the sale of these spurious vaccines."... Tim O'Shea

VACCINATIONS



"Ever since mass vaccination of infants began, reports of serious brain, cardiovascular, metabolic and other injuries started filling pages of medical journals." In fact, pertussis vaccine has been used to induce encephalomyelitis, which is characterized by brain swelling and hemorrhaging" Dr Vera Scheibner, PhD

HOW ARE VACCINES MADE?

by Dr Patrick Rattigan N.D. UK
patrickrattigan@hotmail.com

Vaccine production is a disgusting procedure. To begin, one must first acquire the disease germ -- a toxic bacterium or a live virus. To make a "live" vaccine, the live virus must be attenuated, or weakened for human use. This is accomplished by serial passage -- passing the virus through animal tissue several times to reduce its potency. For example, measles virus is passed through chick embryos, polio virus through monkey kidneys, and the rubella virus through human diploid cells --the dissected organs of an aborted fetus! "Killed" vaccines are "inactivated" through heat, radiation, or chemicals.

The weakened germ must then be strengthened with adjuvants (antibody boosters) and stabilizers. This is done by adding drugs, antibiotics, and toxic disinfectants to the concoction: neomycin, streptomycin, sodium chloride, sodium hydroxide, aluminum hydroxide, aluminum hydrochloride, sorbitol, hydrolyzed gelatin, formaldehyde, and thimerosal (a mercury derivative).

Aluminum, formaldehyde, and mercury are extremely toxic substances with a long history of documented hazardous effects. Studies confirm again and again that microscopic doses of these substances can lead to cancer, neurological damage, and death. Yet, each of them may be found in childhood vaccines.

In addition to the deliberately planned additives, unanticipated matter may contaminate the shots. For example, during serial passage of the virus through animal cells, animal RNA and DNA -- foreign genetic material -- is transferred from one host to another. Because this biological matter is injected directly into the body, researchers say it can change our genetic makeup.

Undetected animal viruses may jump the species barrier as well. This is exactly what happened during the 1950s and 1960s when millions of people were infected with polio vaccines that were contaminated with the SV-40 virus undetected in the monkey organs used to prepare the vaccines. SV-40 (Simian Virus #40 -- the 40th such virus detected since researchers began looking), is considered a powerful immunosuppressor and trigger for HIV, the name given to the AIDS virus. It is said to cause a clinical condition similar to AIDS, and has been found in brain tumors, leukemia, and other human cancers as well. Researchers consider it to be a cancer-causing virus.

What happens next, once this foul concoction -- live viruses, bacteria, toxic substances, and diseased animal matter -- is created? This witch's brew is forced into the healthy child.

Vaccines contain the following poisons in addition to the viral and bacterial RNA or DNA that is part of the vaccines...here are the fillers:

Vaccine Ingredients

- Heavy metals like mercury and aluminum
- Pus from sores of diseased animals
- Horse Serum
- Calf Serum
- Fecal Matter
- Urine
- Macerated Cancer Cells
- Sweepings from diseased children

Other Vaccine Ingredients:

- Formaldehyde (a carcinogen) - used in embalming fluids
- Phenol (also a carcinogen) - may cause paralysis, convulsions, coma, necrosis and gangrene
- Lactalbumin hydrolysate - emulsifier
- Aluminum phosphate - aluminum salt which is corrosive to tissues
- Retro-virus (SV-40) - contaminant virus of some polio vaccines
- Antibiotics - (i.e., neomycin tm) for infection
- Chick Embryo - growth medium for virus
- Sodium Phosphate - a buffering salt
- Foreign animal tissues containing genetic material (DNA/RNA) - from growth medium

VACCINE OUTRAGE

On Friday June 13 2003 a High Court judge, Christopher Sumner ordered that the bloodstreams of two girls aged 4 and 10 should be injected, forcibly if necessary, with animal-derived proteins and viruses, formaldehyde, mercury, antibiotics, gelatin, carbolic acid, aluminium etc.

The Order was that the children should be injected with the MMR, DPT, meningitis etc vaccines ; expressly against the wishes of the mothers and at the request of the two absent, estranged fathers, one of whom is a convicted child sex offender who served a jail sentence for attempted rape and indecent assault of girls aged 10 and 11. He had changed his name and had not informed the mother of his history.

Sumner ignored the fact that the hearing should have been all about whose decision was paramount with regard to the children's welfare. He allowed two "expert witnesses", Dr. Conway and Professor Kroll, supporting the vaccine industry, to turn the hearing into an advertisement for vaccination. Sumner was very impressed with the committees that the two served upon and regarded them as leading experts in the field. Amongst Kroll's statements was " ... before 1988 when the MMR jab was introduced, research shows that that more than half of the acute measles death (*sic*) occurred in previously healthy children who had not been immunised."

VACCINE REALITY

No research supports the above statement : there are NO cases where any healthy child has been killed or permanently damaged by measles. The deaths which have occurred have been in children who were severely malnourished and/or previously ill and/or who had their measles badly managed ie suppressed by the medical orthodoxy.

There is NO evidence that any vaccine is safe or effective : the only large-scale scientifically-valid trial concerning a vaccine, the BCG, resulted in more TB in the vaccinated group than in the controls.

The basis for the world-wide multi-billion dollar vaccine enterprise is the myth that the smallpox vaccine was a health measure. The shot was an unmitigated disaster, causing tens of thousands of deaths world-wide and a colossal legacy of disease conditions : it should have seen a permanent ban on any and all vaccines. None of the relevant graphs show any benefit from vaccination as to disease declines.

ALL vaccinated children are vaccine damaged : it is merely a question of time, location and degree. Vaccine side-effects, as recorded on the drug packaging, include severe diarrhoea, encephalitis, anorexia, anaphalaxis, arthritis, fevers, seizures, Guillain Barre Syndrome, SSPE and death.

Measles, mumps, whooping cough are NOT dangerous diseases but Nature's way of clearing inherited and acquired disease tendencies and of providing immunity to the child and their, subsequent, children.

All of which is totally at variance with the testimonies given by Conway and Kroll, whose views were praised by Sumner as being "based on learning and research" : unlike the views of Dr Jayne Donegan, acting for the mothers. The highly learned male judge and his equally eminent male advisors were in agreement that no alternative anti-Establishment nonsense on the subject of God-given, life-saving vaccines had any place in that courtroom. " .. I was rather taken aback by the rudeness and personal comments made by Dr Conway in his answer to my first statement. I can see now that it was part of a basic strategy : if the witness can be discredited then what they say can be discounted". Dr Donegan.

Over 2,000 cases of UK litigation, concerning the MMR alone, are now pending. The damage caused includes Crohn's Disease, epilepsy, autism, ME, MS, diabetes, hearing and sight defects etc etc.

The mother of the older child has stated "This man has never paid a penny for her support. ... He has never so much as sent her a birthday or Christmas card. But he keeps trying to get at me through her and I believe this court action .. is just another step in that direction. I don't want her to have the vaccine but I have been threatened with prison ... I don't want her to see this man but I have been threatened again .. I'm the one who has brought her up, fed her, cared for and loved her but I don't seem to have any say in this at all. .. she doesn't want to see him. She says he frightens her." And she does not want to be blood-poisoned.

The solicitor acting for the two men is Stephen Foster of Lester Aldridge, Russel House, Oxford Rd, Bournemouth BH8 8AA
e mail enquiries@lester-aldridge.co.uk

The appeal against Sumner's outrageous judgement is scheduled for 10am Thurs. July 24 at The Royal Courts of Justice – Appeals , Families Division, High Hollborn London.

Pat Rattigan N.D. author, Blood Poison-vaccine assault on the species : trustee, Vaccination Awareness Network.

NEMESIS

PO Box 73

Chesterfield S41 0YZ

e mail patrattigan@hotmail.com

Reactions to Smallpox Vaccine Alarm Experts

As the threat of bioterrorism grows, federal officials are proposing vaccination as a way to protect Americans from one

potential weapon -- smallpox. Close to 11 million people will receive smallpox vaccinations if the stated recommendations by federal health officials are accepted. First in line would be close to 500,000 hospital workers and the same number of soldiers, followed by nearly 10 million emergency health care and rescue workers. The vaccine would then be offered to the rest of America.

While smallpox is highly contagious and kills one-third of those affected, the smallpox vaccine is rife with its own risks -- out of every 1 million people vaccinated, two or three will die and between 15 and 52 people will suffer from life-threatening consequences such as brain inflammation.

In several clinical trials meant to test for possible reactions to the vaccination before it is widely administered, side effects of the vaccination were startling. In one study, out of 200 healthy, young adults who received the smallpox vaccine, one-third missed at least one day of work or school, 75 had high fevers and others were put on antibiotics because of blisters that appeared, which could indicate a bacterial infection.

Over the past year, volunteers participating in a variety of studies have received the smallpox vaccine, which is administered through 15 skin pricks that establish the infection in the skin. Many people experience discomfort at the shot site and report flu-like symptoms and itchiness for three weeks after the vaccination. Other people had rashes, swelling of the vaccination site or other areas of the body, and some had reactions that required treatment with antibiotics. One researcher noted that red, swollen, itchy arms were routine.

However, in a study of older adults who had previously been inoculated, it was found that revaccination did not cause as many severe side effects as first vaccinations.

One of the problems with the vaccination is that researchers cannot always determine whether reactions are normal or the result of a bacterial infection. Experts say that many unfamiliar complications will arise if the recommended vaccinations take place, and pregnant women, babies and people with eczema or weakened immune systems are warned against receiving the vaccine. CBSNews.com:

www.cbsnews.com/stories/2002/12/03/eveningnews/printable531587.shtml December 3, 2002

www.washingtonpost.com/wp-dyn/articles/A11192-2002Dec4.html> December 5, 2002; Page A01

DR. MERCOLA'S COMMENT:

Far more people than 1 or 2 per million vaccinated will die from the vaccine. Even though those with eczema are told not to receive the vaccine, many will not understand this and will receive the vaccine despite the warning -- likely they will be devastated.

Just reread what „healthy%o college students went through when they had the disease. Nearly half of them had serious side effects. This vaccine is no walk in the park. Many whose immune systems are already challenged with high insulin levels and autoimmune diseases will never recover from the damage this vaccine causes.

However, having discussed the damage the vaccine can do, let,s review what the experts tell us will happen in a smallpox epidemic. They say 30 percent of those infected will die.

How do they know? They don,t. Probably the best way to analyze this would be to look at what happened during the last smallpox outbreak last year. How many died?

Was it 30 percent? No way. Those who died, for the most part, were already seriously compromised and much older.

Dr. Sherri Tenpenny covered this issue of smallpox vaccination when she was at the CDC meeting earlier this year. Aside from delivering a speech on the smallpox topic, she asked the following questions of the panel:

Q: We read in every medical and general publication that the case fatality rate of smallpox is 30 percent. What was the actual cause of death from smallpox?

A: (by Dr. Margolis): Most people died from electrolyte imbalances and possibly renal (kidney) disease. In addition, the skin sometimes exfoliated (sloughed off) and it acted like a burn. In addition, most cases that died were in Bangladesh and Central Africa.

Q: So, what you are saying by your answer is that those conditions are treatable and that most cases that died took place in

countries where they did not have advanced medical care and since the last case of known smallpox in the U.S. was in Texas in 1949, we have the medical capability to treat complications of smallpox today.

A: Some "imported cases" people died in Europe too.

Editorial Comment: Both doctors demonstrated an interesting "body language" response when I asked this question. They both shifted abruptly back into their chairs, looked at each other. I read Margolis lips, as he asked Kuritsky, "do you want to answer this?" Kuritsky shook his head "no."

I have never seen either of these complications listed in association with smallpox, let alone the cause of death of smallpox! In addition, this means that people die from potentially treatable COMPLICATIONS of this infection, not from the infection itself!

This is a critical distinction. The reason that most people say that they would accept the smallpox vaccine is because of its reported 30 percent death rate. In addition, this reported 30 percent death rate is a statistic based on old data. It is doubtful that the death rate would be anywhere near that high today. However, the severe complication and death rate from the vaccine might well be at least that high due to the vast number of immunosuppressed people in our country.

Here are some key articles on the urgent issue of vaccinations right now:

1. OVERVIEW: Common Sense Uncommon on Vaccinations **by Christopher Rudy, Holistic Healer**

I've had 3 holistic health centers over the last 25 years. Many of the health problems I dealt with go back to vaccinations as evident from electro-diagnostics and classic symptomology profiles. I have fought the good fight to shift the health care paradigm from "treating disease" to "building health". Here are some things I've learned about vaccines.

The politics and economics behind vaccines are far more complex than the science. Three out of the five largest and most profitable corporations in the world are drug companies. The book, DEATH BY INJECTION by the brilliant researcher, Eustice Mullins, goes into the profits-before-people mentality of this disease care industry (called "health care") in great detail.

Consider that John D. Rockefeller, who began by hawking snake oil out of the back of wagons, went on to use his oil well profits to finance 1200 medical schools early in the century with pharmacology at the core of the curriculum (his new "ethical drugs" snake oil)... turning out "ethical" drug-pushers every since then... and financing legislation that led to a legal monopoly, with big government enforcement (FDA), that has persecuted and prosecuted natural healing modalities as the "risky alternative fringe" every since. Vaccines play a huge role in monopoly medicine that values control of the market (people) above health.

This last year I was Communications Director for Dr. Len Horowitz who has a Masters in Public Health from Harvard and is the leading health rights activist on the vaccines issue. He wrote the definitive expose' on the vaccine "plot out of hell" in his best-seller called AIDS, EBOLA and EMERGING VIRUSES. In this book he provides a well-documented paper trail on the big business collusion with government agencies behind the creation of the AIDS viruses in America's bio-warfare labs... and then the deployment through vaccines of those and other genetically engineered cancer retroviruses. Targeted mostly were homosexuals and blacks (Hepatitis B1 vaccines), but also elderly (flu shots) and children (polio shots).

The AIDS-caused genocide of millions of black Africans by inoculation of their populations with B1 vaccines via the U.N.'s World Health Organization is well known by people worldwide. What is less well known, but well documented, is that the original polio vaccines were seeded with cancer retroviruses that, like biological time-bombs, would go off when the immune system of the genotypes targeted was compromised or fell off at middle age. This is a leading cause behind one-out-of-two adults getting cancer and one-out-of-three dying from it. Cancer was relatively rare early in this century. Now it's a half-trillion dollar industry.

Of course this is all "unthinkable" and "unspeakable". It's like saying that Roosevelt had prior knowledge of Pearl Harbor and Bush had prior knowledge of 9/11 "to further their military-industrial war agenda". The parallel is pertinent. Government patriotism (God & Country) has become a "religion" as has modern medicine; people believe "religiously" in our government leaders as they do the high priests of medicine with their drug "sacraments". The average elderly American is a walking pharmacy with 6 prescriptions.

Vaccines are a core part of this "BS" (Belief System). From cradle to grave, American are inundated with official misinformation about the efficacy, harmlessness and value of vaccines. In reality, vaccines inject disease organisms into the

body along with heavy metals and toxic genetic poisons that weaken the immune system so the disease organisms will "take hold". The idea is that the body's immune system will then recognize and resist those disease invaders.

Unfortunately, Americans hear just enough about the good effect of vaccines to immunize them against the truth of their greater harm. It's like chemotherapy where chemicals similar to mustard gas poisons used in World War I, are injected into a body with the idea that you've got an enemy within you and the poison is going to kill it hopefully before it kills you. The unfortunate "collateral damage" is that chemo wipes out the immune system, which you can't live without. Then people die of "other causes" than the cancer which the doctors say was "cured". Vaccines have much the same long-term effect on the immune system.

All studies show that you've got a better chance of living 5 years without chemo than if you take it. But you rarely here about THOSE studies because the mainstream media gets most of its money from (1), sponsors of highly processed, nutrition-stripped and chemical-laced "food", that makes you eventually sick, and (2), drugs for whatever ails you. Chemo is the primo drug "profit-center" that all other drug "side effects" lead to. Vaccines likewise "make a killing" for the big business/big government (Big Brother) collusion that monopolizes "health care".

With the baby-boom population bulge now hitting the wall of their mortality, the medical-industrial complex has become bigger than the military-industrial complex that Eisenhower warned us about. The most powerful special interests in the world have a vested interest in keeping common sense uncommon on this subject... for population control and profit.

The intent of the economic and political agenda for reducing population is well documented in the Rockefeller and Bush Family histories. The Internet is rife with that history these days. But population control is not just reducing population. It's also "numbing us down" physically and "dumbing us down" mentally.

Since the backwards "health care" system focuses on disease treatment rather than health building, most people have adapted to very low levels of physical and mental health but "think" they are "healthy" as long as they don't have a runny nose or feel pain. The consequence is that the masses are so sick and tired of being sick and tired that they are too sick and tired to realize-and-resist the "big lie" of a health care system that is 97.5% disease care"... and "making a killing" on the indirect cause of disease (foodless "food") and it's direct treatment (drugs-per-symptom).

Here is a good example where the big lie of Big Brother is so big and so bold and so often told that the "sheeple" believe it. The massive deception of this parasitic system eating like a cancer at the healthy fabric of America is protected and policed by the FDA where top officers come out of the food and drug companies they supposedly regulate. It's the old Machiavellian dialectic with wolves in sheep's clothing keeping the wool over our eyes while they feast on "lamb chops"... milking our "light" (consciousness), "life" (vitality), and the fruits of our sacred labor with many adults losing their life savings to care for disease their last years rather than enjoy health. This plot out of hell is just plain evil. I've lost many recovering clients to this sick system through the pressure of well meaning friends and relatives who want a "real doctor" to take over. Common sense is uncommon.

People take their health for granted until they lose it. And will then pay almost anything to get it back. Often it's too late. And the disease care industry, at it's politically correct core, cares more for your disease than for your health. It's corporate law that "shareholders come before the public when profits are at stake." -Red Lion Decision, Shareholders vs. Henry Ford.

Take the vaccine industry. It's well documented that the Bush Family was not only heavily involved with the oil industry in Kuwait, behind the 1st Gulf War, but also with the manufacturers who tested their vaccines on Governor Bush Jr.'s (Texas) prison inmates, a year before they were injected into Gulf War soldiers. They had prior knowledge of the effect of Gulf War Syndrome symptoms BEFORE they inoculated the troops. The result is hundreds of thousands of diseased vets and their contaminated loved ones.

The biggest fear of the vested minions of the military/medical-industrial complex is that people will wake up to the dangers of vaccines and inoculate themselves against this insanity, refusing this threat to our health and demanding change in the system. Government agencies are gearing up to inoculate EVERYONE with smallpox vaccines. Under new "anti-terrorism" laws they will actually make it a federal offense if you don't get your shot. That of course is under the new "Martial law" guidelines that could follow from a provocateur biowar attack by insiders in the U.S. government. As said in the New York Times Op Ed piece following:

"If the New World Order agenda is not realized by the terrorist attacks on America and if American's don't agree to give up their weapons and relinquish their sovereignty to the New World Order, the next attack will be the use of chemical, biological

and/or atomic warfare against the American people. The architects of the New World Order will not hesitate to use as a last resort an atomic or hydrogen bomb in a major American city."

In short, a healthy skepticism of vaccines and Big Brother is warranted. They've had the technology the last three years to insert "the chip", an almost microscopic "microdot", through the needle used for a vaccination. Given a massive fear campaign with smallpox from whomever, who would question or resist?

Beware the "enemy within the gates".

Christopher Ruby
[Holistic Naturopath](#)

PS - other good stuff on vaccines, books, tapes and products to reverse a vaccine's harmful effects, can be seen at Dr. Horowitz's website via www.tetrahedron.org

2. Polio Outbreak Linked To West Nile Virus - Beware
From Patricia Doyle, PhD,
r_p_doyle@hotmail.com
9-25-2

To: Jeff Rense, www.rense.com

Hello Jeff: Do you remember July 11, 2002? There were some news articles on the creation of a synthetic virus (a made from scratch recipe) that took place at a New York Lab, at (guess where?) Answer: Rockefeller University. Can you guess what virus was created? Yep, Polio.

I have a sneaking suspicion that the cases of flaccid paralysis clustered in one area of the country, such as Mississippi and Louisiana, is not just WNV. IF flaccid paralysis was a NORMAL WNV progression of symptoms, why are they all clustered in one area?? Normally, we would expect to see a case here and a case there. Not in grouped in one area.

Guess where WNV was being studied before it showed up in NY? Rockefeller University.
Something is not normal about this entire outbreak.

Patricia

Here's the article:

Doctors Link Polio To West Nile Virus
By Stephen Smith
Boston Globe Staff
9-25-2

Mosquito-borne West Nile virus is causing a medical condition rarely seen by US physicians since the 1950s: polio. In case reports released yesterday, stunned neurologists in Mississippi and Georgia describe the conditions of four patients suffering from the hobbled limbs, impaired breathing, and fevers that are the hallmark of polio, a disease essentially eradicated in the United States.

Just like the polio patients of the first half of the 20th century, the West Nile victims seen this summer by the Southern doctors are also enduring prolonged muscle weakness and respiratory ailments that will require months of treatment and probably will disable some of the patients permanently.

"I teach this as a historical thing to the residents," said Dr. Jonathan D. Glass, director of the neuromuscular program at Emory University in Atlanta and one of the physicians who treated the polio patients. "We simply don't see it today. That's why I didn't believe it at first."

The strain of polio that was so widely feared in the 20th century, and now prevented by vaccines, is caused by a different virus than West Nile. In fact, West Nile comes from a different family than viruses known to cause the disease. However, the devastating effects are the same.

In polio, the virus attacks the gray matter of the patients' spinal cord, which contains the neurons responsible for carrying

information to the muscles. As the attack frays the neuron fibers, muscles turn limp, often producing uneven results - a leg gone weak on the right side, an arm on the left. It also results in bladder and bowel dysfunction, along with respiratory complications that can leave patients tethered to breathing machines.

According to the Centers for Disease Control, the West Nile virus has killed 94 people nationwide this year, including two in Massachusetts, and sickened 1,963, by far the largest outbreak since it was first reported in the United States three years ago. Although other viral illnesses kill vastly more people - the flu is blamed for 20,000 deaths annually - public-health authorities are concerned about West Nile because it has spread from coast to coast so quickly and produced unexpected symptoms, with polio being the most recent example.

"We obviously have to learn a lot more about this virus," said Dr. Alfred DeMaria, director of communicable disease control for the Massachusetts Department of Public Health. "This is another aspect that's worrisome about West Nile."

The New England Journal of Medicine released the articles on the polio link nearly a month before their scheduled publication, an unusual step reserved for reports of urgent medical importance. The doctors who wrote the articles said yesterday they believe it is vital that their findings circulate among physicians because some of the patients they treated had been misdiagnosed and prescribed treatments that could have been life-threatening.

And they suspect - strongly - that other cases of West Nile-induced polio have gone untreated and unreported. After discovering polio in their own West Nile patients, the physicians in Mississippi and Georgia decided to review previous outbreaks. In examining autopsy results from New York City in 1999, the first time West Nile was identified in the nation, the doctors uncovered symptoms that struck them as remarkably similar to the cases they had seen this summer.

Dr. A. Arturo Leis, a neurologist at Methodist Rehabilitation Center in Jackson, Miss., saw such a patient in late July or early August. He recalled walking into an exam room and witnessing a 56-year-old man who had been referred to him because of muscle weakness. In reviewing the patient's medical chart, Leis discovered that the man had been diagnosed weeks earlier with early signs of a stroke and prescribed blood-thinning medication. The same man also was diagnosed with Guillain-Barre syndrome, a disorder in which the body's immune system attacks part of the nervous system.

Only after running blood tests, observing symptoms similar to polio, and performing a battery of electrically activated tests that record activity in nerves and in spinal cord cells, did the Mississippi physicians reach their diagnosis: polio, caused by West Nile virus.

Previously, severe cases of West Nile had been characterized by meningitis and encephalitis, the brain swelling that is regarded as the most serious consequence of the virus. But the muscle weakness and other problems associated with polio were not evident. "I thought, 'This is extremely unusual - this can't be,'" Leis said. "How can a virus, in this case West Nile, change its clinical properties to such a marked degree? It had typically not presented this way."

The medications the man had received initially, Leis said, could have killed him. The stroke drug could have caused a hemorrhage, and the medicine initially given to treat his misdiagnosed case of Guillain-Barre had the potential to result in a stroke. That's why the Mississippi and Georgia researchers became so determined to share their findings on the link between polio and West Nile.

Leis has now seen four cases of West Nile-related polio, one additional since he wrote his journal article. In Atlanta, Glass received a call from a suburban physician one Saturday night in July. That doctor was confounded by the symptoms of a patient he was seeing. She had muscle weakness, along with fever and meningitis. The kind of muscle fatigue she was experiencing was consistent with Guillain-Barre, but that disease does not typically produce fever and meningitis.

"The guy called me and said, 'Help. I don't know what I'm looking at,'" Glass said. "And I said, 'I don't know what you're looking at either.'"

The 50-year-old woman, who lives in Louisiana, which was hard hit by West Nile and was in Georgia visiting grandchildren, was transferred to the university hospital in Atlanta. There, a neurology resident, Dr. William Hewitt, examined her and confirmed the presence of an unusual constellation of symptoms.

Glass spent the night poring over old medical textbooks and epidemiology reports on the New York cases. All evidence began pointing toward polio.

The woman treated by Glass is expected to survive but remains in a rehabilitation hospital. The four patients in Mississippi also

will live, their doctor said, although three will probably have permanent disabilities.
Stephen Smith can be reached at stsmith@globe.com.
This story ran on page A1 of the Boston Globe on 9/24/2002.
© Copyright 2002 Globe Newspaper Company.

3. Polio caused by Polio Vaccines

Comment from Mary

9-25-2

Like others, I am stunned, deeply saddened and outraged to hear of the new cases of polio. You might already be aware of the following, Jeff...

According to a publication issued in 1999 and reviewed in 2001, the CDC itself has stated,

"Since 1979, the only polio disease in the United States has been caused by the oral poliovirus vaccine (OPV) vaccine, which had been used routinely for childhood vaccination since 1965."

And...

"In 1998, one case of VAPP [vaccine-associated paralytic poliomyelitis] was confirmed. Prior to the change to a sequential schedule, there were 8-10 cases of paralytic polio caused by OPV each year."

both statements here: www.cdc.gov/od/oc/media/pressrel/r990617.htm

4. Smallpox: VACCINE-CAUSED diseases

Comment From Patricia - "Bush intends to vaccinate well over 500,000"

9-25-2

This brings up the topic of VACCINE-CAUSED diseases. There MUST be a discussion of the smallpox vaccine strategies and how this will lead to vaccinia virus infection in NON-vaccinated patients. They intend to give the smallpox vaccine to hospital workers who will be in close contact to immune-suppressed patients. The patients (non-vaccinated) will be at risk to contract vaccinia. This is the problem with many attenuated virus vaccines.

Now, for POLIO: Yes, Mary is so correct.

There were cases of polio caused by the oral vaccine in Pakistan, Dominican Republic, and other parts of the world. The Pakistan and Dominican Republic cases come to mind because they happened with a year or so.

Close contacts, i.e. non-vaccinated schoolmates, family, friends, etc. of polio-vaccinated (oral vaccine) CAN contract polio from the vaccinated.

There was also push to vaccinate in Madagascar. Not too long ago, in Bulgaria, Roma children come down with Polio. This came after a trip to India where polio vaccination was ongoing. Of course, the Roma people - aka gypsies - are not given much care and concern by their Eastern European neighbors. I believe the children took ill after Roma day festivities and a pilgrimage to Northern India where the rom/gypsies originated from.

The US has just about put the finishing touches on the vaccine policy for smallpox. Bush intends to vaccinate well over 500,000. I want to know how they will explain outbreaks of vaccinia, especially in hospital patients. It would be mandatory to give each newly-vaccinated med worker at least 21 days off AFTER vaccination. Do you think hospitals will do that? Nope.

I am also skeptical about the diluted vaccine and wonder if people will develop vaccinia. In other words, enough vaccine to cause vaccinia but not enough vaccine to protect against it.

I think that there will also be deaths from these, especially with unknown autoimmune conditions and HCV/HIV, etc., who will die from the vaccine or become seriously ill.

This is a BAD, BAD, BAD, extremely BAD idea.

Patty

5. Smallpox Vaccination Concerns

**From: Leonard G. Horowitz, D.M.D., M.A., M.P.H.
President and Publisher, Tetrahedron Publishing Group
To: ACIP-NVAC Smallpox Working Group
Mailstop E-05, 1600 Clifton Rd., N.E.**

**Centers for Disease Control and Prevention
Atlanta, GA 30333**

RE: Smallpox Vaccination Concerns

Dear ACIP-NVAC and CDC Officials:

I am writing to you to register my strongest opposition to the proposed smallpox inoculation program as a Harvard graduate in public health (1982) and internationally known authority in biological warfare and emerging disease research.

My concerns transcend those legitimate issues raised by widespread opponents to smallpox vaccinations, including: 1) substantial risks of common side effects from smallpox vaccination to the general public and especially immune compromised populations, 2) inadequate smallpox vaccine safety testing record, 3) inadequate smallpox vaccine efficacy testing, 4) the availability of modern therapies to treat life-threatening complications associated with smallpox infection, 5) the risk to unvaccinated populations from shedding infectious vaccinia virus for up to 21 days post vaccination, 6) lacking sufficient cost/benefit studies of the proposed vaccination campaign, and most importantly, 7) entirely lacking data from no risk/benefit studies having been performed on this proposed policy.

Must I remind CDC and public health officials that the cornerstone of legitimate public health policy legislation rest entirely on this later premise—that above all, more good should result than harm from the proposed vaccination program. To date, however, not one scientific assessment of the risk versus the benefit of smallpox vaccination has been conducted. Therefore, we simply do not know whether the proposed campaign would help and save more people that it might kill or maim. Obviously, this flies in the face of rational public health policy, and presents risks possibly more pervasive than a threatened or actual terrorist attack.

The recent editorial in *The Lancet* (Vol. 359, No. 9313; 2002) should also be considered in this regard. The editors of this most esteemed scientific journal asked, “Just how tainted has medicine become [by pharmaceutical industry payoffs]?” They concluded, “Heavily, and damagingly so,” urging “doctors who support this culture for the best of intentions” to “have the courage to oppose practices that bring the whole of medicine into disrepute.” This speaks directly to your decision-making concerning the proposed smallpox campaign, especially reflecting on the following information.

The little known fact is that the primary smallpox vaccine producers, Aventis and Baxter corporations, or their parent companies, are highly untrustworthy. They have been implicated on more than one occasion in committing genocide. Genocide is simply defined as “the mass killing of people for economic, political, and/or ideological reasons.” Baxter, along with other pharmaceutical firms including Bayer, is infamous for having committed genocide against the American hemophiliac population through their known sale of HIV-contaminated blood products. Both firms settled out of court for what amounted to economically motivated genocide.

As the attached organizational chart shows (Link to: <http://www.tetrahedron.org/articles/anthrax/flowchart.gif>), Baxter is a subsidiary of American Home Products (AHP). AHP, like Bayer, Hoechst and BASF, is a progeny of I.G. Farben—Germany’s leading industrial organization that virtually directed the Third Reich and Hitler’s economic war engine. After World War II, I.G. Farben was primarily broken up into Bayer, Hoechst and BASF companies. Aventis is a subsidiary of Hoechst. In summary, both smallpox vaccine producers—Aventis and Baxter—share hideous legacies demanding caution, if not certain avoidance.

Please, for the sake of millions of people, public health, medical respectability, and the future of this great nation, DO NOT SUPPORT ANY POLICY REQUIRING FORCED SMALLPOX VACCINATIONS.

Sincerely yours,

Leonard G. Horowitz, D.M.D., M.A., M.P.H.
President and Publisher, Tetrahedron Publishing Group

www.tetrahedron.org

len@tetrahedron.org

Cc: Select members of Congress,
Internet associates

6. Feds Prepare to Vaccinate Every American NY Times September 24, 2002

New Plan for Smallpox Attack

www.nytimes.com/2002/09/24/national/24SMAL.html

By SHERYL GAY STOLBERG with LAWRENCE K. ALTMAN

In releasing their most comprehensive smallpox preparedness plan to date, officials at the federal Centers for Disease Control and Prevention said publicly for the first time that even one case of smallpox might result in a nationwide program of voluntary vaccinations. That is in part because even a single case could be a harbinger of a larger outbreak and in part because even one case would undoubtedly spark panic and a clamor for vaccine.

Government officials have offered differing assessments of whether there is now enough vaccine for every American. In a recent interview, Dr. Anthony S. Fauci, director of the National Institute for Allergy and Infectious Diseases, said there was, adding, "If we had an emergency tomorrow, we'd be good to go."

During a briefing today to discuss the state guidance, Dr. Joseph Henderson, the center's associate director for terrorism preparedness, said, "On an emergency basis, if we saw smallpox tomorrow and felt the need to do mass vaccination, we could vaccinate 155 million individuals."

7. Horowitz on the profit motive of provocateur bioterrorism

Health Science Communications for People Around the World

From: Tetrahedron Publishing Group, pr@tetrahedron.org

ARTICLE EXCERPT:

"Dr. Horowitz believes that the recent outbreaks and anthrax mailings, including the ones to Senators Leahy and Majority Leader Tom Dashle, are part of a "fear-rousing bioterrorist agenda" solely benefiting a consortium of mostly foreign-owned vaccine, drug, and chemical companies historically linked to such activities."

"Dr. Horowitz alerted officials regarding a possible profit motive for recent epidemics, outbreaks, and anthrax attacks. His written testimony (Available at:

www.tetrahedron.org/articles/vaccine_awareness/antecedents_epidemic_autism.html

reflected on Department of Health and Human Services (HHS) Secretary Tommy Thompson's unprecedented half-billion dollars worth of anthrax and smallpox vaccine purchases, made shortly after the anthrax mailings. Dr. Horowitz noted with suspicion that these exact purchases fulfilled the request made by the chief anthrax vaccine developer at Bioport, Dr. Robert C. Myers, as entered into the Congressional Record in 1999. The mailings, he believes, provided the perfect "wag-the-dog" impetus for the government expenditures." RE: Expert Sees West Nile Virus Outbreaks As "Bioterrorism"

Sandpoint, ID —Patrick Leahy (D-VT), Chairman of the Senate Judiciary Committee, has called for an investigation into the possibility that recent West Nile Virus outbreaks were initiated by bioterrorists. Suspects include Iraqi terrorists who apparently received their initial stocks of the West Nile Virus from the United States, according to public health officials, as recorded in the Congressional Record.

Among experts providing Congressional testimony in support of Sen. Leahy's thesis is, Dr. Leonard Horowitz, a Harvard graduate and independent investigator whose thirteenth book, *Death in the Air: Globalism, Terrorism and Toxic Warfare*, predated the 9-11 attacks by three months. The book focuses on the West Nile Virus as part of a biological weapons arsenal shipped to Iraq during the 1980s.

Dr. Horowitz testified before the Government Reform Committee on Capitol Hill on April 18 of this year regarding evidence he compiled showing that vaccine makers for the West Nile Virus and anthrax were suspects in the outbreaks and mailings. Supportive evidence includes records from the Centers for Disease Control and Prevention (CDC) in Atlanta, submitted to Congress, showing that a pharmaceutical industry and bioweapons supplier—the American Type Culture Collection in

Maryland—shipped Iraqi laboratories more than nineteen shipments of anthrax and two containers of the West Nile Virus, during the 1980s. Dr. Horowitz believes that the recent outbreaks and anthrax mailings, including the ones to Senators Leahy and Majority Leader Tom Daschle, are part of a “fear-rousing bioterrorist agenda” solely benefiting a consortium of mostly foreign-owned vaccine, drug, and chemical companies historically linked to such activities.

“An excellent example,” Dr. Horowitz said, “is the Michigan-based Bioport company. This infamous producer of America’s anthrax vaccine, vigorously sanctioned in the past by Congress and the Food and Drug Administration (FDA) for their untrustworthiness, is directed by a wealthy Saudi industrialist with purported ties to the bin Laden family or their investments.” Bioport’s operating plans were discovered by American forces when they took control of an Osama bin Laden encampment in Afghanistan.

News reports about West Nile Virus (WNV) spreading across America have also missed obvious links to the global biological weapons trade. Dr. Horowitz, who urgently alerted the FBI concerning what he viewed was a “developing anthrax mailings scam” a week before it was announced in the press, shared views supportive to Senator Leahy’s during an nationally televised interview on FOX News last month (See August 23rd segment at www.healingcelebrations.com/wes)

During a meeting with Senator Daschle’s staff on April 17, and again the following day before the Government Reform Committee chaired by Rep. Dan Burton (R-IN),

Dr. Horowitz alerted officials regarding a possible profit motive for recent epidemics, outbreaks, and anthrax attacks. His written testimony at: www.tetrahedron.org/articles/vaccine_awareness/antecedent_s_epidemic_autism.html reflected on Department of Health and Human Services (HHS) Secretary Tommy Thompson’s unprecedented half-billion dollars worth of anthrax and smallpox vaccine purchases, made shortly after the anthrax mailings. Dr. Horowitz noted with suspicion that these exact purchases fulfilled the request made by the chief anthrax vaccine developer at Bioport, Dr. Robert C. Myers, as entered into the Congressional Record in 1999. The mailings, he believes, provided the perfect “wag-the-dog” impetus for the government expenditures.

Senator Leahy referred to an October 1999 issue of The New Yorker that disclosed that the West Nile Virus arrived in New York (other reports specify Rockefeller University labs) closely following the germ’s isolation in 1937. It was shipped to New York by virologists working in northwest Uganda—precisely where the Ebola virus, known to be the world’s best biological weapon, is believed to have originated.

This area of central Africa is also known as the “heart of the African AIDS belt.” Classified government documents unearthed by Dr. Horowitz during a three year investigation, along with eyewitness testimonies published by the doctor, evidence this area’s use in American military medical experiments from the 1950s through the 1970s. This research, he believes, is linked to the origin of HIV/AIDS according to a scientific report published in May 2001, in the esteemed journal of Medical Hypothesis. The paper summarized the evidence compiled by Dr. Horowitz for his national best-selling book, *Emerging Viruses: AIDS & Ebola—Nature, Accident or Intentional?* (Tetrahedron, 1998; 1-888-508-4787).

The man-made origin of AIDS theory was recently investigated, and rebuked, by the Congress’ investigating arm, the U.S. General Accounting Office (GAO). Dr. Horowitz was among a handful of experts interviewed by GAO officials during their inquiry into the possibility that HIV, or its precursor, was constructed by biological weapons contractors during a “Special Virus Cancer Program” beginning in the 1960s. Their brief report of expert testimonies, including his, dramatically differed from his recorded statements. He plans to file a legal complaint later this year.

Likewise concerned about the official suppression of truth in this area, Senator Leahy’s office released excerpts from previous news and congressional committee reports saying public health officials had too hastily downplayed the possibility the spreading West Nile virus, like the anthrax mailings, might be the work of bioterrorists. The Judiciary Committee Chairman countered by saying, “In the times in which we live, questions about our vulnerabilities are unavoidable, and finding all the answers we can is more important than ever.” Leahy concluded, “I have no way of knowing what the answers are, but some legitimate questions have been asked, especially before September 11 last year, and no doubt they are being asked anew by the agencies that are working on this.”

In The New Yorker article Sen. Leahy referred to, a book by an alleged Iraqi defector, was discussed. The author suggested Saddam Hussein might have developed the ATCC supplied West Nile Virus to use as a biological weapon against the United States.

The article also cited the work of a Russian defector and anthrax expert, Dr. Ken Alibek, who independent investigators,

including Dr. Horowitz, have urged the FBI to interrogate regarding his possible complicity in the anthrax mailings.

Besides being a contractor for the Central Intelligence Agency (CIA), the Battelle Memorial Institute, and Hadron Advanced Biosystems—a bioweapons defense contractor, Dr. Alibekov (his real name) does sophisticated anthrax work. All three entities maintain close industry ties to Bioport, and according to national news reports, the CIA and Battelle have been under suspicion in the anthrax mailings. Dr. Alibek, now President of Hadron, oversees millions of dollars in bioweapons defense and pharmaceutical industry contracts, including an \$800,000 federal grant to develop anthrax protection technology. The grant was awarded at the precise time the anthrax letters were being mailed to Senators Leahy and Daschle. Both Democratic majority leaders are staunch critics of the pharmaceutical and defense industries. Among the committee investigations Leahy criticized was that issued by the Republican minority staff of the Senate Government Affairs Committee in July 2000. It said “law enforcement, public health, and intelligence officials have investigated the possibility that West Nile virus resulted from a bioterrorist attack but believe that this is very unlikely.”

“‘Very unlikely’? Hogwash!” Dr. Horowitz returned. “This possibility best explains the mountain of advancing evidence in both the anthrax mailings and sudden emergence of the West Nile Virus.” The award winning public health authority believes Senator Leahy’s concerns are extremely valid and politically urgent. “I applaud the senator for working to protect the public’s health, not lull legislators and people to sleep with baseless assertions that deflect critical analysis away from where it should be—on the military-pharmaceutical complex that supplied Saddam Hussein with his bioweapons.”

UPI Investigates: The vaccine conflict

By Mark Benjamin

Investigations Editor

Published 7/20/2003 8:45 AM

www.upi.com/print.cfm?StoryID=20030718-012134-4422r

WASHINGTON, July 20 (UPI) -- The screaming started four hours after 8-month-old Chaise Irons received a vaccination against rotavirus, recommended in June 1998 by the Centers for Disease Control and Prevention for every infant to prevent serious diarrhea.

Within a day he was vomiting and eliminating blood. Doctors performed emergency surgery, saving him by repairing his intestines, which were folding in on one another. A doctor later figured out the vaccine caused Chaise's problem.

In October 1999, after 15 reports of such incidents, the CDC withdrew its recommendation for the vaccination -- not because of the problem, the agency claims, but because bad publicity might give vaccines in general a bad name.

But a four-month investigation by United Press International found a pattern of serious problems linked to vaccines recommended by the CDC -- and a web of close ties between the agency and the companies that make vaccines.

Critics say those ties are an unholy alliance in a war against disease where vaccine side effects have damaged, hurt or killed people, mostly children.

"The CDC is a disgrace. It is a corrupt organization," said Stephen A. Sheller, a Philadelphia attorney who has sued vaccine makers for what he says were bad vaccines. "The drug companies have them on their payroll."

The CDC, based in Atlanta, said it is committed to fighting disease and balancing vaccine side effects.

"Our goal is to protect the public health from both disease and from serious adverse events," said Dr. Walter Orenstein, director of the CDC's National Immunization Program.

The agency sets the U.S. childhood immunization schedule, or the list of shots pediatricians give children. Some states say kids can't go to public school unless they have had CDC-endorsed vaccines.

Since the mid-1980s the agency has doubled the number of vaccines children get, up to nearly 40 doses before age 2. The CDC also tracks possible side effects, along with the Food and Drug Administration. This puts the agency in the awkward position of evaluating the safety of its own recommendations.

An advisory committee of outside experts helps the CDC make vaccine recommendations. UPI found:

- o In two cases in the past four years, vaccines endorsed by the CDC were pulled off the market after a number of infants and adults appear to have suffered devastating side effects, and some died. Critics now worry about a possible link between vaccines and autism, diabetes, asthma and sudden infant death syndrome, among other ailments.
- o Members of the CDC's Vaccine Advisory Committee get money from vaccine manufacturers. Relationships have included: sharing a vaccine patent; owning stock in a vaccine company; payments for research; getting money to monitor manufacturer vaccine tests; and funding academic departments.
- o The CDC is in the vaccine business. Under a 1980 law, the CDC currently has 28 licensing agreements with companies and one university for vaccines or vaccine-related products. It has eight ongoing projects to collaborate on new vaccines.

The situation, while legal, gives critics plenty of reason to worry that vaccine side effects are worse than CDC officials say.

"When you take a look at the ever-increasing numbers of doses of vaccines babies have gotten over the past two decades and you see this corresponding rise in chronic disease and disability in our children, it is out of control," said Barbara Loe Fisher, president of the National Vaccine Information Center, which does not accept money from vaccine manufacturers.

She worries that vaccines might be linked to ballooning rates of chronic illness like autism, which has increased tenfold since the mid-1980s, and asthma, which has more than doubled since 1980.

Fisher's group wants to overhaul the mass vaccination system.

"The CDC has a very hard time investigating in an unbiased way what is happening to our children because of ideological and financial conflicts of interest," she said. Fisher believes a vaccine injured her son in the 1980s.

Developing a vaccine can cost a half a billion dollars. A recommendation by the CDC guarantees a market and a 1986 law limits manufacturers' liability for side effects.

The annual global market for vaccines is expected to go from \$6 billion today to \$10 billion by 2006.

The CDC said the best vaccine advisers often have ties to the industry, making potential conflicts unavoidable. Agency officials review possible conflicts.

"The issue of safety is critical and you need people extremely knowledgeable about safety to develop the best policy formulations," said Orenstein. The agency has to weigh possible side effects against dangerous disease. "We need to put safety data in context with risk-of-disease data," he said.

The agency said ethics officials also review partnerships with companies to make new vaccines.

"Each one of those proposed activities is reviewed by the CDC's ethics officials, by our office of general counsel, and by me to make sure that there are no conflicts of interest," said Dixie Snider, CDC associate director for science.

Andrew Watkins, director of the CDC's Technology Transfer Office, negotiates licensing agreements with outside companies. He said agency scientists routinely leave to work with vaccine manufacturers.

"It does happen that some of our inventors end up working for a manufacturer," Watkins said. "In fact, we consider that a wonderful tool of technology transfer, although we do lose a good scientist."

But Watkins said very little money actually changes hands, making it unlikely to influence the CDC. He said companies, including vaccine makers, only gave the CDC around \$1 million last year to work on collaborative projects and the agency only got \$150,000 last year in licensing fees.

"We are a real cheap date," Watkins said.

Rep. Dan Burton, R-Ind., who has been investigating vaccines for four years, said conflicts at the CDC are a problem, particularly on the vaccine advisory panel. He believes vaccines triggered his grandson's autism.

"This presents a real paradox when the CDC routinely allows scientists with blatant conflicts of interest to serve on influential advisory committees that make recommendations on new vaccines, as well as policy matters," Burton told UPI. "All the while these same scientists have financial ties, academic affiliations, and other vested interests in the products and companies for which they are supposed to be providing unbiased oversight."

Because of concern over vaccine side effects, Congress in 1986 passed a law setting up a database at the CDC to track reports from doctors, manufacturers and the public of possible side effects from vaccines that started in 1991. As of the end of last year, the system contained 244,424 total reports of possible reactions to vaccines, including 99,145 emergency room visits,

5,149 life-threatening reactions, 27,925 hospitalizations, 5,775 disabilities, and 5,309 deaths, according to data compiled by Dr. Mark Geier, a vaccine researcher in Silver Spring, Md. The data represents roughly 1 billion doses of vaccines, according to Geier. The reports do not necessarily show that a vaccine caused a problem.

The pain of Rotashield

The CDC's Advisory Committee on Immunization Practices, ACIP, helps the agency decide what vaccines are safe enough to recommend. It is made up of 12 experts from hospitals, universities and state health departments.

In June 1998, the committee recommended that all infants be vaccinated against rotavirus. The virus causes bad diarrhea that can be fatal.

At the time, vaccine maker Wyeth had a vaccine called Rotashield. Merck hoped to soon follow with its own version.

Wyeth ended up pulling its vaccine off the U.S. market in October 1999 after it was suspected of causing an excruciating contortion where a child's large intestine folds over the small one.

Emergency surgery is sometimes required to prevent death. That was the case with 8-month-old Chaise Irons.

"Chaise was vomiting blood and blood was coming out of his stool," said his mother, Jayne Irons, from her home in Malibu, Calif. Doctors performed emergency surgery to repair Chaise's intestines, saving his life.

Jayne said she never questioned her doctor's advice to give Chaise the vaccine. "I had no reason to doubt anybody. I am such a believer in vaccinations," Irons said.

The Irons' will get \$25,000 for Chaise's injuries from a government compensation program.

For Rotashield, the CDC's public database contains 664 total reports possibly caused by the vaccine, including 288 emergency room visits, 63 life-threatening reactions, 232 hospitalizations, 10 disabilities and eight deaths.

"Eight deaths," said Jayne Irons. "You just have to thank God that you are not one of the deaths."

Republican staff on the House Government Reform Committee looked into the CDC panel that recommended the vaccination. Their August 2001 report found that "four out of eight CDC advisory committee members who voted to approve guidelines for the rotavirus vaccine in June 1998 had financial ties to pharmaceutical companies that were developing different versions of the vaccine."

A transcript from that June 1998 meeting shows the committee voted down an effort by one member to phase in the vaccine because of concern over possible bad side effects. "I'm still a little concerned about the safety issues," Marie Griffin from Vanderbilt University said before that vote.

When asked, members of the committee told UPI their potential conflicts do not affect their judgment.

"I am probably just the kind of person you are talking about," said Paul Offit, chief of infectious diseases at the Children's Hospital of Philadelphia, who was a committee member until last month. At the same time, he shared a patent for another rotavirus vaccine. Merck has funded Offit's research for 13 years.

"I am a co-holder of a patent for a (rotavirus) vaccine. If this vaccine were to become a routinely recommended vaccine, I would make money off of that," Offit said. "When I review safety data, am I biased? That answer is really easy: absolutely

not."

"Is there an unholy alliance between the people who make recommendations about vaccines and the vaccine manufacturers? The answer is no."

Merck bought and delivers copies of Offit's book, "What Every Parent Should Know About Vaccines," to American doctors. The book has a list price of \$14.95.

"Merck Vaccine Division is pleased to present you with a copy of the recent publication, 'What Every Parent Should Know About Vaccines,'" says a Dear Doctor letter from Merck. "The authors designed the book to answer questions parents have about vaccines and to dispel misinformation about vaccines that sometimes appears in the public media."

Offit said he does not know how many copies of his book Merck purchased. "I don't have any control over that," he said.

The 2001 Government Reform Committee's investigation noted potential conflicts with another committee member. The chairman of the CDC's Vaccine Advisory Committee, Dartmouth Medical School Professor Dr. John Modlin, owned \$26,000 in Merck stock.

In a telephone interview with UPI, Modlin said he had sold that stock, but that he had recently agreed to chair a committee to oversee Merck vaccine clinical trials. Modlin, who was the committee chairman until last month, said he does not know how much compensation he receives from that post, but that Merck "pays my expenses" to attend meetings.

In October 1999, the committee reversed its recommendation that all infants should get rotavirus vaccinations. Modlin said the vaccine was safe enough, but the committee reversed itself out of concern that bad press over Rotashield might make some people stop getting vaccinated altogether.

"There could be some spill-over effects that would have a net negative effect," Modlin said. "I thought that was the committee's finest hour."

Meeting transcripts over the past decade showed that at some meetings, half of the members present had potential conflicts with vaccine manufacturers.

The CDC said that in October 2002 it adopted new guidelines for participating on that advisory committee that in the future will preclude people with conflicts like Offit's from sitting on the committee.

"We learned from that experience (with rotavirus) and have now put in force more stringent criteria recently so we do not nominate people with those kinds of conflicts," said the CDC's Snider.

At the June 2002 committee meeting -- the last meeting for which minutes are available -- four of the 11 members present acknowledged conflicts with Wyeth, GlaxoSmithKline, Merck, Pfizer, Bayer and Aventis Pasteur. Two of the four did research or vaccine trials for manufacturers. One of the four was a co-holder of a vaccine patent as well as a consultant to Merck.

At odds over autism

At 8:05 a.m. on Monday, July 16, 2001, a vaccine safety committee of the influential Institute of Medicine convened a public meeting at the Charles Hotel in Cambridge, Mass.

The purpose: to discuss whether CDC-recommended vaccines might be responsible for a wave of autism and neurological problems in tens of thousands of American children during the 1990s.

The concern: most vaccines contained a mercury-based preservative called thimerosal. Too much mercury has known toxic effects on the brain.

Since the mid 1980s, the number of childhood vaccinations recommended by the CDC had nearly doubled. The agency recommends nearly 40 doses of vaccines for children today. Also since the mid-1980s the autism rate in the United States had soared by 10 times to an astonishing one child in every 300.

Cause and effect or coincidence?

The vaccine manufacturers deny any connection, but the Institute of Medicine -- part of the National Academy of Sciences and a key adviser to the federal government on medical concerns -- wanted to hear from Dr. Thomas Verstraeten, a CDC expert on the issue.

When Verstraeten appeared before the committee, he made a surprise opening statement.

"First, I should mention that as of 8 a.m. European time I have been employed by a vaccine manufacturer," Verstraeten told the panel, according to a transcript. "That means since 2 a.m. American time," just hours before he spoke on behalf of the CDC.

Verstraeten had been working at the CDC on a study of 76,659 children to determine if thimerosal might be causing neurological problems like autism.

Signs of autism usually show up around age 2. Sometimes children who had previously appeared to interact normally will suddenly regress, become withdrawn and stop responding to their parents and the outside world. They may perform repetitive motions, like spinning or flapping their arms, have seizures, scream uncontrollably and resist physical touch.

Manufacturers had used thimerosal, which contains ethyl-mercury, as a preservative in multi-dose vials of vaccine. The vials allow needles to be inserted repeatedly and the vaccine drawn out. The vials are cheaper than packaging doses of vaccine separately, without thimerosal.

Depending on what vaccines a child got during that period, a visit to the doctor during the 1990's may have exposed some children to 125 times the limit on mercury set by the Environmental Protection Agency.

A February 2000 draft of Verstraeten's study, obtained by United Press International, appears to show that thimerosal might cause brain problems.

That draft cites "increasing risks of neurological developmental disorders with increasing cumulative exposure to thimerosal."

"We can state that this analysis does not rule out that receipt of thimerosal-containing vaccine in children under 3 months of age may be related to an increased risk of neurologic developmental disorders," the study said.

To discuss the findings in Verstraeten's study, the CDC convened a meeting at the Simpsonwood Retreat Center in Norcross, Ga., on June 7-8, 2000. The agency invited vaccine experts and representatives of four vaccine manufacturers.

After discussing that study, Dr. David Johnson, a Michigan state public health officer advising the CDC on vaccines, said that the findings were troubling, according to a transcript.

"My gut feeling? It worries me enough," said Johnson. "I do not want (my) grandson to get a thimerosal-containing vaccine until we know better what is going on."

Later in the same conversation, CDC officials agreed to keep the study private.

"We have been privileged so far that given the sensitivity of information, we have been able to manage to keep it out of, let's say, less responsible hands," said Bob Chen, head of CDC's Vaccine Safety and Development unit.

Dr. Roger Bernier, who was then CDC's associate director for science, responded, "I think if we will all just consider this embargoed information, if I can use that term."

The CDC's Walter Orenstein said the agency wanted to look hard at the study before discussing it in public, not cover it up. The CDC never published a study based on the data, but said it would soon.

GlaxoSmithKline declined UPI's request to interview Verstraeten from Rixensart, Belgium, but Orenstein said Verstraeten left the CDC to move back to Europe.

For Lara Bono of Durham, N.C., the connection between vaccines with thimerosal and her son's autism is obvious.

Bono said her son Jackson began to change drastically within days of receiving a group of thimerosal-containing vaccinations.

Bono says that on Aug. 14, 1990, four days after receiving the last of a group of shots, 16-month-old Jackson was becoming withdrawn. Within two weeks he stopped responding or acknowledging his parents. Two weeks after that Jackson no longer would make eye contact. It soon became difficult to get Jackson to eat or sleep. He has had bouts of spinning uncontrollably and seizures.

"Fast forward another couple of months and he was gone. The mercury was in his brain," Bono said.

Years later, Bono discovered that at one point, Jackson's mercury exposure may have been more than 40 times the limit set by the EPA. Nine years later, Bono says, Jackson was diagnosed with mercury poisoning she says came from the vaccines.

Boyd Haley, chairman of the Chemistry Department at the University of Kentucky, has done studies that he says show some children with autism do not excrete harmful mercury from vaccines, but keep it in their bodies. He says the CDC knows the vaccines the agency recommended may have harmed a generation of children.

"I know that they know and that is what bothers me more than anything else," Haley said. "You can't do a study showing it (thimerosal) is safe. It is just too damn toxic."

In June of 2000, the agency's Vaccine Advisory Committee signed on to a statement calling for the removal of thimerosal from vaccines "because any potential risk from mercury is of concern."

"However, there remains no convincing evidence of harm caused by low levels of thimerosal in vaccines," the statement said.

In October 2001, the Institute of Medicine panel that heard from Verstraeten found that it is "biologically plausible" that thimerosal causes autism, but that, "current scientific evidence neither proves nor disproves a link."

To avoid any conflict of interest, that panel specifically excludes "anyone who had participated in research on vaccine safety, received funding from vaccine manufacturers or their parent companies, or served on Vaccine Advisory Committees."

Laid low by Lyme vaccine

The rotavirus recommendation is not the only controversial call made by the CDC. Another involves a vaccine to fight Lyme disease, a tick-borne illness that can cause profound fatigue, headache, fever and severe muscle pain.

"It was after the booster shot that I absolutely collapsed," said Lewis Bull, a farmer from East Lyme, Conn. Bull, now 49, volunteered in 1996 to take shots during a clinical study for a new vaccine to prevent Lyme disease developed by SmithKline Beecham, now GlaxoSmithKline. Clinical studies are tests on humans to make sure vaccines are safe and work before going on the market. In the study, Bull first received placebo shots containing no vaccine and felt fine. But soon after his second shot of the real vaccine he began to suffer from debilitating arthritis, memory loss and fatigue. Some doctors believe the Lyme vaccine side effects mirror the disease itself.

"For the first six months I could not get out of bed. The memory loss was incredible. I've played guitar all my life and I could not remember how to play guitar. I could not find the town hall and I used to go there four times a week," he said in a recent telephone interview. Bull said his fatigue was so severe he would sleep for stretches of 22 hours or more.

Without medical insurance, Bull was forced to sell his farm.

On Feb. 18, 1999, the CDC endorsed Lyme disease vaccine for people age 15-70 who work or recreate in possible tick-infested areas.

By October of 2000, more than 1.4 million people had received the vaccine, according to the CDC.

But 19 months later, in February 2002, SmithKline Beecham pulled the vaccine off the market because "sales of LYMERIX are insufficient to justify the continued investment."

The company also faced hundreds lawsuits by people who said they suffered side effects, many similar to Lewis Bull's.

Although he never sued, Bull said he complained to the CDC to report what he says were obvious side effects from the

vaccine, called LYMERIX.

The government's database of possible side effects for LYMERIX lists 640 emergency room visits, 34 life-threatening reactions, 77 hospitalizations, 198 disabilities and six deaths after people took the shots since the CDC endorsed it.

According to CDC meeting transcripts where the advisory committee weighed its recommendation, five of 10 committee members disclosed their financial conflicts of interest with vaccine manufactures. Three of the five had conflicts of interest with SmithKlineBeecham.

The committee ignored a plea from a consumer advocate to delay a recommendation on LYMERIX because it might not be safe, according to a February 1999 transcript.

"We are just saying there is a wealth of information out there that is different than the information you have been provided. I think the honorable thing to do would be to wait," said Karen Vanderhoof-Forschner, founder of the Lyme Disease Foundation, a patient's advocacy group that eventually opposed the vaccine.

UPI found that the CDC and SmithKline Beecham worked together on a Lyme vaccine. A 1992 CDC activity report obtained by UPI says the agency had an agreement "with SmithKline Beecham that currently funds three positions at (the CDC) for the purpose of providing information of use in developing advanced test methods and vaccine candidates."

In June 2001, the General Accounting Office delivered a report to Sen. Chris Dodd, D-Conn., on this issue. It says that CDC employees "are listed on two Lyme-disease related patents" including "a 1993 joint patent between CDC and SmithKline Beecham Corporation." The report also said that six of 12 consultants working for the CDC on Lyme vaccines "reported at least one interest related to a vaccine firm."

Do babies need Hep B?

In 1991 the CDC recommended that all infants get their first Hepatitis B vaccination just hours after birth. The disease is mostly spread from dirty needles and unprotected sex. It can create deadly liver disease.

The vaccine has been blamed for mysterious deaths following the shots, sometimes filed as sudden infant death syndrome.

One is the Sept. 16, 1998, death of Lyla Rose Belkin at age 5 weeks. She died 15 hours after getting her second Hepatitis B vaccine booster shot.

Michael Belkin said in a telephone interview from Seattle that his daughter was lively and alert prior to receiving the shot. She became agitated and noisy, suddenly fell asleep, and died 15 hours later. Belkin said the coroner indicated that his daughter's brain was swollen; a reaction some researchers believe could be caused by the vaccine.

"So in the CDC and (the Vaccine Advisory Committee's) own words, almost every newborn U.S. baby is now greeted on its entry into the world by a vaccine injection against a sexually transmitted disease for which the baby is not at risk -- because they couldn't get the junkies, prostitutes, homosexuals and promiscuous heterosexuals to take the vaccine," Belkin told a congressional panel on May 18, 1999.

"Parents need to understand that the system providing the vaccines injected into their children's veins is corrupt and scientifically flawed," Belkin told UPI. "Parents should do their own homework and investigate this question: What is the risk of getting a severe neurological vaccine adverse reaction versus the risk of getting neurological complications from the disease?"

The CDC's files contain 32,731 total reports of possible reactions following Hepatitis B vaccinations since 1991, including 10,915 emergency room visits, 685 life-threatening reactions, 3,700 hospitalizations, 1,200 disabilities and 618 deaths.

In October 2002, the Institute of Medicine reported that the "evidence is inadequate" to prove or disprove that some vaccines might be behind some cases of SIDS, and called for more research.

The CDC says, "There is no confirmed evidence which indicates that hepatitis B vaccine can cause chronic illnesses."

Some of the officials involved in the agency's 1991 decision to recommend that all infants receive the Hepatitis B vaccine also had close ties to vaccine manufacturers.

Dr. Sam Katz was the advisory committee chairman at the time. A professor at Duke, Katz said 30 percent of children who get the disease get it from unknown causes, possibly in daycare. He said the CDC tried to give the shots to teens, but it was hard to get them to show up for all three doses. "So they said, 'Well, we've got a captive audience and we want to give it to the newborns anyways.'"

Katz developed a measles vaccine now manufactured by Merck, which also manufactures a Hepatitis B vaccine. Katz said when he was chairman of the committee in 1991 he also worked as a paid consultant for Merck, Wyeth and most major vaccine manufacturers.

He said conflicts do not pose a real problem. "I think it has increasingly become a problem, but it is a perceived problem, not a real problem," Katz said.

Another member of the committee in 1991 was Dr. Neal Halsey, director of the division of disease control at Johns Hopkins University. He continued to advise the committee throughout the rest of that decade, as did Katz. Halsey is a former CDC employee who has done research paid for by most of the major vaccine manufacturers. When he testified before the House Government Reform Committee in 1999, he disclosed a salary at that time for work on a Lyme vaccine.

He also established the Johns Hopkins Institute for Vaccine Safety, started in part with "unrestricted educational grants in 1997 from several vaccine manufacturers and some private donations," according to Halsey. Congressional investigators said that support included \$50,000 in start-up funds from Merck and a payment from Wyeth. Halsey said vaccine manufacturers do not fund the center's vaccine education activities.

Halsey said the CDC needs experts like him to get the best advice. "In order to get the people with experience, you need people who have done the research," Halsey said in a telephone interview. "To do that, you have to have people who have done research for vaccine manufacturers."

Halsey said, however, that the CDC should not recommend vaccines and evaluate safety at the same time.

"I think it is a problem and I think it would be better if an independent body evaluated safety," Halsey said.

SMALLPOX: BRINGING A DEAD DISEASE BACK TO LIFE - Tim O'Shea

[excerpted from the forthcoming 6th ed. of The Sanctity of Human Blood, available 2003]

With a flair worthy of PT Barnum and Edward L Bernays, mainstream media is lately employing a brilliant menage of pseudoscience and well-edited history to concoct a new myth out of thin air: terrorists are about to release smallpox as a bioweapon that could decimate our population. But soft! - our ever-vigilant security forces are ready. Government leaders with degrees in law, not science, have decided to prepare enough vaccine to inoculate every American. And to empower themselves to legislate the vaccine's administration, sanctioned by severe penalties for refusal.

\$800 million. Price tag for the new doses But what is money when compared with the health and security of the American people?

Answer: it's still money.

Almost every day a new story comes out in the major news Matrix about the coming threat and the vaccine that will save us. In true Edward L Bernays fashion, the features are generally written by the "health correspondent" with the requisite lack of credentials, disregard of history, and the standard formidable barrage of uncited and anonymous sources.

But we are not taken in, not us, because we know that forgetting history, we are destined to repeat it. So let's try something unknown to the meretricious press - let's review the actual history and science of smallpox and apply it to the present.

WHAT WAS SMALLPOX?

Caused by poor sanitation, poverty, and malnutrition.

Smallpox was an infectious viral disease which was evident for centuries in places with poor sanitation, poverty, and malnutrition. Hundreds of thousands died, and there was no cure. The infectious agent was Orthopox variola. By the end of the 18th century the disease was following the natural course: burning itself out on the human population, confining itself to

those with the lowest immune capabilities.

Smallpox was the first disease for which vaccination was tried. It all started with Edward Jenner at the end of the 1700s.

The story that we find in 99% of standard references is that Jenner's vaccine saved the world from the dread smallpox, which had plagued the human race for centuries. Mass inoculation programs were instituted in many countries worldwide, usually backed by the government. The vaccine supposedly immunized people for life. If the legend starts to sound a little whitewashed, there's a reason why. So let's start at the beginning.

EDWARD JENNER

as you may remember, was the English "physician" in the late 1700s who took note of an old superstition that milk-maids who got a mild disease known as cowpox supposedly didn't get smallpox. As an experiment, Jenner came up with the idea of drawing serum from an infected cowpox pustule on the skin of an infected milkmaid. He then injected the infected pus into a perfectly healthy person, on the theory that contact with this "milder" disease would allow the subject to develop immunity to the more deadly smallpox.

Jenner's theory was that this cow-pox is smallpox of the cow. Therefore, if you give a person cow-pox, it is the same as smallpox, only in a very mild form. And it would not be infectious.

And at midnight, the coach would turn back into a pumpkin...

Going even further out on a limb, Jenner himself absolutely declared that it is not that cow-pox is a preventive of smallpox but that it is smallpox itself. (Hadwen)

While Jenner is universally venerated today as mankind's deliverer from the scourge of infectious disease in probably 99% of references, a little different version of Jenner's rise to fame and wealth is summarized in Miller's book *Immunizations*, p 24. Other sources from Jenner's own contemporaries who were less than enchanted with his idea of variolation appear throughout Anderson's *The Facts Against Compulsory Vaccination*, the writings of Walter Hadwen and the very thorough research by Alfred Russell Wallace.

From these writers we can learn a few details that most edited modern drafts of this story omit, such as:

- * the utter lack of science underlying Jenner's original claim of immunity from vaccines
- * the number of deaths and disfiguring cases his experiments brought to those unsuspecting patients who were unfortunate enough to be talked into trying Jenner's injections during those early years. Even from the beginning, after inoculating his very first patient - 8 year old James Phipps - Jenner absurdly maintained that his injections were conferring lifetime immunity:

"...what renders the cowpox virus so extremely singular is that the person who has been thus affected is for ever after secure from the infection of the smallpox."

Jenner, 1797, cited in H.B. Anderson

REALITY CHECK

Many of Jenner's own contemporaries were shocked at how easily the scientific community was taken in by this auteur. Perusing the work of Walter Hadwen MD, [5] celebrated English surgeon, author, and medical scholar of 100 years ago, we find a version of the Jenner story that is not so set in bronze as most of what we read today. Hadwen points out a few cracks in Jenner's pedestal:

- Jenner was no physician. He never passed a medical exam in his life, completed any course of medical study, or received a diploma from any medical school.
- Jenner bought his medical degree for £15 from St Andrew's College in Scotland, which he never attended
- Jenner "tested" his theory on one patient, and then immediately claimed that he had "immunized" the patient against

smallpox for life. Jenner also claimed that the vaccine would work universally. That's it. No controlled clinical trials, no years of research, nothing! One patient!

With no proof whatsoever, and a sample size of one, Jenner tricked the entire medical profession, then and now, into pretending that cowpox was smallpox in cows - a total scientific inaccuracy. And then he sold the idea that his vaccine was the cure. [5, 14]

WHEEL OF FORTUNE

Not long after his "breakthrough," Jenner's repeated petitions to the House of Commons struck gold. It finally dawned on the English government how millions of pounds sterling could be moved around by passing a law making the new smallpox vaccine compulsory. Jenner was promptly awarded the enormous sum of £30,000 by British Parliament and suddenly this uneducated poseur was a revered scientist! (Wallace [6])

TWO DIFFERENT DISEASES

Legitimate scientists of Jenner's day decried the smallpox vaccine from the start. Bechamp, Hadwen, Wallace, and others thought it appalling that the most basic facts concerning the distinction between cowpox and smallpox were simply never discussed. If the original axioms of vaccination were true, how could one disease vector immunize against a completely separate disease? This was the question that was never asked, and is still ignored today.

Watch closely: the two diseases - cowpox and smallpox - are completely distinct conditions.

Hadwen explains:

"What is cow-pox? It is a disease which occurs on the teats of cows; it only occurs when they are in milk; only in one part of the body, and naturally only in the female animal; it results in an ugly chancre; and is not infectious.

Small-pox, on the other hand, is not limited to the female sex as is cow-pox, nor to one portion of the body; it presents different physical signs, and, furthermore, is tremendously infectious, and the course and symptoms of the two diseases are totally different. Therefore there is no analogy between the two.

Hadwen wrote this 100 years ago, but his objections are still valid. Doing a taxonomic check today in a standard index of viruses from a National Institutes of Health database readily points out that cowpox is caused by a virus called Orthopox vaccinia and smallpox is caused by a virus called Orthopox variola. These two viruses have different sizes, genetic sequences, and characteristics. To pretend that cows get a version of smallpox called cowpox is bizarre enough - but then to say that people who get the same disease are immune to smallpox is simply fantasy.

How scientific was it to transfer diseases back and forth between humans and animals in the preparation and administration of vaccines? Real scientists were shocked at such a practice. But their views were suppressed. We'll see this sloppy science emerge again with polio vaccine and the invention of HIV. Dr Horowitz

HOW WAS THE SMALLPOX VACCINE MADE?

From an original monograph by Dr Walter Hadwen, here is an account of how smallpox vaccine was first made:

1. A 3 month old calf was tied down on its side.
2. 30 - 50 one inch incisions were made in its stomach
3. Smallpox pus rubbed into each incision
4. Calf is returned to its pen, restrained so as to be unable to lick the sores
5. Wait one week.
6. Smallpox pustules form
7. Calf strapped down again
8. Encrusted pus is scraped off each sore and the remaining blood, lymph, and pus is then drained out.
9. It is placed in a crucible and heated, adding glycerine as a binder
10. Mixed and strained to remove hair and dead flesh.
11. Poured into tubes as sold as pure calf lymph - or smallpox vaccine.

Very scientific! This formula was used for decades, even up to modern times, continuing with Dryvax in 1944. [34] The new smallpox vaccines are still made from this 'purified calf lymph' but with one modern twist: the post 9/11 vaccine is now cultured on the cells of an aborted human fetus. [35].

The majority of historical references found in mainstream sources have loudly proclaimed the safety and effectiveness of the smallpox vaccine. This erroneous general perception continues today. From a current MSN Encarta document:

"Cowpox, contagious viral disease of cows characterized by pustular eruptions, especially on the udders and teats. Cowpox can be transmitted to humans by direct contact. Persons infected with cowpox become immune to smallpox, a similar but more serious disease. This immunity was discovered by the British physician Edward Jenner, who used cowpox virus to inoculate patients against smallpox. Cowpox - Microsoft® Encarta® Online Encyclopedia 2001

"...infectious disease of cows caused by a virus related to the virus of smallpox. Also called variola, it is characterized by pustular lesions on the teats and udder. Cowpox is transmitted by contact, inducing a mild infection of the hands in persons who milk infected cows. The fact that such persons had immunity to smallpox led Edward Jenner to attempt vaccination with this virus, instead of using the dangerous method of vaccinating with material from the sores of smallpox. Jenner's method was successful and is the basis of the modern vaccination against smallpox." The Columbia Encyclopedia, Sixth Edition. 2001: Cowpox

DID THE ORIGINAL VACCINE WORK?

By 1853, Parliament began passing laws to make the untested vaccine compulsory throughout the British empire. Other countries of Europe followed suit.

Once the economic implications of compulsory vaccinations were realized, few dared to disagree. Then as now, the media were controlled by the vaccine manufacturers and the government, who stood to make huge money from the sale of these spurious vaccines. Hadwen put it like this:

"... so strong is the effect of authority, custom, and endowment, and so prone are people to save themselves the trouble of personal investigation by the simple process of accepting the decisions of "the majority" ... When once an error is accepted by a profession corporately and endowed by Government, to uproot it becomes a herculean task."

And this is how mass immunizations get started. Once the money machine started rolling, doctors who questioned the research were ignored. Despite the lack of scientific validation and hundreds of thousands of documented vaccine deaths, compulsory smallpox vaccination lasted for 120 years! The US was the last holdout, finally giving it up in 1971.

PRUSSIAN ROULETTE

Hadwen provides a rare window into the medical research of a century ago, one that has not received the usual whitewash. He tells the amazing story about Prussia, the most vaccinated country in Europe during the 1800s - also the country which kept the best records. Hadwen had access to these medical records before the media had the sense to suppress them. Here's what they showed:

It happened that Prussia passed a mandatory vaccination law in 1834 for smallpox. The law provided that every infant be vaccinated, and then revaccinated when starting school. After graduation the child had to be vaccinated again, and then once more upon entering the Army! And all healthy males had to go into the Army. Anyone who refused the vaccination was to be "held down and vaccinated by force; and so thoroughly was it done that he was vaccinated in ten places on each arm."

OK, so we get the idea that almost 100% of Prussians got Jenner's smallpox vaccine. So what happened in Prussia 35 years after this vaccination law? A smallpox epidemic which killed 124,978 of her vaccinated and re-vaccinated citizens after thirty-five years of compulsory vaccination!"

LICENCE TO KILL

How about England?

A compulsory "immunization" program was set up in England in 1853 using Jenner's methods.. Before that time, the highest number of deaths in a 2 year period in England from smallpox was about 2000. Results of this "immunization":

1857-9 deaths 14,244
1863-5 20,059

In response, in 1867 Parliament enacted a stricter vaccination law, and 97% of the people were inoculated. Result:

1868 deaths 44,840

Source: Gary Null

Great vaccine, huh?

Alfred Russell Wallace offers abundant proof how vaccine statistics were manipulated in England during the 1800s - the who and the why of it. After a thorough presentation charting actual deaths throughout the UK and the Continent from smallpox and from the vaccine, Wallace concludes that smallpox vaccine

"...has actually increased susceptibility to the disease. ... the conclusion is in every case the same: that vaccination is a gigantic delusion; that it has never saved a single life; but that it has been the cause of so much disease, so many deaths, such a vast amount of utterly needless and altogether undeserved suffering, that it will be classed by the coming generation among the greatest errors of an ignorant and prejudiced age, and its penal enforcement the foulest blot on the generally beneficent course of legislation during our century."

- Alfred R. Wallace, Chapter VI 1898

SLOW LEARNERS

What most people don't know is that just after the US began vaccinating for smallpox (1902) England stopped. By 1907 England finally got the message: no more compulsory smallpox vaccination. Holland, same thing in 1928. Australia - 1925

How long did it take the US to figure out that the smallpox vaccine not only didn't work, but was dangerous and often fatal as well? We finally stopped vaccinating in 1971, the last holdout in the world.

The low ebb of the infectious diseases arrived in the 1970s. From 1950 to 1970, zero cases of smallpox were reported in the U.S. After several years passed, however, there are now a few cases of smallpox, but they only occur among the ranks of the vaccinated! (Scheibner)

What's important to notice is that smallpox vaccination in the U.S. persisted another 30 years after the disease was at an incidence of practically zero. Again, the only source of death from smallpox in the U.S. for 30 years was from the vaccine itself. (Mendelsohn, p 232, World Book, 1994)

Even though smallpox vaccination became mandatory in the US after 1902, what is less commonly known is that by 1929, all states but nine no longer made it compulsory. Reason: too many deaths and complications.

Today smallpox occurs nowhere in nature.

DISSENTING VOICES

Other physicians of the smallpox era were not that impressed with the vaccine. William Howard Hay MD, at an address he gave on 25 June 1937, remarked: "...of all the insane things we have advocated in medicine - that is one of the most insane, to insist on the vaccination of children or anyone else for the prevention of smallpox, when as a matter of fact, we are not able to prove that vaccination saved one man from smallpox."

PHILIPPINE FIASCO

After WWI, there was a lot of surplus smallpox vaccine that didn't get used. So we looked to another market we could control. When the U.S. mandated a mass smallpox vaccination program in the Philippines in 1917, some 25 million shots were given to those people. 163,000 Filipinos came down with the disease after the vaccination, and 75,339 Filipinos died from it, quadrupling the death rate prior to the inoculation program. That's way more than the total number of Americans

who died in the entire Vietnam war! American "immunization" of its Philippine territory caused several horrific epidemics there that didn't quite make the six o'clock news. (Anderson, p 69 W.H.Hay, also James, p 410) [7, 26, 27]

FAIRY TALES CAN COME TRUE

To sum up, what Jenner did was to take an old superstition of Gloucester dairymaids and pander it into a fortune for himself and the English government by the most ridiculous "scientific" posturing.

THE NEW SMALLPOX MARKET

Bringing the discussion into the present, post-9/11 politics has created marketing niches like the world has never seen.

In classic Edward L Bernays style, the illusion of a smallpox threat has been created - an \$800 million illusion. With no proof whatsoever, the scripted media daily barrages the unlettered public with likely scenarios of Moslem terrorists unleashing weaponized smallpox into metropolitan areas, supposedly resulting in epidemics of smallpox spreading like wildfire through an unvaccinated population, etc.

In an eerie replay of the social politics of 200 years ago, scientific fact is brushed aside and we are distracted from the lessons of our own history, as though these events never took place:

- smallpox disappeared worldwide in 1977
- the only deaths from smallpox since 1970 have been from the vaccine
- smallpox vaccine killed thousands in England, France, Prussia, and the Philippines
- the sham premise of Jenner is still widely held
- smallpox vaccine historically has killed the most people of any vaccine ever invented
- the vaccine is for a completely different disease - a disease of cows
- the vaccine does not confer immunity to smallpox
- the reason that our country and every other country in the world stopped vaccinating was that the vaccine not only did not work, but was causing the disease and other pathological and fatal side effects no biological viral or bacterial agent has ever been deployed as a weapon, either by a country or by an individual

A few other small details that should not be missed: there is no proof that any 'terrorists' have weaponized smallpox or are preparing to use it anywhere in the world at this time. It's all conjecture.

Despite all this, the FDA, CDC, Office of Home Security, plus many of the brave new 'defensive' offices which have recently emerged at the trough, decided that a few companies should start producing enough vaccine to give all 280 million Americans 'protection.' The companies include: Aventis in France, Acambis in England, and Wyeth in the US. The working sales slogan was that we only had 15 million doses and we need another 255.

So the circus is on. The companies are pretending to be racing against the clock. It makes great press because the story provides both criteria for a successful media issue: fear and uncertainty.

It's not much of a stretch to see how the threat of smallpox is a marketing tool, right out of classic Bernays Public Relations 101, that is being used to justify paying vaccine manufacturers \$800 million for a vaccine that is unproven, untested, and contraindicated for 90% of the population.

Why then are our new masters shrieking about the 280 million doses we need to protect the American people from this imminent bioterrorist threat?

Could it just be the money?

©New West www.thedoctorwithin.com

VACCINATIONS - DECEPTION & TRAGEDY

"At the present time there are growing public and professional concerns about the safety of currently mandated childhood vaccine programs, as reflected in by a series of annual Congressional hearings in Washington DC that have taken place since 1999, sponsored by the U.S. House Government Reform Committee under the chairmanship of Congressman Dan Burton. At an annual conference of the American College for the Advancement of Medicine during April 2001, with several hundred physicians in attendance, when one of the speakers asked how many in attendance had concerns about the safety of current childhood vaccines, a large majority raised their hands. The Autism Research Institute of San Diego is now widely known as an active support group for families with autistic children and is one of the more active organizations in this field. Its founding director, Bernard Rimland, Ph.D., has provided the statistics that, in their experience, from 50 to 60% of parents with autistic children believe that their children were damaged by vaccines. In our own office we have seen many autistic children in recent years, and our own experience has been very similar, many parents reporting that deterioration of their children took place following vaccines." Dr. Buttram

Adverse Effects of Vaccines

"I have run against so many histories of little children who had never seen a sick day until they were vaccinated and who, in the several years that have followed, have never seen a well day since. I couldn't put my finger on the disease they have. They just weren't strong. Their resistance was gone. They were perfectly well before they were vaccinated. They have never been well since." William Howard Hay, M.D. on June 25, 1937, to The Medical Freedom Society.

"In regions in which there is no organized vaccination of the population, general paralysis is rare. It is impossible to deny a connection between vaccination and the encephalitis (brain damage) which follows it." Journal of the American Medical Association July 3, 1926, p.45

The Survival Factor in Neoplastic and Viral Diseases." Dr Wm Koch Birth of a Science

"Upon superficial review, nothing could seem more appropriate than to protect the population from dread diseases with simple and presumably harmless inoculations. However, the issue is very complex, and it is best to address it appropriately informed, as the consequences of such shots can often be as dire as the very diseases themselves. As with other public health issues such as the artificial fluoridation of our water supplies or the ongoing assault on our immune systems with the continued placement of mercury fillings in our mouths, vaccination programs are characterized mainly by emotional and political support, with a decided paucity of scientific validation. Similar to the fluoride and mercury issues, vaccinations also hold the unswerving loyalty and support of numerous health professionals, most of whom, once imprinted in their early training, never allow new data or studies to sway their allegiances. If such data does not appear in the very limited realm of a few specific scientific journals, it is simply assumed that new and revolutionary information cannot exist.

There is also a principle in therapeutics, which combines the destructive idea with the constructive. For example, vaccines are killed germs or viruses, or very much injured germs or viruses and not in themselves able to produce a frank disease, although they have sufficient toxicity to excite a contrary protective action on the part of the body. When injected, the body produces an anti-toxic substance that is protective. However, the protective power of the vaccines is very limited, and after viral infection has taken place, the response in a protective way cannot be elicited.

This is seen in the vaccines that are used against viral diseases in cattle. * It is seen in the Salk and Sabin polio vaccines, showing only protective action before infection has taken place, and sometimes even causing the disease they are supposed to prevent, but no curative action whatsoever is possible. Drug houses have paid heavily in suits brought against them for injury caused by the Salk and Sabin polio vaccines."

* Vaccines often fail in protecting from the targeted disease, or they may offer only a temporary immunity, in contrast to the permanence of a natural immunity.

* Vaccines can cause the very disease for which protection is sought.

* Vaccines often severely damage the immune system, causing any of many other diseases.

* Nearly all of the feared infectious diseases had largely disappeared when vaccines were introduced.

* Vaccines can implant latent or "slow viruses" that can manifest years later as degenerative diseases, often neurological.

* Vaccines appear to have significantly decreased the intellectual or cognitive abilities of several generations.

* Vaccines have been linked to learning and behavioral disorders of "unknown cause," such as autism, dyslexia, hyperactivity, and minimal brain dysfunction.

In spite of the above points, vaccinations are effectively mandated by law, representing ongoing massive monetary windfalls for the pharmaceutical companies. Parents objecting, even on religious grounds, can still face custody battles for their children with the American government and welfare agencies, often on the grounds of "child abuse."

Don't assume a claim is true when it is supporting one of the biggest and most powerful industries in the world. The pharmaceutical industry.

When you discover that vaccines contain some of the most poisonous compounds and elements known to man (and foreign organic material that is also toxic when injected into anything), i.e. formaldehyde, mercury and aluminium compounds, phenol (carbolic acid), borax (ant killer), methanol, dye, acetone (solvent, polish remover), disinfectant, glycerine, antifreeze, MSG and several other poisons, plus also toxic when injected, animal organ tissue and blood (e.g. monkey, cow, chicken, pig, sheep, dog, etc), contaminant animal viruses (e.g. SV40, which causes cancer in humans), aborted human foetus cells, large foreign proteins, mutated (more virulent) human viruses in high doses, bacterial endotoxins, antibiotics, bacteria, genetically modified yeast, latex, and animal, bacterial and viral DNA, which, when injected, can be incorporated into the recipient's DNA, then LOGIC dictates that you question whether violent poisons, which by definition are very harmful, are really going to be good for any living creature's immune system(?), let alone your tiny infant with its very immature immune and neurological systems.

Study the pro-vaccination articles properly and don't rely on unsupported conclusions of authors paid by vaccine manufacturers.

Since doctors are refusing to report cases of adverse events, then we cannot rely on government figures telling us how "rare" these events are supposed to be. Source www.vaccinations.inoz.com

FLU SHOT LEFT EXECUTIVE PARALYZED

By ANDRÉ PICARD

PUBLIC HEALTH REPORTER

As an executive with a big Bay Street company, Brian Claman does not "have the time to waste being sick." So, when flu shots were offered at the office a year ago, he was quick to head to the boardroom and get vaccinated. "I've had the flu a couple of times and it's nasty, so I figured it was a win-win situation," Mr. Claman said.

Two weeks after his flu shot, Mr. Claman awoke with a pounding headache and a strange feeling in his feet. The doctor was reassuring, telling the 47-year-old businessman that the symptoms were probably related to stress. His condition deteriorated, so he made his way to a hospital emergency room. His body was gradually going numb. Doctors immediately recognized the tell-tale signs of Guillain Barré syndrome, a baffling, potentially fatal condition that resembles polio. By afternoon, Mr. Claman was completely paralyzed. He was placed in intensive care and put on a respirator.

He spent the next eight months in hospital and now, a year after his flu shot, is just beginning to walk unassisted again. "It's been a harrowing experience," Mr. Claman said in an interview. "Never in my wildest dreams -- or maybe I should say nightmares -- could I have imagined almost losing my life to the flu shot," According to Health Canada, there have been 37 cases of GBS since 1987 where a link to the flu vaccine is suspected. But it cautions that because reporting is not mandatory, the number of cases is probably underreported, and that because GBS occurs for a number of other reasons, it is often difficult to make a causal link.

The mundane medical term for what happened to Mr. Claman is "adverse reaction." That usually means a little fever and maybe some swelling at the injection site, but a small minority suffer severe reactions such as Guillain Barré syndrome, an inflammatory disorder of the peripheral nerves (those outside the brain and spinal cord).

While the exact cause is unknown, GBS appears to be an autoimmune disease in which the body's disease-fighting system mistakenly attacks the covering of the nerves. At least half the cases seem to be triggered by a microbial infection. Mr. Claman

suffered a severe reaction; usually GBS will reverse itself within a few months.

The link to vaccines was first made in 1976, when hundreds of people in the United States developed Guillain Barré after getting the swine-flu vaccine. Mr. Claman's experience, getting sick suddenly two weeks after the shot, is typical.

Public-health officials are quick to point out that while GBS is a devastating condition, it is rare, and getting the flu is a far more dangerous prospect.

In a paper published in the Canada Communicable Disease Report, Philippe De Wals, an epidemiologist in the department of community health services at the University of Sherbrooke, calculated that for a person over the age of 65 (those at greatest risk from the flu) the risk of dying of GBS after a flu shot is about one in 10 million, while the risk of contracting influenza and dying if a person is not vaccinated is about one in 1,000. In other words, the fear of GBS should not dissuade people (seniors, at least) because the risk of dying from not getting the shot is 10,000 times greater.

Mr. Claman knows the math all too well, but said it is meaningless to someone in his position.

"The rareness of complications means nothing if you're the one suffering from the adverse reaction," he said. "It's like the lottery: The odds mean nothing because everyone thinks they're going to win. With the vaccine, it's the opposite: Nobody thinks this can happen to them."

Despite his experience, Mr. Claman is not opposed to the flu vaccine or the public-health campaigns urging everyone to get a shot. But he thinks the message is too sugarcoated.

"Let's talk about the real risks of influenza and the real risks of the flu shot and let people make an informed decision," he said. "But let's not pretend that because a flu shot is generally a good idea that nothing bad is ever going to happen." Mr. Claman said his biggest loss was personal -- staying in hospital and away from his family, in particular a teenage son. Being off work for months during the prime of his earning power also took a financial toll.

GLOBE & MAIL, Monday, November 18, 2002 – Page A1

Only Quebec pays out for vaccine injuries

By ANDRÉ PICARD

PUBLIC HEALTH REPORTER

In Canada, only the Quebec government compensates people who suffer severe injuries from vaccines. The little-known program, a form of no-fault insurance, is held up as a model by public-health officials around the world.

In place since 1986, the compensation plan came about in an unusual way. The parents of Nathalie Lapierre, a girl who contracted encephalitis and suffered severe neurological damage after a measles vaccine, sued the doctor, the vaccine manufacturer and the provincial government.

The case made its way to the Supreme Court of Canada and, in 1985, the claim was rejected.

However, in its ruling, the court said that while there was no legal obligation for the state to compensate, it would be an "excellent thing" to do so.

"What the court said, essentially, is that people exposed to potential harm while undergoing an intervention that is in the greater public good, particularly when it is at the urging of the state, should be compensated by the state," said Yves Robert, a consulting public-health physician with the Quebec Ministry of Health. "It's hard to argue with that logic."

Yet, no other province has followed the Supreme Court's advice, though Manitoba and British Columbia are looking at implementing similar plans.

To date, there have been about 100 claims in Quebec, two dozen of which have been approved. All of those compensated contracted polio from a child who received the oral polio vaccine (a product that stopped being used in Canada in 1996.)

Dr. Robert said there have been claims from flu-shot recipients who developed Guillain Barré syndrome, but they have been rejected because the program is only for those who are permanently disabled. GBS symptoms are almost entirely reversible.

Quebec's vaccine-compensation plan is administered by the *Société de l'assurance automobile du Québec*, the provincial no-fault automobile insurance program. A person disabled by a reaction to a vaccine is compensated in the same manner as a person injured in a motor-vehicle collision, using actuarial tables of earning potential and medical costs.

But unlike under the auto-insurance plan, those damaged by vaccines retain their ability to take legal action. "You can choose between a no-fault award or a civil suit, but you can't have both," Dr. Robert said.

Some U.S. states have compensation programs for those harmed by vaccines, but they are funded by taxes on vaccines rather than the state. *Globe & Mail, Monday, November 18, 2002 – Page A7*

Tiptoeing Through The Minefield of Possible Vaccine Reactions Mainstream Media's Sins Of Omission

Over and over it happens. A story is reported, an awful connection having been made between some putative causative agent(s) and an untoward event.

And over and over it happens that, in spite of the relevance, little or no mention is made of vaccines as one of the possible causes.

Where is the questioning, the disgust, the outrage, over the notion that injecting mercury into the bodies of tiny babies could in any way be harmless? Why has most of the media, with a few notable exceptions, appeared to have bought, "hook, line and sinker", the ridiculous argument, made without a hint of embarrassment, that the alleged lack of evidence specifically against the mercury in vaccines is proof of its inability to do any damage?

Where is common sense?

Then there's the question of what might be causing the alarming rise in chronic disease. How often does the media issue reports dealing with the growing concern that vaccines might be undermining the immune system, particularly the fragile infant one, with the result being the inability to ward off chronic illness? Instead the banners blare that infants can handle 10,000 vaccines, without a shred of real evidence to support it. (If the infant immune system is so strong, why the need for colostrum, for breastfeeding Why, even, the need for vaccines?)

" We have grasped the mystery of the atom and rejected the Sermon on the Mount. Ours is a world of nuclear giants and ethical infants. We know more about war than we do about peace more about killing than we do about living." Omar Bradley

SMALLPOX VACCINATION KILLS, DISABLES & INFECTS.

More on the concerns about the Smallpox vaccine; Maybe instead of bankrupting ourselves with all this frantic and risky protection against reprisals for what we do to the rest of the world, we should just stop being the #1 Rogue Nation, sincerely apologize for the evil we have done, start acting our of fairness, concern for the common good, disarm ourselves of our lethal arsenal, improson all the ruthless Robber Barons who are crawling all over the White House and Wall Street and become the good guys to the world again. An ounce of prevention would be worth a ton of Homeland Security scamming.
Gary

www.bayarea.com/mld/bayarea/news/breaking_news/4655267.htm
www.d.umn.edu/psy/news/kohls/smallpox/concerns_smlpx.html

L.A. County to request 20,000 doses of smallpox vaccine Associated Press Tue, Dec. 03, 2002 LOS ANGELES - Los Angeles County health officials are asking the federal government for 20,000 doses of smallpox vaccine to inoculate emergency health-care workers, police officers and firefighters against a possible bioterrorism attack. The request is contained in a plan to be submitted to the U.S. Centers for Disease Control and Prevention on Monday. New York City, Chicago and each of the 50 states are required to submit similar plans. The California Department of Health Services is requesting 40,000 to 50,000 doses for areas outside of Los Angeles County. The request for 20,000 doses is to make sure that sufficient numbers of health-care providers can safely treat smallpox victims, said Dr. Jonathan Fielding, the county's public health director. "During this first phase we will receive only enough doses to vaccinate those health care workers who would be needed to begin vaccinating Los Angeles County residents, should that become necessary, or those who may be the

first to investigate or care for a case of smallpox," Fielding said Monday. Smallpox was eradicated worldwide in the 1970s, but officials fear that vials of the highly contagious virus that were kept in storage in the former Soviet Union may have fallen into the hands of Iraq or North Korea. A terrorism exercise conducted two months before the Sept. 11, 2001, attacks indicated that as many as one million people could be killed by the release of smallpox virus in three shopping malls in three states, with the disease spreading at the rate of 6,000 new infections a day. The disease kills 25 to 35 percent of its victims.

President Bush, who would have to approve any nationwide vaccination plan, is expected to OK as early as this week plans to inoculate military forces and front-line health workers. Los Angeles County officials said vaccinations for health workers, police and firefighters would be voluntary, adding some people would be unable to receive them because of medical or health conditions. About 15,000 of the doses would be given to emergency room workers, with the rest going to police and firefighters who are part of anti-terrorism teams and health workers who respond to emergency calls. The Hospital Association of Southern California complained that the plan could leave hospitals liable for employees who suffer side effects or for not offering the vaccination to all employees. Inoculations can be fatal to as many as three out of a million people. "Here we are asking employees to work where we know now that there is a hazard, and we're only inoculating certain employees and not others," said Jim Lott, the group's executive vice president. "Who is going to play God here?" Fielding said he understands those concerns, adding others could be vaccinated as more doses are made available during later phases.

Rise of the Fourth Reich

Dear friends,

We are working on creating a parallel "People's Commission on 9-11" as the Kissinger Commission will be an obvious whitewash. I have also got lots of great handouts for use at demos and peace events- including a 4-pager with great art looking at The Psychology of Mass Psychology in the face of Tyranny- the rise of the Fourth Reich- which looks at the parallels between our time and the rise of Hitler. Let me know if you want any. Send me your address. Carol
www.communitycurrency.org/Truth.html

The Truth about 9-11

I was featured in Palo Alto Weekly's cover story on the Rising Peace Movement

We gave all our 9 -11 stuff to the San Jose Mercury News senior Editor- but there has been no improvement of coverage...

I haven't had time to keep up with all the smallpox threats- but they seem to be emanating from the dark heart of the American government. I doubt if Iraq or Korea have any designs on us... altho the US government would love a "pretext" to expand their war on the world...

The tyrannical MSEHPA (mandatory vaccination law) did not pass in most states, so they incorporated under Homeland Security to make it mandatory. Your Congress Critters got paid big bucks to include it under this act. You or your family have no legal recourse if are injured or die.

www.paweb.com/paw/paonline/weekly/thisweek/2002_11_20.peace20.html

KEYNOTE:

Blood-letting lasted two millennia before it occurred to anyone (a Frenchman called Pierre-Charles-Alexandre Louis) to test systematically the claims made on its behalf and find them wanting. Now, thanks to the method of the double-blind trial, disillusion with even the most lucrative methods of treatment sets in after only a relatively few years of useless or harmful activity. But you'll never hear of double-blinds on vaccines. They're too profitable in the short and long term, setting up pathologies (often seeded with AIDS or cancer retroviruses) that weaken if not kill, feeding a trillion-dollar disease care industry as baby boomers hit the wall of their immune sufficiency. Vaccines are a classic example of the Big Lie that is so big and so bold and so often told that people believe it!

20 Reasons Not to Take the Smallpox Vaccination by Amy Worthington

1. George W. Bush has said of smallpox vaccination: "One of my concerns if we were to have universal vaccination, some might lose their life. " The Times (in London), November 09, 2001.
2. For each million people vaccinated with the smallpox vaccine, as many as 250 could die, according to the American Medical Association. Multiply 250 times 285 (millions of Americans) and the possible deaths from universal smallpox vaccination could equal 71,250. Journal of the American Medical Association, June 9, 1999, Vol. 281, No. 22, p. 2132.
3. "The American Medical Association said on Tuesday it was not in favor of an immediate mass U.S. smallpox

vaccination program, saying the potential threat of a bio-terror attack did not warrant inoculating every American against the disease." ~Reuters, December 12, 2001.

4. "Right now the risk of getting the vaccine is higher than the benefit. You could get a secondary infection, a full-blown systemic infection." Marie Rau, Panhandle Health District nurse, quoted by The Spokesman-Review, November 20, 2001.

5. CDC director Jeffrey Koplan has admitted that universal smallpox vaccination could unleash a significant number of side-effects. He said that because many parts of our population do not have a "robust immune system," a fair number of people could have serious reactions. ~Koplan speaking on the PBS special "Bioterror Propaganda" aired by WETA, November 14, 2001.

6. If the entire nation were to receive a smallpox vaccine, several thousand people would likely develop encephalitis, an inflammation of the brain. ~Washington Post, Dec. 26, 2001.

7. Roger J. Pomerantz, chief of the infectious disease department at Thomas Jefferson University in Philadelphia, said that doctors have no idea what the smallpox vaccine might do to people at the extremes of life -- less than 2 and older than 65. He said that an even greater concern would be its effect on people with weakened immune systems from HIV infection, chemotherapy or transplants. ~Washington Post, Dec. 26, 2001.

8. "Researchers have been reluctant to recommend a new vaccination program which would use the smallpox vaccine for the local population because the vaccine can cause disease and death in persons with inadequate immune systems." ~Science, Vol. 277, July 18, 1997, pp. 312-13.

9. Routine smallpox vaccination in the United States ended in 1972. Officials are hesitant to resume the immunizations because the vaccine is the most reactive of all and has been linked to serious side effects, including death. ~ Reuters, November 29, 2001.

10. Eight printed pages of medical studies documenting the many serious side effects of smallpox vaccination see www.whale.to/vaccines/smallpox.html See "smallpox vaccine adverse reactions 66-76." go to the home page above and put "smallpox vaccine adverse reaction" in search engine. Repercussions include serious brain and heart diseases, autism, abnormal chromosomal changes, diabetes, various cancers and leukemias, plus demyelination of nerve tissue years after vaccination.

11. The U.S. Supreme Court has ruled that vaccination must not be forced on persons whose physical condition would make such vaccination "cruel and inhuman." In other words, the state has no right to command that an individual sacrifice his life in the name of public health. ~Jacobsen V. Massachusetts, 197 U.S. 11 (1905).

12. By the 1920s, several British medical researchers documented that smallpox was not only more common among the VACCINATED, but that the DEATH RATE from smallpox was actually higher among those who had been vaccinated. This indicates that the vaccine was ineffective and predisposed vaccinated persons to more lethal disease. ~Vaccination, Dr. Viera Scheibner, Australia, 1993, pp. 205-220.

13. Getting a vaccination does not guarantee immunity. ~CDC, January 28, 1994.

14. By 1987, scientific evidence indicated that the World Health Organization's 13-year global smallpox vaccination campaign may have awakened dormant HIV infection in many vaccines. ~Times (in London) May 11, 1987.

15. Vaccines made from animal substrate contain animal viruses that are impossible to filter out. By 1961, scientists discovered that animal viruses in vaccines, including smallpox, could act as a carcinogen when given to mice in combination with cancer-causing chemicals, even in amounts too small to induce tumors alone. They concluded that vaccine viruses function as a catalyst for tumor production. ~Science, December 15, 1961.

16. Some of the new smallpox vaccine doses will be created with animal substrate. Because the vaccine will incorporate vaccinia, the cowpox virus, many wonder about possible mad-cow contamination. Fifty-five million doses of the new vaccine will be created using a cell line dating back to 1966 and cultured from the lung tissues of an aborted human fetus. ~World Net Daily, December 4, 2001.

17. The new smallpox vaccine will be genetically engineered. Many scientists believe that genetically engineered vaccines may be responsible for the global epidemic of auto-immune disease and neurological dysfunction. ~American College of Rheumatology, annual meeting, Nov. 8-12, 1998. Merck's genetically engineered hepatitis B vaccine, Recombivax HB, is a classic example. According to Dr. Bonnie Dunbar of Baylor College of Medicine, many thousands of reported adverse reactions to the hepatitis B vaccine include: chronic fatigue, neurological disorders, rheumatoid arthritis, lupus and MS-like disease. ~Testimony of Dr. Dunbar to Texas Dept. of Health, March 12, 1999. Over 15,000 French citizens sued the French government to stop mandatory hepatitis B injections for school children because of resulting auto-immune diseases. ~Science, July 31, 1998. Dr. John Classen has published voluminous data showing that the hepatitis B and other vaccines are closely linked to the development of insulin dependent diabetes. ~Infectious Diseases in Clinical Practice, October 22, 1997.

18. The British vaccine manufacturer Medeva has a horrendous record of contamination and blunders. In 2000, the FDA found that Medeva was making vaccines in conditions of filth, resulting in contaminated products. Medeva had been illegally using bovine medium to culture its polio vaccines, then lied about it. Medeva also used the blood of a Creutzfeldt-Jakob victim (mad cow) to manufacture 83,000 doses of polio vaccine used for (against?) Irish children. Nevertheless, the FDA allowed the USA to accept Medeva's flu vaccine Fluvirin for the year 2000. ~London Observer series: October 20-26, 2000.

19. In 2001, the British socialized health care system was reported to be in a state of collapse, with many hospitals and labs operating in abysmal filth. Five thousand people die each year from infections contracted in British hospitals; 10,000 become deathly ill from such infections. Sterilization procedures are barely adequate and said to be risking the spread of mad cow disease. Government ministers are reportedly trying to hush up the scandal. ~www.itn.co.uk/ Jan 06, 2001; The Sunday Times of London, November 12, 2001.

20. The U.S. government apparently intends to conduct NO double blind studies on the safety and efficacy of the new smallpox vaccine. It has ordered 286 million doses, one for every man, woman and child in America at a cost of \$428 million. At least half of this vaccine will be delivered by Acambis PLC of Great Britain.

COMMENT:

The medical-industrial complex is now far bigger and more insidious than the military-industrial complex Eisenhower warned us of. There are now more people making a living off of disease than die each year. This backwards health care system (97.5% disease care) indirectly causes disease from highly processed, nutrition-stripped and chemical-laced "food" and then pushes drugs which typically do more harm to the body than good for the symptoms... a cradle-to-grave population control tactic that sets up pathologies in the body with drug side-effects and vaccines seeded with genetically re-engineered retroviruses that are like biological time-bombs activated by immune dysfunction. This is well documented in the books by Dr. Len Horowitz which explain how the elite utilize these assaults on the immunity of Americans to weaken resistance to their suspension of freedoms while reducing population under their "non-lethal warfare" policies (like chemtrails) that also whack the immune system, weaken resistance and accelerate your demise... a plot out of hell that most well-meaning sheeple prefer to deny even exists, being too sick and tired of being sick and tired to see through the deception of wolves in sheep's clothing fleecing them... instead believing religiously in the high priests of medicine with their drug sacraments. A Golden Age will begin in health care when self-perfecting, LOVE-centric database standards for the analysis, prevention and treatment of disease will provide INFORMED CHOICE that clearly shows what modalities for a healthy BODY, whole MIND and holy SPIRIT are working best. May the healing begin with U.S. CR

THE VACCINE ISSUE

www.heartcom.org/vaccines.ht

www.paweekly.com/paw/paonline/weekly/thisweek/2002_11_20.peace20.html

The University of Minnesota is an equal opportunity educator and employer.

© 2001 University of Minnesota Duluth

Dr. Paul Offit, is paid by the vaccine manufacturers to educate other doctors about the safety of vaccines.

Why no apparent concern about this inconvenient fact?

What about the rise in childhood cancers particularly those of the head and neck? Until recently, and only when the article has been about SV40 specifically, which over the years many studies have connected to cancers, including brain tumors, has the notion that vaccines might be involved even come up.

Most recently has been the hue and cry over possible blood risk for CJD. Is there ever any mention that vaccine cell cultures have a long history of being contaminated with animal diseases, including bovine ones? Isn't there the slightest media concern about the consequences of injecting such pollutants into our bodies?

When did the mainstream media become the mouthpiece, the champion, of the vaccine manufacturers? What will it take to end this conspiracy of media silence? Sandy Mintz

www.vimy-dentistry.com/tttoc.htm

www.lalecheleague.org/FAQ/colostrum.html

<http://news.bbc.co.uk/1/hi/health/2169663.stm>

www.jeffsutherland.org/complementary/vaccine_contamination_mcrearden.pdf

www.cancersourcekids.com/parents/news/detail.cfm?DiseaseID=29&ContentID=25275

Freedom of Choice in Europe:

Much of Europe is completely free from mandatory vaccination. As of 1982, vaccination held a noncompulsory status in England, Ireland, West Germany, Austria, Spain, the Netherlands, and most of Switzerland. However, Belgium, France, and Portugal follow America's rigid policy of maintaining compulsory vaccination as a requirement for children entering school. (Many of America's relatively few unvaccinated children receive home schooling, thus escaping the highly effective public educational screen.) The parallel of vaccination policy to the involuntary fluoridation of the drinking water in America is striking, as no amount of solid scientific data, even in "mainstream" medical journals, seems able to keep the politicians, power brokers, and tunnel-visioned scientists from poisoning us (and often themselves). Bear in mind, however, that America has long ruled its science with politics, rather than vice-versa, as it should be.

SUDDEN INFANT DEATH SYNDROME

A great mystery surrounds SIDS. This is the abbreviation for sudden infant death syndrome. It is popularly known as "crib death." What is it? And more important: what causes it?

Parents fear the terrible possibility that—suddenly—their baby may die. As is happening in many other homes in the nation, they fear that, at any time, they may walk to the crib and find that their infant is no longer alive.

The most popular medical theory about SIDS is that the central nervous system has somehow stopped functioning properly, so that the involuntary act of breathing is suppressed. The child stops breathing and dies. But only a shadowy mystery lies beyond that. What causes SIDS? Yet there is information available. Every mother in the land should be made aware of it:

Dr. William Torch, of the University of Nevada School of Medicine at Reno, issued a report that the DPT (diphtheria, pertussis, tetanus) shots may be the cause of SIDS. He found that two-thirds of 103 children who died of SIDS had been immunized with DPT vaccine within three weeks before their deaths! Many died within a day after getting the shot. Torch maintained that this was no mere coincidence, but that a causal relationship was involved.

In 1978-1979, during an expansion of the Tennessee Childhood Immunization Program, eight cases of SIDS were reported immediately following routine DPT immunizations. The U.S. Surgeon General quietly had the manufacturer recall all unused doses of that batch of vaccine.

In 1983, the UCLA School of Medicine, working with the Los Angeles County Health Department, reported a study of 145 SIDS deaths. DPT vaccinations were routinely being given, and it was found that 27 died within 28 days after being immunized; 17 of them within a week after receiving the shot; 6 within 24 hours after.

It was also noted that breast-feeding is one of the best ways a mother can help her child avoid SIDS. It is well-known in the medical world that mother's milk contains substances which help protect the infant against disease, until its own immune system grows stronger.

DPT vaccinations continue to this day throughout the land. Every so often infants suddenly die. And people wonder. Why?

Although a quantity of case studies, implicating vaccinations, have been collected, yet nothing is done to stop the vaccination of infants.

"In March 1979, it was suggested that there might be an association between immunization with diphtheria and tetanus toxoids and pertussis vaccine absorbed (DPT), Wyeth Lot 64201, and the sudden infant death syndrome (SIDS) in Tennessee. An extensive investigation following this report neither established nor refuted a causal relationship (Hutcheson, "Follow-up on DTP Vaccination and Sudden Infant Deaths: Tennessee," *Morbidity-Mortality Weekly Report* 28:1351 1979; Brunier and others, "Diphtheria-Tetanus Toxoid-Pertussis Vaccination and Sudden Infant Deaths in Tennessee," *Journal of Pediatrics*, 101:419-421, 1982).

To clarify this issue, the Department of Pediatrics, School of Medicine, University of California at Los Angeles, conducted a study of SIDS in Los Angeles County (Baraff and others, "Possible Temporal Association Between Diphtheria-Tetanus Toxoid-Pertussis Vaccination and Sudden infant Death Syndrome," *Pediatric infectious Disease*, 2:7-11, January 1983).

Parents of 145 SIDS victims who died in Los Angeles County between January 1, 1979, and August 23, 1980, were contacted and interviewed regarding their child's recent immunization history. Fifty-three had received a DPT immunization. Of these, 27 had received a DPT immunization within twenty-eight days of death. Six SIDS deaths occurred within twenty-four hours, and seventeen occurred within one week of DPT immunization. It was concluded these SIDS deaths 'were significantly more than expected were there no association between DPT immunization and SIDS'—H. E. Buttram, M. D. and J. C. Hoffman, Ph. D., 1991.

It appears that SIDS, so destructive of human life and so terrifying to parents who experience it in their own home, is totally unnecessary.

In a study in Queen Alexandra Hospital, Hobart, Tasmania, reported by Dr. Viera Scheibner, about one half of the babies who succumbed to cot death (SIDS) had recently been vaccinated ("Cot Death Due to Exposure to Nonspecific Stress: Its Mechanisms and Prevention," a scientific paper for the Association for Prevention of Cot Death in Blackheath, New South Wales, 1990). In examining and discussing the basis for deaths following vaccination, Scheibner pointed out that noxious substances such as formaldehyde (used as a fixative in some vaccines) can cause serious organ damage. 'The single most common and preventable cause of death in infants due to stress for noxious substances is vaccination,' she wrote. Yet, she said, the effect of vaccinating babies has never systematically been studied, recorded, and analyzed.

Moreover, Dr. Scheibner declared, parents of infants brain damaged after DPT vaccination are led to believe that unless the damage occurs within twenty-four hours it was not caused by the shot. However, the damage often occurs two weeks later."—*Ibid.*

COT DEATHS a.k.a. S.I.D.S. - Sudden Infant Death Syndrome

Death By Lethal Vaccine Injection

By Christine Colebeck -

Monday, August 12, 2002

Today is my daughter's sweet 16th birthday but we will not be celebrating. Instead I will light a candle and when I blow it out I will make a wish in my daughter's memory. My wish is for all mother's worldwide, that you will educate yourselves and that you make informed choices so that you may prevent unnecessary tragedy and be spared from my pain.

Laura's Story - After 41 weeks of pregnancy, on July 27th, 1986, a perfect and healthy little baby, Laura Marie, made her entrance into the world. We were welcomed home by family and friends anxiously waiting to meet the new family member. They showered her with so many beautiful, little tiny, pink dresses, we joked that she would never be able to wear them all in one lifetime.

Our lives changed completely and now revolved around stroller walks in the park, visiting friends, changing diapers, night feedings and shopping for more little pink dresses. We were parents now, we had a family and life was absolutely perfect.

I took Laura for several baby check-ups at the pediatrician. She was a kind and gentle older woman. At 3 months old, the pediatrician was very pleased with Laura's development and weight gain and vaccinated her with DPT OPV. I didn't even question her, I knew that all my friend's babies had this same vaccine and "all good mothers" vaccinated their children to protect them. I left the pediatrician's office and walked home.

Laura was very fussy, which was unusual. She was crying loudly all the way home in the stroller. When we got home, I realized she had urinated so heavily she wet everything in the stroller. Then her cry turned into screaming and she developed a fever, her leg was very swollen and red, and felt hot. I called the pediatrician who told me this was "normal" and to give her

Tempra. I gave her baby Tempra and I felt better, the pediatrician had assured me this was normal.

Laura continued to scream and I could no longer console her. My every instinct told me this was not normal but I was young with my first child and trusted the doctor. I could not hold Laura in my arms because she screamed louder as any movement of her leg seemed to cause her terrible pain. I put her in the swing and she cried herself to sleep. I was so relieved, the Tempra was working and the doctor must have been right. I began to feel silly for all my worrying. A short time later, Laura woke up screaming and spent the evening screaming and sleeping on and off.

She had no appetite and nothing made her stop crying. Finally it was bedtime and she cried in her crib, until she fell asleep. She had never cried herself to sleep before and I felt very bad for letting her but if I held her, she screamed louder. My husband came home from work and I told him about everything that had happened that day. Laura was sleeping soundly in her crib and we were both relieved that she seemed to be feeling better and decided not to worry... I should have worried.

In the morning I awoke and was startled to realize my husband had slept in for work. I immediately knew something was wrong and the worry from the previous night came rushing back to me. I quickly ran to her crib, with a feeling of dread. She did not look right. I closed my eyes tight and opened them again, and considered the possibility that this was a dream, but when I opened my eyes she looked dead.

I went into shock and after that, much of this day remains a blur. I touched her and she was very warm. I screamed for my husband to call 911.

I watched as he performed CPR, my body was frozen and I couldn't move. He tried to revive our child to no avail. He was shouting for me to open the door for the paramedics, I was temporarily jolted back to reality and I went and opened the door. I could now move but couldn't speak. I just stood there numbly shaking my head, feeling completely helpless as dozens of paramedics, police and firemen rushed past me into our home. I didn't cry, and I wanted to scream at them to leave her alone but I couldn't speak. She was on the floor and they were shocking her tiny body, in the little bedroom with the yellow painted walls and clown wallpaper. I stood there praying in my head that they would just leave her alone, that they would get out of her bedroom and that I would wake up from this horrible dream.

Then I heard someone saying there was a faint pulse and I suddenly felt hopeful. She was rushed from the house in an ambulance. It was then that the homicide detectives led us into another room and the interrogation began.

They decided that my husband and I needed to be questioned in separate rooms. I immediately realized they suspected that we had done this to our child. We all know that perfect children do not suddenly die for no reason. I was silent, I had already decided in my own mind that this was somehow all my fault and although I wasn't quite sure what I had done to kill her, I was convinced that I had somehow caused this to happen. Perhaps, I was being punished by god for a sin or perhaps it happened because I had let her cry herself to sleep that night. The fact remained that my child was dead and "good mothers" do not have dead children.

My husband began to protest loudly about the line of questioning and he demanded we be taken immediately to the hospital, to see our child. The detectives finally took us to the hospital and put us in the "bad news room." The doctor came and insisted we sit down before he spoke to us. He began telling us that they had tried this and that and then finally he said the words that would echo in my ears for a lifetime:

"She is dead."

The pediatrician whom I so respected and adored broke down and cried when I gave her the news on the phone. She went back and forth defending the vaccine that she was told was safe, and blaming it for killing my child and those who told her it was safe.

She then told me that she also had another patient, an infant boy, die after this same vaccination.

Then the detectives took us home for more questions, often repeating the same questions several times until they grew tired of asking them. The questions constantly centered around our involvement, then they searched the house and checked for signs of forced entry. My husband repeatedly told them that he thought the vaccine had killed our child and told them over and over about her unusual behavior since she was vaccinated.

Everyone we knew arrived at our house. I made coffee and tidied the house, like it was any other day and we were having

"guests". Shock is a strange and wonderful thing and of course you don't know you are in it.

My parents finally insisted on taking me to their house for a few days, while my husband and his friends had the horrendous task of packing up the nursery because I couldn't stand to look at it any longer. The room I had so lovingly made was now empty and a source of great pain.

Several days later, after the funeral and the tiny white coffin that was so small my husband carried it alone, I finally came out of shock and allowed myself to cry a river. I cried for all the things I would never do with my daughter. All the ballet classes I would never take her to, the wedding I would never attend, the grandchildren I would never know and all the dreams I would never realize with her. I cried for all that was and all that would never be.

There was an emptiness inside of me that threatened to swallow me up whole, as I fell into the depths of grief during the darkest days of my life.

The detectives eventually became satisfied that we had not harmed our daughter in any way and the investigation into her death ended. We were then left without answers.

The doctors did not want to talk about her death being related in any way to the vaccine and, one after the other, refused to answer our many questions. I was repeatedly told that vaccines were for "the greater good." I was even told that loss of life through immunization was "expected" in the war against disease but these losses were considered to be at "acceptable" levels. However, this did not feel very acceptable or good to me as a mother with empty arms that ached for my child. The coroner finally told us months later that the cause of death was determined to be "SIDS" (sudden infant death syndrome), meaning "no known cause," and refused to release a copy of the autopsy report to us.

It took almost a year for us to obtain this report and to our great horror, we realized that the autopsy summary was copied directly from the vaccine product monograph under the heading "Contraindications" as follows:

"Sudden infant death syndrome has been reported following administration of vaccines containing Diphtheria, tetanus toxoids, and pertussis vaccine. However, the significance of these reports is not clear. One common factor is the age where primary immunization was done between the age of 2 to 6 months, a period where most sudden infant death syndromes are found to occur with a peak incidence being at 2 to 4 months."

There was no toxicology testing performed and the pediatrician never filed an adverse vaccine reaction report with health authorities. I later learned that most vaccine-induced deaths in this country are listed as SIDS and SIDS statistics are NOT included in vaccine adverse reaction data, even if a child dies only a few hours after receiving inoculation. This data is presented to physicians and the public to reassure them that vaccines are safe.

The government's own literature advises that there has been little or no testing in the area of vaccine safety or efficacy. Essentially, our children are the test. According to their literature, immunization is "the most cost effective" way to prevent disease. Nowhere in their literature does it claim to be the safest. We are trading our children's lives to save the government money. We are told that the benefits outweigh the risks but many of the diseases that we vaccinate for are not even life threatening; however, the vaccine itself has the potential to kill.

Vaccines kill at a much higher rate than we are led to believe. We play vaccine roulette with our children's lives and we never know which child will fall victim next.

If the odds are 1 in 500 thousand for death, 1 in 100 thousand for permanent brain injury, 1 in 1700 for seizures and convulsions or one in 100 for adverse reaction, are you willing to take that chance? Are any odds acceptable enough to convince you to gamble with your child's life?

I can assure you that death from vaccination is neither quick nor painless. I helplessly watched my daughter suffer an excruciatingly slow death as she screamed and arched her back in pain, while the vaccine did as it was intended to do and assaulted her immature immune system. The poisons used as preservatives seeped through her tiny body, overwhelming her vital organs one by one until they collapsed. It is an image that will haunt me forever and I hope no other parent ever has to witness it.

A death sentence considered too inhumane for this county's most violent criminals was handed down to my beautiful, innocent, infant daughter, death by lethal injection.

Today, on my daughter's birthday, I will grieve not only for the loss of my own child but for all the innocent children for which the benefits of vaccines do not outweigh the risks and are unnecessarily sentenced to death by lethal injection, under the guise of "the greater good."

The true war is not against disease; we have somehow become our own worst enemy by putting our faith in (fraudulent ZL) science instead of nature. Today, I call on all mothers across the world to join me in putting an end to this senseless slaughter of our most precious resource, our children.

Response from Dawn Richardson, President, PROVE

Dear PROVE Members

I am forwarding this as a tribute to baby Laura and all the other children who have been injured or killed by a vaccine so that parents can learn another side to the vaccine story.

When I was almost 8 months pregnant with one of my daughters, I had volunteered to go to the Travis County Morgue with Karin Schumacher who, for years before she went to Law School, ran the NVIC news-list. Karin asked me to help her go through autopsy reports of infants listed as SIDS deaths and look at vaccination information. I will never forget the experience. We sat there in this basement buried in infant autopsy reports as my own baby kicked and turned inside of me.

Here were two of our observations:

1) A highly disproportionate amount of SIDS deaths clustered at 2, 4, and 6 months -- which are the very times infants are vaccinated. If vaccines had nothing to do with these, the numbers should have been randomly spread throughout the first 6 months of life. Not so. I challenge the naysayers to go to any morgue in the country and to be honest and see what I'm talking about.

2) It was shocking at how rare it was for the vaccine information to be recorded and how little investigating into the cause of death of these babies was actually done. It floored me that when the vaccine information was even mentioned, it was often so incomplete. Medical examiners routinely missed asking for this indispensable information and failed to note the correlation of the date when the child died to even raise the question.

One of the things that struck me when reading Christine's story is that here we are 16 years later and so many doctors are still downplaying and denying the risks of vaccines and healthy babies are still dying after being vaccinated.

One of the most offensive things that Senator Frist (www.senate.gov/~frist/Contact/contact.html) has in his vaccine bill which shields the drug companies from all liability when a vaccine injures or kills someone is that he is proposing that the federal government increase the amount of money that a parent receives from the government compensation program when their child is killed by a vaccine. Parents are not willing to be bought off with this blood money. Elected officials like Frist who want to eliminate the financial responsibility of the drug companies all together and throw the bone to parents that the government will pay them more if the government mandated vaccine kills their kid need to be voted out of Congress. If you haven't sent your email notes to your senators to oppose S 2053 yet - PLEASE do! If drug companies have ZERO threat of liability, the one thing we can be certain of is that stories like [Laura's] will become far more common.

The key to change is education. Fortunately, the Internet allows parents to educate parents. Please stop for a quiet moment after reading the note and say a prayer for all the babies whose lives were ended before they even got a chance to really start and then take the time to forward this on to other parents. Sincerely, Dawn Richardson President, PROVE

www.vaccineinfo.net/national_issues/oppose_Frist_bill_s2053.htm
<http://groups.yahoo.com/group/curezone/>

Crib Death...or Vaccine Death? Tedd Koren, D.C.

The mother places her smiling baby in the cradle. Exhausted after a long day she begins to nod off herself. But something isn't right. The baby is silent^the baby isn't breathing! She rushes to the crib, picks up the still infant and gives a shake. The baby gasps and cries 'blessed' crying. The terror subsides into relief, 'my baby is all right, my baby is all right'. Ten thousand times a year she doesn't reach her baby in time.

It's called crib death or sudden infant death syndrome (SIDS) and it's the second largest cause of infant deaths in the U.S. (congenital malformations are first).

Although the cause of crib death is officially classed as 'unknown' disturbing reports have emerged over the years challenging that position. Independent researchers from different countries noticed that babies die of crib death during that period when they receive DPT shots. The reports, buried in journals and ultimately ignored, were termed 'coincidence' by medical authorities.

And then in 1985, in Australia, Viera Scheibner, Ph.D., a researcher with over 90 published scientific papers in refereed journals to her credit, was using a computerized breathing monitor to study babies breathing patterns. She discovered: 'babies, breathing was affected in a certain characteristic manner and over a long period of time [40-65 days] following DPT injections....We also learned from the parents of crib death infants that most commonly the child had died after DPT injection' said Dr. Scheibner.

When the local medical groups reacted angrily to Dr. Scheibner's discovery she was shocked. 'We realized that we had touched a very serious and contentious issue....The resistance we encountered...became the best and most effective goad to us to continue. So I wish to thank those who would not speak out against the silent killer of babies' said Dr. Scheibner.

Is crib death the same as vaccine death? According to medical historian Harris Coulter, Ph.D., it is impossible to tell the difference between the two. As Dr. Coulter says, 'At a vaccination committee meeting in Washington, D.C. where they had a panel of people from about ten countries. I asked, 'How can you tell the difference between sudden infant death syndrome and death from vaccination?'

The Americans simply could not answer the question, but the European representatives were more honest and said, 'Indeed, there is no way in the world that we can tell the difference between them and it is a very big problem for us. It appears that M.D.s invented the term sudden infant death syndrome to explain away the coincidence, that babies die about the same time they receive vaccines' says Dr. Coulter.

As if on cue, news arrived from an unexpected quarter. Along with many European countries, Australia made childhood vaccination non-mandatory. When half of the families opted out of the vaccine programs SIDS (crib death) dropped by 50%!

Searching the literature, Dr. Scheibner discovered that when Japan moved the vaccination age to two years in 1975 crib death and infantile convulsions virtually disappeared! Japan then recorded the lowest incidence of infant mortality in the world. (American babies receive their first shot at two months.)

Recently the Japanese government made vaccination under the age of two years an option. Many parents took that option, had their child vaccinated at age 2 months, and crib death is now increasing.

Dr. Coulter is known to many in this field as the co-author (with Barbara Loe Fisher) of *DPT: A Shot in the Dark*, the first major work revealing the damaging effects of childhood vaccinations. The book is credited with launching the modern anti-vaccination movement. His more recent book, *Vaccination, Social Violence and Criminality*, studies the long-term effects of vaccination and its relationship to conditions such as autism, dyslexia, attention deficit disorder, and other conditions that barely existed before the advent of mass vaccination programs.

Dr. Coulter claims that vaccines cause encephalitis, or brain inflammation. When it damages the nerves that control breathing crib death results, but not always. If the damage is more mild the child may develop asthma, which along with the above mentioned conditions of childhood, is also increasing dramatically.

Although long denied by medical groups the vaccination-crib death link has been recognized by the National Vaccine Compensation Office in Washington. So far about \$500 million has already been awarded to families of vaccine damaged children with about half the money to the parents of children killed by shots. Their death certificates were originally labeled 'sudden infant death syndrome of unknown origin' since doctors are loathe to write 'vaccine death'. (There are about 4,000 more cases in the pipeline with total compensation in the several billions of dollars. Right now no more money can be awarded, the compensation office is presently bankrupt.)

Realizing that the public and many health professionals are simply not given the larger picture of vaccine damage, Dr. Scheibner studied thousands of journal articles to produce *Vaccination, The Medical Assault on the Immune System*. This book describes how vaccines are much more dangerous to children than we've been led to believe, 'Immunisations, including those

practiced on babies, not only did not prevent any infectious diseases, they caused more suffering and more deaths than has any other human activity in the entire history of medical intervention. All vaccination should cease forthwith and all victims of their side-effects should be appropriately compensated', says Dr. Scheibner.

In an interview with Dr. Coulter, this author asked him how, in light of the present findings, the denial of the crib death-vaccine death connection persists. He responded: 'I believe that this information will eventually come out; it can't be denied much longer. It's just a matter of time'.

Autism, Encephalitis, & Vaccination Tedd Koren, D.C.

Autism, from the Greek word auto (self), was first described in 1943 by psychiatrist Leo Kanner: 'This condition differs markedly and uniquely from anything reported so far' said Kanner. Autistic children are totally self-absorbed and alienated—they are in their own world, detached, unresponsive, unable to relate to others, often mentally retarded, hyperactive and violently aggressive.

'This disorder is difficult to characterize, but a very prominent feature is the inability to relate to or communicate with other human beings in ways that are natural or meaningful,' says Bernard Rimland, Ph.D., director of the Autism Research Institute. Rimland's 1964 book *Infantile Autism—the Syndrome and Its Implications for a Neural Theory of Behavior* is credited with demolishing the idea that bad parenting or mental illness caused autism. 'Autism is a biological disorder, not an emotional illness. Refuse psychotherapy, psychoanalysis and intensive counseling. These approaches are useless...' recommends Rimland. (From *Autism, Journey Out Of Darkness* by Carolyn A. Gazella (Health Counselor Magazine, Vol. 3 No. 6; June/July 1994)

Five out of 10,000 babies are autistic and its cause is considered unknown. Although each autistic child is different, in general about 75% have some degree of mental retardation and another 10% are known as autistic savants. (Like the character Dustin Hoffman played in *Rain Man*). Now that emotional factors have been ruled out, experts are now looking for a brain malfunction caused by physical, chemical, or biological abnormalities. Its cause is a mystery.

But not to medical researcher and historian Harris Coulter, Ph.D. 'The first victims of the medical assault on the American brain were the autistic children,' says Dr. Coulter. 'Autistics ordinarily suffer from multitude disorders 'mental retardation, epilepsy, cerebral palsy, and others' which are clearly of neurologic origin...autism is a neurological disorder...The first cases of autism emerged in the United States at a time when vaccination against whooping cough was becoming increasingly popular'. (Vaccination Social Violence and Criminality, *The Medical Assault on the American Brain* by Harris Coulter, Ph.D. the following quotes of Coulter are from his book):

How does vaccination cause autism?

The answer: encephalitis. Although encephalitis or 'brain inflammation' can be caused by severe infection, trauma to the head and severe burns, those occur rarely compared with post-vaccinal encephalitis following vaccination.

Autism and minimal brain damage

While rare before mass vaccination programs began are now widespread disorders. Coulter's claim that they are the result of post-encephalitic syndrome resulting from childhood vaccination should be disturbing to anyone with a child who has a learning disorder, is hyperactive, dyslexic, suffers from cranial nerve damage, or is, of course, autistic.

'Kanner was mistaken in thinking that autism differed from other diseases', says Coulter. 'He may be excused for his error; he was not a neurologist but a psychiatrist. The symptoms Kanner called autism would have been immediately recognized by a neurologist as post-encephalitic syndrome'.

Encephalitis was well known in the second and third decades of this century. Infectious encephalitis occurred in epidemic numbers in mental institutions and reform schools, the home of many post-encephalitic syndrome. Individuals were left with a wide variety of neurological conditions after encephalitis ravaged their brains, creating conditions often identical to post-vaccine damage, among them ...autism.

In examining the enormous literature on infectious encephalitis, I realized very quickly that the long-term effects of encephalitis is totally congruent with what we see today in the DSM3 of the American Psychological Association as 'Disorders usually evident in infancy or childhood' (developmental disabilities). That includes autism, hyperactivity, dyslexia, attention

span difficulties and several dozen other conditions.

'This is, at first glance, a startling omission' says Coulter. 'When the neurologic (as opposed to psychological) nature of autism was finally revealed, mental health professionals should have immediately appreciated the tie with encephalitis. Furthermore, it had long been known that a variety of encephalitis was caused by vaccination. But this is precisely why physicians shied away from the topic! Since no one wanted to impugn the vaccination programs, encephalitis was never discussed openly and fully.

DPT vaccine and encephalitis.

The Vaccine Compensation Bill of 1986 provided for the establishment of a committee under the The National Academy of Sciences Institute of Medicine to review data on vaccine damage. This committee has published two books - one in 1989 and one in 1993 on the damage of various vaccines and they have stated in the first of these books that the evidence supports the existence of a causal relationship between the DPT vaccine and encephalitis. That has changed the whole terms of the debate because now you can talk of vaccine damage in terms of encephalitis that is a much more solid scientific basis.

But no biological phenomenon is either all or nothing. Vaccination cannot be considered to either leave a child perfectly normal or have a very severe impact on a child. There's got to be a range of effects...how about the children in the middle? How about those who are slightly affected by the vaccine? Anybody who knows anything about the biology of medicine knows that this has to be because it would be impossible to stress a large group of people, like two million babies a year in the United States and not have the reactions go along a whole range of effects....Some of the side effects or long term affects make themselves felt not the next week or two weeks later but five or ten years later when the parent realizes that their child is not acting or behaving like other children act and tries to figure out what the reason for that is.

The numbers of damaged children we are dealing with appear to be very high. Although medical authorities may claim that perhaps 'one child in hundreds of thousands of children are in any way affected by vaccination', that may be a pathetic underestimation.

For example, in the first book to seriously attack the medical myth of vaccine safety, DPT: A Shot In The Dark Coulter and Fisher estimate that 12,000 -15,000 cases of severe neurological damage are caused by childhood vaccines each year. However those numbers pale beside Coulter's statement that 'one child in five or six is affected to some degree by the vaccination...about 20% of the population.... '

When some researchers investigate this information they are led to state, as does Viera Scheibner Ph.D. in her incredible book, Vaccination: The Medical Assault on the Immune System, (one of the greatest anti-vaccination books written to date): 'Vaccination is the epitome of ignorance and the unscientific approach to illness....Immunizations, including those practiced on babies, not only did not prevent any infectious diseases, they caused more suffering and more deaths than has any other human activity in the entire history of medical intervention. It will be decades before the mopping-up after the disasters caused by childhood vaccination will be completed. All vaccination should cease forthwith and all victims of their side-effects should be appropriately compensated'.

Let us close with Dr. Coulter, who reminds us that this subject is difficult to discuss, in spite of the evidence: 'Awareness of the relationship between these neurological disabilities and the post-encephalitic syndrome has been blocked...by reluctance to admit that the childhood vaccination program is the only possible cause of a mass epidemic of clinical and sub-clinical encephalitis'.

What will you think the next time you see a deaf child, a child in a wheel chair or a hyperactive child? Bad luck, bad genes or bad vaccines?

'I came to the logical conclusion that if vaccination causes encephalitis, and if a lot of people suffer from what looks like the consequences of encephalitis, therefore vaccination causes these particular consequences'. Quote from Upledger, the Crystal skulls-locked cranium. Most severe health problems have one or two cranial bones fixated, Upledger found it difficult to find one bone unfixated. Children always wanted to be outdoors-barometric pressure changes, a physiological problem. Hitting head to get it to loosen up.

The above mentioned books: Vaccination, The Medical Assault on the Immune System (\$26.00) by Viera Scheibner, Ph.D. Vaccination, Social Violence and Criminality (\$14.95) by Harris Coulter, Ph.D. and A Shot in the Dark (\$9.95) by Fisher and Coulter are available from Crofts Health Products (604) 324-2121 croft@cwhealth.com

Excerpt from Dr Buchwald's testimony
at Dr Guylane Lanctot's trial:

"I wrote a paper entitled, 'Vaccinations: A Crime Against our Children'. I received written reprimands from the College of Physicians. In Germany, we have a law called "Kronegesetz" in the Civil Code, which stipulates that everyone has the right to freely voice his or her opinion. When I was fed up with this nonsense with the College, I drew their attention to the fact that their responses were actually a breach of those sections of the law. German judges, who deal with these issues, are very touchy on this issue... It is impossible to suppress the free speech of a physician in a free country which is why the College knew that it would lose. They also knew that the press would really have a field day. Since then I've heard nothing more... - He continues with a brief history of his experiences in general and describes how he got interested in the whole question of immunization. He recalls that after graduating from medical school, he was a supporter of vaccination policies, as was everyone else he knew.

Then he relates to the Committee the story of the eldest of his three children, born in 1957, who at eighteen months received a smallpox vaccination and who, eight days later was no longer able to stand up in his crib. Until then, his son's development had been absolutely normal:

"He fell sick with a post-vaccination encephalitis, and ever since, I have a completely destroyed human being at home."

It was at that time that someone approached him to become a member of a protective association in Germany. It was through this group that he got to know other vaccination damage cases.

"Back then, I was working in one of the oldest lung illness treatment centers in Germany, and just by chance, I looked at the files of those people who had fallen ill during the first German epidemic of smallpox, in 1947. Up to 1974, starting after the WW II, we had eleven smallpox epidemic events in Germany. We had always been told that the smallpox vaccination would protect against smallpox. And now, I could verify, thanks to the files and papers, that all of those who had fallen ill had been vaccinated. This was very upsetting for me..."

Dr. Buchwald draws the Committee's attention to a series of about 50 graphs in his book which show that vaccinations have no effect on the decline of infectious diseases.

Lanctot.: If vaccines didn't have any effect on the decline of infectious diseases, what then caused this decline?

Buchwald: "A British professor of social medicine, Thomas McKeown, showed that the decline in infectious diseases in developed countries had nothing to do with vaccinations, but with the decline in poverty and hunger..."

L.: Why do you refer to vaccination as a business?

B.: You know, one vaccine against smallpox costs about 600 DM, and the proclaimed target or goal is to vaccinate three billion people in this world. So if this is not business... The vaccination against hepatitis costs 250 DM and you need three of them... Vaccination is a huge business for the pharmaceutical industry.

L.: You mentioned earlier that the first criterion in medicine is to do no harm... And you referred to these ethics in your book: Do No Harm... be helpful, the well-being of the patient is the supreme rule, the will of the patient is the supreme rule... Does vaccination respond to those rules?

B. No, and I cannot understand it. Those rules are always being stressed by our physicians and by the medical community except when it comes to vaccination...

L.: Are vaccination campaigns waged out of fear? Are they made to scare people?

B.: I have lectured all over the world... I have always had a special interest in newspapers. All of them have one thing in common, there is always some reference made to some epidemic in some part of the world. For instance, two years ago, one paper referred to a polio epidemic in Holland. For the past three years, our newspapers have commented on the diphtheria epidemic in Russia. By these means, the population is constantly threatened with epidemics, they have been made to fear them, and the reports always conclude: "Go and get vaccinated".

Failure of the Primary Function.

Certainly the primary purpose of a vaccine is to protect those injected from a specific disease. In fact, many vaccines have not only substantially failed in such protection, they have frequently caused the very diseases for which they were supposed to offer protection. America's own Centers for Disease Control (CDC) in Atlanta admitted in 1992 that the polio live-virus vaccine had become the main cause of polio in the United States. Specifically, the CDC asserted that, from 1973 to 1983, 87% of all (non-imported) cases of polio resulted directly from vaccine administration. Even more amazingly, it was asserted that every non-imported case of polio in the United States from 1980 to 1989 was vaccine-induced. Even Dr. Jonas Salk himself (the developer of the first polio vaccine in 1955, a killed-virus preparation) was quoted to say: "When you inoculate children with a polio vaccine you don't sleep well for two or three weeks".

For those who may think much of the above is some sort of statistical manipulation, consider that the overall number of reported cases of polio in the United States following the large-scale usage of Dr. Salk's killed-virus vaccine increased substantially.

Nationwide, the incidence appeared to double, with some states reporting 400% to 600% increases. And although polio has largely disappeared from the United States today, the evidence does not support the polio vaccine as being the cause of this. Not only had the polio death rate already declined by roughly 50% from 1923 to 1953 (well before the introduction of the vaccine), polio incidence was also similarly declining in Europe as well, and it continued to decline there even without the mass inoculations that were implemented in the U.S. The vaccine supporters nevertheless give full credit for disease eradication to a vaccine that merely 'jumped on the bandwagon' at the end of ride.

While the initial observations here have focused on the polio vaccines and their effects, similar patterns were present in the other infectious diseases and their vaccines.

Smallpox

Now considered to be an "eradicated" disease, was well on its way to extinction prior to the introduction of a vaccine for it. Furthermore, in the underdeveloped countries where the threat of rampant epidemics was felt to be greatest, less than 10% of the children ended up with inoculations. Yet the disease still eventually disappeared at the same rate in those areas as in the heavily vaccinated areas. From 1915 to 1958, the measles death rate had already declined by greater than 95%, prior to the introduction of any vaccines for it.

Even the current traditional medicine textbook on vaccinations documents the above noted natural trend toward the extinction of smallpox. The 1994 edition of *Vaccines* by Plotkin and Mortimer states on page 29, regarding the declining smallpox incidence in the United States in the first half of this century:

This progress occurred in the absence of any nationally coordinated smallpox control effort, and little is known about the extent of vaccination immunity in the country during the 1940s or about the epidemiology of smallpox.

This would seem, then, to be a corroboration from traditional medicine that, at least in the case of smallpox, little real contribution to the demise of the disease was made by the smallpox Vaccine.

Do No Harm?

It doesn't take an enormous amount of common sense to realize that any intervention to protect or restore health should do precisely that, and it should do that clearly more often than it compromises the very health it seeks to preserve. Unfortunately, vaccines appear to frequently fall far short of this desirable goal.

Germany - typically a health leader in the world, initiated compulsory diphtheria vaccinations in 1939. Although it was a relatively rare disease, 150,000 cases were then seen in Germany.

France - not wanting to undergo a similar mistake, opted for no such vaccinations, but the subsequent military occupation by the Germans resulted ultimately in a similar mandatory vaccination program, and the diphtheria case count in France soared to greater than 45,000 by 1943. As a stark comparison, unvaccinated Norway recorded only a mere 50 cases at this same time.

Viewed from a slightly different perspective, the inadequacy of many vaccinations becomes even more apparent when one reviews the vaccination status of all who eventually manifest disease. One would like to think that even if much disease was

caused by the vaccine, far more was prevented by the intervention. Here, too, the news is unsettling:

58% of all the reported measles cases in American schoolchildren in 1984 occurred in spite of vaccinations. Obviously, the unvaccinated children had the best "protection" against measles that year. Outbreaks of such disease continue to occur even in populations that have been virtually 100% vaccinated.

Rubella, typically an extremely benign disease in children, usually runs its course in two to three days. The main concern with this disease arises when pregnant women contract it. If the virus is present during the first trimester, there is an increased incidence of birth defects. However, a natural immunity to rubella resulting from contracting the disease as a child generally confers lifelong protection. Rubella vaccine, however, consistently fails to provide permanent protection. Ironically, and even tragically, then, many women of childbearing age do not have a natural, permanent immunity to rubella, and the assumption of being protected by an earlier inoculation is often wrong. An earlier shot might have only served to deprive a given woman of the opportunity to acquire a natural immunity from a natural, mild infection.

In one Australian study, 80% of all the army recruits vaccinated only four months earlier with the rubella vaccine still came down with the illness. Such a poor efficacy, combined with the possible lost opportunity at obtaining a natural, permanent immunity, hardly warrants widespread vaccination for this disease, even if the intended goal of less birth defects is a noble one.

Even among the physicians who are the biggest purveyors and promoters of vaccination, it would appear that when the needle is turned around, the inoculation mania subsides. In a study published in the *Journal of the American Medical Association*, 90% of obstetricians and about 70% of pediatricians refused to take the rubella vaccine. The possibility of "unforeseen vaccine reactions" seemed to have their concern. Apparently, what's good for the goose is not always what's good for the gander. If these vaccines were truly all they were purported to be, these good doctors should have been pushing each other aside to be first in line to get stuck.

Pertussis Vaccine - An Immune System Sledgehammer. In 1992, the CDC admitted that the polio live-virus vaccine had become the largest cause of polio in the United States. Specifically, the CDC asserted that, from 1973 to 1983, 87% of all (non-imported) cases of polio resulted directly from vaccine administration. Furthermore, it was also asserted that every non-imported case of polio in the U.S. from 1980 to 1989 was vaccine-induced.

Arguably the worst of the vaccines is the pertussis vaccine. It's often given in concert with the diphtheria and tetanus vaccines (DPT). In addition to sharing a similar ineffectiveness with many of the other vaccines, it also seems to be somewhat uniquely vicious in its assault on the immune system, causing or facilitating a host of different syndromes, predominantly neurological. Infants are virtually the sole recipients of this vaccine, and they are the least prepared to handle it. The immune system in a six- to eight-week old infant is still quite immature, requiring yet the direct support of maternal antibodies and other immune factors passed along in mother's milk. This infantile immune system is often no match for the crude, toxic potion called the DPT shot. Aside from the bacterial portions of the vaccine, formaldehyde is also present as a "stabilizer," and it is a known carcinogen. Mercury and aluminum compounds are also present, both of which (especially mercury) are known toxins. Mercury (as thimerosal) acts as a preservative, but it can ultimately wreak as much havoc with the body as can the vaccinating microbes.

Statistically speaking, the data regarding DPT vaccinated infants is absolutely frightening. The death rate is eight times greater than normal within only three days of receiving a DPT shot. The dreaded Sudden Infant Death Syndrome (SIDS) clusters very strongly around the typical time frame of DPT shot administration.

DPT vaccinations are usually given at age's two months, four months, and six months. SIDS occurs mostly during the same time frame (85% from one to six months), with the largest incidence occurring at two and four months, in a bimodal fashion. This means that most of the SIDS cases actually cluster directly after the injections, and not in smooth fashion over the entire time period. One study showed that of 103 infants who died of SIDS, 70% had received the DPT vaccine within three weeks.

As of 1975, Japan began deferring pertussis vaccinations until two years of age. A significant drop in serious reactions to the vaccine (of which there are many, the worst of which is SIDS) was noted immediately. The United States has refused to be deterred by such data, however, and some DPT shots are administered here as early as six weeks of age. Often this earlier injection occurs only because it better meshes with the pediatrician's schedule for a "well-baby" check-up.

Vaccination: 100 Years of Orthodox Research Shows that Vaccines Represent a Medical Assault on the Immune System by Viera Scheibner Ph.D.

This book (published 1993) is a concise summary of the results of orthodox medical research into vaccines and their effects. It aims to inform medical professionals, parents and the general public about short and long-term dangerous side-effects, including brain damage and death, of vaccines; of the ineffectiveness of vaccines in preventing infectious diseases, as shown by epidemics in fully vaccinated populations; and the causal link between DPT and polio vaccines and cot death.

Dr Viera Scheibner, retired Principal Research Scientist for the NSW Government with a doctorate in Natural Sciences, has published 3 books and some 90 scientific papers in refereed scientific journals in Australia and overseas during her distinguished career.

She and her husband, Leif Karlsson, an electronic engineer specialising in patient monitoring systems, developed Cotwatch, a true breathing monitor for babies. Vaccination proved to be the most prominent stressful event to sound the alarm. A microprocessor version of Cotwatch recording babies' breathing patterns presented the effect of vaccination clearly on the computer print-outs and the link between vaccine injections and cot death became painfully obvious.

Following this finding, Dr Scheibner studied some 30,000 pages of medical papers dealing with vaccination. She found no evidence that vaccines are safe or effective. Vaccines are highly noxious. They contain formaldehyde, aluminium phosphate, thiomersal (mercury compound), foreign proteins (antigens) and contaminating animal proteins and viruses from the tissues used as growth medium to culture the viral and bacterial components of vaccines. None of these substances should ever be injected into human beings. They erode the immune system and alter the immunological response to diseases.

The appearance of many new, autoimmune diseases like asthma, affecting alarming numbers of children, childhood leukaemia, and cancer, the enormous upsurge in the incidence of cerebral palsy and infantile convulsions seen in children of vaccination age and not before, should all be taken as serious warnings. Infectious diseases contracted at the appropriate age and allowed to run their course are beneficial because they serve to prime and mature the child's immune system.

The overwhelming evidence from the numerous human clinical and epidemiological studies cited by Dr Scheibner demonstrates beyond any doubt the dangers and ineffectiveness of vaccinations and her book is a most valuable contribution towards exposing the myth of vaccinations.

Eleven years ago, Dr Viera Scheibner became involved in the CotWatch programme, designed to monitor childhood breathing patterns. It soon became apparent that children reached a crisis condition coincidental to the day of vaccination. Indeed, Dr Scheibner has scientific evidence to show that Sudden Infant Death Syndrome, or Cot Death, is a 'convenient bin in which to throw vaccine-damaged children'.

MICHAEL BELKIN'S WRITTEN TESTIMONY TO CONGRESS

Hepatitis B vaccine and SIDS Excerpt from the [Compleat Mother website](#) "My daughter Lyla Rose Belkin died on September 16, 1998 at the age of five weeks, about 15 hours after receiving her second Hepatitis B vaccine booster shot. Lyla was a lively, alert five-week-old baby when I last held her in my arms. Little did I imagine as she gazed intently into my eyes with all the innocence and wonder of a newborn child that she would die that night. She was never ill before receiving the Hepatitis B shot that afternoon. At her final feeding that night, she was extremely agitated, noisy and feisty -- and then she fell asleep suddenly and stopped breathing. The autopsy ruled out choking. The NY Medical Examiner ruled her death Sudden Infant Death Syndrome (SIDS). But the NY Medical Examiner (Dr. Persechino) neglected to mention Lyla's swollen brain or the hepatitis B vaccine in the autopsy report. The coroner spoke to my wife and I and our pediatrician (Dr. Zullo) the day of the autopsy and clearly stated that her brain was swollen".

Dr. Frederick R. Klenner of Reidsville, North Carolina had independently reached the same conclusions as Dr. Kalokerinos. He also dramatically demonstrated that infantile scurvy (severe vitamin C deficiency) was a common killer of babies and the main cause of SIDS. Dr. Klenner totally eliminated this disease in his patient population by giving women five to fifteen grams of vitamin C daily throughout pregnancy and lactation (the period of active breast-feeding). This resolved any subclinical scurvy the mother might have had and offered the fetus the chance to develop without the burden of vitamin C deficiency.

As might be expected, Dr. Klenner's infants not only avoided SIDS, even with the continued administration of intrusive vaccines of questionable benefit, they were markedly robust and healthy, avoiding many of the repeated and recurrent viral and infectious syndromes that we seem to simply accept as part of the normal health patterns in our babies.

After weaning, he would continue to supplement the infants with up to one gram daily of vitamin C during the first year, after which he would increase the daily dose by one gram for each year of life, plateauing at ten grams daily for age ten and older.

Artificially fluoridated water, also strongly statistically associated with an increased SIDS rate, meshes nicely with the above reasoning, as fluoride is known to accelerate the depletion of the body's minimal stores of vitamin C. For that matter, any toxin will have a vitamin C-depleting effect.

Dr F Klenner, silenced for successfully using Vitamin C to cure his polio patients, commented: 'Many here voice a silent view that the Salk and Sabin vaccines, being made of monkey tissue, have been directly responsible for the major increase of leukaemia in this country.' Vitamin C being a threat to vaccination profits, this knowledge was suppressed

The Answer to Crib Death

“Sudden Infant Death Syndrome” (SIDS)

Joseph G. Hattersley

1 7031 Glen Terra Court S.E., Lacey, WA 98503-7119.

Abstract

(1) Two doctors on opposite sides of the globe eliminated crib death among their patient populations for 40 years using ascorbate supplementation. Unknown to each other they arrived at the same regimen.

(2) Crib deaths nearly disappeared in Japan in 1975 when first inoculations were postponed until the 24th month of life.

These findings and their explanation are explored. SID is traced to a nonspecific or general adaptation stress syndrome defined by Hans Selye. It is precipitated by a deficiency of ascorbate and also of vitamin B6 and zinc.

SIDS - Since appropriate ascorbate supplementation eliminates crib death, it must not result from a “syndrome” of factors but from a vitamin deficiency. The label for sudden infant death is no longer SIDS but SID—without the final S. And the plural, SIDs, means sudden infant deaths.

Contrary to the official line, there is a preventive for crib death and has been for more than 40 years. It costs only pennies a day. Two pioneering doctors on opposite sides of the globe—unknown to each other—arrived at the same formula for eradicating among their patients' families this tragedy, which young mothers tell me is their worst fear.

Dr Archie Kalokerinos virtually eliminated infant mortality among his Aboriginal and white patients in “outback” New South Wales, Australia since 1967. That's the year he began to use ascorbate, the liver metabolite mislabeled vitamin C. A family physician with distinguished education and training, he retired in September 1992 to write a book on SID. Those dark-skinned people scratch out a living in abject poverty in a harsh environment, subsisting largely on powdered milk, jam and white bread. When he arrived, infant mortality was close to 50 percent—whence the title of his book, [Every Second Child](#). A large proportion were SIDs: unexpected, and unexplained after autopsy. Aborigines treated by doctors using antibiotics and other medicines continued to “[die like flies](#).”

Dr. Kalokerinos got the idea of using ascorbate earlier in his career when he saw a child, dying of scurvy, dramatically recover after an ascorbate injection. He urged 100 milligrams of ascorbic acid daily per month of age to 10 months, always in divided quantities: 100 mg/ day the first month, 200/day the second month and so on. Then 1 gram daily for each year of age to 10 years and 10 grams daily for the rest of life. A sick child was given sodium ascorbate by intravenous injection, the quantity adjusted according to the severity of illness. Some sick children were given oral “[bowel tolerance](#)” [doses of ascorbic acid](#).

If doctors objected that so much oral ascorbate might cause diarrhea, he reminded them that is less serious than death; and the quantity can be shaded. Mammals other than primates and guinea pigs normally generate 3-18 grams a day per 150 pounds body weight, and much [more when stressed](#). So an unstressed 8-lb. animal might generate 160 to almost 1,000 mg/day. If some remarked that the RDA of ascorbate for 150-lb. adults is only 60 mg/day, he informed them that native Fijians, untouched by Western dietary influences, ingested 1,000 to 8,000 mg of [vitamin C a day in their food](#).⁴ And guinea pigs fed a Western diet containing 60 mg/day of ascorbate (adjusted for body weight) rapidly developed arterial damage that leads in people to heart attacks.

For families who couldn't afford the modest cost, he provided the ascorbate purchased in bulk and a little zinc and other nutrients for each mother to add to her baby's food daily. Instinctual body language told baby the slight sour taste of ascorbic acid crystals mixed into the food is good.

He made unannounced home visits to spot check the baby's urine (G. Dettman personal communication 1992). Many people assured him, "Yes, I'm giving the vitamin"; but urine tests showed they weren't and so were risking the child's life. Not all commercial tests are accurate; the Merck ascorbate test, designed to measure levels in food, gives a false positive in the presence of uric acid. In one study that test showed very high vitamin C in the urine of babies who had died SID deaths, but the accurate AMEX C-STIX test showed zero ascorbate. Levels of all other micronutrients, as well, are zero or close to zero in SID babies, as they are in people dead of a heart attack or Alzheimer's disease.

"Because the urine reflects the condition of the blood and varies within large limits in order to help the blood maintain homeostasis [internal stability], the urine is a prognostic indicator of what the blood is doing to maintain homeostasis. It keeps what it needs and tosses off into the urine what it doesn't want. Vitamin C is one of the threshold substances; the blood should have enough to toss a certain amount into the urine." 8 This vitamin in the urine doesn't at all indicate that it is being "wasted," as misinformed (or malmotivated) nutritionists and doctors want us to believe. If a specific concentration of ascorbate doesn't appear in urine, the baby isn't getting enough.

Dr. Kalokerinos and his partner Glen Dettman, a distinguished biomedical scientist with expertise in microbiology—who concurs with my analysis—did their study without research funding or publicity, constantly harassed and opposed by prevailing medicine, their manuscripts rejected by mainline medical journals. 7 I saw them present their message and data on American television in 1976, and they addressed a radio audience estimated at 80 million in 1982 after publication of Kalokerinos' book. But they couldn't explain his results well enough to convince audiences; only 10,000 copies of the inexpensive book were sold.

Confirmation is critical.

Frederick R. Klenner of Reidsville, North Carolina, also virtually banished infant mortality after hundreds of births supervised from the late 1940s through the 1970s. Each mother took 5-15 grams of ascorbic acid daily in divided quantities throughout life, including pregnancy and lactation; Klenner required breast feeding. The condition of mother and baby was always so incomparably better than usual that "Failure to use this modality in all pregnancies borders on malpractice." And the supplement was certain at least greatly to reduce the number and seriousness of birth defects (see below). 9, 10 Klenner's ascorbate schedule for the baby was the same as Kalokerinos'. (For sick children — and adults as well — he too injected sodium ascorbate.)

Breast feeding started immediately after delivery — no preliminary wiping and washing — so that the newborn benefited from the initial flow of colostrum, as well as bonding to the mother. Hydrogen peroxide is present in large quantities in all mothers' milk (what a great recommendation!), particularly if ascorbate is supplemented, and especially in the colostrum. Disease organisms including HIV, and cancerous tumor cells are anaerobic. So they cannot survive in blood, circulating or stored, in the presence of highly active free oxygen atoms that split off from H₂O₂ or ozone (O₃) molecules. As has been known for 40 years, the immune-stimulant ascorbate destroys disease organisms by forming H₂O₂.

Mothers' milk is also rich in acidophilus, inositol, immune factors, a powerful natural antibiotic and protective mucin. Because babies are born very low or lacking in antibodies to infectious diseases, all these aid the new person's health, as well as the mother's, throughout life—advantages not shared by bottle-fed babies. And as we shall see, formula feeding continues to widen the disadvantage. Further, because the breast-fed baby uses up less ascorbate to destroy disease organisms, more remains to serve the vitamin's many other functions and thus avoid scurvy. These facts partly explain the lower incidence of SID among breast-fed than among bottle-fed babies. To gain all these advantages the mother, it is said, need only consume about 500 extra calories a day, supplemented by ascorbate, zinc and ideally, also vitamin B₆, folate and at least magnesium.

Now for a bit of perspective:

In 1753, James Lind showed how to prevent and cure clinical scurvy with citrus fruits, which contain vitamin C. But 100,000 British Navy sailors dropped dead of scurvy even while working — sudden death! — until all the old "experts" had died and were replaced by new-thinkers, who chose to make the navy "Limeys." And the British merchant marine waited 118 years before falling into line. New ideas are typically ignored even though proven correct, until one or two old generations of authorities are gone.

Despite appeals publicized all over the world for more than 20 years, no baby given Klenner's/Kalokerinos' ascorbate therapy in the recommended quantities is known to have died. How many thousand babies have to suddenly and tragically expire before the popular media, the medical profession and the SID "support" groups stop stonewalling?

What the Economist of London called "the SIDS establishment" tries to spare parents of SID victims the agony of blaming themselves for a child's death. "They have made a point of believing that SIDS has no identifiable cause, and therefore no

identifiable solution.” They reject the “near-SIDS” idea, which implies that a parent on the spot can stop a cot death.

“But both pediatricians and parents quite often see infants who have stopped breathing and have even begun to turn blue. With prompt action they recover [this statement is questioned below]; [left on their own they would probably die](#)”, and monitors of various kinds are used to [warn parents of an impending crisis](#). Besides being blue, the babies had cold hands and feet and appeared to be breathing with difficulty. In one case, the observer was unable to save the baby [despite CPR, shaking and massive antibiotics](#).

Warren Guntheroth, a Seattle authority on SID, feels that “encouraging the notion that SIDS is unpreventable and random may in fact make it more [difficult for bereaved parents to cope](#)”.

As for the medical establishment: the National Institutes of Health’s new program of studying alternative therapies emphasizes double-blind tests, the “gold standard” of medicine. Those on the test substance get a set amount, others a placebo, and neither doctors nor subjects know—at least until side effects appear—who gets what. But in Klenner’s/ Kalokerinos’ preventive therapy, the quantity is varied according to biochemical individuality and the mother has to know what she is giving the baby. So a double-blind test is hardly practical.

Will N.I.H. use that fact as the pretext for continuing to ignore this proven life-saver? Or will the standard approach be used: “first, discredit the treatment by citing the absence of controlled studies; next, get a panel of experts to argue against conducting such studies; and finally, [threaten to destroy anyone who becomes involved](#)”. 20 In either case, will the almighty dollar continue to prevail at the expense of helpless babies’ lives

-----2.

What Causes SID?

A review of the flood of research on crib death

[published from 1970 to 1981](#), carrying 142 references, found “no evidence” of vitamin C deficiency in SID babies. But they looked at the RDA (recommended dietary allowance) and ignored the evidence! Most findings cited by Dapena and the referenced articles and books fit perfectly the hypothesis of deficient C or B6, or both. Doubtless, most of these babies had been “immunized”

Inflammation was often noted in various parts of the upper respiratory tract including the epiglottis, larynx, trachea or bronchi. In an important study in Seattle, “inflammation of the pharynx” was evident in over 90% of [crib death autopsies](#). Some studies found bronchioles thickened by inflammatory infiltrate, of bronchitis rather than viral origin. Others found minor inflammatory processes, which appeared to be responses to a slight viral infection, not severe enough themselves to cause death (see also next section). Minimal evidence of pneumonia was found in one study, clusters of macrophages in alveoli in another. Excess secretion of mucus in the larynx, found in some SID babies, could result from vitamin C deficiency, as can [inflammation](#). All those reported symptoms, it would appear, could have been prevented by adequate ascorbate supplements.

A retrospective study found a statistically significantly greater frequency of acute funisitis, lymphocytic infiltration of decidua, and pigment-laden macrophages in fetal membranes of SID babies than others. All these are associated with preterm deliveries related to amniotic fluid bacterial infections—a common cause of premature delivery. Because such infections can be prevented by enough ascorbate, it would seem that it could prevent at least some of that type of premature birth. SID incidence is higher among premature than full-term babies (see below).

In one study, significant viral agents were found in 37.5% of SID babies vs. 16.2% of controls. In 41% of another set, at least one viral agent was found from at least one site. In an epidemiological study covering 19 years, influenza A (but no other virus) was found in a statistically significantly greater proportion of SID than other infant deaths. A study of 200 SID babies found infection and absence of thymic reaction to it, suggesting an abnormality of immunologic response. Adequate ascorbate should strengthen the immune system enough to prevent all that. Minute hemorrhages, often found in SID autopsies, can result from ascorbate deficiency. [The heart typically shows no lesions](#).

All these pathological findings match Hans Selye’s nonspecific (or general adaptation) stress syndrome, which includes enlarged adrenal cortex, intense atrophy of the thymus, the spleen and all lymphatic structures, signs of internal bleeding into the lung, thymus and pericardium, deep ulcers into the lining of the stomach and duodenum, disappearance of eosinophil cells from circulating blood, a number of chemical alterations in the constitution of the body fluids and tissues, and changes in the [viscosity and clotting properties of blood](#). This complex situation, incompatible with life, appears to have resulted from deficiency of ascorbate, B6, zinc and cofactors.

The apnea hypothesis.

“Current medical thought holds that an immature part of the infant’s brain [fails to recognize the need to breathe and therefore, stops that function](#)”. Numerographic studies in Australian hospitals of babies who subsequently died [of] SIDs revealed [no apnea](#); but that small sample suggests only that apnea may not be involved in all cases.

One investigator remarked that minor respiratory illness may trigger sudden apnea. Mucosal swelling in nasal passages, which could result from inflammation, occluded those airways, and “infants of this age simply will not breathe through their mouths. In that crisis... [they simply suffocate](#)”. Another research team demonstrated, in a large group of living babies of appropriate age, that infants do become apneic in response to [mechanical nasal occlusion](#). Another suggested that obstructive apnea is more life-threatening to babies than [apneas of central origin](#).

In many SID babies examined, an observer found evidence of repetitive apneic episodes leading to hypoxia during their short lives. Hypoxia, often combined with minimal viral infection, could occur before, during and after birth. But ascorbate deficiency could easily explain hypoxia, except during birth, as well as the inflammation that can cause it. Enough ascorbate should generate H₂O₂ to prevent hypoxia. Excess secretion of mucus in the larynx, found in some SID babies, could also result from ascorbate deficiency.

But all this does not at all prove that babies die because they stop breathing. Rather, the cessation of breathing appears to occur because the nonspecific stress reaction, again, creates [a condition incompatible with life](#). In an anecdote reported by a mother with an M.D. degree, the heart stopped beating; she attributed death to a cardiac problem (3.2). The pupils of the baby, who had been breast-fed, [still reacted well to light](#).

The role of iron in crib death

has been almost universally ignored. Some have found excess iron in SID autopsies. Ferritin is a strong oxidant; an excess promotes oxidation reactions, at least when activated by [deficiency of selenium](#); and it destroys vitamins C and E, needed to prevent those reactions. Iron weakens immune function (and cancer cells appear to thrive in an iron-rich environment). Excess iron could increase oxysterols and the resultant [arterial damage, 36 clotting](#) and risk of coronary occlusion ([see Addendum 1.](#))

The following information and references were kindly brought to my attention by Hans Raible of Stuttgart. Iron withholding is one of our natural immunity mechanisms, apparently developed to compensate for our inability to make our own ascorbate. Bacteria, as well as cancer cells, thrive on iron, and a natural defense would be vitamin C. Since we do not have that, we manage on low iron during suckling which protects us from infection. Both Cu and Fe are important for the human baby, and there is a very dynamic sequence of changes in the first months of life. These appear to be unique to humans, guinea pigs and other animals that do not make their own ascorbate, as Linus Pauling suggested earlier.

A mother loses a great deal of zinc in the placenta—which the mother in all other species eats immediately after giving birth. Zinc supplements are advisable so that the mother’s milk will not be [zinc deficient](#). This is particularly critical for boys, who require five times more zinc than girls, to adequately supply their testicles (Very zinc-deficient mothers even give birth to all-girl families). Deficiency of zinc in mothers could be one reason for boys’ greater SID mortality than girls’, and particularly among bottle fed babies, see below.

Before birth the mother loads the fetus with two essential trace elements, copper and iron. Both have to be high at birth since they are stimulants to the brain and central nervous system, and both mother and baby have to be very alert and in top gear at delivery. Iron is pushed into the baby very late in pregnancy, filling its liver to the brim. The baby gets about 0.4-0.5 gram of Fe from the mother; of this it [stores 200-370 mg](#). In an 8-pound newborn, that is about 55-100 mg/kg. (For comparison, an adult body contains 3 to 4 g of Fe, or about 50 mg/kg.) This supply will last through the suckling period; mothers’ milk contains only 0.4 mg of Fe per day.

Because this stored iron destroys vitamin C, more must be given per kg of body weight than to an adult, particularly in the first two months. Dr. K’s suggestions take account of this fact. Mothers’ milk contains ascorbate, cows’ milk does not, and so a baby develops scurvy if fed cows’ milk. And it makes enormous sense to supplement C in goodly amounts in order to supply the baby’s full needs. If a mother breast-feeds, she must take C so that the breast milk contains enough of it.

Cu is reduced to more normal values immediately after birth by drinking colostrum which contains huge amounts of Zn—unless the mother is deficient in it. The colostrum Zn lowers serum Cu to more normal values, so this problem is dealt with quickly. Formula is very unlikely to accomplish this.

After delivery, the baby starts excreting iron in order to lower it. During its first week of life, healthy suckled full-term babies excrete 10 times more iron than they absorb. Their feces contained 20 times more lactoferrin than feces of babies fed cows' milk. The relatively large quantity of lactoferrin in human milk is considered an important contributor to the much lower incidence of infection in breast-fed infants [than in those restricted to cows' milk or milk formula](#). In this, it is assisted by the suckling mother, who feeds it the iron chelator lactoferrin which acts as an organic disinfectant.

During the first two months, the baby is hyperferremic. By two months, healthy infants have decreased iron saturation level of plasma transferrin from 69% at birth to 34%; and by 6 months, to 25%. Values less than about 30% are helpful in preventing infection. Iron elimination, accomplished more readily in breast than bottle feeding, may also be essential to [permit normal myocardial growth](#).

During months 4-6, the baby starts getting hypoferremic; this protects it against infection, cf. the Masai story (Addendum 2). From month 7, when the baby gets solid food and can take up iron through the gut in normal fashion, it also has adult ferritin which [limits iron uptake to the body's needs](#).

A single injection of 10 mg/kg iron (as dextran) into babies in their first month caused within one week a seven-fold increase in septicemias and meningitis caused by [E. coli and other gram-negative bacteria](#). The sera of neonates whose mothers received dextran during pregnancy had impaired bacteriostatic and opsonizing activity. Similarly, [parenteral iron increases infection in adult patients](#).

High concentrations of *E. coli* were found at autopsy in many SID babies and not in healthy babies. Organ damage caused by such infections should be detected at autopsy, seeming to exclude this as the immediate cause of SID. But the bacteria hinder nutrient absorption and so worsen tissue ascorbate deficiency, making sudden death more likely by either scurvy or atherosclerosis, or both (see below). Ascorbate deficiency also promotes excessive clotting.

Giving supplemental iron during lactation, or formula "with iron," can precipitate one avoidable form of SID. Suppose a baby contracts botulism (*Clostridium botulinum*). If it lives on its mother's milk alone botulism develops slowly, the baby can be brought to the hospital and treated successfully. If the baby gets formula "with iron," botulism strikes like lightning. In 69 botulism cases, 39 had been breast- and 30 formula-fed. [The ten who died were all formula babies getting added iron](#).

Some try to find the cause of crib death in sleeping position.

Yet babies suddenly die sleeping in a crib or in their mother's bed, in prone, supine or [any other position](#), even [in a parent's arms](#). Some may, by inference, [die awake](#). Anaphylaxis from inhaling cows' milk to which a child has become sensitized has also been [blamed for SIDs](#); breathing passages close. But that doesn't explain SID in the breast-fed.

Two Proposed Explanations for Klenner's and Kalokerinos' success at preventing SID with ascorbate appear at first to be contradictory, but on careful analysis they can be united.

Klenner was certain, and Kalokerinos and Dettman concur, that SID results from the subclinical scurvy described in 1972 by Irwin Stone, "caused by an ascorbate deficiency detectable in a laboratory or by testing the baby's urine."

But the highly regarded neurologist/internist Moses M. Suzman of Johannesburg, South Africa, has a different idea. Over a period of more than 40 years he nearly eliminated heart attacks and other cardiac events among thousands of precordial adult patients using 100 mg of vitamin B6 a day.

In 1972 he added other supplements—without changing diet, smoking or lifestyle, and without complaint of side effects. He also appears to have reversed atherosclerosis in many hundreds of heart patients using more B6, other supplements and an optional semivegetarian diet — together with conventional medicines and office visits, usually for not over a year.

Dr. Suzman is "firmly convinced" that, at least in most cases, a cot death is an extreme of infantile atherosclerosis. Doris Jaffe's team of pathologists at the Research Hospital for Sick Children in Toronto found at least traces of intimal thickening in 97 percent of 176 who had died of any cause in their first month. Fifty studies since 1904 confirmed the finding; one study of 1,000 newborns, also by the Jaffe team, found all had at least this intimal thickening [M.M. Suzman pers. comm. 1984, 1991]. Jaffe described two deaths in her cited study as SIDs; Dr. Suzman, in close telephone contact with her, laid those to occlusion of coronary arteries.

A division of the South African Health Department that tracks health of blacks reports high incidence of cardiovascular deaths

among black babies ages 0 to 3 who are fed formula instead of breast-fed [P. Bruwer personal communication 1993]. How many of these are interpreted as SIDs is not yet reported.

Pathologists McCully, Serfontein and Seattle cardiologist Lester Sauvage questioned any connection of SID to cardiac failure. But even great authorities are often wrong. The key, says Suzman, is to cut arteries lengthwise rather than crosswise, as is customary. One could, he says, cut many cross-sections and miss a delicate occlusion. Dr. Sauvage stresses the small diameter of a newborn's coronary arteries—only one millimeter, less than four one-hundredths of an inch—and the difficulty of cutting lengthwise through its many twists and turns. Yet the word “longitudinal” in the title of the report shows that Jaffe did it and emphasizes her view of its importance.”

In May 1993 Dr. Suzman, now 89, found and promised to send me 84 color photomicrographs from another study in Toronto. They show coronary arteries that are occluded (yet free of cholesterol, indicating no inherited familial hypercholesterolemia) in spontaneously aborted fetuses, newborns, older children and adults. They seem to prove objectively that sudden death was identical in all.

Dr. David Ritchie of New Zealand writes. “It appears that endotoxins (in vaccine) go on to cause a cardio collapse and a total circulation collapse. It's quite a [common pathway in children dying of SIDS](#)”. Or apnea could result from rather than cause cardiac failure, as I suggest it may in [some adult heart attacks](#).

Does other evidence support Dr. Suzman's theory? One finding seems contrary. Pregnant women were low in arterial-wall damaging, [oxysterols-generating](#), cocarcinogenic homocysteine, an independent risk factor for coronary artery disease -- which may, however, require the co-participation of lipoprotein(a).⁶ Homocysteine also impedes the action of macrophages, [weakening the immune system](#). During pregnancy high levels of estrogens [promote homocysteine metabolism](#) and [deter lipid peroxidation](#).

Other related evidence supports Dr. Suzman's ideas. Expectant mothers of all economic and social classes, like old people, are typically very to extremely deficient in all nutrients including vitamins C and particularly B6 (pyridoxine). Most such deficiencies exist in the tissue and muscle cells and erythrocytes rather than serum. And expectant mothers, like [elderly people](#), are deficient in B6 even though taking RDA-strength or [stronger vitamin supplements](#).

Their pyridoxine deficiency results from not only methionine-rich high-animal protein Western diets and the same toxic Western environments that affect us all; high dietary sugar lowers B6 and many other nutrients. The stress of pregnancy and the demands of the growing fetus further [drain the mother of B6](#). This deficiency [distorts mineral balance and hormone balance as well as fluid balance](#).

This deficit shows up in such symptoms as edema (John Marion Ellis, a pioneering clinician and researcher in Mount Pleasant, Texas, reported one pregnant woman lost 15 pounds of water from her tissues after she started B6!), carpal tunnel syndrome (CTS), dropping glassware, leg cramps, diabetes of pregnancy, nocturnal paralysis of the arms, muscle spasms in legs and feet. [None of these conditions is normal and healthy for the mother](#).

And for the fetus these symptoms are the stark but universally ignored handwriting on the wall foretelling not only risk of heart attack in later life but also of [infantile atherosclerosis—which can be inferred to start in utero](#). And, according to Suzman's theory, risk of SID! Ellis rids his pregnant patients (and their fetuses and newborns) of these symptoms using B6 supplements. The women take 100 to 300 mg daily, gauging each's needs by the [severity of her CTS](#).

Certain nutritionists wrote that pregnant women ingest plenty of B6 one declared that the RDA of B6 for babies is too high. But they know nothing of clinical experience with pregnant women, an egregious example of the common “compartmentalization” of research. There is no communication between the compartments.

Further supporting Suzman's theory—critically, even in normal pregnancy there is a decrease in serum pyridoxal phosphate (PLP), the form of vitamin B6 that the body can use. This decline is [very significant in the third trimester](#). Also, fetuses and newborns up to the traditional age of weaning are deficient or entirely lacking in [cystathionine betasynthase](#). That enzyme is required to enable conversion of ingested pyridoxine into PLP which, as a cofactor, enables degrading of mischievous homocysteine metabolized via the transsulfuration pathway from the methionine in [formula based on cows' milk](#).

The superior immunity imparted by breast feeding only partly explains why SIDs are commonest in bottle-fed babies. Cows' milk, in addition to its several other disadvantages discussed earlier, contains several times more methionine—the dietary source of homocysteine—than [human milk, which includes less than any other animal protein](#) and less, even, than any plant

protein that contains methionine [M.M. Suzman interview 1992]. The heat of pasteurizing destroys 86 percent of cows' milk's [scanty B6](#), as well as all the enzymes required for [absorption and immunity](#).

Certain other conditions found in many SID autopsies, on analysis, support Suzman's explanation. H.D. Foster, after computerized study of U.S. Geological Survey, climatic and other records in which he considered 221 geographical variables, related SID frequency to subnormal iodine and the resultant [subclinical hypothyroid condition](#). That condition depletes intracellular magnesium promoting [accumulation of homocysteine](#), and weakens the immune system.

(Many researchers now think that [half](#) or even 90 percent (L. Lee personal communication 1993) of the American population are subclinically hypothyroid, a condition [not detected by conventional tests](#). So through insurance premiums, taxes, inflation and out of pocket, patients spend hundreds of millions of dollars every year treating the multifarious symptoms (many of which may have other sources). This is profitable for all concerned except the patient—but never succeeds, as the unsuspected cause is not attacked.)

The correlation of SID rate with goiter incidence in World War I veterans ($r=0.66745$, $p=0.0001$) appeared to explain more than two-thirds of the variance. The rate was highest in Alaska (3.41 per 1,000 live births), high (2.40 to 2.79) in the Pacific Northwest, one of the "[goiter zones](#)" where soil and drinking water are unusually low in iodine, and much lower (0.80-1.19) in the [Southeast](#). The SID rate correlated positively with soils high in sodium and negatively with industrial air pollution—now a significant source of iodine, which can be [absorbed through the skin as well as inhaled](#).

Foster also found racial differences related to consumption of iodine: in California the SID rate was 0.51 among Chinese and Japanese Americans and 5.93 among American Indians. Many Oriental Americans consume iodine-enriched seaweeds, few native Indians do. And [soybean, used in some baby foods, is a goitrogen and can produce hypothyroidism in susceptible infants](#). More iodine than usual is needed during pregnancy and lactation.

The two explanations of SID can be united in a new hypothesis.

G.C. Willis, an earlier medical pioneer in Toronto, found in tests with guinea pigs that

(a) subclinical scurvy induced by an ascorbate-deficient diet or infection, its result; and

(b) [arterial damage occurred together](#). This may not be as anomalous as it seems: [tiny blood clots initiate arterial damage](#), and bleeding is typical of arterial wall thinning in scurvy.

Guinea pigs share with us not only our inborn failure to generate our own ascorbate and the hydrogen peroxide it makes and the peculiar metabolism of iron discussed earlier, but also the presence of [lipoprotein\(a\)](#). So the finding applies very closely to humans. Which of the two explanations applies more strongly might vary according to diet—e.g. consumption of animal protein and junk foods—and biochemical individuality. (Willis could have induced arterial damage—but not scurvy—as Rinehart and Greenberg did with [monkeys](#), using a diet [rich in animal protein and deficient in B6](#).)

The supplemented ascorbate given to Dr. K's infant patients prevented scurvy and "dropping dead" by correcting the ascorbate deficiency. And although Suzman doesn't mention this, vitamin C therapy fits his model too as explained by the [Multi-Source Oxysterol Injury \(MSOI\) Theory of Atherogenesis](#). In a generally overlooked but potentially critically important mechanism, supplemented [vitamin C takes the alternative pathway](#) to prevent formation of homocysteine and the excessive oxysterols it generates. In sufficient quantity ascorbate, a powerful antioxidant, also destroys oxysterols [ingested from processed foods and contacted from the environment](#).

Vitamin B6 functions as an antioxidant, at least at high concentrations and perhaps by some yet unknown effect on cystathionine beta-synthase, the enzyme that makes B6 bioavailable to the body. In addition, [individual SID babies may have inherited low ability to degrade homocysteine](#).

[Oxysterols are not only atherogenic but also carcinogenic](#), and may react to food constituents to produce toxic components from non-lipid sources that become [mutagenic](#). Oxysterols have been detected in mothers' milk, in [umbilical cord blood](#), and in unusually heavy quantity in human breast fluid. Some come from [powdered formula containing oxysterols](#). Some oxysterols normally circulate and, like cholesterol itself, serve a protective function; but levels of these from processed foods can reach [1,000 times normal](#). Others come from the homocysteine derived from [methionine in formula based on cows' milk](#) and from [xanthine oxidase in homogenized milk](#).

Other oxysterols are generated by the industrial waste, [chlorine in drinking water](#); it alters and [destroys essential fatty acids](#)

needed for a healthy immune system. Fluoride—another of the industrial leftovers for which our bodies serve as convenient toxic waste dumps—lowers thyroid activity, increasing homocysteine. It also lowers magnesium and blocks absorption of other nutrients needed to avoid arrhythmias and to resist infectious disease, further promoting accumulation of homocysteine.

Fluoride increases infant mortality, partly by antagonizing ascorbate 84 and partly by decreasing the rate of white blood cell migration. AIDS is commoner in fluoridated Switzerland than unfluoridated Germany and in certain fluoridated than in certain unfluoridated U.S. cities. A careful study should find the same for SID.

The U.S. Environmental Protection Administration stated that virtually all domestic tap water including that from wells below 8,000 feet altitude—is polluted with lead and other heavy metals. Most purity tests check for disease organisms and overlook heavy metals. One, mercury from “silver” dental fillings and amalgams in the pregnant woman goes into her fetus, 88 promoting coagulation and thrombosis and inducing resistance to antibiotics. Polluted air is a source of oxysterols: it also provides iodine.

Many SIDs are precipitated by some usually minor, often not even noticed insult to a seemingly healthy, rapidly growing baby; or the baby is slightly ill, as discussed earlier. Any stress including burn or injury, as well as illness, increases the body’s need for ascorbate. A premature baby is more susceptible to SID than a full-term child: it uses more ascorbate to fight greater stress. High incidence in winter might be explained by dry indoor air carrying more disease organisms: that from midnight to 6 a.m. remains mysterious.

Often the insult, Kalokerinos found, was an inoculation. SIDs increased alarmingly after a “routine” immunization campaign. Death was common if a baby was inoculated during or soon after an illness, while scorbutic or sub-scorbutic. Leaving for a lecture trip, Dr. K. instructed the Caucasian substitute doctor not to inoculate any sick child. But imbued with the cocksure wisdom of prevailing medicine, he disregarded the warning. Two vaccinated Aboriginal babies died—and he left town in haste fearful for his life.

Connaught Labs’ 1986 DTP vaccine insert reads, “Sudden infant death has occurred in infants following administration”. William Torch, at the University of Nevada School of Medicine, noted that in one survey two-thirds of 103 American children who had suddenly died had been given DTP (diphtheria/tetanus/pertussis) vaccine within 3 weeks of death. Many died within 1 day of the procedure. In 1979, during a vaccination campaign in Tennessee there were 8 SIDs immediately following routine DPT vaccination. Of this group, 5 children died within 1 day of vaccination”. A study that same year at UCLA, sponsored by the U.S. Food and Drug Administration, indicated that in the USA approximately 1,000 babies die annually as a direct result of DPT vaccination, and these are classified as SIDs. One survey is reported to have found a 7.3-percent risk of SID within 3 days after inoculation.

Often given at the age of only two months, inoculation with toxic materials destroys any minimal ascorbate in the tiny body and may catastrophically damage the still developing blood and nervous systems. Immunizations are big “money-spinners” for pharmaceutical drug companies and their allies, accounting for the insistence with which they are promoted.

Japanese health authorities realized by 1975 that early inoculations were causing crib deaths. So they postponed them until the 24th month—and SIDs virtually disappear. Also, incidence of whooping cough (pertussis) during the first two years, when it is most dangerous and even life-threatening, dropped sharply. Instead of preventing whooping cough as intended, the inoculations promoted it as well as SID [V. Scheibner pers. comm. 1993]. That information should have led to a recommendation at least to postpone vaccinations in Western countries.

After-effects are followed only for a short time. But effects may not be seen for 30 years and will hardly be associated with the inoculation or the supposed watchdogs. Long-term neurological impairment in the most sensitive has been found and shown on television. Dr. Klenner concurred: “Most children don’t need artificial immunizations and those that do, cannot use them!”. Some say that a mother rendered artificially immune to a disease by inoculation cannot pass a natural immunity to that disease on to her suckled babies. 7 In this and other ways, immunizations may contribute to the lowering of immunity and the spread of auto-immune diseases such as arthritis, and of AIDS throughout the industrial world.

There is little if any evidence that immunizations lower disease rates. In most if not all cases, incidence had already dropped sharply when inoculations began, and the rate of decline did not accelerate [Russell Jaffe lecture, Well Mind Association Seattle 1990]. 7 Maladies diminished only in areas where sanitation and hygiene improved. And 180 doctors in Switzerland unanimously recommended against mass immunizations; the Swiss Minister of Health wrote that immunizations continue.

Massive anecdotal evidence shows that inoculations cause as many cases of disease as they prevent and maybe far more. See

above regarding whooping cough in Japan. The supposedly protective substance is packed with preservatives such as carcinogenic formaldehyde [N.S. Green personal communication 1993]. And in one case it contained disease organisms that caused cancer in monkeys and could start a new epidemic. Whistleblowers were demoted or transferred.

An Australian research group strongly incriminated DPT immunization as guilty of causing many SIDs. Using electronic breathing monitors called “Cotwatch,” which do not touch the baby, they tracked the breathing of 70 babies after DPT inoculations. Although all survived, they experienced breathing crises on certain days: typically the first 48 hours, the 5th-6th and the 11th-14th days. In other babies, [SIDs after DPT inoculations were bunched on those days](#).

Dr. Viera Scheibner, the retired principal research scientist of the New South Wales Health Department, has examined 20,000 pages of scientific publications relating SID to vaccinations. Her book on the subject was published: *Vaccination--100 Years of Orthodox Research shows that Vaccines Represent a Medical Assault on the Immune System*, Victoria, Australia: Australian Print Group. It includes evidence that large-scale SID began with mass immunizations—which is not now hard to believe.

The picture is much like that of dental mercury. The American Dental Association claims that “silver” fillings (which are more than 50% Hg) and amalgams are perfectly safe; the Hg is “locked in” to fillings. In fact, Hg is constantly inhaled and swallowed causing many health problems. Dr. Rogers comments, “The position of the ADA is like other phases of environmental medicine where if one chooses not to be aware of the research and in addition looks only for symptoms that affect an epidemic number of people right after the event in exactly the same way, then the problem doesn’t exist. Convenient ignorance”. The Inquisitors refused to look through Galileo’s telescope since what he claimed to see could not be there. How shockingly little has changed.

Other factors.

Because of biochemical individuality resulting from genetic and acquired differences, some babies require much more, even many times [more vitamin C or B6 than others](#). And Dr. Kalokerinos thinks Aborigines may have a [special immunity problem](#). The adults’ high consumption of powdered milk suggests that any formula they used was powdered; that powder is atherogenic. Some SIDs appear to have been triggered by cigarette smoke—ingested through the umbilical cord, in breast milk, or inhaled. Passive smoking has been related to [low birth weight and respiratory tract infections](#), both of which should be, minimized if not eliminated by appropriate ascorbate supplements. Other [SIDs followed aspirin](#), which hinders absorption of B6 and C.

Inhaled vapors of toxic substances outgassed from an often newly furnished baby room have been proposed to explain why [fewer SIDs seem to strike babies sleeping in mother’s bed](#). But at least through 1982, routine viral cultures and toxicologic procedures had not been found helpful and were no longer part of the [routine examination after a SID](#).

Others suggest alternating-current electromagnetic fields that increasingly bombard us, or magnetic variations such as those from underground oil or metal deposits and water-courses may make some babies more susceptible than others. The brain is 10 to 100 times more vulnerable to stress during sleep than [while awake](#). By the laws of physics, such influences are impossible. Yet “practitioners aware of these stresses report that 30 to 50 percent of chronically sick patients exhibit some kind of geopathic stress...,” and such diseases as arthritis often [show geographically localized patterns](#). Such variations in stress might alter susceptibility to SID.

Mother rolling onto baby: no. “We are convinced that the new mother, even in sleep, is subconsciously so acutely aware of her baby that she could not lie on the infant or permit any part of her body to endanger its respiration or welfare... [An exception might be] the mother who is drugged or intoxicated.” And child abuse can nearly always be [ruled out](#).

Some did find evidence suggesting relative immaturity of the brain stem in SID babies. But given adequate ascorbate, those should survive. SID babies appear to have been “different from normal” even before birth: they grew less than average, etc. Siblings of a SID baby are more likely to be affected: one study found 21 per 1,000 live births vs. the usual 2.21. On a nationwide television show Oprah Winfrey interviewed a mother with 3 SIDs who emphatically rejected accusations of murder.

Magnesium deficiency operating through histamine release causing an anaphylactic reaction was proposed as a cause of SID. Mg serves as a cofactor in many of the functions of vitamin C, and particularly of B6. But in two studies totaling 9 SID babies, Mg levels were within the range found in babies whose deaths had been expected. The finding was the same for Ca, Zn and other [micronutrients](#).

Dr. Chris Wheeler of New Zealand blames [margarine in the diet of nursing mothers](#). Besides being [atherogenic and](#)

carcinogenic margarine facilitates the loss of transcholesterol, calcium and fat-soluble vitamins and other associated reactions. These could increase the body's need for vitamins C and B₆ and so worsen their deficiency.

Further well known influences are food processing which destroys or discards nearly all nutrients including vitamin C and the enzymes required both for absorption of nutrients and for immunity; additives and chemicals such as monosodium glutamate (MSG) elevate the need for ascorbate. Processing and cooking also drive off all the **hydrogen peroxide present in raw foods**, which is needed for health.

Many babies are fed fake milk (formula) which not only is **atherogenic if made from powdered milk**, but has been warmed in a microwave. Outlawed in Russia, microwaving destroys some of the nutrients and **transforms some amino acids into carcinogen**. And warming in a microwave destroys 98% of immunoglobulin-A antibodies and 96% of liposome activity, **reducing breast milk's resistance to infectious E. coli**. Further, the blood of people who consumed microwaved food for two months showed pathological changes compared to matched controls whose food was **cooked with heat**, boding ill for such a person's offspring.

Catalytic converters substitute for other air pollution a series of nerve gases, says Hans Nieper, a Germany authority. These inhibit vital **enzymes in cell membranes** and must increase SIDs near heavily traveled streets and highways. **Depleted oxygen in central cities** might push some susceptible babies over the brink. Almost all these factors in life except underground geological features came with industrial life. Before, despite humanity's inherited failure to synthesize our own ascorbate people weren't deficient enough in it, or B₆, Mg etc. to cause SID.

This cascade of information elucidates a fact that Suzman learned about the geographical incidence of SID. During his 60 years of practice he interviewed people in many cultures not only in South Africa but in Asia and throughout the world on his lecture tours. SID occurs only in industrialized societies, where it is a leading cause of death in the first year. It is unknown in populations consuming largely vegetarian diets, living in nontoxified environments, not drinking rat poison (fluoride) and oxysterols- and **trihalomethanes-generating chlorine**, not taking aspirin—and not given inoculations. This fits the hypothesis that SID was rare before mass immunizations.

So MSOI offers for testing a tentative explanation of SID, of the two doctors' success at its prevention, and the virtual disappearance of crib death in Japan after immunizations were postponed to the 24th month. By inference the new theory also suggests other ways to help eliminate SID, such as supplementing B₆, folate, zinc and magnesium for both mother and baby.

Folate cofactors remethylation of homocysteine into methionine, an antioxidant, which is not itself dangerous. Microgram quantities of timed-release folate lowered homocysteine below a defined safe level in 60 percent of moderately homocysteinemic subjects: of B₁₂ in absorbable form, 15%, and 10 mg/day of B₆ in 15%. A patented, highly absorbable combination of the three did it in 90%; a placebo did not lower homocysteine [W.J. Serfontein pers. comm. 1993]. The recommended folate supplement for women who may become pregnant—made 15 years ago in Britain—should then lower risk of SID of atherogenic origin as well as neural tube birth defects.

The explanation covers breast-fed as well as bottle-fed babies. Further, about 50 percent **more male than female babies die SIDs**. Why? Adult males metabolize homocysteine less efficiently than women because they synthesize lower quantities of female sex hormones—which induce **homocysteine metabolism** and limit **peroxidation of lipids**. Perhaps that is true too of male babies. Earlier, the large, often unsatisfied need of male babies for zinc for the testicles was mentioned. If Dr. Suzman's explanation of SID is to be rejected, how are we to interpret this voluminous supporting evidence?

Researchers purport to learn about SID by study of dogs and other animals; but all mammals except guinea pigs and primates generate their own ascorbate. Funds collected for such work provide salaries for "scientists," administrators and fund raisers but little if any information of use in understanding human SID.

Another wrinkle to the SID story:

Estimates of annual American SIDs were 10,000 in 1980 and 5,300 **64** to 7,000, about two per thousand births, by 1990. The decline is not known to have occurred elsewhere, except in Japan. I suggest that the improvement resulted from increased use of infant vitamin drops or their equivalent added to infant formulas, and have seen no evidence that such vitamin supplements or fortification are common abroad. The labels on bottles of Johnson & Johnson's Tri-Vi-Sol® for newborns state that a day's recommended one-milliliter quantity contains 35 milligrams of vitamin C; a chewable form for older babies, 60 milligrams.

The American pediatricians I called recommend such vitamin drops “for all babies”—a curious U-turn from what they were taught in medical school and from what most other doctors and many nutritionists teach. (An acquaintance’s pediatrician, though, didn’t suggest them.)

Although the quantities of ascorbate so ingested are smaller than in Kalokerinos’ and Klenner’s regimen—and may not be enough—they should prevent SID among the less sensitive. Or perhaps they are enough; does SID spare babies given the vitamin drops? Querying a SID mother might be a terrible experience for her—to realize that she herself potentially killed her baby by [failing to provide the needed nutrients](#). I sent this document to 30 pediatricians and asked if they know of a baby given the drops in the recommended quantity who died suddenly; of the five who replied, none knew of such a death or thought babies are vitamin C-deficient.

Why do some babies not get vitamin drops? Some parents read very little and cannot afford pediatricians’ fees. And some who can, may choose to follow the advice of a pediatrician who doesn’t recommend them and most other doctors and nutritionists, “You can get enough of all needed nutrients from a [never defined] balanced diet [of junk foods].” Most M.D. physicians know precious little about nutrition; most nutritionists and registered dietitians (R.D.) are 60-80 years behind scientific knowledge in their field.

Those giving such advice may unknowingly be guilty of manslaughter; people following it probably suffer most adult heart attacks too. Babies who still die suddenly must not be getting the vitamin protection, or not enough such protection for their biochemical individuality—or are not suckled by a mother who takes appropriate supplements.

The manufacturer of Tri-Vi-Sol declined to provide sales figures. The Mead Johnson specialist wrote, accurately, “A claim of the type that you proposed might be supportable would make the product a drug by regulatory definition, and thus require all the study and review [and multi-millions of dollars] needed for approval.” (Let the FDA withdraw this product from sale and watch the SID rate climb.)

Earl Conroy, D.C., N.D., of Motueka, New Zealand suggests an ideal way to rid the world of SID: eliminate processed foods, cola drinks and pasteurized milk—and take the supplements [pers. comm. 1993]. Perhaps more practically, SID, as well as most coronary heart disease and strokes, might be eliminated in the future by appropriate [fortification of processed foods, cola drinks and milk with ascorbate, vitamins B6 and folate and cofactors including magnesium](#). Since young women give birth, eliminating SID might take no more than about one generation. And the Japanese experience suggests SID could be decimated with the stroke of a pen by postponing the start of vaccinations.

Addendum 1

A study, “Risk of sudden infant death syndrome after immunization with the diphtheria-tetanus-pertussis vaccine,” by Marie R. Griffin et al (1988), *New Eng. J. Med.* 319: 618-623, claimed to find no relation between SID and DTP inoculations.

However, Viera Scheibner in Australia revealed that her [SID population](#) included the 109 crib deaths counted in the Griffin study. Those American SIDs, like the Australian ones, bunched on the first two, the fifth-sixth, and the 11th-14th days.

Addendum 2

(1) One-third of adults on the street probably have levels of vitamin C so near zero as to be consistent with clinical scurvy and another third, with subclinical scurvy [Schorah, C.J. (1981). Vitamin C status in population groups, in: Counsell, J.N. & D.H. Horning, *Vitamin C (Ascorbic Acid)*, Englewood, Colorado, Applied Science Publishers; Cheraskin, E. (1993). *Vitamin C: Who Needs it?*, Birmingham, Alabama, Arlington Press & Co.]. It then is not hard to see why many babies are scorbutic or close to scorbutic.

(2) Bioflavonoids accompany vitamin C in fruits and wherever else they occur together, and probably weigh at least as much as the vitamin C with it. Then “taking vitamin C without bioflavonoids is like clapping with one hand” and all earlier tests of vitamin C need to be re-evaluated [Cheraskin, op cit]. It then follows that using bioflavonoids with the supplements program described in this article should materially strengthen the results.

Addendum 3

On the protective function of [iron deficiency against infection](#): and from Hans Raible Hosts station iron-binding proteins at potential sites of invasion. E.g., egg yolk contains 1 mg of Fe; but the white doesn’t contain any—to starve potential microbial

invaders that get through the porous shell. A powerful iron-binding protein comprises 12% of egg-white solids. Even Shakespeare wrote of using egg whites to heal infected wounds. The chief antimicrobial component of egg white is conalbumin, which is highly active at pH above 6.4. It suppresses growth of gram-positive and gram-negative bacteria and fungi.

Lactoferrin, the second of three known host-defense iron-binding proteins, constitutes as much as 20% of total protein content of human milk; bovine milk contains only 1/10 as much.

Lactoferrin is released on degranulation of cells in a septic area; after combining with iron in the infected region, the metal-saturated protein is ingested by macrophages. It may also assist in killing microbial cells by helping iron catalyze formation of dangerous hydroxyl radicals. Lactoferrin can bind iron as the pH declines below 4.0, whether from lactic acid or other sources. Patients deficient in lactoferrin have recurrent gram-positive and gram-negative bacterial infections. This defense protein can be transported to sites of infection by neutrophils and synthesized locally at some sites. Its chief additional function is suppression of absorption of intestinal iron from diet and bile.

Transferrin is the third of three known host-defense iron-binding proteins. It can transport iron to host cells rather than withhold the metal from invaders. It is synthesized in hepatocytes, leukocytes and possibly by other cells. Many research papers have shown that antimicrobial activity is enhanced by a rise in transferrin and depressed by its lowering. It requires pH above 6.5 for best iron-binding activity.

Conalbumin and lactoferrin normally are highly unsaturated to permit the proteins to function as iron-withholding rather than iron-transport agents. Transferrin must engage in both functions. Normal values of transferrin in man vary with age from 69% at birth to 22%. It also has broad-spectrum antimicrobial ability. Patients deficient in it are at greater risk of bacterial and mycotic infections.

A bit of history:

During infection, body levels of iron are depressed and this was called anemia. (It is now more appropriately called hypoferremic response to infection and chronic disorders.) So for several decades, extra iron was fed or injected—fighting the body's own efforts to heal itself! (Cf., from the newer Darwinian medicine, artificially lowering fever, swelling or body cholesterol.) However, the body was usually able to reject assimilation if fed, or stored the iron if injected. During the inflammatory process of infection, release of the metal from macrophages is inhibited preventing its normal recycling to transferrin. The mechanism also lowers plasma zinc and increases plasma copper.

Keeping iron low is an effective defense against infection: The Masai of East Africa live mainly on milk and blood from their cattle. 11 So they have a low hemoglobin of about 11.7 +/- 0.8 g/dl and a transferrin saturation of only (14 +/- 2.6) %. On these low values they are free of malaria. When fed iron to get their iron up to what Westerners regard as normal values, hemoglobin rose to 13.1 +/- 1.2 g/dl, and transferrin rose to (29 +/- 3.1) %, i.e., to the upper limit of normal values. Then 17% of the Masai had malaria attacks — and none of the untreated controls. Evidently, the malaria protozoon thrives on the additional iron, whereas deficiency is protective and otherwise does no great harm. It is certainly better than to have sickle cell disease or thalassemia which also are protective in malaria.

In addition, Masai had <9% rate of amebiasis; daily iron supplements of 6.2 g (as sulfate) for a year raised the amebiasis rate to 83%. Somalian nomads were fed 9 g iron (as sulfate) for a year: 38% developed active infections vs. only 8% of controls, p <0.001. So much for the wisdom of Western doctors..

Dietary Determinants - Lest the reader think that vitamin C cures all evils, be aware that nothing can neutralize an inadequate diet. Consider the work done by Dr. Benjamin Sandler in North Carolina in the late 1940's. He compiled an impressive review of data from other countries that had the greatest incidence of polio at the time, and he showed that those same countries also had the highest consumption levels of sugar.

Aware as well that polio also seemed to occur most commonly during the summer months, he then realized that this was also the time when children consumed the most sugar (e.g., ice cream, candy, and soda pop). He subsequently waged an active campaign against the evils of refined sugar on the radio and the newspapers, and, most amazingly, actually effected a 90% reduction of sugar in North Carolina in 1949. The cases of polio were reduced that summer by the same amount. The Health Department in that state reported 2,498 cases of polio in 1948 and only 229 in 1949.

But give American capitalism credit. Sugar-related industries underwent an active disinformation campaign to undermine Dr.

Sandler's credibility, which was quite successful. Sugar product-related sales rose back in 1950 to that of earlier years, and polio also stormed back to its earlier level of attack. Considering the world's love affair/addiction to refined sugar, it probably didn't take too strenuous a defamation campaign against Dr. Sandler to allow the public to once again accept sweets as nontoxic and harmless.

The Great Brain Drain

The Immunization Myth? England & Wales: Deaths of children under 15 years attributed to scarlet fever, diphtheria, whooping cough and measles (Porter, 1971). This figure was presented at the Presidential Address of the British Association for the Advancement of Sciences (Porter, 1971). Credit: Neil Z. Miller; Vaccines: Are They Really Safe and Effective

Vaccination, Social Violence, and Criminality: The Medical Assault on the American Brain by Harris L. Coulter . A most disturbing and well-researched book. It would appear that "developmental disabilities" are almost always an end-product of encephalitis (an inflammation of the brain and its associated tissues). A compelling case is then made for early immunizations as the primary cause of encephalitis in the world today. In fact, the very toxic pertussis vaccine mentioned earlier is probably the most reliably neurotoxic of the vaccines. It is actually used in animals to deliberately cause anaphylactic shock and a picture of acute encephalitis. Considering that researchers generally don't use experimental agents that work only a small amount of the time, the implications as to the breadth of harm that can be done by this vaccine are staggering.

What is currently regarded as a rare and unfortunate side-effect in pertussis-immunized individuals may actually be a very common outcome when viewed in a more subtle fashion, such as with intelligence quotient (IQ) tests as patients get older. The average scores on the Scholastic Aptitude Test (SAT) have been steadily declining for about the last four decades, which is also roughly the same period during which there has been the widest systematic administration of vaccines. With the bottom score at 200 and the top score at 800, a score of 500 was the average performance when the current scoring system was established in 1941. Today the average score on the mathematics portion is 478. The average achievement on the verbal portion has plummeted even further, down to 424.

When looking at overall trends in large numbers of students, these numbers represent a sizeable decline in cognitive ability. Some researchers have also observed that a critical review of the tests reveals that they have become substantially easier. When this is weighed along with the still-declining scores, it's then apparent that even a greater real drop in our collective IQ has taken place. When these declining figures were released to the public earlier this year, the College Board administering the test simply announced that the two average scores just mentioned would be "recentered" back to 500.

Obviously, just making the test easier didn't result in an adequate "adjustment" of the scores. This may help the collective ego of today's generation, but it does nothing for it's ability to think and reason. Isn't anybody alarmed that our nation's brain power is receding? Attempting to remedy the causes for such a decline makes far more sense than to just "recenter" the whole issue into oblivion.

Lest the reader think that the SAT test is only an isolated example of deteriorating brain power, the American College Testing (ACT) Program, which is akin to the SAT Program, has also shown declining scores. As well, military testing of recruits in the 1970s revealed clearly lower intellectual capacities compared to recruits tested in the early 1940s.

Autism, a tragic affliction in which the victim loses nearly all ability, and/or desire, to relate to others either emotionally or physically, was first described in 1943 by Dr. Leo Kanner, a child psychiatrist.

This paralleled very closely with the burgeoning onslaught of pertussis vaccinations in the United States. France, Chile, Austria, Holland, and the Scandinavian countries didn't initiate pertussis vaccinations until the 1950s, and autism wasn't noted in these countries until the 1950s as well. Many horrified parents have actually described similar abrupt losses of attention and affection of their infants within a few short days of the shots. To have a truly new disease without a clearly defined and plausible cause with the above temporal relationship to vaccination just "pop up" is almost incomprehensible. Today, over 4,500 cases of autism occur annually in the United States. Medicine is so "treatment-oriented" that most health care professionals are just content to have the business and are unconcerned about how a given illness came to be or how to prevent it in the future.

While avoidance of the pertussis vaccine would arguably reap the greatest benefits as preventative medicine, the incidence of devastating side effects appears to clearly relate to the timing of the injection.

Both England and Japan have less autism than the United States, and both inject their babies later in life, allowing some

additional maturation of those delicate immune systems. (England will vaccinate at six months, Japan at two years.) Not only will United States pediatricians often vaccinate babies at only six weeks, little attention is paid to the overall wellness of the infant at the time or to any history of previous vaccination reactions (if an older infant).

Many of the ultimately worst vaccination outcomes were clearly predated by significant but lesser reactions on an earlier shot, such as seizures, persistent crying, vomiting, and limited responsiveness. If an infant must be given an injection, it is absolutely mandatory that no acute infective syndromes of any kind be present. Nearly as important, the baby should be allowed an adequate recovery period for its immune system following recently resolved infections. Immune systems must be hardy and "well-rested" to avoid sustaining the worst of the vaccine reactions. It's very debatable, however, that any infantile immune system can completely rebuff all of the negative impact of vaccinations.

However, all of the data already cited seems to be completely lost on America and its legions of vaccinators, as the Clinton administration has recently launched (September 1994) its Vaccines for Children Program. This aims to complete eleven different vaccinations by the ripe old age of two years, including measles, pertussis, diphtheria, tetanus, mumps, rubella, polio, hepatitis B, and Haemophilus influenza B. The real "beauty" of such a program is that the multibillion dollar drug companies get assured of 100% governmental reimbursement on vaccine administration to nearly all American babies, regardless of financial status. Certainly the richest of the rich can't be expected to compromise their incomes while pandering their poisons.

In the textbook, Vaccines, Plotkin and Mortimer make the following comments (pp. 116-117): - DTP is customarily administered at a time in life when a variety of neurological disorders occur and, even more important, when congenital or neonatally acquired neurological diseases become manifest with the appearance of seizures, the recognition of developmental retardation, and the like. One can only wonder how many "neonatally acquired neurological diseases" would really be around without our saturation vaccination programs. As for ever finding the answers Plotkin and Mortimer address this tersely: - Further, a definitive study would require withholding pertussis vaccine from a randomized control group, which is ethically unacceptable. Of course, thousands of brain damaged victims and a steady sapping of our nation's collective mind power is perfectly acceptable.

Heather Whitestone, Miss America 1995, is another DPT victim. She became almost totally deaf at age 18 months after a reaction to a DPT shot, retaining only 5% hearing in her left ear. Six years of speech therapy were required for her to learn how to say her last name. Obviously no victim of brain damage herself, Miss Whitestone overcame enormous hurdles to attain her present achievement, but is the tragedy here any less? Ironically enough, our unflappable Plotkin and Mortimer use this "diversity" of possible DPT side-effects as a main argument against it causing problems at all: - there is no characteristic syndrome that has been ascribed to pertussis vaccine. ...there is no characteristic pathological picture no plausible mechanism for vaccine-induced encephalopathy has been uncovered.

Any objective and honest practicing clinical physician will tell you that few disease processes present consistently and reliably in the same fashion from one patient to the next. Also, there are numerous examples of modern medicine having no knowledge at all of disease mechanisms or the reasons that certain empiric therapies are effective.

Penicillin was used for a long time in treating previously fatal illnesses before its "mechanism" was understood. And in the case of vaccine reactions, the main reason for the great diversity of reactions rests in the fact that the vaccine is affecting the immune system directly, and when something as basic as this is assaulted, diversity rather than monotony is the rule in such reactions. Only a disease process that is precisely focal, like a bacterial pneumonia, can be expected to consistently display reproducible syndromes.

Long Term Results - Crime and Violence - In his above-cited book, Harris Coulter goes on to point out some additional compelling data. Western Europe and Japan, consistently less and/or later vaccinated countries than America, have clearly less violence in their societies. Those who would want to immediately blame poverty and a chronically poor economy should realize that violence in the United States is now approximately six times higher than in the 1940s. We have three times more violence now than in 1933, which was the depth of the Depression. So much for poverty having the primary effect.

A direct consequence of having such a large population of children and young adults with autism, dyslexia, minimal brain dysfunction, hyperactivity and various other neurological disorders is the regular usage of drugs, prescription or otherwise.

Approximately a million United States children today are taking a drug for hyperactivity, which is often a form of amphetamine, a powerful stimulant. Is the child's body and brain, upon maturation, going to magically know what is or isn't a prescription drug? Unlikely. The only significant information to that individual will be whether or not a given drug, however

obtained, will cause a level of stimulation to which that person has become accustomed.

It is not hard to see, then, that neurologically impaired victims that have been chronically drugged suddenly from an early age will follow what is almost a natural path to chemical dependence of all varieties. Children with minimal brain dysfunction and uncontrollable tempers are given amphetamines for calming. Since even the treating pediatricians would acknowledge such a drug is not really addressing or curing the underlying problem, how can those young bodies keep from becoming drug-dependent? Coulter, who feels that vaccination programs are the root cause of our ongoing epidemic of social violence, summarizes quite nicely the wide-ranging scope of the post-encephalitic syndrome often following vaccination:

For this syndrome, now into its second generation makes its own notable contribution to poverty (hyperactive adolescents cannot keep jobs), illiteracy (dyslexic children cannot study), child abuse (hyperactive young adults have little tolerance for hyperactivity in their children), broken families (the stresses and strains of minimal brain damage lead to marital breakdowns), social violence (uneducated youth without jobs have nothing else to do), racial tension (black children may be affected disproportionately by vaccination), alcoholism, and drug addiction (adolescents and adults with neurologic disorders must find escape somewhere).

A Final Common Pathway - As alluded to earlier, any process that primarily insults and compromises anything as basic as the immune system can have a wide-ranging scope of effects. Similarly, many diseases that share varying degrees of impaired immune function have been noted to arise following vaccinations. Multiple sclerosis (MS) has been repeatedly observed to first arise following a wide range of different vaccinations, including smallpox, typhoid fever, paratyphoid fever, tetanus, polio, tuberculosis, and influenza. Even non-vaccinating injections such as gamma globulin have served as MS-initiating events. Antirabies vaccinations have also been repeatedly implicated as an etiology for MS.

THE SWINE FLUE VACCINE

Initially foisted upon an unsuspecting public by then-President Gerald Ford, was little more than a toxin looking for a disease to which it could claim a beneficial effect. According to investigative reporter, Eustace Mullins, drug manufacturers looked to pig raisers for 80 million dollars for a vaccine of dubious benefit to their livestock. Watching several pigs collapse and die after the shot was administered was all the pig breeders needed to see. Then the drug companies, not to be shortchanged or deterred, decided that the public needed to be protected against swine flu, even though there was not a single known case of it in the United States, and the price tag would now be 135 million dollars. Almost magically, the CDC in Atlanta then emerged with a plan for a national immunization program against this phantom plague.

One brave soul, Dr. Anthony Morris, who was then director of the Virus Bureau at the Food and Drug Administration (FDA), asserted that the whole concept of a swine flu vaccine had to be essentially fraudulent, since there had never been any cases of swine flu, making proper testing impossible. Not only was he promptly fired, but his laboratory animals and research records of three years duration were destroyed.

As the program then gained momentum, fully funded by the taxpayer through Congress on April 15, 1976, so that vaccinations could be administered nationwide "free of charge," some insurance companies actually aired their concerns about the vaccine. They asserted that they would not insure drug companies against possible suits resulting from side effects, because no studies had been carried out in this regard.

Leave it to an insurance company to objectively know the real financial risks in any endeavor. After the vaccine had been administered for only a few months, 1.3 billion dollars worth of claims had been filed by the victims, many of them paralyzed with a neurological disorder called "Guillain-Barre Syndrome." This syndrome has also been seen after other vaccinations, indicating a nonspecific association with certain forms of immune system damage, but the swine flu vaccine seemed especially adept at eliciting it. In fact, much of the time this syndrome is still considered as having an unknown cause, even when a vaccination has recently been administered.

Many researchers have also voiced concern over the potential seeding of many people with largely inactive, "slow viruses," which can remain dormant for even decades before manifesting relatively suddenly as such diseases like lupus, MS, Lou Gehrig's disease, Parkinson's disease, and Alzheimer's disease. Such diseases, as well as many others, have already been independently shown to often have such viruses present when those diseases finally become manifest.

Cancer, an epidemic of rapidly escalating magnitude, demonstrated a 40% increase in incidence from 1947 to 1984. Nearly all of its known causes share the common thread of compromising or harming the immune system. Widespread vaccinations have likely made the last few generations all the more sensitive to the many and diverse ways that can further lower immune

strength, largely helping to explain cancer's recent near-exponential rate of growth. In 1900, only one person in thirty died of cancer. Today, that number is closer to one in three.

BIG BROTHER WILL HELP YOU - Until recently, our nation appeared to be finally softening its Gestapo-like stance on mandatory vaccinations. While still largely required in order to gain admission to the public school system, many informed and motivated individuals were able to sidestep the shots through home schooling, or just by expressing official opposition from either a religious or an academic perspective. Such a "luxury" appears on the brink of extinction. Congress presently has before it a proposed law requiring universally mandated immunizations. It will not provide for any religious exemptions, and parents who refuse the vaccines for their babies will be subject to charges of child abuse, and they could well face the prospect of losing custody to government specified foster homes.

The Money Trail - Discovering who profits from what is not always a simple task, but vaccination profits are easy to locate. Vaccinations represent one of the biggest gravy trains for the multibillion dollar pharmaceutical industry. One can only wonder if their blind greed keeps them from realizing that blanket, mandatory vaccination programs will undermine the health of their own babies' minds and bodies. Reason has been known to disappear before when billions beckon, such a completely educated individual would be the exception rather than the rule.

Demand, at the very least, that your own health provider is totally receptive to answering any and all questions that you may have regarding your treatment. Arrogance, with its "master-pet" mentality, has no place in the relationship between you and your health care provider.

Simply hearing your doctor occasionally acknowledge not knowing everything, with an implied openness to reviewing outside information that you may have, is probably your best indication of a healthy doctor-patient relationship. But regardless of whether or not a doctor really respects his patients, nothing can excuse deliberately administered toxins. It's high time the medical profession stops being the willing pawn in the pharmaceutical industry's great chess game with our nation's health and future.

Dr. Robert Mendelsohn in *Confessions of a Medical Heretic* often criticized modern medicine for its sanctimonious doctrine. He argued that "doctors are the priests who dispense holy water in the form of inoculations" to ritually initiate our loyalty into the larger medical industry. Dr. Richard Moskowitz agrees: "Vaccines have become sacraments of our faith in biotechnology.." Sadly, our children are their unwilling subjects as society is slowly devoured by their insatiable appetite for human experimentation.

The Anthrax Vaccine Network, Inc. (AVN) December 18/2001 issued a formal protest against the "height of immorality, stupidity, and lack of concern for the public health" as represented by the request of drug companies and the Bush Administration to waive FDA rules in vaccine manufacturing, and to use stockpiled, expired, and quarantined doses of the highly reactive, dangerous anthrax vaccine on the American public, and against using Anthrax vaccine as a public experiment. Kathy Hubbell, President 1-888-411-3200 Sonnie Bates, Vice President (302)381-2775 - contact@anthraxvaccine.net - www.majorbates.com - www.anthraxvaccine.net

"Drug companies and the Bush administration have told Congress that rules of the Food and Drug Administration may interfere with the production of drugs and vaccines needed in a public health emergency. So, they say, the secretary of health and human services should be able to waive those rules to ensure that a sufficient supply of drugs will be available."

When asked for examples, administration officials said they might want to suspend rules for the testing and labeling of drugs, vaccines, blood and blood products. Also, they said, the government may want to waive quality control standards, "good manufacturing practices" and rules that require drug makers to notify the government of any serious illness or injury caused by the use of their products.

The Dept. of Defense, BioPort, the FDA, and the Centers for Disease Control have steadfastly refused to establish a national register of those who have taken the vaccine in order to track their reactions.

One possible problem with this is that the national register, when made public, will show reactions ranging from severe joint and bone pain, to chronic fatigue, grand mal seizures, blackouts, brain lesions, tumors and cysts, inability of the body to produce testosterone men, severe menstrual and reproductive problems in some women, internal organ problems, chronic auto-immune illnesses and death. "They have already decimated and demoralized thousands of our troops with this grand medical experiment...Troops who are medically discharged because they are so ill from the vaccine they can no longer work may or may not receive adequate medical care and VA benefits. Some will never be able to work again.

Yet this is the vaccine they are unleashing on the American public. The stockpiled vaccine is adulterated and misbranded, a well established fact, which was reiterated by retired FDA regulator and inspector Sam Young in his testimony before the Institute of Medicine. There are reasons it's been quarantined. We caution all Congressional staffers and others who are targeted to take this vaccine. If they want to volunteer for this grand medical experiment, that is their choice. But let's be honest about the devastating results in the military, and let's track results now. Let's see who is incapacitated for life, and who dies. Let's have them fight the physicians for an accurate diagnosis and for medical benefits. Let's tell them they are not allowed to sue because they signed an informed consent. Then let's casually drop our concern with FDA rules and good manufacturing practices.

VACCINATION--The Shot That Keeps on Shooting by Thomas Levy, MD, FACC

Colorado Springs, CO - Designed to Protect? Upon superficial review, nothing could seem more appropriate than to protect the population from dread diseases with simple and presumably harmless inoculations. However, the issue is very complex, and it is best to address it appropriately informed, as the consequences of such shots can often be as dire as the very diseases themselves.

- * Vaccines often fail in protecting from the targeted disease, or they may offer only a temporary immunity, in contrast to the permanence of a natural immunity.

- * Vaccines can cause the very disease for which protection is sought.

- * Vaccines often severely damage the immune system, causing any of many other diseases.

- * Nearly all of the feared infectious diseases had largely disappeared when vaccines were introduced.

- * Vaccines can implant latent or "slow viruses" that can manifest years later as degenerative diseases, often neurological.

- * Vaccines appear to have significantly decreased the intellectual or cognitive abilities of several generations.

- * Vaccines have been linked to learning and behavioral disorders of "unknown cause," such as autism, dyslexia, hyperactivity, and minimal brain dysfunction.

- * Vaccines have likely facilitated the explosive growth of the criminal element in society.

In spite of the above points, vaccinations are effectively mandated by law, representing ongoing massive monetary windfalls for the pharmaceutical companies.

Parents objecting, even on religious grounds, can still face custody battles for their children with the American government and welfare agencies, often on the grounds of "child abuse." [Variolae Vaccinae – the birth of the fraud by Dr Patrick Rattigan N.D. UK.](#)

INFLUENZA

According to Dr J Seal, of the National Institute of Allergy and Infectious Diseases: 'any and all flu vaccines are capable of causing Guillane-Barre.' In 1976 over 500 people in the US were paralysed by the disease, with thirty dying, after being injected with the vaccine, which is concocted from material taken from influenza victims and then cultivated on mashed chick embryos.

The Post Office dropped its influenza vaccine programme after it showed no improvement in absenteeism. Six hundred elderly vaccinated people in Birmingham showed over double the respiratory disease than a non-vaccinated group. Three people, including a 26-year-old man, died in Chesterfield within 48 hours of being jabbed.

Organizers of a flu awareness week admitted it was a stunt to sell more vaccine. A dramatic leap in income from one quarter to the next proved the result when GPs in one Cheshire practice set up an immunisation clinic. The leap in earnings is down to a new immunisation clinic and call-up system.

Although still technically optional, comparable transsubstantiations are also available at the other end of life. Originally intended for the entire adult population, the influenza and pneumococcus vaccines have never been popular, and several studies have shown them to be ineffective as well. When the swine flu "epidemic" of 1978 never materialized, and thousands of vaccinees developed crippling Guillain-Barre syndrome, the American public began to question the concept of vaccination openly for the first time. Yet the elderly and infirm continue to be pressured heavily to accept these "rejects" on a yearly basis as a form of extreme unction against both diseases.

FLU SHOTS - Dr Mendelsohn MD. I never can think about flu shots without remembering a wedding I once attended. Strangely enough, no grandparents were among the participants, and no one who was present seemed to be over 60. When I asked where all the older folks were, I was told they had all received their flu shots a few days before, and they all were at home, recovering from the ill effects of the shots.

The flu vaccine's efficacy and potency still are subjects of great debate, particularly since the strains covered by one year's vaccine often fail to correspond to whatever strains are causing flu at that particular time. The entire effort resembles a game of roulette in which, in any given year, the numbers may or may not match the strains.

We were all afforded a peek into the real dangers of the flu vaccine in 1976 when close governmental surveillance of one strain, the swine flu vaccine, disclosed that 565 cases of Guillain—Barre paralysis were associated with this vaccine, as were the unexplained deaths of 30 elderly persons. One wonders how much more would be known about the ill effects of flu shots if this kind of surveillance had been exercised over everyone who had received other forms of flu vaccine over the years

SMALLPOX "... I was a member of the Health Committee of London Borough Council, and I learned how the credit of vaccination is kept up statistically by diagnosing all the re-vaccinated cases (of smallpox) as 'pustular eczema, varioloid' or what not - except smallpox." - George Bernard Shaw, (1856-1950).

In May 1796, Edward Jenner, acting upon 'a superstition among the dairymaids of Gloucestershire that a person who had suffered from cowpox would never have smallpox,' inoculated one James Phillips with lymph from a cowpox vesicle on the hand of a dairymaid: in June he inoculated the boy with smallpox '...it was on the strength of this solitary experiment that Jenner had launched his discovery upon the world, claiming that cowpox was a prophylactic against smallpox, while to give some sort of scientific colour to the claim he labelled cowpox with the name "Variolae Vaccinae" (smallpox of the cow)...the picture of the whole of the Colleges of Physicians and Surgeons swallowing the theory of an unqualified country apothecary, based on one totally unreliable experiment, seems scarcely credible.'

However, there was a very good reason for the medics' rush to embrace the groundless myth and to lavish praise, credit and cash – £30,000 at late 18th century value, i.e. a large fortune on the enterprising Jenner. Earlier, the Royal College of Physicians had declared, in an attempt to protect their inoculation from foreign criticism: 'it is now held by the English in greater esteem and practised among them more extensively than ever it was before...the college thinks it to be highly salutary to the human race.'

In 1838, however, after the final straw – another fierce outbreak of smallpox due to inoculation – the authorities had, finally, seen enough; the practice was banned under threat of imprisonment in 1840.

This left the medical deities with severely dented egos and with a valuable source of income curtailed; a situation they were keen to reverse as soon as possible. Jenner's wheeze provided the opportunity. 'The medical authorities who had solemnly recommended inoculation as beneficial had been compelled to admit that it was spreading smallpox and increasing the number of cases of deaths. Doctors were, therefore, glad to welcome what purported to be a non-infectious process for which so much was claimed...from that time the Government protected vaccination from enquiry and criticism. Failures were not considered and misleading statistics were accepted.' Nothing changes.

The smallpox vaccine is produced by shaving the bellies of calves and then making long slashes in the skin, into which are rubbed smallpox cultures. Fever sets in and the wounds fester; a scab forms over a reservoir of poison as the increasingly sick, immobilised animal is prevented from licking the wound to try to ease the intense suffering. After six days the calf is bound and strapped to an operating table, the vesicles are clamped and the mixture of skin, flesh, pus, blood and hair is scraped off, mixed, sieved and transferred to containers.

After this potion was injected into the blood of the nation's children the largest UK epidemic of smallpox ever known began: with a peak of 42,000 deaths in 1871-2 alone. The graph line of smallpox deaths, which would probably have disappeared around 1870, was still there in the 1920s as isolation eventually defeated the medically-created plague.

In 1903 the USA seized the Philippines and set up a military dictatorship. 'The first thing the US regime did was to enforce a country-wide vaccination drive. The Filipinos had been a healthy people living their simple, happy life out in the tropical woodlands with pure air, clean water, natural foods...Smallpox was almost unknown... 'They did not want the shots, but they were rounded up...and herded into the vaccination centres for the shots of poison...the first large epidemic was in 1905...a continuous epidemic...to 1923 when General Wood started suppressing reports to make it appear that he had conquered smallpox and 'ended the scourge'...

After 15 years of intensive vaccination there were 47,000 cases and 16,000 deaths in 1918 alone. Smallpox was not the only effect of the vaccine campaign: '...in 1918-20...Malaria took 93,000, influenza 91,000, tuberculosis 80,000...dysentery, cholera and typhus together...70,000.'

As an added bonus: 'there was not one leper in the whole of the Hawaiian Islands before the noble work of Jenner reached them. By the nineties, 10 percent of the natives were lepers.'

To test the effectiveness of natural immunity versus vaccination, the non-vaccinated staff of the naturopathic Kingston Clinic in Edinburgh challenged six doctors to join them in a smallpox isolation unit. The medics had the very good sense not to take up the offer.

MEASLES - The first measles vaccine was licensed in 1963. The fact that the death-rate was off the graph and that there was no conceivable reason, other than commercial, for the vaccine's existence, made no difference to the vaccine's promotion by the makers, doctors, media etc.

The measles vaccine is a fairly recent innovation of the commercialised blood-poisoning business called vaccination... It was not that it was needed or wanted by the people; it wasn't: nor that measles is a dangerous disease; it isn't: and it was not that the vaccine-promoters had a safe and effective vaccine; they didn't...It was merely that they saw another opportunity to force a different vaccination scheme on the people...The vaccine promoters know the parents...will believe almost anything.

In a 1986 outbreak of measles, in Corpus Christi, Texas, 99 percent of the children had been vaccinated.

In Nov. 1994 the government launched a £3.5 million 'measles kills' advertising campaign. Outrageous television advertisements, in suitably-stark black and white, were designed to terrify parents into having their offspring jabbed to prevent the coming epidemic of 'life-threatening measles'. The adverts. provoked 40 complaints to the 'Independent Television Commission', which duly dismissed them.

Over 7 million children were jabbed in the enterprise, which provoked an investigation by the Bulletin of Medical Ethics: "...it is now possible to draw some interim conclusions...there was never going to be an epidemic in 1995...there was no justification for concomitant rubella immunisations...the government knowingly misled parents about the relative risks of measles and measles immunisation...the Dept. of Health broke the European Union's laws on contracts and tendering to ensure that specific pharmaceutical companies were awarded the contract..."

The NHS Supplies Authority negotiated with...Merieux UK and SmithKline Beecham. This must have been extremely fortunate for them since the supplies of measles and rubella vaccine which they had been left with in 1992...were soon to go out of date...it is surprising that companies already supplying MMR were not invited to tender...

Virginia Bottomley hoped to make political capital from the campaign. Her fortunes were already at a low ebb in 1994. To recognise a threat to the Nation's children and to take decisive action could only enhance her standing...the DoH has put out numerous Press releases stating what a good example it was of how this government looks after the health of the Nation. Of the government doctors involved one can say little...many questions may only be answered by an independent inquiry...the campaign's protagonists misled millions of parents into allowing needles to be stuck into their children for purposes other than those given in public.

Thousands "at risk" as doctors claim link with deadly illness...as well as the vaccine being linked to Crohn's Disease...it may be associated with autism...Public health officials... have been aware of the research linking the vaccine with Crohn's Disease for four years... if the findings of the alarming new research are confirmed the re-vaccination programme could also add the names of thousands of children to what some doctors believe is an already looming medical disaster...

Crohn's Disease...is a terribly debilitating condition in which the lining of the bowel is destroyed. Sufferers almost invariably

require major surgery...

The research is being done by Dr Andrew Wakefield of the London Royal Free Hospital. He believes that live measles vaccine can cause an immune reaction in the gut, provoking illness up to 20 or more years later: If it is true...there is no health service in the world which will be able to cope in the year 2020 if we do not prepare now.

After the Nov. '94 scam Dr Wakefield urged the government to set up a side-effect monitoring campaign. This wasn't done. One insider said last night: "They told him later they didn't believe him and anyway it wouldn't have made any difference to their plans."

Other known and suspected effects of the measles vaccine include:

- * multiple sclerosis
- * SSPE
- * atypical measles
- * Guillanne-Barre and Reye's Syndromes
- * paralysis
- * meningitis
- * ataxia
- * epilepsy
- * arthritis
- * ME
- *.....and death.

Also, the vaccine programme has caused the peak incidence of measles to occur in adolescents, adults and infants rather than children of primary school age. The risk of pneumonia and liver abnormalities is greater in the older groups.

Before the vaccine was introduced, it was extremely rare for an infant to contract measles. However, by 1993 more than twenty five percent of all measles cases were occurring in babies under a year of age.

CDC officials admit this situation is likely to get worse and attribute it to the numbers of mothers who were vaccinated... when natural immunity is denied, measles protection cannot be passed on their babies.

Children who have been vaccinated against measles are three times more at risk of developing serious bowel disease in later life, a study suggests. "Amy's symptoms started almost as soon as the injection began to go into her system.'

MUMPS is a mild disorder which, as a rule, lasts, at most, 10 days. Contraction of mumps usually brings life-long immunity to the disease – the vaccine does not. Children who are vaccinated and then later develop mumps in adolescence or adulthood, as some do, are much more likely to suffer severe effects including orchitis, a testicular condition. The Lancet reported that West German authorities had listed twenty seven neurological reactions to the vaccine. Effects include:

- * meningitis
- * febrile convulsions
- * epilepsy
- * nerve deafness
- * encephalitis

RUBELLA is a harmless malaise, about as serious as the common cold, except when contracted by a woman in the earlier stages of pregnancy, when it can lead to foetal defects. Before the vaccine was introduced the large majority of the population had natural immunity. The vaccine denied the women the chance of this and increased the risk of developing rubella during pregnancy.

In the British Medical Journal, Nov. 16 1987, a report noted thirty two women who, when pregnant, contracted rubella; all the women had been vaccinated or screened and found to be 'immune'. Nineteen chose to have their babies; one child was born with a defect. Hilary Butler, of the Immunisation Awareness Society, commented: 'The reality is that most babies survive rubella "defect-free".'

Trials on the vaccine in the USA have shown a failure rate of ninety three percent. Dr Beverly Allan of the Austin Hospital, Melbourne noted a failure rate of army recruits of eighty percent.

If there has been an inadequate immune-response to the vaccine, as often happens, according to the Journal of Infant Diseases, there is a pronounced danger that the person will become a rubella carrier and may develop arthritis and an enlarged thyroid.

In some hospitals all employees, except physicians, are required to receive the rubella vaccine. This may be because doctors are the least likely of all hospital personnel to submit to these shots'. According to an article in the Journal of the American Medical Association, ninety percent of the obstetricians and around seventy percent of paediatricians refused the vaccine due to fear of 'unforeseen vaccine reactions.

DIPHTHERIA - In the thirties, due to the number of cases of diphtheria occurring in vaccinated individuals, it was necessary to introduce the practice of re-diagnosis. 'Trouble-makers,' like the Medical Officer for Wath-On-Dearne, did not help, with comments like: 'Where they have done the most immunising they are getting the most diphtheria.'

In 1927, the Ministry of Health, came up with the idea of using the 'guinea pig test' to lessen the embarrassment: patients with obvious diphtheria had to be shown to be harbouring, in the nose or throat, diphtheria bacilli strong enough to kill a guinea-pig. As up to forty percent of diphtheria patients have none of this bacterium and as the rest may well not have sufficiently powerful bugs to kill a guinea-pig and as the guinea-pig test is totally unreliable, the wheeze had the very welcome effect of the re-diagnosing of vaccinated diphtheria victims as 'tonsillitis' or 'sore throat'.

Another helping hand was provided by the Schick Test: a diphtheria test developed by the enterprising Bela Schick and then banned in Schick's native Austria due to parents whining that it had killed their offspring. Having had his test banned in Europe, he brought it to America where he knew the unscrupulous medical and drug trusts dominate the healing field. A lush harvest was promised and the customary pressure technique was turned on and the exploitable public was again used and abused...The Schick Test and diphtheria antitoxin continue to take their toll of lives while our elected officials and public protectors (?) look the other way.

Having had the dangerous, totally fraudulent and frequently-lethal test laundered by the US drug boys, Schick was able to import it back to the welcoming re-diagnosers in Europe, where, allied to the guinea-pig test it did sterling work for the cause. In Birmingham seventy percent of cases were re-diagnosed. Out of 441 sent in as diphtheria in 1933 - 285 were finally diagnosed as tonsillitis.

Dr J H Parish, of the vaccine-makers, Wellcome Research Laboratories, suggested that 'apparent' diphtheria should be known as 'Tonsillitis in Schick-negative carriers.' To counter the problem of the diphtheria antitoxin being lethal, the re-diagnosers were again engaged; this time to come up with a revised version of the diphtheria child-death-rate graph.

Prior to the introduction of antitoxin in 1895, diphtheria diagnosis was on clinical symptoms alone: i.e. those who had died of diphtheria were recorded as having died of diphtheria. As of 1895, the diagnosis was based on throat swabs. As so many diphtheria victims did not exhibit the required bacteria, they were adjudged to have died of something else and the graph shows a clear reduction in deaths from diphtheria after the introduction of antitoxin in 1895. As an extra boost to the diphtheria industry, healthy people sometimes exhibited diphtheria bacteria in their nose/throat; these people had, of course, 'survived diphtheria' due to the efforts of the dedicated doctors. 'As a result of this change of view, cases of mild sore throat are now classed as diphtheria - cases which would, in any case, recover, whatever the treatment; and the fatality of 'diphtheria' will be reduced accordingly.'

Germany began compulsory diphtheria vaccination in 1939. When the vaccine saturation was complete there were 150,000 cases of the disease. French resistance to the vaccine was ended by the German occupation, leading to 47,000 cases of the illness. Norway refused the vaccine and had 50 cases.

PERTUSSIS VACCINE - An Immune System Sledgehammer. In 1992, the CDC admitted that the polio live-virus vaccine had become the largest cause of polio in the United States. Specifically, the CDC asserted that, from 1973 to 1983, 87% of all (non-imported) cases of polio resulted directly from vaccine administration.

Furthermore, it was also asserted that every non-imported case of polio in the U.S. from 1980 to 1989 was vaccine-induced.

Arguably the worst of the vaccines is the pertussis vaccine. It's often given in concert with the diphtheria and tetanus vaccines (DPT). In addition to sharing a similar ineffectiveness with many of the other vaccines, it also seems to be somewhat uniquely vicious in its assault on the immune system, causing or facilitating a host of different syndromes, predominantly neurological.

Infants are virtually the sole recipients of this vaccine, and they are the least prepared to handle it. The immune system in a six- to eight-week old infant is still quite immature, requiring yet the direct support of maternal antibodies and other immune factors passed along in mother's milk. This infantile immune system is often no match for the crude, toxic potion called the DPT shot.

Aside from the bacterial portions of the vaccine, formaldehyde is also present as a "stabilizer," and it is a known carcinogen. Mercury and aluminum compounds are also present, both of which (especially mercury) are known toxins. Mercury (as thimerosal) acts as a preservative, but it can ultimately wreak as much havoc with the body as can the vaccinating microbes.

Statistically speaking, the data regarding DPT vaccinated infants is absolutely frightening. The death rate is eight times greater than normal within only three days of receiving a DPT shot. The dreaded Sudden Infant Death Syndrome (SIDS) clusters very strongly around the typical time frame of DPT shot administration.

Sweden stopped whooping cough vaccine in 1979. Germany stopped routine use of the vaccine in 1982: the declines of the diseases continued. This vaccine is, arguably, the most dangerous of the current routine jabs, being a whole cell vaccine and, largely unpurified or refined. It has probably done more damage, per shot, than any other, with the obvious exception of the smallpox vaccine.

Pertussis vaccine promoters often claim that when uptake levels fall, the disease increases. This happened in the USA after a TV documentary slipped through the censor's net and the punters found out some of the reality on the shot. Vaccination levels fell and the predictable outcome was that the authorities announced an increase of the disease.

Professor Gordon Stewart, W.H.O. adviser, said in 1980, on the vaccine: 'There is no doubt in my mind that, in the UK alone, some hundreds if not thousands of well infants have suffered irreparable brain damage needlessly, and that their lives and those of their parents have been wrecked.'

In 1984, of all cases in the US in children of 7 months to 6 years, 46 percent had been vaccinated.¹³ In Kansas, in 1986, 1,300 cases were reported. Of those whose vaccine status was known, 90 percent were 'adequately vaccinated'.

U.K. vaccination levels fell to 32 percent in 1978 due to the pushers being no longer able to hide the cases of brain damage. An epidemic in 1978/79 was, naturally, claimed to be due to the reduced vaccine uptake. What they did not disclose was that the epidemic affected those in all of the relevant age spectrum and those who had been vaccinated.

'My name is Donna Gary. I am a constituent of Senator Edward Kennedy's from Massachusetts. Our family should have celebrated our very first grand daughter's first birthday last month... Lee Ann was just eight weeks old when her mother took her for her first DPT inoculation...this lovable, extremely alert baby had never produced such a blood-curdling scream as she did at the moment the shot was given... four hours later, Lee Ann was dead. 'Crib death' the doctor said 'SIDS'. 'Could it be connected to the shot?' her parents implored. 'No.' 'But she just had her first DPT shot.' 'No, no connection at all,' said the emergency room doctor.

'My name is Janet Ciotoli. I am a New York State mother...Our second son, Richie, received his first DPT vaccination at two months of age. Within hours Richie displayed similar symptoms as our first child – a red hot swollen leg, diarrhoea and cat-like screaming...I didn't get my usual baby smiles that day...his hands were so cold...that evening I called the doctor...Richie died in my arms...My husband and our five year old son watched paralysed as I tried desperately to give life back to our baby... My husband and I were led behind a drawn curtain...There our Richie lay on a stretcher, cold and lifeless... Our scream of pain and grief will forever ring in my ears.'

In the Northern Territories of Australia, according to Drs A Kalokerinos and G Dettman, vaccination was killing one in two Aboriginal children. In a two year period without vaccination the death rate was nil. "One of the easiest ways to prevent cot-death is to prevent multi-factual insults to the body; by not vaccinating." said Dr Dettman

Dr Viera Scheibner PhD, arguably the most experienced vaccine researcher in the world, stated: '...vaccination is the single most prevalent and preventable cause of infant deaths.'

Japan virtually eliminated cot-death by dropping the whooping cough vaccine for babies

TETANUS - During World War II there were 12 recorded cases of tetanus, of which 4 were vaccinated. Persons wishing to contract tetanus, or to endow their offspring with it, should first collect samples from the soil, dustbins, sewers etc.: this

should then be sent for analysis to determine the presence of tetanus spores. When the confirmed spores are returned, a deep gash should be made in the arm into which the spores should be placed, the skin pinched to trap the spores and the arm bandaged to exclude the air. Persons not immune to tetanus should then contract the disease.

As the above practice is widespread, it is understandable why every child and every hospital case involving broken skin needs to be jabbed routinely with a vaccine whose side effects include seizures, high fever, Guillane-Barre Syndrome, fatal anaphylactic shock, neurological damage, abscess, inner ear damage, myelin damage...

POLIO - Even during an epidemic, the wild polio virus produces no discernible symptoms in over 90 percent of those exposed to it. This, of course, has not stopped the vaccine boys et al propagating the myth that whole populations are in grave danger of paralysis if they are not 'protected'.

In the late 1940s it was noticed that diphtheria vaccination was leading to paralytic polio. A government inquiry found that over one third of cases of paralytic polio in children under the age of two occurred within three months of diphtheria vaccination.

'Millions of people have been inoculated with the anti-polio vaccine contaminated with the tumoral virus SV 40, which in origin was present in the monkeys.' Prof J Clausen, Institute of Preventative Medicine, Odense, Denmark. Up to 500 million people may have received the vaccine which was cultivated on the kidneys of the green monkey.

Two CJD victims linked to the same polio vaccine - by Sean Poulter - Daily Mail - Two youngsters who contracted the human form of mad cow disease received the same polio vaccination derived from calf foetuses, government scientist revealed.

The extraordinary coincidence has raised the prospect that millions of people who received the vaccine in the late 1980s and 1990s could be at risk.

Experts on the Government's BSE advisory committee, SEAC, insisted 'there was no cause for alarm and described the risks as infinitesimally small'.

However families who have lost loved ones to the appalling condition said the history of BSE had been littered with bogus reassurance and blunders.

The fact that two youngsters had received the same vaccination emerged as experts investigated five cases of CJD in the Southampton area.

They were among 80,000 people to be vaccinated from the same delivery of polio vaccine. A further six million were vaccinated from material derived from the same specific source.

And as many as 60 million doses of vaccine created from cow foetuses have been given to Britons over the years.

Medical experts had told the Government that no such serum should be used from British cows after 1989.

However, last year it emerged that a loophole in the system meant that it continued to be administered.

In fact, vaccine derived from British cows went on being used right up until last year, when the Department of Health finally discovered the loophole and recalled the product.

Failures in the accurate collection of medical records mean that it is impossible to know precisely which other children and adults received vaccine from the same batch.

Similarly, it is almost impossible to know whether to more than 100 victims of human BSE identified so far were given the same vaccine.

Most babies are given the polio inoculation within the first six months of life, there is a booster at around the age of four and teenagers get another booster on leaving school.

The two youngsters are part of a cluster of five people from the Southampton area who have developed the disease.

One was given the vaccine shortly before leaving school and the other by medical staff at a further education college in the city - most probably on a sugar lump - in late 1994.

Experts on SEAC said there may have been other possible, but so far undiscovered links, between the youngsters.

Both were diagnosed in the last two years and the vaccine connection was subsequently discovered by an investigation of their lifestyles, eating habits and upbringing.

The chairman of SEAC, Professor Peter Smith, played down the connection, suggesting it was a coincidence rather than evidence of a link to the vaccine. 'We are not linking the vaccine to these two cases,' he said. 'These are two cases who happened to receive this batch of vaccine.'

'These cases were identified because there were five in the Southampton area.'

They were intensively investigated and one of the things discovered was that they received the same batch of vaccine.

'The simple fact that they lived in the same area meant they were likely to have had vaccine from the same batch. There may have been other similarities.'

'The vaccine is generally given to infants, but quite a lot of us are given the vaccine at later ages, as happened with these individuals.'

The vaccine was made by Wellcome, now part of the Glaxo-SmithKline pharmaceutical giant, at laboratories in Bromley, Kent, in the late 1980s.

Subsequently the vaccine was sold to a company called Medeva which distributed it to the NHS under the brand name Evans.

Professor Smith said the Department of Health would have to answer for the fact that the cow serum vaccine continued to be used after a ban was recommended.

Frances Hall, of the Human BSE Foundation, who lost her 21-year-old son Peter to the disease, questioned the reliability of official assurances. 'Sadly, throughout the history of BSE the public have been given assurances which turned out to be wrong,' she said. 'Everything, including the fact that BSE can spread to humans, has been a theoretical possibility until it has been proven, by which time the damage has been done. This needs to be investigated very closely. Who knows whether this is a coincidence or not, it is too soon to say. Quite how a government can think it has banned this vaccine only to discover it is still being used more than five years later is unbelievable.'

Dr Deirdre Cunningham, the director of public health for Lambeth, Southwark and Lewisham and a member of the SEAC committee, said it was vital that parents were not put off vaccinating their children against polio and other illnesses. (Vital to Dr Cunningham's financial health and career? ZL)

In the Lancet a report stated 'Outbreak of paralytic poliomyelitis in Oman...among fully vaccinated children.'

Whilst the sane mind might expect that the vaccine might be declared harmful or, at least, useless, and withdrawn, the vaccine combine had a better idea. What was really needed was more vaccination. Recommendations were to increase the dose at birth and at 6, 10 and 14 weeks of age with additional doses when other vaccines were given.

According to the US Centres for Disease Control, Feb 1992: 'from 1980 thru 1989, every case of polio in the US (excluding imported cases) was caused by the vaccine.'

Being near to a polio-vaccinated baby can be a major risk. An English professor at Cornell University, Bernard Reis, was paralysed by polio a month after the vaccination of his child. Kay McNeary was awarded \$1.1 million after being crippled by polio after changing her baby's nappy.

TUBERCULOSIS

The world's biggest trial (conducted in Southern India) to assess the value of the BCG tuberculosis vaccine has made the startling revelation that the vaccine 'does not give any protection against the bacillary forms of tuberculosis'.

New Scientist Nov 1979. There was worse to come. The 'exhaustive and meticulous' study, involving 260,000 people, found more TB in the vaccinated group than in the non-vaccinated. After this, scientifically-valid vaccine trials were abandoned.

Holland had the lowest death-rate from TB in Europe due to the fact that it rejected the TB vaccine. The French government forced, by law, the vaccine onto all French children: Prof. Mercie, of the Pasteur Institute, who produced and sold the useless shots, explained 'It helps finance the Institute's research.'

TB is now making a widespread comeback, particularly in intensively-vaccinated tropical countries.

HEPATITIS B

In 1988 New Zealand announced 'the most extensive national immunization programme against hepatitis B in the world.' In seven districts of NZ all the babies were to be jabbed; as were the offspring of selected mothers who had Hep B, in the rest of the country.

Within three months all the area co-ordinators of the stunt were informed that the side-effect reports were piling up: Asthma, Arthritis, Guillane-Barre Syndrome, loss of consciousness, lowered blood pressure, jaundice... Another effect of the shot was to make the other vaccines, DPT, polio – even more dangerous.

Breaking with the time-honoured vaccinators' tradition of carry-on-regardless-whatever-the-mayhem, New Zealand decided to cut its losses and suddenly dropped the programme. According to Dr Robert Mendelson, two thirds of doctors eligible for the Hep B jab reject it. Between 1990 and 1994 the US body monitoring the vaccines reported 12,000 'adverse events' including death.

We launch this vaccination email news list with deep concern about the impact of hepatitis B mass vaccination programs on the health of Canadian children, the relentless drive to vaccinate all children with this genetically engineered vaccine, and the absence of adequate risk information on which parents can base an informed decision.

Each fall at the beginning of the new school year, health officials round up school children in various grades across Canada and inject them with hepatitis B vaccine. It is an ill conceived program that cannot be rationalized as a public health necessity. As well, several provinces have already inserted this vaccine into the infant schedule starting at 2 months of age. People need to be informed of the health hazards and risk of injury associated with this vaccine, and to understand that there is no medical, or public health rationale that can justify injecting this high risk vaccine into thousands of children each year.

Hepatitis B vaccine carries a high risk of injury, occurs only rarely amongst young children and teens, is very difficult to contract unless the person is an I.V drug user sharing dirty needles or is sexually promiscuous - important facts that need to be shared with all parents.

Attached is our new educational brochure that highlights the health hazards of hepatitis B vaccine. We encourage you to print up this new and important vaccine education tool, make many copies, and share widely with others to help inform your community about the real risks of this vaccine. We have also attached an excellent letter to the Alberta Minister of Health, expressing one parent's concerns about this vaccine. You may use this letter as a template to also write to health officials in your province.

Please visit the VRAN website and check out our expanded section on the health risks associated with hepatitis B vaccine. The hepatitis B brochure can also be downloaded from the VRAN website at www.vran.org <http://www.vran.org>

To join our Vaccine Info list, please contact: Edda West, VRAN - Vaccination Risk Awareness Network Inc. 250-355-2525 info@vran.org www.vran.org - www.vran.org

The immunisation programme starts at birth. As soon as the practice receives notification of the birth from the local hospital, it send out a 'congratulations' letter to the mother, also inviting her to bring the baby's registration card to the surgery. 79 percent of its 10 to 14 year old girls, for example, have been vaccinated against rubella.

'We should be able to get 100 per cent for rubella. We intend to contact people who don't turn up and find out the reason whether they have done it elsewhere or whether they just haven't bothered. Certain areas within Warrington can be difficult and we can get the health visitor to go round and follow up.'

Tragic jab boy's fight to survive. Have a jab or you're out, GP tells youngsters. A doctor has threatened to remove eight children from his list of patients because their parents refuse to have them vaccinated.

Whilst the UK human cancer death rate has long been out of control, the dog cancer rate is, per head of population, fifty times greater: over a million dogs, per year, die of cancer – or the treatment.

Interim figures from the Canine Health Census showed that, of those dogs whose owners had reported cancer amongst their animals, 31 percent occurred within three months of vaccination. Of those with a cancerous tumour or other growth at the vaccination site, 67 percent were within three months. Other three month vaccine/disease correlations included:

- * diarrhoea – 68%
- * allergies – 55%
- * auto-immune diseases – 55%
- * colitis – 57%
- * epilepsy – 65%
- * loss of appetite – 80%
- * nervousness – 55%
- * skin problems – 46%
- * vomiting – 72%
- * weight-loss – 63%
- * behavioural problems – 55%
- * encephalitis – 75%
- * kidney damage – 40%
- * lameness – 52%
- * liver damage – 47%
- * rear-end paralysis – 64%
- * nasal discharges – 84%

Where dogs contracted the disease they were supposed to be vaccinated against, the three month figures are:

- * hepatitis – 63%
- * parainfluenza – 50%
- * parvovirus – 68%
- * distemper-55%
- * leptospirosis – 100%...

'Routine vaccination is probably the worst thing we do to our animals. They cause all types of illnesses.' Christina Chambreau DVM

'Acute "diseases" are discharges of toxins and energies...preventing these discharges, vaccines result in chronic disorders.' Russell Swift DVM

'...introducing foreign material via subcutaneous or intramuscular injection is extremely upsetting...In response to this violation there has been increased auto-immune disease, epilepsy, neoplasia, behavioural problems.' Mike Kohn DVM

BLOOD POISON

* The DPT vaccine contains: diphtheria bacterium, pertussis organisms, tetanus toxoid, sodium chloride, sodium hydroxide, formaldehyde, hydrochloric acid, mercury, aluminium...

* MMR contains: live measles virus, live mumps virus – both grown in chick embryo cell cultures – live rubella virus – grown in foetus medium, neomycin, sorbitol, hydrolysed gelatin

...

* Polio-live: 3 types of virus grown in monkey cell tissue and calf serum, neomycin, streptomycin, sorbitol...

* Polio-inactivated: inactivated viruses as above, formaldehyde, polymyxin B...

- * Hib: haemophilus influenza type B saccharides, sodium chloride, aluminium, hydroxide, mercury...
- * Hepatitis B: part of the hepatitis B gene, aluminium hydroxide, mercury, formaldehyde...

Until stocks ran out, the Hep B shot was derived from the blood of homosexual men infected with Hep B; the typhoid vaccine derives from human excrement; the whooping cough vaccine is from the mucus of infected children. Until it was quietly changed to pig gelatin, the MMR used cow material. It is not known how many millions of children were injected with gelatin from BSE-infected cattle.

Vaccines injected directly into the blood stream are not subject to the body's total, protective immune response; they by-pass most of the system, which begins at the mouth, nose and skin. The animal-derived proteins and viruses, carcinogenic chemicals, toxic metals etc. directly affect the blood, cells, tissues and major bodily organs. '...alien viruses, injected into the body, fuse with healthy cells and continue to replicate along with those cells... the immune system...can no longer differentiate...foreign proteins...injected directly into the bloodstream...are able to change our genetic structure... viral vaccines...contain pure genetic material...from a foreign organism...the new genetic material is incorporated into the invaded cells.'

All vaccinated individuals are vaccine-damaged. It would not be possible to carry out such a procedure without some degree of mutation. It is simply a question of time, location and degree. 'Some of the health hazards from vaccination include cancer, leukaemia, multiple sclerosis, autism, lupus, mental retardation, blindness, asthma, epilepsy, cerebral palsy, encephalitis, paralysis, tuberculosis, cot- death, liver, kidney and heart failure, diabetes, arthritis, meningitis, glue-ear. learning difficulties...' Sue Marston author of *The Vaccination Connection* which took ten years of intensive research.

One of the vaccine disinformation leaflets, which the UK vaccine lobby's bureaucratic wing 'The Health Education Authority', issued was titled: 'Give Your Child Something You Never Had'

According to the latest survey of Mortality Statistics from General Practice, in the ten years to 1992, childhood cancer almost tripled, serious illness in children increased by an average of 85%. The asthma plague-like cot-death, due to vaccine-induced damage of the vagus nerve – is rampant. Diabetes in under-5-year-olds, is increasing at a rate of over ten percent per year over the past ten years, corresponding to the introduction of the MMR vaccines. Over 250,000 7-15 year-olds suffer from migraine and almost a quarter of children are suffering some form of mental illness – Observer 19.9.93.

Doctors are understandably reluctant to admit that their vaccines are responsible for a child's disease. A diagnosis of the cause as 'genetic', 'congenital' or 'mystery' is much more comforting. '...when the baby is nine months or a year old, the parents at length realise that he cannot see, hear or speak or is mentally retarded. Since no other cause can be determined, the physician decides that it was present at birth. But by this time the baby will have received three DPT shots capable of causing blindness, deafness, loss of speech, epilepsy, and mental retardation...'

Arguably, the mechanism by which most vaccine damage occurs, is the destruction of the myelin basic protein around the nerves, and the subsequent encephalitis and many other effects.

"Almost any...vaccination can lead to a non-infectious inflammatory reaction involving the nervous system. The common denominator consists of a vasculopathy that is often associated with demyelination. When the vaccination programmes inject harmful toxins into children, the myelination process is interrupted and minimal brain damage occurs." Charles M Poser Neurologist.

[The Medical Assault on the Brain](#). The myriad of chronic conditions – physical and mental – with which the surviving victims of the smallpox vaccine campaign were left, formed the foundation of the huge explosion of national ill-health which followed. Genetic mutations are handed down to successive generations – and are compounded immeasurably with every new vaccine.

'In regions where there is no organised vaccination of the population, general paralysis is rare. It is impossible to deny a connection between vaccination and the encephalitis which follows it.' *Journal of the American Medical Association*, July 3 1926.

'Cases of cerebral symptoms, suggesting encephalitis, following vaccination have been reported from Holland, Czechoslovakia and Germany. From Switzerland there have been reported cases of meningitis.' *New York State Journal of Medicine*, May 15 1926.

According to Dr H L Coulter PhD, the primary cause of encephalitis is vaccination. The connection of encephalitis with innumerable conditions – autism, enuresis, insomnia, severe headaches, paraplegia, stuttering, diarrhoea, night terrors etc. etc. – was not generally publicised even amongst scientific circles until 1982, when Geschwind and Behan published their findings linking several facets of the post-encephalitic syndrome.

‘Their article caused a bit of a sensation in scientific circles because of the basic inability of the professions to imagine what the connecting thread...could be. We now know that vaccinations are the connecting thread, but for physicians and professionals to openly admit that would mean the loss of their professional licence and livelihood which would, of course, serve them right...It must be strange to be trapped in that vicious circle of professional deceit.’

In the early 1940s a new mental syndrome, which Leo Kanner called autism, was noted. It appeared in the wake of the US pertussis vaccine schemes. After the war the US occupied Japan and forcibly vaccinated the children: their first case of autism was diagnosed in 1945. In England the shot was subject to large scale promotion in the late fifties: a society for autistic children was founded in 1962. In the USA, at first, the malady was noticed in higher income families.

This was before the free or forced pertussis vaccine programmes; only the better-off parents could afford the ‘latest medical advance’. Later, ‘...parents from across the socio-economic spectrum gained equal access... Thus, autistic children were now being discovered within every kind of family and in dreadfully greater numbers than ever before imagined.’

According to Coulter: ‘A large proportion of the millions of US children suffering from autism, seizures, mental retardation, hyperactivity, dyslexia and other shoots and branches of the hydra-headed entity called developmental difficulties, owe their disorders to one or other of the vaccines.’ Coulter also lays the blame for the huge increase in criminal behaviour squarely at the feet of the vaccinators: ‘A large body of research has been done on the neurological status of persons involved in violent crime. They seem to have a very high incidence of typical post-encephalitic sequelae...We have produced a generation of neurological defectives. The effects of vaccination have altered the very tone and atmosphere of society.’

As UK vaccination levels reach US heights, the same phenomena are increasingly evident here. According to Coulter, these children are alienated, paranoid, have severe ego weakness or low esteem, are anxious, depressed, frustrated, are precociously sexual, have increased tendency towards alcohol and drug dependency...etc.

The ever-increasing violence within schoolchildren, the level of ‘special needs’, the growing permanent exclusions from school, the fascination with fire – leading to ever-more arson attacks – are inevitable.

As post-vaccinal encephalitis can affect any area of the nervous system, any disease condition may be created “...every possible physical, intellectual and personality deviation, and combinations of them are possible,” including, of course, the creation of deviants who, although of primary school age, can torment and kill an infant.

Asperger's Syndrome – a variant of autism. All cases of autism are caused by vaccinosis.

VACCINE PROMOTION.

Doctor, aided and abetted by Nurse, the receptionist, the surgery cleaner, the ‘health-visitor’ etc. can cajole, threaten, intimidate and bully 90 percent of the parents of the under-2-year-olds on Doctor's list into having their offspring permanently damaged, Doctor receives – on top of everything else – an extra £2,235. This scheme was brought in by the Conservative government on All Fools Day 1990. The payments were increased to put considerable pressure on the GPs to meet vaccine targets.

As there never was an atom of evidence as to the safety or effectiveness of any vaccine, that government's obsession might be explained by a desire to maximise the profits of its very good friends in the petro-pharmaceutical industry – both from the vaccine sales and the ‘medication’ to treat the huge fall-out of vaccine damage and then more ‘medication’ for the side-effects of the previous lot and so on.

The British Broadcasting Corporation has always played a central role in the promotion of vaccination and the suppression of all information detrimental to the vaccine industry.

In 1926, Dr W.R.Hadwen wrote: ‘Ever since the BBC has been controlled by government authorities, all questions approaching a medical nature have been submitted to the Ministry of Health and anything which runs counter to the prevailing

fashion has been promptly rejected. Upon the other hand, the Ministry of Health has permitted medical matters to be broadcast. We have had Pasteur and Pasteurism extolled, vaccination vindicated, the filthy useless and dangerous vaccines and serums crudely advertised. These things have been worked into lectures in the most subtle way. We have complained again and again, the BBC officials have always been ready with an excuse. It is a burning scandal...'

In 1965, Lionel Dole observed, of the BBC World Service: '...a constant stream of vaccine boosting kept going in about 72 languages, day and night...'

This BBC tradition of bias and disinformation – funded by the captive licence-payer and in blatant contempt for the 1990 Broadcasting Act – has carried on throughout the whole of the relentless rise of the vaccine empire and the inextricably-linked vivisection industry. Transparent 'medical correspondents' or 'science editors' supply a constant stream of false information on vaccine safety: the easily-refuted myth of the conquest of infectious disease by the vaccines is regularly paraded.

One of the subtlest ways that the BBC has used to promote vaccination was in a programme on vaccine-damage victims, on BBC Radio 4 'Face the Facts' – 19 June 1997. Here, the presenter stated: 'They suffer so the rest of us may enjoy happy, healthy lives...' This theme was repeated by the parents: 'If he has paid the price with his little life for other people's children...' and 'When the Minister goes home tonight and the MPs go home and look at their children playing happily remember my child and our children paid the price.'

To add further weight, a totally-in-the-dark MP – they could have chosen from over 600 – was enlisted: 'If, as a community, we embark on a public health programme, and children suffer as a result of that programme, albeit for the best of reasons, then we have an obligation to those children'.

'ITN News at Ten filmed and edited a news item about the vaccines, but it was shelved after representations from the Department of Health. One of the leading medical journals has forbidden us to quote directly from peer reviewed articles about vaccine safety, again, apparently because of pressure from the Department of Health despite the fact that these articles are published scientific studies.'

IMMUNITY.

The old fraud, Louis Pasteur's death-bed recantation: 'The germ is nothing; the soil is everything' came too late. The Germ Theory was born – the bug hunters were up and running towards a multi-trillion dollar empire of vaccines, antibiotics, antiseptics, and disinfectants: all built on the 'germs cause disease' hoax.

'if the germ theory were founded on facts there would be no living being to read what's written.' Dr George White

The massive resurgence in strength of the 'conquered' germs – the creation of super-bugs which can 'eat' anti-biotics; the infestation of hospitals with MRSA; the re-emergence of tuberculosis; the nightmare scenario of a mass invasion of new, irresistible microbes...are all manifestations of the pay-out for the attempts to outflank Mother Nature.

Drug-resistant TB is likely to kill millions - Tuberculosis is expected to kill 30 million this decade, the disease is epidemic in Russia and is spreading worldwide. If the multi-drug strains become predominant all we will be able to do is pray, a third of the world's population is infected with TB.

Why the killer bugs are now biting back. For 30 years doctors thought they had infectious diseases licked. A cocktail of jabs soon after birth, a phial of antibiotics in every doctor's bag and nothing could touch us. But no longer. Super-resistant viruses are spreading, with fatal consequences. Suddenly, the bug that is the most common cause of sore throats in children has grown ambitious Group A beta-haemolytic streptococcus infected by a killer virus, produces enzymes which literally eat flesh. In 1968, America's Surgeon General announced, "The time has come to close the book on infectious diseases" now America is leading the way on new super bugs.'

All the warnings, from the naturopathic movement, on the fundamental dangers of vaccines, antibiotics and the rest; all the attempts to explain that germs are a result, not a cause, of disease; that asepsis – cleanliness, not antisepsis – was needed; the pleas that a strong constitution and immune system – the product of fresh, organic fruit and veg. etc. – would deal with the 'infective agents' – all ignored, ridiculed, laughed at. Now, Nemesis is at the gate and She is in a very bad mood.

THE HIDDEN HAND.

Whilst the combination of dollar-lust, arrogance and incompetence – endemic within the medical/pseudo-scientific orthodoxy and their media fronts – could, alone, explain the continued survival and expansion of vaccination, a hidden agenda must be suspected. It is debatable that Jenner's single fraudulent experiment could have evolved into the means by which the destruction and mutation physical, mental, emotional, spiritual – of homo sapiens could be affected, without a Grand Plan.

Although there are other potent, medically-promoted health-wreckers – antibiotics, steroids, fluoride waste dumping, mass mammography, radiotherapy, the Dept. of Health 'Balanced Diet' etc – vaccination is in a league of its own. For the practice to have continued to the point where 80 percent of the world's newborns are due to be multi-jabbed, it could be speculated that more than the usual greed, crass stupidity and dereliction of duty on the part of the medical trade, the politicians and the mass communications media was needed.

Well-informed watchers – and there are more than some think – of the New World Order Plan have long known of an infinitely wealthy, super-criminal Power Elite of bankers, politicians, industrialists etc. who have always pulled the strings behind the world scene and have created as much havoc as they chose to.

ALZHEIMER'S

In the fall of 1997, immunogeneticist Dr. H. Hugh Fudenburg, MD, (<http://members.aol.com/nitr/f/>) author of 800 or more papers published in peer reviewed journals and among the 12 or 13 most quoted scientists today, reported before a symposium on vaccine safety that if one has had five consecutive flu shots between 1970 and 1980 (the years studied), as opposed to one or two or no flu shots, the chances of developing Alzheimer's increases ten fold. When asked why this was so, Dr. Fudenburg attributed it to the mercury and aluminum that is present in these flu vaccines,

VACCINES, DIABETES AND AUTISM

Notes on Vaccines and Pharmaceuticals. Dr Brewitt speaks. Compiled from back issues of the Well Being Journal. This excerpt from Health Alert might pique a reader's interest about vaccines a little more:

"I hope you tuned in to the hearings on vaccines on Capitol Hill. If you didn't, I'll clue you in-they were an insult to human intelligence and a testament to special interests and big money. Even the senators conducting the hearings couldn't believe what was going on. They couldn't coerce a simple answer from any of the experts on the side of 'more research [money] and vaccines.'...

Meanwhile, the parents in attendance whose kids developed autism right after the measles, mumps, rubella (MMR) vaccine were as frustrated as the senators trying to get a straight answer to anything.... The MMR vaccine is given between 12 and 15 months of age. Since the mid-1980s when MMR came into wide use, autism rates rose very sharply, with most cases being recognized at 18 months of age. In fact, a study released by an autism research center at the University of California at Davis showed a 273% increase in an 11-year period.... Today kids may receive up to 35 various vaccines before entering the first grade-with 5 more on the immediate horizon [as suggested preventives] including one for ear infections!

Autism is not the only vaccine problem. Evidence is strong relating vaccines [as well as processed carbohydrate foods, sugars and hydrogenated oils] to the spiraling cases of childhood diabetes.

For more information: www.vaccines.net. (See Health Alert, September, 2000, Vol. 17:9, 5 Harris Court N., Monterey, CA 93940-5753.)

The immunisation programme starts at birth. As soon as the practice receives notification of the birth from the local hospital, it send out a 'congratulations' letter to the mother, also inviting her to bring the baby's registration card to the surgery. 79 percent of its 10 to 14 year old girls, for example, have been vaccinated against rubella.

'We should be able to get 100 per cent for rubella. We intend to contact people who don't turn up and find out the reason whether they have done it elsewhere or whether they just haven't bothered. Certain areas within Warrington can be difficult and we can get the health visitor to go round and follow up.'

Tragic jab boy's fight to survive. Have a jab or you're out, GP tells youngsters. A doctor has threatened to remove eight children from his list of patients because their parents refuse to have them vaccinated.

Whilst the UK human cancer death rate has long been out of control, the dog cancer rate is, per head of population, fifty times

greater: over a million dogs, per year, die of cancer – or the treatment.

Interim figures from the Canine Health Census showed that, of those dogs whose owners had reported cancer amongst their animals, 31 percent occurred within three months of vaccination. Of those with a cancerous tumour or other growth at the vaccination site, 67 percent were within three months. Other three month vaccine/disease correlations included:

- * diarrhoea – 68%
- * allergies – 55%
- * auto-immune diseases – 55%
- * colitis – 57%
- * epilepsy – 65%
- * loss of appetite – 80%
- * nervousness – 55%
- * skin problems – 46%
- * vomiting – 72%
- * weight-loss – 63%
- * behavioural problems – 55%
- * encephalitis – 75%
- * kidney damage – 40%
- * lameness – 52%
- * liver damage – 47%
- * rear-end paralysis – 64%
- * nasal discharges – 84%

Where dogs contracted the disease they were supposed to be vaccinated against, the three month figures are:

- * hepatitis – 63%
- * parainfluenza – 50%
- * parvovirus – 68%
- * distemper-55%
- * leptospirosis – 100%...

‘Routine vaccination is probably the worst thing we do to our animals. They cause all types of illnesses.’ Christina Chambreau DVM

‘Acute "diseases" are discharges of toxins and energies...preventing these discharges, vaccines result in chronic disorders.’ Russell Swift DVM

‘...introducing foreign material via subcutaneous or intramuscular injection is extremely upsetting...In response to this violation there has been increased auto-immune disease, epilepsy, neoplasia, behavioural problems.’ Mike Kohn DVM

DR CHARLES CREIGHTON.

One early attempt at vaccine promotion, using Dr Charles Creighton, went badly wrong. Dr Creighton, whose ‘History of Epidemics’, was justly called “..the greatest medical work ever written by one man.” was asked by the Encyclopaedia Britannica to write an article for the ninth edition, on vaccination. Creighton, having previously written for the EB, was considered a safe pair of hands. However, no-one had envisaged him researching the subject before writing the piece.

Even though he tried to favour vaccination and please the medical profession in his article, he found he could not, with any honesty and accuracy, state that vaccination had ever had any influence in reducing any disease...it was all too obvious that the practice had caused thousands of deaths plus an unbelievably large number of cases of disease and disability.’ Having publicly requested the article from the eminent physician, the hapless publishers had to use it...

The physicians and vaccine laboratories were shocked but he had the proof of what he said and they knew it was correct. However, in the next edition, his article was left out and was replaced as soon as possible by what was little more than an advertisement for glycerinated calf lymph written by one of its promoters.

Creighton, perhaps the greatest medical mind of the last century, was virtually turned out of his profession.’ The ninth edition

became a collector's item!

Autism is not the only vaccine problem. Evidence is strong relating vaccines [as well as processed carbohydrate foods, sugars and hydrogenated oils] to the spiraling cases of childhood diabetes. For more information: www.vaccines.net."

VACCINES: TREATMENTS WITH SIDE EFFECTS, NOT WONDER DRUGS.

"Although the effects of vaccines have been grossly understudied, some recent investigations show that certain vaccinations may actually be making children sicker." So notes Jonathan V. Wright, M.D., in an article about evidence that autism and other illnesses are caused by the DPT and MMR vaccinations, and the investigations of Harold E. Buttram, M.D., into those and other controversies surrounding vaccinations.

According to the records of the Metropolitan Life Insurance Co., from 1911 to 1935 the four leading causes of childhood deaths from infectious diseases in the U.S. were diphtheria, pertussis (whooping cough), scarlet fever, and measles. However, by 1945 the combined death rates from these causes had declined by 95 percent. This decline happened before the implementation of mass immunization programs. The greatest factors in this decline were not vaccines but better sanitation, improved nutrition, better housing with less crowded conditions, antibiotics, and the weakening of these diseases through passage of time and serial passages through human hosts. It seems that people have blindly accepted [vaccinations] without much question...or safety testing...." (Nutrition & Healing News, V. 7, No. 9, 819 N. Charles St., Baltimore, MD 21201.)

FDA DRUGS, SAFE?

President Clinton once urged the FDA to view the drug industry as their "partners, not adversaries." Right. Now the cost of this permissive attitude is becoming clear. Seven drugs approved since 1993 have been withdrawn from the market after reports of over 1,000 deaths, according to the Los Angeles Times. The FDA disregarded danger signs and blunt warnings from its own specialists. In cancer, dangerous drugs are routinely approved under the perception that they save lives. However, anticancer drugs only need to show that they shrink tumors, not that they actually increase survival. We must learn to ask hard questions about the safety of all proposed cancer treatments. -Ralph Moss, Ph.D., leading cancer expert in conventional and complementary alternative cancer treatments, in Townsend Letter for Doctors and Patients, May, 2001 (p. 63, 911 Tyler St., Port Townsend, WA 98368, www.tldp.com).

IMMUNIZATION DANGERS.

Joseph Mercola, M.D., writing in the American Association of Physicians and Surgeons journal Medical Sentinel: "Immunizations contribute to the enormous and tragic increase in autism in this country, and it is time physicians take a stand on this issue and defend the patient's right to choose." Currently there are only nineteen states in the U.S. that allow a philosophical exemption to immunizations. All but two, West Virginia and Mississippi, allow a religious exemption. "It seems imperative," states Mercola, "that the first step for physicians who have not carefully studied this issue is to become informed." To that end, Mercola publishes a weekly newsletter that is free to subscribers at <http://www.mercola.com>. Focus is on the mandates from government and pharmaceutical company alignments that impose vaccines upon citizens. There are over 5,000 pages of articles for review to help physicians get up to speed. (Medical Sentinel, V. 6, No. 1, Spring, 2001: hfaria@mindspring.com. P.O. Box 13648, Macon, GA 31208-364

PHYSICIANS CALL FOR VACCINE MORATORIUM.

A leading national physician organization is calling for a moratorium on all government mandated vaccines and has passed a resolution to that end at their annual meeting. Members of the Association of American Physicians and Surgeons (AAPS) voted this week at their 57th Annual Meeting in St. Louis to pass a resolution calling for an end to mandatory childhood vaccines. The resolution passed without a single "no" vote. (The resolution and mandatory vaccine fact sheet are posted at www.aaponline.org.) "Our children face the possibility of death or serious long-term adverse effects from mandated vaccines that aren't necessary or that have very limited benefits," said Jane M. Orient, M.D., AAPS Executive Director. "This is not a vote against vaccines," said Dr. Orient. "This resolution only attempts to halt blanket vaccine mandates by government agencies and school districts that give no consideration for the rights of the parents or the individual medical condition of the child." Forty-two states have mandatory vaccine policies, and many children are required to have 22 shots before first grade. On top of that, as a condition for school attendance, many school districts require vaccination for diseases such as hepatitis B- primarily an adult disease, usually spread by multiple sex partners, drug abuse or an occupation with exposure to blood. And yet, children under the age of 14 are three times more likely to suffer adverse effects- including death-following the hepatitis B vaccine than to catch the disease itself. Source: www.rense.com. For more information, contact AAPS: 1601 N. Tucson Blvd.

Suite 9, Tucson, AZ 85716; 1-800-635-1196; hotline: 1-800-419-4777; www.aapsonline.org.

FDA PROTECTS?

"The manufacturers didn't know what it would do when they started selling protease inhibitors. The FDA didn't require them to show it would cure AIDS and not kill the patient anymore than they required them to show that about AZT - a formerly shelved chemotherapy drug. They only required that a surrogate goal be met...namely, something we scientists think may be related to the disease in question that may be improved by the drug.... The surrogate goal construct is an indication that our FDA no longer serves our needs. Or at least it does not serve our needs unless we own stock in the pharmaceutical industry and don't [care] about health care." (Kary Mullis, Ph.D., Nobel Prize-Winner, Chemistry, from *Dancing Naked in the Mind Field*, 1998, Pantheon Books, Random House, p. 184.)

VACCINE MANDATES.

It is the right of every patient to refuse a medical intervention, even if recommended by the attending physician, and it is the duty of the physician to advise according to his or her own best judgment. Informed consent is a prerequisite for ethical medical treatment (or for research), as is internationally recognized in the Nuremberg Code.

[The above excerpts are from a letter that was sent by the American Association of Physicians and Surgeons \(AAPS\) to Health and Human Services Secretary Donna Shalala in July. The AAPS also wrote to Harold Margolis, M.D., Chief, Hepatitis Branch, Centers for Disease Control \(CDC\), requesting details concerning the initial safety testing in children and ongoing studies on possible neurological and other complications of hepatitis B vaccine.](#)

Reason: Methods used to implement universal hepatitis B vaccine in newborns are questionable. Burton Waisbren, M.D., states that vigorous peer review may have been circumvented by publishing of "invited" articles from drug company-sponsored seminars in journal supplements. He also notes that CDC officials make personal visits to state boards of health. One potential method of persuasion is to tie federal welfare funding to immunization compliance.

The AAPS testimony has sparked numerous inquiries (including many by newspapers and radio stations in Connecticut, and school district officials in Philadelphia). And policy is beginning to change. All but two of Connecticut's birthing hospitals have suspended routine hepatitis B vaccines. A Virginia parent (who was notified of the vaccines his child received only after the fact) told AAPS that his state has also suspended hepatitis B vaccines in newborns of uninfected mothers.

In a surprise statement by the Surgeon General-almost as a footnote in a larger announcement on halting the use of thimerosal as a vaccine preservative-federal policy now deems the vaccine appropriate at birth only if the mother is infected or of unknown status. "Federal officials did not acknowledge that recent criticism from Congress, parents, and doctors played any role in the policy change," wrote John Hanchette of Gannett News Service. www.house.gov/refor/hearings for testimony from the Aug. 3 hearing before the House Committee on Government Reform and Oversight, and www.aapsonline.org for the AAPS written statement distributed at the hearing. (AAPS News, 9/99, 1601 N. Tucson Blvd., Ste. 9, Tucson, AZ 85716.)

PHYSICIANS CONCERN ABOUT VACCINATIONS.

[In a recent study almost one-third of physicians fear there is a risk of serious adverse reaction to the pertussis \(whooping cough\) vaccine, and 13 percent thought the same about the measles vaccine. Many are concerned about litigation from parents. Many said they were unlikely to recommend a third dose of the DTP \(diphtheria-tetanus-pertussis\) vaccine. Findings were based on a survey of 1,236 doctors in the U.S." \(Arch Ped & Adolesc Med, 1998; 152: 12-19.\)](#) For up-to-date information subscribe to the Vaccine News, 251 W Ridgeway Dr., Dayton, OH 45459, 937-435-4750.

UNSAFE DRUGS APPROVED.

The Food and Drug Administration (FDA) removed three approved drugs from the market in 1998-more than in any other year. Redux caused heart valve defects; Posicor, serious drug interactions and fatal heart problems; and Duract, sometimes-fatal liver damage. Why were these drugs ever approved? According to Public Citizen's Health Research Group, Congress-on the behalf of sponsors in the drug industry-has been systematically weakening the U.S. drug approval process. In 1992 Congress passed the Prescription Drug User Fee Act (PDUFA), authorizing drug companies to pay user fees to the FDA for the hiring of additional medical officers to review new drugs.

Then, in 1997, the Food and Drug Administration Modernization Act (FDAMA) expanded the use of "accelerated approval"

mechanisms for drugs for life-threatening conditions, included mechanisms for speeding FDA review, and allowed new drugs to be approved on the basis of one clinical trial, instead of two.

In September, 1998, Peter Lurie, M.D., and Sidney M. Wolfe, M.D., of Public Citizen's Health Research Group surveyed the FDA's medical officers to find out what was going on inside the agency. Among their findings: Of the 53 medical officers who responded, 19 mentioned 27 drugs that were approved in the past three years over the opposition of the reviewing medical officer. Eight reported 14 instances in which they had been instructed not to present their own opinions or data to an FDA Advisory Committee because to do so would have reduced the likelihood that a drug would have been approved.

Thirty-four medical officers stated that the pressure on them to approve new drugs was "somewhat greater" or "much greater" than before 1995. One medical officer reported, "In the last two years, I recommended that two drugs not be approved. They were both approved without consulting me. This never happened before. In one case, the drug did not meet the standards set up by the division, so they modified the standards." Lurie and Wolfe concluded that "changes in FDA review and approval policies... appear to have led to a significant decline in the safety and efficacy standards for new drugs." They also stated that new drugs have a greater likelihood of approval because of "inappropriate pressure from Congress, the drug companies, and senior FDA employees." (Washington Post 12/30/98, and Public Citizen's Health Research Group, www.citizen.org.)

LANCET QUESTIONS FDA INTEGRITY, CLAIMING DRUG INDUSTRY INFLUENCE.

Patients taking a controversial new drug for irritable bowel syndrome may have died because the US Food and Drug Administration has become the servant of the drug industry, claimed the Editor of The Lancet, the prestigious British medical Journal. www.medstudents.medscape.com/38029.rhtml?srcmp=meds-051801

SAME OLD PRESCRIPTIONS?

You know how physicians in the U.S. are trained: they're taught to fight every illness and medical condition with a prescription drug. What you may not realize is that most doctors get their education about new drugs from the drug companies. Maybe you've seen the attractive young men and women in expensive suits who hang out in your doctor's office. What are they there for?

They're constantly feeding your physician company literature that highlights the drugs' benefits and obscures the drugs' side effects. The drug companies are brilliant - they make their fact sheets a lot easier to read than the New England Journal of Medicine! Why should doctors bother reading the actual medical journals? Even if physicians do read the journals, they probably don't realize that many of the studies were paid for by the drug companies and the articles were written by researchers directly or indirectly being paid by the big pharmaceutical companies.

And those well-dressed men and women you see in the waiting room are giving your physician a carton full of free drug samples, which the doctors pass on to us, the patients, in order to seem generous. Doctors love to receive and give out free samples. The drug companies are taking your doctor out to lunch at four-star restaurants and sending him or her to expensive resorts for 'professional seminars.' On what subject? The newest drugs, of course! -John R. Lee, M.D., in his Medical Letter, advising readers about natural solutions to health challenges. Medical Letter, PO Box 84900, Phoenix, AZ 85071, 1-800-528-0559.

It is the right of every patient to refuse a medical intervention, even if recommended by the attending physician. - Informed consent is a prerequisite for ethical medical treatment (or for research), as is internationally recognized in the Nuremberg Code".

AAPS testimony has sparked numerous inquiries (including many by newspapers and radio stations in Connecticut, and school district officials in Philadelphia). And policy is beginning to change.

UNSAFE DRUGS APPROVED

The Food and Drug Administration (FDA) removed three approved drugs from the market in 1998-more than in any other year. Redux caused heart valve defects; Posicor, serious drug interactions and fatal heart problems; and Duract, sometimes-fatal liver damage. Why were these drugs ever approved? According to Public Citizen's Health Research Group, Congress-on the behalf of sponsors in the drug industry-has been systematically weakening the U.S. drug approval process. In 1992 Congress passed the Prescription Drug User Fee Act (PDUFA), authorizing drug companies to pay user fees to the FDA for the hiring of additional medical officers to review new drugs.

Then, in 1997, the Food and Drug Administration Modernization Act (FDAMA) expanded the use of "accelerated approval" mechanisms for drugs for life-threatening conditions, included mechanisms for speeding FDA review, and allowed new drugs to be approved on the basis of one clinical trial, instead of two.

In September, 1998, Peter Lurie, M.D., and Sidney M. Wolfe, M.D., of Public Citizen's Health Research Group surveyed the FDA's medical officers to find out what was going on inside the agency. Among their findings: Of the 53 medical officers who responded, 19 mentioned 27 drugs that were approved in the past three years over the opposition of the reviewing medical officer. Eight reported instances in which they had been instructed not to present their own opinions or data to an FDA Advisory Committee because to do so would have reduced the likelihood that a drug would have been approved.

Thirty-four medical officers stated that the pressure on them to approve new drugs was "somewhat greater" or "much greater" than before 1995. One medical officer reported, "In the last two years, I recommended that two drugs not be approved. They were both approved without consulting me.

This never happened before. In one case, the drug did not meet the standards set up by the division, so they modified the standards." Lurie and Wolfe concluded that "changes in FDA review and approval policies... appear to have led to a significant decline in the safety and efficacy standards for new drugs." They also stated that new drugs have a greater likelihood of approval because of "inappropriate pressure from Congress, the drug companies, and senior FDA employees." (Washington Post 12/30/98, and Public Citizen's Health Research Group, www.citizen.org.) www.nccn.net/~wwithin/vaccine.htm

Vaccination Program Raising NEW Doubts - "Polio Cases Roil Debate on Ending Vaccine Program" under that a smaller headline "Discovery of New Strain Joins Older Fears of Accidents and Bio-Terrorist Acts" followed by a Headline "The 'Huge' Question of AIDS" The article was written by Gautam Naik It relates the discovery two years ago by Olen Kew, a virologist at the Center for Disease Control, that samples of paralyzed children on the Caribbean Island of Hispaniola, home to Haiti and the Dominican Republic, two of the poorest countries in the hemisphere. He found an outbreak of polio, he was surprised thinking it had been eradicated for at least 10 years.

Mr.Kew concluded that the re-appearance had come from one of the two polio vaccines in use. the vaccine uses a live virus that it is hoped to be too weak to cause the disease, but is strong enough to artificially stimulate the immune system to fight the disease. It was speculated it might happen, but this was the first time they saw it.(Or at least published what they saw--my comment).

Examination of the DNA of the polio showed it had "back mutated." The case was published in the journal Science on Friday April 12. The virus had lurked and spread from person to person. He reports they 'heroically' vaccinated 2.3 million children in a massive human experiment. The rogue virus killed 2 children and paralyzed 19 others. Scientists now believe the virus was behind similar outbreaks in the Phillipines in 2001 and Egypt in 1998. The line I never expected to see " It has added new fuel to the sensitive debate over whether to end vaccination altogether.

The story goes on to highlight the ongoing plans of the World Health Organization to continue its vaccination strategy and ascribes the re-appearance to the numbers of unvaccinated children. Estimated to be 5 to 10% in developed countries and up to half in undeveloped countries.

This overlooks the salient fact that polio is appearing in the vaccinated--not the unvaccinated. The real cause will be dirty water and poor nutrition in poor countries. Now we seem to also stress the immune system of these poor children with a live polio virus their immune system can't handle. it goes on to show how vaccinations are being prepared to fight the imaginary battle that really depends on sanitation and nutrition.

VACCINE-INJURY AWARD

OCTOBER 22. NorthJersey.com is carrying the story of a young girl who has won a \$4.7 million award for a vaccine injury. She had, as a baby, received the DPT shot (diphtheria, pertussis, tetanus).

The money was awarded through the US Court of Federal Claims. This special court is the front-line conduit for handling suits against vaccines. It was set up under the federal vaccine compensation program.

The nine-year-old girl is blind and has the mental ability of a two-month-old baby.

The girl's attorney stated that the damage claim could mount to \$80 million if the child lives to be 71.

These million-dollar figures tell you why the federal compensation program was set up: to shield pharmaceutical companies from these judgments.

The government must consider and rule on all vaccine-injury claims before a plaintiff can initiate action against a drug company. Furthermore, the plaintiff cannot sue a drug company unless he rejects the government award as being insufficient.

Essentially, the federal compensation program acts as a buffer and a stall. Parents who seek federal compensation become engaged in a long, drawn-out battle to make their case.

This New Jersey girl incurred her vaccine damage in 1993, and only now is the judgment in.

Behind this system of "law" lies a clever and cruel deal hatched between the federal government and the drug companies. The federal government mandates a whole series of vaccines for children: DPT, measles, mumps, rubella, hepatitis B, chickenpox, H. Influenza Type B, pneumococcus. This mandate was lobbied for, and won, by the drug companies. So then the same companies turned around and said to the government, "Since you're demanding that kids be given these vaccines, it's your responsibility to pay out claims when damage occurs."

Tells you something about the extent of the influence of pharmaceutical houses on the government.

There is another game going on, as signaled by a recent Institute of Medicine report, which claimed there was insufficient evidence to assert that mercury contained in vaccines can cause autism and other neurological injuries.

The FDA certifies vaccines as safe and effective. Then the vaccines are allowed to be marketed to the public, through doctors. Reports of vaccine damage soon come in. Studies are then done, which conclude that evidence of widespread damage is "insufficient" to warrant withdrawing the vaccines from the marketplace.

But the FDA's original approval of vaccines came after NO proper safety studies were done. In other words, the original burden of proof on safety was the FDA's and the drug companies' themselves. They did not carry that burden. They ignored it. They simply assumed the vaccines were safe.

THEN, after damage reports came in, the new studies said, "Well, we can't prove the vaccines are harmful. We can't absolutely prove that the damage being reported is really coming from the vaccines, and not from other causes. Therefore we revert to the original assessment that the vaccines are safe."

Which is like saying, "We know the sky is basically an orange color. Now, if you question that, we can do a study. But the study will conclude that, yes, many people THINK the sky is blue. But thinking it's blue is not proof. Therefore, we revert to the original presumption that it's orange. Case closed."

Every year, about 10,000 reports of vaccine damage or adverse effects come into the federal government. The rule of thumb is, for every adverse effect filed, there are between 10 and 100 that are not filed. Does this give you some idea of the insidious problem?

On top of all this, there is the squeeze play: mandates. Federal and state governments say a child must receive these vaccines. In actual fact, each state has a rule by which parents can say no to the vaccines for their kids. But most parents don't know about these rules, which are not publicized. So the parents are in a bind. They opt to give their children the shots--and then, when the damage occurs, they have to enter the tunnel of the federal claims system and go to war to win a judgment.

Since 1986, when the federal compensation system was created, the government has paid out 5,500 claims. Compare this to a low-ball estimate of 1.6 MILLION adverse effects from vaccines over that same period. The system is working. It's protecting the dispensers of toxicity.

BILL LET'S THE CAT OUT OF THE BAG

October 22 2002

Once in awhile, a current or former government big shot makes a serious mistake and tells the truth. In my experience, there are several reasons for this. He may be drunk. He may be on a manic high as a result of his medical drugs (or other drugs). He

may have just received good news about his divorce settlement. He may be carried away with the sound of his own voice. He may be sick and tired of lying. This last, of course, is just a momentary lapse.

On October 18, Bill Seidman, economic advisor to four presidents, spoke to a group of “prominent businessmen” in Grand Rapids, Michigan, about the upcoming war against Iraq.

Bill was feeling his oats. He said the war is “probably the most bullish thing I can think of.”

Bill told the crowd he had just been briefed at the State Department. He had learned about plans for US military occupation of Iraq AFTER the war is over.

Getting control of those Iraqi oil fields is “at least as important as eliminating weapons of mass destruction. Getting control of that oil will make a vast difference in all sorts of things, but particularly the price of oil...We are planning to set up a MacArthur-like” regime in Iraq, Seidman said.

“If we are in Iraq, nobody can use oil as a weapon,” he added.

The gist? If other Middle East oil producers shoot up the price of oil, then the US can counteract by pumping more oil out of Iraq. If the other producers think about lowering prices too far, they’ll stop themselves, because they’ll realize that splitting profits with Iraq (which is suddenly operating at high volume) will endanger their overall money pots.

The idea of heading off a global oil-price drop at the pass will please all sorts of good old oil boys in Texas.

Let’s see. Who comes from Texas?

Of course, Bill is out of his mind. No matter who controls the Middle East oil fields, the basic game will go on. New reasons will be invented for price rises and price drops. The energy cartel has been winning, and it will continue to win. Until oil is replaced with other forms of cheap energy controlled by the many, not the few.

But Bill conveniently forgot about that. He was all puffed up, and he had to share his “insider knowledge” with colleagues.

By the way, Bill was once the head of the Resolution Trust Company, which was created to solve the gigantic Savings and Loan thefts in the US. Solve is too strong a word. Perhaps OBFUSCATE. Or FUTHER CONCEAL. Or MUDDLE UP. Or BURY.

At moments Bill may be crazy, but he isn’t stupid.

It occurs to me that parents of kids about to go to Iraq and fight (and die) for oil prices may want to know about Bill’s speech last Friday. I may be wrong, but I think OIL PRICE is less inspiring than WAVE THE FLAG.

YOU SAY TOMATO AND I SAY TOMAHTO

OCTOBER 22. General rule: When the federal government, large corporations, and courts begin to wrangle over an issue, the result is more confusion and more stupidity. Federal Judge Henry Kennedy has just decided that the FDA cannot insist that drug companies test new drugs on children. To do so would exceed the FDA’s basic mandate.

So now we have new yelling and shouting on all sides. Some say knocking down the FDA’s authority will endanger kids, because drug companies don’t test their products on kids to see if the drugs are safe---but doctors prescribe these compounds to the kiddies anyway.

Others hail Judge Kennedy’s decision as wise, because it limits the power of the federal government.

Blah blah.

All this is very nice, but when you’re basically arguing over toxic substances, which kill 100,000 people in the US every year, sanity is not to going win out in the end.

“Let’s see. This drug shrinks the brain. Okay, now should the drug companies be required to go back and test it on kids? Or should the drug companies have the right to sell it without those tests, allowing doctors to decide on dosage levels for the little tots?”

This is like asking, "Before we explode an A-bomb over a major city, should we be required to issue an advance warning of six seconds?"

Libertarians, liberals, judges---for some reason, they seem to enjoy not seeing the forest and instead focusing on the bark of a few trees.

See, new tests on kids are going to find that the drugs---which have already been FALSELY deemed safe for adults---ARE SAFE FOR THE TOTS, ONLY AT LOWER DOSE LEVELS IN SOME CASES. And that new assessment is going to be wrong, for the same reason that the original assessment was wrong for the adults.

THEY DON'T, IN MOST CASES, REALLY TEST FOR SAFETY. THEY PRETEND TO. THEY FAKE IT. THEY LIE. THEY CHEAT. OTHERWISE, WHY WOULD PHARMACEUTICAL DRUGS KILL 100,000 PEOPLE IN THE US EVERY SINGLE YEAR?

WOULD THESE DRUGS KILL 100,000 PEOPLE EVERY YEAR IF THE GOVERNMENT WERE DOING PROPER TESTS?

EXPERIMENTAL VACCINES AND GULF WAR SYNDROME

The information in this article was excerpted from Immunization Theory vs. Reality: Expose' on Vaccinations by Neil Z. Miller. Copyright 1996. Thousands of United States military personnel who served in the Persian Gulf War are now seriously incapacitated from "unknown" causes. For example, after one veteran returned from his stint of duty as an army platoon leader in the Persian Gulf, his health began to deteriorate. "The trouble started with spots on his [legs], which soon spread to other parts of his body. Then his eyes swelled shut and his lips bloated till the skin split. When his skin cleared up, his joints [ached]."

After returning from the Persian Gulf War, another veteran "developed [flu-like] symptoms, with fever, aching joints, and swollen lymph nodes. During the next three years his health progressively deteriorated]. He became unsteady on his feet and increasingly tired. He suffered frequent headaches and often became disoriented, losing his way home from familiar locations. Today, he uses a wheelchair to get around, can't work, drive, open a soft drink can, or stay awake long enough to read a book."

A naval reservist developed non-Hodgkins lymphoma (cancer) after returning from a six-month tour of duty in the Persian Gulf. He has since documented 86 lymphomas among fellow soldiers.

A few months later the true extent of Gulf War damage was revealed. Little by little the facts seeped into public view. Nearly 43,000 Gulf War veterans are stricken with debilitating illnesses: bleeding rashes, gums, and sinuses; muscle aches, swollen joints, chronic fatigue, diarrhea, hair loss, severe headaches, and memory loss. Also, over time the symptoms tend to become more acute. Many vets are now confined to wheelchairs and hospital beds.(106,107)

In addition, the syndrome appears to be contagious. Many veterans, their spouses, and scientists believe it can be passed through sex or sweat, or through the air. Apparently, veterans' wives and their unborn babies are being damaged as well. According to Michigan Senator Donald Riegel, Jr., of the 600 vets his office surveyed, 77 percent say their spouses have the symptoms, 65 percent say their postwar babies are damaged, and 25 percent report that their children born before the war have new debilitating illnesses as well. According to one medical researcher, "This is an epidemic. This is absolutely comparable to AIDS."

Many Gulf War couples also report that they are no longer able to make love. Intercourse causes the women to experience immediate abdominal cramping and intense burning sensations, as though their genitals were being torched. For many, their labias crack and bleed. Also, the semen burns both husband and wife within minutes of contact with skin. It causes open sores - - blisters that bleed.

Many Gulf War families are being advised against pregnancy. Babies are being born with extra toes and fingers, undeveloped lungs, and missing body parts. One child was born with an oversized umbilical cord that wrapped around his body six times, nearly strangling him. This child appears to be developmentally delayed and exhibits other debilitating symptoms similar to his father's. Another child was born without a thyroid gland. She also has dozens of tumors all over her body and inside her mouth. Still another child has intermittent vaginal bleeding.

One Gulf War spouse had two miscarriages in the year after her husband's return. She complains of headaches, rashes, and

frequent vaginal infections. In a third pregnancy, a son was delivered two months premature. The child required three months of intensive care and numerous painful operations. He now has vision and hearing problems, a lung ailment, and cerebral palsy. This woman has subsequently miscarried again.

Another Gulf War spouse has lumps, rashes, and cysts throughout her body. Her skull is thinning, threatening to destroy her brain. She has splitting headaches and painful genital infections. Their son is sick as well.

The Cause: Although speculation on the roots of this dilemma ranged from pesticides and burning oil wells to undetected Iraqi nerve gases, it appears that American troops are the only ones suffering. The ailment is largely unheard of in British, Canadian, Saudi, and Iraqi soldiers.

Even though the media refrained from implicating vaccines as a potential cause, it awoke the country to a national dilemma: how to support our vets who unquestionably served their country.

On May 6, 1994 -- 10 full days before the first stories began to circulate -- the truth was told.

In an opening statement at a hearing before the Senate Committee on Veteran's Affairs, Senator John D. Rockefeller IV shared with members of the committee the results of his extensive investigation into the roots of the problem. Here are a few excerpts from that meeting:

Is Military Research Hazardous to Veterans' Health? Lessons from the Cold War, the Persian Gulf, and Today OPENING STATEMENT Senator John D. Rockefeller IV, Chair Committee on Veterans' Affairs United States Senate Hearing. "A few months ago, Americans were shocked to learn that our government had intentionally exposed thousands of U.S. citizens to radiation without their knowledge or consent. Although many of us expressed horror at the apparently unethical behavior of our government, we were all relieved to hear that such experiments had been stopped long ago.

"We'd like to think that these kinds of abuses are a thing of the past, but the legacy continues. During the Persian Gulf War, hundreds of thousands of soldiers were given experimental vaccines and drugs, and today we will hear evidence that these medical products could be causing many of the 'mysterious illnesses' those veterans are now experiencing.

Today's hearing will examine the results of an intensive 6-month investigation conducted by Committee staff. The investigation focuses on Persian Gulf War veterans, but extends from World War II -era veterans to the present.

"The results of our investigation showed a reckless disregard that shocked me, and I think they will shock all Americans. The use of investigational drugs in the Persian Gulf is especially troublesome. The Pentagon threw caution to the winds, ignoring all warnings of potential harm, and gave these drugs to hundreds of thousands of soldiers with virtually no warnings and no safeguards.

If that wasn't bad enough, they administered these drugs and vaccines in such a way that there is a very good chance they wouldn't have even worked for the intended purpose. They would not have protected most soldiers from chemical or biological warfare. These are strong statements and I don't make them lightly".

"The situation is unfair from start to finish. It begins with soldiers who are asked to participate in research, to take experimental drugs, but are not told what the risks are before, during, or after.

Then, information about the exposures is not included in soldiers' medical records, putting them at even greater risk. And, when these soldiers leave the service and become veterans, the VA lacks information about the exposures, and about any resulting illnesses, making it more difficult to help them."Finally, when these veterans become ill, they are unable to get the medical records and other information they need in order to prove that their illnesses are related to military service. This situation is unacceptable."

"For more than 50 years, hundreds of thousands of military personnel have been involved in human experimentation and other intentional exposures conducted by the Department of Defense (DoD), often without soldiers' knowledge or consent. Our May 6, 1994, hearing examines the extent to which these exposures endangered individuals who are now veterans, and explores the implications for soldiers and veterans today

"U.S. troops in the Persian Gulf War were intentionally exposed to investigational drugs and vaccines. In still other cases, soldiers were exposed to biological agents or other dangerous substances that DoD was studying; the goal was to study the

substances, not their effect on humans...

"Some of the studies that have been conducted had more questionable motives. For example, DoD now admits they conducted 'Man Break' tests, exposing soldiers to chemical weapons in order to determine how much was necessary to 'break a man.'

"Similarly, DoD admits that they subjected hundreds/thousands of soldiers to hallucinogens without their knowledge or consent, in an effort to determine how incapacitating those substances could be. Most Americans would agree that the use of soldiers as guinea pigs in experiments that were designed to harm them...is not ethical.

"These experiences put hundreds of thousands of U.S. troops at risk, and may have caused lasting harm to many individuals.

"In this report, we will examine how decisions made by DoD regarding the use of investigational drugs and vaccines in the Persian Gulf War were based on inadequate information and in some cases by ignoring evidence that soldiers would be harmed unnecessarily. We will also discuss how the DoD's failure to provide medical treatment or information to soldiers was unjustifiable, unethical, sometimes illegal, and caused unnecessary suffering.

"In addition, information about the use of these investigational drugs and vaccines, and adverse reactions that resulted, usually were not included in soldiers' medical records. As a result, veterans who became ill following the use of these medical products are often unable to prove that their illness or disability was related to their military service.

"A few months ago, Americans were shocked to learn that federal agencies intentionally exposed thousands of U.S. citizens to radiation without their knowledge or consent. Although many Americans expressed horror at the apparently unethical behavior of the federal government, many believed such experiments occurred in a bygone era with less stringent ethical standards.

"Post-Holocaust Standards of Research: The Nuremberg Code is a 10-point declaration governing human experimentation which was developed in response to the inhumane experiments conducted by Nazi scientists and physicians. The Code states that voluntary and informed consent is absolutely essential at all times, wartime included. Additionally, current law prevents funds appropriated to the Department of Defense from being used for research involving a human being as an experimental subject unless the informed consent of the subject is obtained in advance.

"The Nuremberg Code should have guided the experiments whereby LSD and other hallucinogens were given to military servicemen in the 1950s without their knowledge or consent; however, those studies were kept secret until the mid-70s. Similarly, the Nuremberg Code should have prevented hundreds of radiation experiments that several federal agencies conducted on thousands of soldiers, veterans, and civilians during the Cold War without their knowledge or consent; however, those studies continued for years and were never made public until a few months ago.

INVESTIGATIONAL DRUGS AND VACCINES IN THE PERSIAN GULF

"Under the Food, Drug, and Cosmetics Act, all vaccines and medical products must be proven safe and effective by the Food and Drug Administration (FDA) in order to be sold and distributed in the United States.

DoD/FDA Agreements to Waive Informed Consent for Investigational Drugs During the Persian Gulf War "In August 1990, DoD contacted FDA to review regulatory restrictions on DoD's plan to use pyridostigmine and botulism vaccine for U.S. troops in the Persian Gulf. According to minutes of the meeting, 'FDA expressed some concern about liability and the need to comply with the regulations,' and Dr. Peck, FDA's Deputy Director for Drug Review, 'pointed out the need to establish an appropriate investigational framework to collect observational data and evaluate the military medical products in question.' "The major focus of the meeting was informed consent. In summary, DoD did not want to abide by informed consent regulations, and FDA officials pointed out that pyridostigmine and botulism vaccine were investigational and that there are laws regulating how they can be used. DoD claimed that they had the authority to 'dictate the use of unapproved FDA regulated products' in the Persian Gulf, but they would prefer to obtain a waiver from FDA. "The issue was debated by the two agencies for several months. Finally, at a meeting on December 31, 1990, it appeared that an agreement was reached. DoD officials agreed that the vaccine would be administered by trained individuals with a health care background, and that information would be provided orally 'at minimum, and in written form if feasible, to all personnel receiving the vaccine.' DoD officials said the feasibility of distributing an information sheet would depend on many factors, and would vary from location within the military theater of operation. DoD officials 'reiterated that at least verbal information would be provided to each person receiving the vaccine.'

The FDA Informed Consent Waiver Review Group recommended that pregnant women be excluded from receiving the vaccine

and that information about the vaccine be 'posted at places where vaccine is administered.' However, DoD argued that pregnant women would be at greater risk from exposure to botulism toxins than to the vaccine, and FDA agreed that instead of excluding pregnant women, a statement would be added to the recipient information stating that, 'If you are pregnant, it is not known if this vaccine will hurt the unborn baby, however, most vaccines do not.'

Despite these agreements between FDA and DoD, and DoD's official subsequent decision to administer the vaccine voluntarily, many PGW veterans claim that they were not told what vaccine they were being given, or what the risks were, either orally or in writing. Many report that they were told not to tell medical personnel that they had received a vaccination, even if the vaccination caused pain or swelling.

No record of the vaccine was available in medical records; as a result, physicians who were concerned about any local or systemic reactions were uninformed about the possible causes. Veterans who claim they were harmed by the vaccine or pyridostigmine frequently have no proof that they were vaccinated or took the pills, or that they had an adverse reaction. Moreover, virtually none of the soldiers received more than two of the botulism vaccinations, even though DoD informed FDA they would administer the three shots necessary for protection.

On January 8, 1991, Dr. David Kessler, FDA Commissioner, wrote to the Assistant Secretary of Health of DoD, regarding the waiver for informed consent... In his letter, Dr. Kessler agreed that since there was 'no available satisfactory alternative therapy' for protection he would 'concur with your assessment that informed consent is not feasible.'

AUTISM: is there a vaccine connection? My suspicion, which is shared by others in my profession, is that the nearly 10,000 SIDS deaths that occur in the United States each year are related to one or more of the vaccines that are routinely given children. The pertussis vaccine is the most likely villain, but it could also be one or more of the others." Dr Mendelsohn, M.D.

"Crib death" was so infrequent in the pre-vaccination era that it was not even mentioned in the statistics, but it started to climb in the 1950s with the spread of mass vaccination against diseases of childhood. Harris L. Coulter, PhD. Excerpt from Concerned Parents for Vaccine Safety.

SIDS and Vaccines In 1986 Connaught Laboratories a DPT vaccine manufacturer included in their product insert, "SIDS has occurred in infants following the administration of DPT. One study has showed no casual connection."

Then in 1984 Wyeth Laboratories another DPT manufacturer included in their product insert "The occurrence of SIDS has been reported following administration of DPT. The significance of these reports is unclear."

When infants unexplained deaths began to happen after DPT vaccinations in Japan the government raised the vaccine age to two .When this was done SIDS cases dropped significantly. When the vaccination age was lowered to 3 months and older (during the 80's) SIDS deaths increased.

Dr Harris L. Coulter Ph.D - Studies are demonstrating a relationship between the DPT vaccine SIDS & Seizures "So we have witnessed a steady rise in the incidence of SIDS, closely following the growth in childhood vaccinations. But information on the progress of this epidemic has been radically suppressed in the official literature. Whereas in earlier decades -- up to the end of the 1950s -- the medical establishment could recognize the fact of death after vaccination, more recently, as the official position has hardened, the earlier concessions have been withdrawn, and vaccinations of all kinds are now declared absolutely safe at all times and in all places. This has required some fancy footwork with the epidemiologic statistics, as we will see below."

Sudden Infant Death Syndrome and Childhood Vaccines Is There a Connection? Dr William C. Torch, M.D., Director of Child Neurology, Department of Paediatrics, University of Nevada School of Medicine A 1994 study found that children diagnosed with asthma (a respiratory ailment not unlike SIDS) were five times more likely than not to have received pertussis vaccine. Another study found that babies die at a rate eight times greater than normal within three days after getting a DPT shot. The three primary doses of DPT are given at two months, four months, and six months. About 85 percent of SIDS cases occur at one through six months, with the peak incidence at age two to four months.

In a recent scientific study of SIDS, episodes of apnea (cessation of breathing) and hypopnea (abnormally shallow breathing) were measured before and after DPT vaccinations. "Cotwatch" (a precise breathing monitor) was used, and the computer printouts it generated (in integrals of the weighted apnea-hypopnea density -- WAHD) were analyzed. The data clearly shows that vaccination caused an extraordinary increase in episodes where breathing either nearly ceased or stopped completely. These episodes continued for months following vaccinations. Dr. Viera Scheibner, the author of the study, concluded that

"vaccination is the single most prevalent and most preventable cause of infant deaths."

"These data show that DPT vaccination may be a generally unrecognised major cause of sudden infant and early childhood death, and that the risks of immunisation may outweigh its potential benefits. A need for re-evaluation and possible modification of current vaccination procedures is indicated by this study."

A study undertaken at the University of California, Los Angeles, under the sponsorship of the Food and Drug Administration, and which has been confirmed by other studies, links DPT (diphtheria, pertussis, tetanus) vaccination, and more specifically the pertussis component, to sudden infant death syndrome (SIDS).

This study found that 53 of 145 SIDS victims whose families were interviewed had received a DPT vaccination within 4 weeks. The authors conclude that "the excess of deaths in the 24 hours and first week following immunization and the absence of deaths in the fourth week following immunizations were significant." They call for more studies to substantiate their findings, despite the fact that this is already the third investigation, and all 3 have pointed in the same direction. (Pediatric Infectious Disease Journal, 1983. Possible temporal association between diphtheria - tetanus toxoid - pertussis vaccination and sudden infant death syndrome. Baraff, L.J., Ablon, W.J., Weiss, R.C.)

"Sudden Infant Death Syndrome has been reported following administration of DPT. The significance is unclear 85% of SIDS cases occur in the period 1 through 6 months of age, with the peak incidence at age 2 to 4 months." From the accompanying insert to Connaught Labs DPT shot.

Dr William C. Douglass, M.D. (Honored twice as America's 'Doctor of the Year') has this to say: "The evidence for indicting immunisations for SIDS is circumstantial, but compelling. However, the keepers of the keys to medical-research funds are not interested in researching this very important lead to the cause of an ongoing, and possibly preventable, tragedy. Anything that implies that immunisations are not the greatest medical advance in the history of public health is ignored or ridiculed. Can you imagine the economic and political import of discovering that immunisations are killing thousands of babies?"

Health hazard and adverse effects of immunization Why are a growing number of parents and health care professionals around the world questioning vaccination? The controversy stems from the thousands of deaths and permanent disabilities attributed to vaccination annually, as well as the many published medical studies, government statistics, congressional testimonies, and other credible sources that directly contradict commonly held assumptions about vaccine safety and effectiveness.

AMERICAN GULF WAR VETERANS ASSN. Attention! All mainstream media and Government Officials! For nearly five years, the American Gulf War Veterans Association (AGWVA) has offered reliable, verifiable documentation and evidence to all Veterans, Media, Health and Government officials with an open hand not a clenched fist. With the exception of the Veterans and Talk Radio, our efforts have been met with disdain, ridicule and character assassination.

For over eight years the Pentagon has continued to change their story about Gulf War Illness, spent hundreds of millions of dollars of the taxpayers money on government sponsored "independent studies" while tens of thousands of Veterans and their families die and spread a communicable disease into the general population.

The recent revelations from the Pentagon with regard to the pyridostigmine bromide pills administered to the troops in the Gulf War, coupled with the ongoing debate about the safety of the Anthrax vaccine, is nothing more than another rabbit trail to send the compliant mainstream media and alphabet news agencies into yet another feeding frenzy of Pentagon droppings.

GULF WAR SYNDROME

Currently, the American Gulf War Veterans Association are charging that they were experimented on with genetically-engineered vaccines and other experimental compounds, leading to what has come to be termed "Gulf War Syndrome," identified by the Center for Molecular Medicine in Irvine, California as "weaponized mycoplasma infection."

Again we find the corporate-military crossover in the pharmaceutical industry. One of the primary producers of the Gulf War vaccines was Litton Bionetics Systems of Texas, Financed and owned in part by George H.W. Bush. How many of these companies are actually C.I.A. cover operations? Americans will probably never know the full extent of the subversion of their society, and the corporate media doesn't seem to want to investigate.

VACCINATIONS American Gulf War Veterans.

The recent revelations from the Pentagon with regard to the pyridostigmine bromide pills administered to the troops in the Gulf War, coupled with the ongoing debate about the safety of the Anthrax vaccine, is nothing more than another rabbit trail to send the compliant mainstream media and alphabet news agencies into yet another feeding frenzy of Pentagon droppings.

For over eight years the Pentagon has continued to change their story about Gulf War Illness, spent hundreds of millions of dollars of the taxpayers money on government sponsored "independent studies" while tens of thousands of Veterans and their families die and spread a communicable disease into the general population. Anthrax Vaccine Network, Inc. P.O. Box 844 Missoula, MT 59806 PH: 1-888-411-3200 † o † e-mail: contact@anthraxvaccine.net

Anthrax Vaccine Network Issues Formal Protest Against Request to Waive FDA Rules in Vaccine Manufacturing and Against Using Anthrax Vaccine as a Public Experiment.

The Anthrax Vaccine Network, Inc. (AVN) today issued a formal protest against the "height of immorality, stupidity, and lack of concern for the public health" as represented by the request of drug companies and the Bush Administration to waive FDA rules in vaccine manufacturing, and to use stockpiled, expired, and quarantined doses of the highly reactive, dangerous anthrax vaccine on the American public, according to AVN President Kathy Hubbell. † In response to a New York Times article on Dec. 11, 2001, about the bioterrorism bill now before Congress, Hubbell noted that, according to the story, "Drug companies and the Bush administration have told Congress that rules of the Food and Drug Administration may interfere with the production of drugs and vaccines needed in a public health emergency. So, they say, the secretary of health and human services should be able to waive those rules to ensure that a sufficient supply of drugs will be available."

"When asked for examples, administration officials said they might want to suspend rules for the testing and labeling of drugs, vaccines, blood and blood products. Also, they said, the government may want to waive quality control standards, "good manufacturing practices" and rules that require drug makers to notify the government of any serious illness or injury caused by the use of their products."

In the case of the current anthrax vaccine, Hubbell further noted, good manufacturing practices haven't been followed in the first place, and BioPort, the vaccine's manufacturer, certainly has not notified the government about the serious illness, injury and death caused by use of its products. This, she says, is part of the underlying problem in the government's stated wish to vaccinate a portion of the population with the anthrax vaccine on an experimental basis, with informed consent. Not only is the government proposing to use vaccine manufactured by the same company cited numerous times for quality control, lack of sterility in its products, the use of contaminated products, and withholding from the FDA the information that the company changed its filtering and fermenting equipment, resulting in a 100-fold deviation in potency of the vaccine; but that same government has already conducted a massive anthrax vaccine experiment, and has all the information it needs at its disposal. That experiment is the one conducted upon the troops in the armed services since at least 1989, with the current anthrax vaccine which has been on file with the FDA throughout this period as an Investigational New Drug, requiring informed consent by law. But no member of the military has ever been granted their legal right of informed consent; troops who have refused have instead been fined, put in the brig, court-martialed, and usually dismissed from the service under less than honorable conditions.

In addition, notes Hubbell, the Dept. of Defense, BioPort, the FDA, and the Centers for Disease Control have steadfastly refused to establish a national register of those who have taken the vaccine in order to track their reactions. One possible problem with this is that the national register, when made public, will show reactions ranging from severe joint and bone pain, to chronic fatigue, grand mal seizures, blackouts, brain lesions, tumors and cysts, the lack of the body's ability to produce testosterone in some men, severe menstrual and reproductive problems in some women, internal organ problems, chronic autoimmune illnesses and death.

"They have already decimated and demoralized thousands of our troops with this grand medical experiment," Hubbell said. "Troops who are medically discharged because they are so ill from the vaccine they can no longer work may or may not receive adequate medical care and VA benefits.

Some will never be able to work again. Yet this is the vaccine they are unleashing on the American public. The stockpiled vaccine is adulterated and misbranded, a well established fact, which was reiterated by retired FDA regulator and inspector Sam Young in his testimony before the Institute of Medicine last week. There are reasons it's been quarantined. We caution all Congressional staffers and others who are targeted to take this vaccine. If they want to volunteer for this grand medical experiment, that is their choice. But let's be honest about the devastating results in the military, and let's track results now. † Let's see who is incapacitated for life, and who dies. Let's have them fight the physicians for an accurate diagnosis and for

medical benefits. Let's tell them they are not allowed to sue because they signed an informed consent. Then let's casually drop our concern with FDA rules and good manufacturing practices."

For more information about the anthrax vaccine and the Anthrax Vaccine Network www.majorbates.com and www.anthraxvaccine.net, or call 1-888-411-3200. News@909shot.com is a free service of the National Vaccine Information Center and is supported through membership donations. Learn more about vaccines, diseases and how to protect your informed consent rights. www.909shot.com

VACCINES THAT KILL BABIES

by Geoff Metcalfe. WorldNetDaily.com

Michael Belkin was a financial forecaster and statistician uninvolved in medical policy -- that is, until his infant daughter died after receiving a hepatitis B vaccine. Since then, Belkin has devoted himself to battling mandated immunizations and the powerful forces involved. Belkin has testified before Congress in opposition to forced hepatitis B vaccinations. WorldNetDaily writer and talk show host Geoff Metcalf recently interviewed Belkin about his work in combating government-mandated vaccines. Metcalf's daily streaming radio show can be heard on TalkNetDaily weekdays from 7 p.m. to 10 p.m. Eastern time.

Q: How did you first get involved in the issue of mandated hepatitis B vaccines?

A: I learned about it the hard way. My daughter died about 15 hours after getting the second hepatitis B shot at the age of five weeks. I did an investigation and the first thing I found out was that hepatitis B is a disease of basically intravenous drug users and promiscuous homosexuals and heterosexuals. It is a blood-transmitted, sexually-transmitted disease. And they are giving it to babies!!!

Q: Children are not at risk but they are required to get this shot?

A: Yes. And therein lies a huge story. The way that vaccines are licensed and regulated and marketed in this country is a major scandal. Under the Freedom of Information Act, I got the adverse reaction report from the FDA. It turned out that as of two years ago, there were 25,000 adverse reactions reported to the FDA, including 440 deaths. The median onset was one day. I'm trained in statistics. I'm a graduate of U.C. Berkeley and am a former strategist at Solomon Brothers. I work with data -- I work with statistics. I provide econometric and financial market forecasts for some of the largest financial institutions in the world. When I saw this data and started going through this, over and over I found the same thing that happened to my daughter. In the middle of the night, she became extremely agitated -- having tremors and making funnysounds -- and then she just went out like a light. That was it. She couldn't be resuscitated. They found a swollen brain in the autopsy report. My wife's brother is a doctor in the UK studying neurology and we talked to him right away. He said, "Swollen brain -- that's a vaccine!"

Q: How often is this happening?

A: This obscure panel under the Centers for Disease Control decided in 1991 that they were going to give the hepatitis B vaccine to everybody. If you get an acute case of hepatitis B, you may end up in the hospital, but you will survive. In 90-95 per cent of the cases, you get permanent immunity just like you would with the flu or anything else. In 5 percent of the cases, you will wind up with liver problems, probably decades later.

Q: So what are they trying to do with this vaccine?

A: They are trying to eliminate some rare form of liver problems that comes from risky behavior by giving this vaccine to everyone.

Q: Perhaps it's the cynic in me, but this sounds like a classic case of the drug companies pimping a product for profit.

A: Absolutely. In the United States, you have to get a product licensed by the FDA. You do a phase-one, phase-two and phase-three trial. Then, if they like the results, you get it licensed. The next step is to go to the Centers for Disease Control. In the case of vaccines, they have this particular panel called the ACIP [Advisory Committee on Immunization Practices]. I've sat through their meetings and know pretty much what goes on there. Basically, they rubber-stamp whatever the drug companies put in front of them. But this committee comes up with language saying, such and such a person should get this vaccine at such and such a date. Then the drug company lobbyists take that recommendation >from the ACIP and they go around to all the state legislatures and state health departments saying, "Did you see what the CDC says to do?" And the American Academy of Pediatrics, of course, jumps in. There are huge donations flowing back and forth between all these

people. It's a huge conflict of interest.

Q: How many states mandate this? In California, at least for now, you still have the opportunity to say, "No, I don't want that vaccine."

A: It's a state-by-state situation. There are philosophical exemptions, medical exemptions and religious exemptions, depending on the state you live in.

Q: We just told our doctor no, and he shrugged it off as no big deal.

A: You can still get investigated by state social services departments. For instance, if you don't vaccinate your child, they will exclude him from school. You really have to know what you're doing. You have to know the law, and you have to come back at them and use the law in your favor. You might have to get a lawyer if you want to send your kid to public school these days. What you're up against is basically the drug companies and the Centers for Disease Control. It's for the profit of Smith-Cline -- that's who makes this vaccine. They are using the government as their marketing department.

Q: You can call them a marketing department. Some would call them a pimp.

A: Yes. They're saying you have to take this vaccine, inject it into your body and pay us for it. And if you die or develop adverse reactions that are reported to the FDA, tough luck.

Q: What recourse do you have to negative or the most negative consequences of taking this drug?

A: They have ring-shielded themselves with a government compensation program. By the way, after I started doing my research, I started being contacted by all kinds of people. I am constantly being contacted by parents whose children had convulsions, became autistic, had brain damage or died, as well as adults who developed progressive neurological disease. You start out with joint pains and it eventually develops into demyelination of the brain -- things resembling multiple sclerosis. But if this happens to you, first of all, they tell you it's a coincidence -you're just dreaming. It's like eating Cheerios and getting in a car accident and blaming it on the cheerios.

Q: This sounds like what they told the guys with Agent Orange, the Gulf War Syndrome victims and guys who had problems with the anthrax vaccine. There is a common thread here.

A: Right. It is really a militarization of the U.S. culture, because those were all soldiers, and I have sympathy for them. But generally, you are not considered to be in the Army and have to take these toxic substances with no choice in the matter if you're a civilian. It turns out the Centers for Disease Control is basically a military organization. If you look at them, they wear uniforms. They dress up in uniforms and march around their compound one day a week. They take great pride in being a paramilitary organization.

Q: I didn't know that.

A: It is very strange. They look like Col. Klink of "Hogan's Heroes" to me. It would be funny if that were all they were. But what they are doing is more like a vaccine Gestapo, and it's not funny. By the time you get around to going to your pediatrician or going to school, they tell you that you have to have this toxic substance for a sexually transmitted disease - either as one of the first things in life or as the cost of admission to school. It's ridiculous. They have completely usurped liberty in this country.

Q: There is a gaggle of websites with information. Where should we direct readers?

A: There are many groups springing up across the country. It's almost like citizens' resistance to the Vietnam war. In many states, there are local organizations that are trying to get the word out about vaccine choice and the risks of taking vaccines, because the doctors are not telling you about it at all. They tend to say, oh, it's perfectly safe -a magic bullet. Then they disown you if you get an adverse reaction or your kid dies or something. I can't even get our medical records out of the pediatrician.

Q: Why? Your daughter died.

A: I requested it by registered mail. The doctor is just refusing. I'm not unique. This is pretty standard when it happens to

parents. The doctors are brainwashed by the drug companies. The drug companies buy them lunch all day long.

Q: Are the doctors afraid of malpractice suits?

A: They are in denial. It's almost like a huge psychological brainwashing. They think that they are preventing disease, that they are like God's angels banishing disease and that they can't do any wrong. Then they refuse to admit it. This is very standard.

Q: I found one website that I want to direct our readers to. You participated in those congressional hearings back in May of 1999.

A: Yes.

Q: Whatever became of them?

A: It seemed nothing at the time. I was the first witness on the first victims' panel in the first hearing into hepatitis B vaccine. Hearings were conducted by Congressman Dan Burton of Indiana, who is chairman of the Government Reform Committee. Basically, it was a very strange experience. I went down there and I was attacked by the Democrats. They attacked the victim. [Rep. Henry] Waxman and his ilk tried to denigrate me. They said, "You don't know what you're talking about. It's all just an accident." In other words, the Democrats are talking the mainstream health department-drug company policy line. The Republicans are the ones who are digging to get at the truth. It was completely turned upside down from the way I thought it would be. In answer to your question, it seemed like it was an exercise in futility. But two months after those hearings, there was a flurry of action. Thimerosal, which is a mercury-containing preservative in all vaccines - mercury is the second most toxic metal there is - is being removed from all vaccines because they realize they are giving so many vaccines that it is way over the permissible level.

Q: And this stuff is cumulative too, right?

A: Yes. And mercury is one of the things that crosses the blood-brain barrier, so it might be responsible for some of these adverse reactions. It's probably not the only thing.

Q: So what are they doing?

A: Do you think they are withdrawing all the vaccines that are out there on the market? No way! That would cost money.

Q: So are they using them up?

A: Yes. So when you go into a doctor and he gives you a vaccine, it probably still has thimerosal in it because they are working through the inventory. It is not cost-effective to remove a harmful product from the market.

Q: Even if it's killing people?

A: Yeah. Now Dan Burton has just issued a request to Health and Human Services, Donna Shalala, who is the one who is on top of CDC and everything, requesting that they immediately remove all thimerosal-containing vaccines in the United States. But she is not even answering his letters.

Q: Barbara Fisher, the co-founder and president of the National Vaccine Information Center, filed a couple of requests under the Freedom Of Information Act. Has she ever had any response to those?

A: No. I work with the National Vaccine Information Center, that's the website you referenced. I'm a volunteer on the hepatitis B program with them. I went down there and testified at the ACIP and we submitted a FOIA [Freedom Of Information Act] request a year or two ago.

Q: Basically asking federal health agencies to release public copies of peer-reviewed scientific studies?

A: Right. The data they used to show that the hepatitis B vaccine was safe to give to newborn infants and to everyone else. Science is supposed to work like this: You're supposed to do a study, it's supposed to be peer-reviewed, published in a peer-reviewed journal, and then it's legitimate science.

Q: Public record -- anybody should be able to get it.

A: Yes. The CDC hardly ever does that. But I managed to ambush the chairman of the ACIP -- he was chairman in 1991 - I ambushed him a short time ago in New York at the New York Cornell Medical School when he was giving a lecture on vaccines in the new millennium. I asked him -- and I have a tape of it - "What published peer-reviewed study did you use in 1991, when you were chairman, to give this vaccine, the hepatitis B vaccine, to newborn infants?" There was never any vaccine given to newborn infants before this one.

Q: And what was his answer?

A: His answer was: "You are quite right. There was no published peer-reviewed study." I just gave a talk on this issue and the title of the talk was "Shoot first and ask questions later." That's what they are doing. They are giving these vaccines without knowing if they are safe. And then when the adverse reactions come in, they just go into a drawer at the FDA and nothing is done.

Q: This lack of informed consent -- it has sparked fear and distrust of all vaccines. Haven't they reached the point of diminishing return where it would be in their best interest, if they still want to peddle this stuff, to release the peer-reviewed data so people can see it is safe?

A: The study wasn't done! That's the problem. They have nothing to release. That is what I got him to admit.

Q: Well then, it should be a no-brainer. You simply withdraw the drug.

A: This is total scientific fraud. And you get these leaders of the CDC and people going up there saying, "Well, parents don't know what they are talking about. They are making unscientific judgments."

ARE VACCINES RESPONSIBLE FOR THE CONTROL OF INFECTIOUS DISEASE? Supporters of vaccination would like to take credit for the control of infectious Disease, but the simple truth is that vaccination has had precious little, if anything, to do with controlling disease epidemics.

Epidemics of infectious disease had undergone a dramatic decline long before any mass immunization programs took place. Many childhood diseases had all but disappeared before a vaccine was even developed for them. According to Metropolitan Life Insurance company policies, in 1911 the four leading causes of death covered by the company in those aged 1 to 14 were diphtheria, measles, scarlet fever and whooping cough. The standardized death rate for these was 145 per 100,000 in 1911, but dropped to 7 per 100,000 by 1945 -- a decline of over 95%, before mass immunization began in the United States. Similarly, in England and Wales between 1850 and 1940, deaths from these four diseases declined by 90%.

The first vaccine available for diphtheria wasn't until the early 1940's, whooping cough in the early 50's and measles in the late 60's. No vaccine was provided for scarlet fever, yet it somehow managed to disappear on its own. In fact, many plagues disappeared without the benefit of vaccines -- cholera, bubonic plague, yellow fever, for example -- all are virtually unheard of today, and without the assistance of mass immunization.

Strangely enough, plagues of disease also disappeared simultaneously in countries which rejected vaccination as well as those which implemented it. European countries that refused immunization for smallpox and polio saw their epidemics end as well as those countries that mandated it. In fact smallpox and polio vaccines, both the proverbial golden children of vaccine supporters (i.e. what kind of horrible crippled state would we all be in without them?), actually increased the incidence of those diseases.

In England, the highest death rate from smallpox for any two year period (before compulsory vaccination laws in 1853) was 2,000 cases. After years of mandatory vaccinations 23,000 people died in 1870 and 1871 alone, and 124,000 died during the same period in Germany. All had been vaccinated. In Australia, where the government terminated compulsory vaccination after two children died from their smallpox shots, the disease virtually disappeared -- three cases in 15 years. In 1920s England, only two towns rejected smallpox inoculation during an epidemic -- Leicester and Dewsbury (relying instead on stringent hygiene and sanitation). These two towns had the lowest death rates in the country.

Cases of polio in the one year ending August 30, 1954 (before mass immunization) compared to the one year ending August 30, 1955 (after immunizing) were reported as follows: In Connecticut, 144 cases before -- 276 cases after (92% increase)...in New Hampshire, 38 cases before -- 129 cases after (239% increase)...in Vermont, 15 cases before -- 55 after

(266% increase)...Rhode Island, 22 before -- 122 after (454% increase)..... and in Massachusetts, 273 before -- 2027 after (642% increase!). Polio had been declining for decades before the advent of the vaccine -- the CDC admits that all current cases are caused by the vaccine.

But if immunization has had little to do with controlling plagues of disease, then what did alleviate them? The answer is simple, and still the best solution -- improvements in hygiene and nutrition. The poverty, filth and squalor of urban life up to the early 1800's gave way to sanitation reforms, fresh water supplies and plumbing (no more raw sewage running in the streets...), less crowding/proper isolation, central heating etc., all of which radically changed public health standards. Add to this an increasing awareness of nutrition, better food preservation and the ability to import fresh fruits and vegetables in the winter months (no more lard pies day in and day out...) and you can begin to see how people were better able to fend off disease. These two factors are what truly control contagious/infectious disease.

VACCINES CAUSE DISEASE.

Airborne viruses were not meant to be injected directly into the bloodstream. They normally enter through the nasal passages where the body's defence system initiates a process of filtration. Coughing, sneezing and secretion of a local antibody in the respiratory tract is followed by involvement of the tonsils, lymph nodes and other immune organs.

But when the normal port of entry is bypassed and viruses are injected directly into muscle tissue, they are driven deep into the body and given immediate access to all internal organs, including the brain, where they can do unrestricted damage. Further, attenuated and "killed" viruses will not provoke the body's major inflammatory response nor its non-specific immune defences. Therefore this form of virus, found in vaccines, remains in the body and causes continuous antigenic stimulation of the immune system which weakens immune defences and can lead to cancer, leukemia and autoimmune disease.

Viruses and the human body have co-existed for millennia, and over that period of time attained a state of equilibrium (as is nature's way until man interferes). The relationship, if not symbiotic, may in some ways be mutually beneficial. Obviously viruses are reliant on the human body, but conversely, research is beginning to indicate that the human body also depends on certain viruses for maturation of its immune system.

Vaccination and the subsequent lack of contagious infectious disease in early childhood may foster the development of asthma and other autoimmune disorders later in life. A study in New Zealand reports that of 1,265 children born in 1977, 23 received no childhood vaccinations and none suffered childhood asthma. Among the 1,242 who got polio and DPT shots, 23% later had episodes of asthma, 23% had asthma consultations and 30% had consultations for other allergic illness.

According to information published in *The Lancet* in 1996, certain findings indicate that measles infection prevents allergic sensitization. After comparing two groups of young adults in West Africa, one which had recovered from a natural measles epidemic while the other had not contracted measles and were later vaccinated, researchers found that the vaccinated group had twice the rate of allergic conditions than the group who had recovered from measles. In addition, according to WHO statistics, those who are inoculated against measles have a 15 times greater chance of contracting the disease than those who are unvaccinated. However, due to vaccination, the infection may be atypical measles which is an especially vicious form that resists treatment, or it may be the so-called "mild measles" with under-developed rash -- the type that does not provoke a full inflammatory response and so remains latent in the body and may result in chronic or degenerative disease, including cancer.

In December 1988, an article was published in the *New York Times* by Dr. John Walker-Smith of St. Bartholomew's Hospital in London. This expert on intestinal diseases had found a sharp increase of Crohn's disease in children of East Indian origin who had grown up in Great Britain. In India the disease is "very, very rare". Dr. Walker-Smith concludes that the lack of many childhood infections may allow children in the West to grow up without the vigorous development of their immune system such infection would normally promote.

Diabetes is another autoimmune disorder that has increased substantially in the last three decades, coinciding with the significant increase in childhood immunizations. The pertussis vaccine in particular is known to cause diabetes in mice, and medical literature as early as 1949 reported that some children injected with the pertussis vaccine had reduced blood glucose levels.

Dr. J. Barthelow Classen, former researcher at the U.S. National Institutes of Health, states that juvenile diabetes increased 60% following a massive Hep B vaccination campaign for babies six weeks or older in New Zealand from 1988 to 1991. Also, Finland's incidence of diabetes increased 147% in children under five after three new vaccines were introduced in the

1970s and diabetes increased 40% in children aged five to nine after the addition of the MMR and Hib vaccines in the 1980s.

More recently, in September 00, Dr. Classen presented data at the International Public Conference on Vaccination proving vaccines are the largest cause of insulin dependent diabetes in children. His data indicated that vaccines cause approximately 80% of cases in children who have received multiple vaccines starting at two months of age. Amazingly, a week later the CDC also presented data at the Interscience Conference on Antimicrobial Agents and Chemotherapy that supported Dr. Classen's findings. Diabetics have been advised to seek counsel before their right to compensation expires.

The burgeoning incidence of autism may also be correlated with rampant vaccine use. Although genetic factors are well accepted, there are variants of autism and it is known as an etiologically heterogeneous, or multi-causal, disorder. For some children, genetic vulnerability may interact with insults on the developing nervous system to lead to autism. There is increasing evidence of immune system abnormalities in autism. A substantial number of reports on this subject have appeared in medical journals since the 1980s and most of these articles present data that appear to support the theory of a connection between immune system dysfunction and some cases of autism.

Infectious agents in the prenatal or postnatal period may be a factor in the development of autism. The most common mechanism appears to be a direct toxic effect on brain cells from infection (encephalitis). Strangely enough, viral infections are considered causal for autism if they occur 'naturally', as in measles encephalitis, but not if they occur after vaccination. Yet the Cure Autism Now (CAN) foundation in Los Angeles relates that approximately one-half of the hundreds of parents who call their office each month report that their child became autistic shortly after receiving a vaccination.

Evidence for an autism pandemic is mounting. In California there was a 273% increase in the number of children with autism from 1987 to 1998 and in Florida it's up 571%. According to U.S. state education data, we have seen increases of 876% in 8 years in New Jersey, 627% in 6 years in Illinois, 1200% in 10 years in Broward, Miami and a 13-fold increase in 6 years in Colorado. In 1992 the education authority of Wakefield, West Yorkshire in the U.K. had five autistic pupils. Just seven years later in 1999 that number had jumped to 111, a 22-fold increase!

Autism is a relatively new disorder, first diagnosed in the mid 1940's. When the first cases began to appear, researchers were puzzled by the high incidence of autistic children in well-educated, upper class families. Of course, these were the families who could afford private doctors and would request the latest advancements in medicine for their children -- in this case the latest medical marvel was the pertussis vaccine. As would be expected, as soon as free vaccinations became available at public health clinics across the country, autism became an equal-opportunity disease.

Another recent addition to childhood disorders is Attention-Deficit Hyperactivity disorder ADHD. It spread rapidly among school children in the 1950's and in 1963 was officially dubbed MBD (minimal brain dysfunction). It was soon noted that this disorder appeared to lie at the root of nearly every type of childhood behavior problem, with children typically exhibiting symptoms related to neurological damage. Today, it is thought that one out of five children have learning disabilities, hyperactivity and associated developmental disabilities.

Teachers complain that their students are cognitively inferior and have shorter attention spans than those they taught in the 1960's, and that "kids' brains must be different these days". In fact, SAT scores for verbal and math skills, as well as IQ levels, have steadily declined since 1964. Sadly, neurological damage is often a harbinger of social violence and crime. Nearly ninety percent of juvenile delinquents suffer from learning disabilities and in one study of hyperactive children it was found that they were twenty times more likely to end up in a reform school than their peers.

Even those considered among the country's elite are not exempt from vaccine injury. Despite military and FDA assurances that the anthrax vaccine is safe, the FDA reports that it "has fewer side effects than some childhood immunizations", a war is raging over the hazardous effects it may have on a recipients health, and the rights of military personnel to refuse it on that basis. It seems the producer of the vaccine, BioPort corp., is also having its share of difficulties.

After separate recommendations by the House subcommittee and Congress earlier this year to suspend the anthrax vaccination program (which the Pentagon ignored), the vaccine was recalled by its maker last month due to 'labelling problems'.

Amidst audits, missing documents, and lack of FDA approval for renovated labs, BioPort has just been hit with another controversy. Their anthrax vaccine has been implicated in the death of one of their employees. Richard Dunn had been required to take the anthrax vaccine because his work involved the monitoring of test animals. His death in July was due to "an

inflammatory response to the vaccine throughout his body" according to Chief Medical Examiner Dr. Robert Joyce. BioPort officials are "shocked and puzzled" by the coroner's findings. A month after his last dose, Dunn had been complaining of fatigue and swelling. He was sent to the company's doctors who examined him three times and determined there was no connection to the vaccine.

Gulf War Syndrome is a seriously debilitating condition that has NOT been taken seriously by military bureaucrats. From the outset, many have categorically denied its existence, let alone having anything to do with its cause. Not surprisingly, one simple fact speaks for itself -- of the 28 coalition countries that sent troops to the Gulf, only French troops are not exhibiting symptoms of GWS. France is the only country that did not vaccinate their troops.

[Are New Vaccines Laced With Birth-Control Drugs?](#)

By James A. Miller, special correspondent for Human Life International. Copyright 1995. During the early 1990s, the World Health Organization (WHO) has been overseeing massive vaccination campaigns against tetanus in a number of countries, among them Nicaragua, Mexico, and the Philippines. In October 1994, HLI received a communication from its Mexican affiliate, the Comité Pro Vida de Mexico, regarding that country's anti-tetanus campaign. Suspicious of the campaign protocols, the Comité obtained several vials of the vaccine and had them analyzed by chemists. Some of the vials were found to contain human chorionic gonadotrophin (hCG), a naturally occurring hormone essential for maintaining a pregnancy.

[hCG and Anti-hCG Antibodies](#) In nature the hCG hormone alerts the woman's body that she is pregnant and causes the release of other hormones to prepare the uterine lining for the implantation of the fertilized egg. The rapid rise in hCG levels after conception makes it an excellent marker for confirmation of pregnancy: when a woman takes a pregnancy test she is not tested for the pregnancy itself, but for the elevated presence of hCG.

However, when introduced into the body coupled with a tetanus toxoid carrier, antibodies will be formed not only against tetanus but also against hCG. In this case the body fails to recognize hCG as a friend and will produce anti-hCG antibodies. The antibodies will attack subsequent pregnancies by killing the hCG which naturally sustains a pregnancy; when a woman has sufficient anti-hCG antibodies in her system, she is rendered incapable of maintaining a pregnancy.

HLI reported the sketchy facts regarding the Mexican tetanus vaccines to its World Council members and affiliates in more than 60 countries.(2) Soon additional reports of vaccines laced with hCG hormones began to drift in from the Philippines, where more than 3.4 million women were recently vaccinated. Similar reports came from Nicaragua, which had conducted its own vaccination campaign in 1993.

The Known Facts Here are the known facts concerning the tetanus vaccination campaigns in Mexico and the Philippines:

* Only women are vaccinated, and only the women between the ages of 15 and 45. (In Nicaragua the age range was 12-49.) But aren't men at least as likely as young women to come into contact with tetanus? And what of the children? Why are they excluded?

* Human chorionic gonadotrophin (hCG) hormone has been found in the vaccines. It does not belong there -- in the parlance of the O.J. Simpson murder trial, the vaccine has been "contaminated."

* The vaccination protocols call for multiple injections -- three within three months and a total of five altogether. But, since tetanus vaccinations provide protection for ten years or more, why are multiple inoculations called for?

* WHO has been actively involved for more than 20 years in the development of an anti-fertility vaccine utilizing hCG tied to tetanus toxoid as a carrier -- the exact same coupling as has been found in the Mexican-Philippine-Nicaragua vaccines.

[The Anti-Fertility Gang](#) Allied with the WHO in the development of an anti-fertility vaccine (AFV) using hCG with tetanus and other carriers have been UNFPA, the UN Development Programme (UNDP), the World Bank, the Population Council, the Rockefeller Foundation, the All India Institute of Medical Sciences, and a number of universities, including Uppsala, Helsinki, and Ohio State. The U.S. National Institute of Child Health and Human Development (part of NIH) was the supplier of the hCG hormone in some of the AFV experiments.

The WHO began its "Special Programme" in human reproduction in 1972, and by 1993 had spent more than \$356 million on "reproductive health" research. It is this "Programme" which has pioneered the development of the abortifacient vaccine. Over \$90 million of this Programme's funds were contributed by Sweden; Great Britain donated more than \$52 million, while Norway, Denmark and Germany kicked in for \$41 million, \$27 million, and \$12 million, respectively. The U.S., thanks to the

cut-off of such funding during the Reagan-Bush administrations, has contributed "only" \$5.7 million, including a new payment in 1993 by the Clinton administration of \$2.5 million. Other major contributors to the WHO Programme include UNFPA, \$61 million; the World Bank, \$15.5 million; the Rockefeller Foundation, \$2.5 million; the Ford Foundation, over \$1 million; and the IDRC (International Research and Development Centre of Canada), \$716.5 thousand.

WHO and Philippine Health Department Excuses - When the first reports surfaced in the Philippines of tetanus toxoid vaccine being laced with hCG hormones, the WHO and the Philippine Department of Health (DOH) immediately denied that the vaccine contained hCG. Confronted with the results of laboratory tests which detected its presence in three of the four vials of tetanus toxoid examined, the WHO and DOH scoffed at the evidence coming from "right-to-life and Catholic" sources. Four new vials of the tetanus vaccine were submitted by DOH to St. Luke's (Lutheran) Medical Center in Manila -- and all four vials tested positive for hCG!

From outright denial the stories now shifted to the allegedly "insignificant" quantity of the hCG present; the volume of hCG present is insufficient to produce anti-hCG antibodies.

But new tests designed to detect the presence of hCG antibodies in the blood sera of women vaccinated with the tetanus toxoid vaccine were undertaken by Philippine pro-life and Catholic groups. Of thirty women tested subsequent to receiving tetanus toxoid vaccine, twenty-six tested positive for high levels of anti-hCG! If there were no hCG in the vaccine, or if it were present in only "insignificant" quantities, why were the vaccinated women found to be harboring anti-hCG antibodies? The WHO and the DOH had no answers.

New arguments surfaced: hCG's apparent presence in the vaccine was due to "false positives" resulting from the particular substances mixed in the vaccine or in the chemicals testing for hCG. And even if hCG was really there, its presence derived from the manufacturing process.

But the finding of hCG antibodies in the blood sera of vaccinated women obviated the need to get bogged down in such debates. It was no longer necessary to argue about what may or may not have been the cause of the hCG presence, when one now had the effect of the hCG. There is no known way for the vaccinated women to have hCG antibodies in their blood unless hCG had been artificially introduced into their bodies!

Why A Tetanus Toxoid "Carrier"? Because the human body does not attack its own naturally occurring hormone hCG, the body has to be fooled into treating hCG as an invading enemy in order to develop a successful anti-fertility vaccine utilizing hCG antibodies. A paper delivered at the 4th International Congress of Reproductive Immunology (Kiel, West Germany, 26-29 July 1989) spelled it out: "Linkage to a carrier was done to overcome the immunological tolerance to hCG."(8)

Vaccine Untested by Drug Bureau - After the vaccine controversy had reached a fever pitch, a new bombshell exploded; none of the three different brands of tetanus vaccine being used had ever been licensed for sale and distribution or registered with the Philippine Bureau of Food and Drugs (BFAD), as required by law. The head of the BFAD lamely explained that the companies distributing these brands "did not apply for registration."(9) The companies in question are Connaught Laboratories Ltd. and Intervex, both from Canada, and CSL Laboratories from Australia.

It seemed that the BFAD might belatedly require re-testing, but the idea was quickly rejected when the Secretary of Health declared that, since the vaccines had been certified by the WHO -- there they are again! -- there was assurance enough that the "vaccines come from reputable manufacturers."

Just how "reputable" one of the manufacturers might be is open to some question. In the mid-80s Connaught Laboratories was found to be knowingly distributing vials of AIDS-contaminated blood products.

Drug Co. Wellcome Knew Vaccine Was 'Unsafe': The former UK company Wellcome allowed thousands of babies to be inoculated in the 1960s and 1970s with toxic whooping cough vaccines it knew had not passed crucial safety tests.. Its investigations showed that two batches of the firm's vaccine were more than 14 times more potent than the standard dose and 14 other batches containing thousands of vaccine doses were not put through a crucial toxicity test.

One of the toxic batches was the same batch that led the Irish Supreme Court in 1992 to award 2.7 million (US\$3.8 million) in compensation to Kenneth Best, a Cork boy who suffered permanent brain damage. At the time the Irish judge accused Wellcome of negligence and attacked the company's poor quality control at its Kent laboratory.

Now 9 years after the award, the newspaper said the Irish Department of Health had received details from GlaxoSmithKline

about the batch--numbered 3741--and was tracing 296 Irish children who were inoculated with it. Glaxo Wellcome merged with SmithKline Beecham to form

GlaxoSmithKline in late 2000. The newspaper added that pressure from Denis Naughten, a senior Irish Member of Parliament (MP), has forced other disclosures from the company, including the fact that a second batch of vaccine, numbered 3732, produced by Wellcome around the same time, was even more potent than that used on Best in 1968.

In the 3 years after Wellcome produced the toxic batches, dozens of British parents saw their children suffer brain damage and death as a result of the whooping cough vaccine. But their views were dismissed by drug companies and health officials. Gordon Stewart, emeritus professor of public health at Glasgow University, says the revelations are scandalous.

In 1984 Dr Stewart was asked by the government's Chief Scientific Officer to investigate a link between brain damage and the vaccine, and says he advised the Department of Health about these potential toxic batches in 1989 but the government did nothing. Dr Stewart's report, was never published by the government but has been seen by The Observer. It is highly critical of the whooping cough vaccine used at this time, which he believes was toxic.

The families of vaccine-injured children receive £100,000 compensation from a government fund financed by the taxpayer. Ian Stewart Labour M.P. says if the firm is at fault, then they should pay compensation, which would be significantly more.

A number of clinical laboratory studies demonstrate that vaccines may cause chronic damage to the G.I. tract, immune system, brain, and other organs.

Mainstream medicine has an enormous stake in the public belief that vaccines are safe. During the past decade, mainstream medicine has suffered a hemorrhage of patients who have been flocking to practitioners of alternative medicine.

Too often have prescription drugs been found more dangerous than the illness. When the link between the use of unsafe, mercury-laden vaccine and autism, ADHD, asthma, allergies and diabetes becomes undeniable, mainstream medicine will be sporting a huge, self-inflicted and well-deserved black eye.

Then will come the billion-dollar awards, by enraged juries, to the children and their families. The parents of today are confronted with the question: What do we do about vaccinations?

The California legislature is conducting hearings to decide if two more vaccines, Hepatitis A and Prevnar, will be required before children can be admitted to day care or kindergarten. Parents of vaccine-injured children are opposing these measures.

Profit, not public health, is the goal of many who advocate the use of all of these unnecessary vaccines. Alternative medicine provides a much more rational approach to preventing disease including the diseases that are a direct result of vaccines bolstering the immune system. Even during the most horrific epidemics - the bubonic plague, smallpox, polio, most humans escape death, despite exposure to the pathogen. Why? Because their immune systems were healthy. Providing the immune system with the nutrients it needs with high multiple vitamin/mineral supplement, with extra amounts of vitamins C, A and E, selenium and zinc, can strengthen your immune system, protecting you against pathogenic viruses, bacteria and yeasts. Such fortification of the immune system is especially important in the weeks preceding and following vaccinations.

A pox on vaccines - Parents who refuse to have children immunised are regarded as dangerous cranks - in defiance of the facts Anne Karpf Wednesday January 16, 2002 [The Guardian](#) - We call it propaganda when governments peddle "facts" which are demonstrably untrue. And yet the claim that without vaccination measles is a stalking killer is disseminated by both the Department of Health and most medical journalists, despite strong counter-evidence. In 1976, Professor Thomas McKeown, investigating trends in mortality, compared declining death-rates from infectious diseases with medical interventions since the cause of death was first registered in 1838. He found that immunisation had no significant effect on the trend of the death-rate from measles, which had fallen to a low level before mass vaccination was introduced, because of major improvements in sanitation and nutrition. So too had morbidity, the incidence of the disease. Those of us who haven't had our children vaccinated aren't cranky obsessives or zealous Jehovah's Witnesses. On the contrary, we're mostly pretty well-informed, as you have to be if you refuse the orthodoxy of vaccination. We do so for two main reasons, neither of them specifically to do with autism, which most people would agree is dreadful but only affects a small number of children. The first, and most shocking one, is that vaccination simply can't sustain the claims made for it. In the US immunisation rates are as high as 98% in some areas, and yet there are still regular measles epidemics. The Centres for Disease Control in Atlanta found that 80% of measles cases in 1985 occurred in children who had been vaccinated, while a 1987 outbreak affected a secondary school more than 99% of whose pupils had had live measles vaccine.

In Italy there were just 10 deaths from measles between 1989-91, even though they had only 40% coverage from the vaccine. In the following two years coverage from the vaccine grew, as did deaths from measles (to 28). So much for "herd immunity".

Second, we believe that in the case of infectious diseases, Pasteur's germ theory has been oversold. Pasteur, Robert Koch and others focused on the bacteria that caused infections, which medicine then tried to zap. Most anti-vaccinators argue that the host, ie the body, is as important as the infecting germ. Starting from a quite different paradigm, they prefer to nourish the body's own immune system, which vaccination (they maintain) impairs.

Opponents of immunisation feel vindicated by epidemiology, for measles isn't a disease that strikes randomly unless routed by vaccination. On the contrary, it turns out to be depressingly class-conscious and poverty-aware. Those most debilitated by it are the least well fed - there's a tragic synergy between malnutrition and infectious diseases. According to a 1973 World Health Organisation report, "ordinary measles or diarrhoea - harmless and short-lived diseases among well fed children - are usually serious and often fatal to the chronically malnourished.

"Before vaccines existed, practically every child in all countries caught measles, but 300 times more deaths occurred in the poorer countries than in the richer ones. The reason was not that the virus was more virulent, nor that there were fewer medical services; but that in poorly nourished communities the microbes attack a host which, because of chronic malnutrition, is less able to resist".

Given that there's no vaccination against malnutrition due to poverty (healthy food is what's required), governments prefer the quicker fix of vaccination (more profitable than supplying healthy food). Vaccine producers like it too: there's gold in them thar jabs.

This isn't a sphere where conscientious objections are tolerated, either among doctors or patients. Each GP gets a "target payment" (did someone say "bribe"?) of £2,730 for vaccinating 90% of two-year-olds on their list. Some practices are now considering dropping unvaccinated families from their lists. When my first child was newborn, my GP asked why I was risking her life by refusing to have her vaccinated. I changed practices soon after.

Journalists, too, are expected to toe the public health line and are labelled irresponsible (as I will be) if they don't, even though accusations of "inaccuracy" often mask genuine disagreements.

A child suffering from the disease needs proper, labour-intensive care. Nursing used to be an essential part of the job-description of motherhood: our mothers (for it was mostly them) knew how to nurse an infected child - drawn curtains, cold drinks, and wet flannels.

We now think of nursing almost entirely in professionalised terms, something we pay others to do. Nursing is slow, but life is fast. What child, today, can afford to miss a week of the national curriculum, and what mother can take a week off work? One consequence of the mass vaccination of children is to turn measles into an adult (or adolescent) disease, when it's far more dangerous. And now the government is considering the introduction of a chickenpox vaccine! Chickenpox is mild, not dangerous but the vaccination is - thus does the vaccination cocktail grow. We're familiar with the concept of informed consent...on vaccination, increasing numbers of people are turning towards the concept of informed refusal. Info

"Were All Of These Children Killed By The Triple MMR Jab?"
By Lucy Johnston, Sunday Express, UK. www.express.co.uk

At least 26 families claim their children died as a result of the controversial measles, mumps and rubella jab, the Sunday Express can reveal.

In some cases the Government has awarded parents up to £100,000 under its 1979 Vaccine Damage Payment Act. In others, post mortem reports concluded the jab was the most likely cause of death. Despite this, the Department of Health insists no child has ever died from MMR. This assertion is a key aspect of its £3 million publicity drive to persuade parents the vaccine is entirely safe. It contradicts the view of the US Government, which accepts children die from MMR and awards compensation as a result. Most children do not react to the jab, but medical literature supports the view that MMR can occasionally kill.

The parents are now demanding an official inquiry into the deaths. Julie Roberts, 40, whose daughter Stacey died, said: "The Government should take responsibility. It has never given proper warnings of the risk and still doesn't despite the evidence.

Tony Blair can see his children at home. I have to visit my daughter at her grave."

Experts writing in the Journal of Pediatrics concluded that of 48 children who reacted to the measles component of the jab, eight died and the rest had seizures or brain damage. And a recent study on 1.8 million children by the Finnish Health Board linked neurological reactions, allergic attacks, epilepsy and meningitis to the vaccine.

Our research follows speculation over whether Tony Blair's 19-month-old son Leo has had the MMR jab. The Prime Minister has said he fully supports the vaccine but will not say if Leo has had it.

Many of the families of children who have died have taken legal action. Richard Barr, of solicitors Alexander Harris, has details of 24 cases. He said: "It is widely acknowledged in medical literature and by the American government that the triple vaccine can on rare occasions kill, yet this Government won't accept it."

Jackie Fletcher, of the pressure group Jabs, which is trying to highlight the potential dangers, said: "The Government should be giving people full and accurate information about health risks."

But a Department of Health spokesman insisted: "Parents who received payments after their children died following MMR would not get the money now as science has moved on. MMR protects against death and we stand by the fact that no child has died as a result of MMR."

Wendy Francis's son, Robert, began behaving abnormally two years after he had MMR in January 1990. He lost control of his movements and slept for 18 hours at a time. Within months he fell into a coma and died in December. Robert, then seven, had developed a degenerative brain condition called SSPE (sub-acute sclerosis pan encephalitis), linked to the measles component.

The disease can have a long incubation period and Mrs Francis, 40, an auxiliary nurse and Robert's consultant think the vaccine was the only way Robert could have developed it. The family, from Easington, north Yorkshire, are taking legal action against the vaccine's manufacturer.

Ashley Shipman was born in 1985 and was a healthy three-year-old when he received the MMR vaccine. When he was nine his parents Elaine and Andrew of Eastwood, Nottingham, noticed he was having problems with his balance and co-ordination. He too was diagnosed with SSPE and died in June 1999, aged 14. They received £30,000 compensation. His father, a lorry driver, said: "We took Ashley into hospital in October 1994 and by Christmas he was in a wheelchair. We were told by the consultant who treated him that his condition was caused by his vaccination."

In 1995 the Government's vaccine damage tribunal paid £30,000 compensation to James Smith, of Gateshead, for brain damage after he was given MMR at the age of four. James died nine years later aged 13. Biopsy material taken from his brain and intestines will form a central plank of the scientific evidence in support of a legal case due to be heard in October next year. Up to 300 cases relate to this brand of vaccine - Pluserix - which was banned by the Department of Health in 1992 after being linked with meningitis. This was two years after an identical vaccine was banned in Canada.

John and Faye Smith say the jab transformed their healthy, intelligent son into a child needing round-the-clock care. It took them six years and four hearings, however, to persuade the vaccine damage tribunal of this.

Faye, 59, said: "It's not about money, but truth. It's diabolical that the Government refuses to acknowledge the risks of MMR."

Judith Dwyer, 45, of Tongwynlaif, near Cardiff, received a payment after her four-year-old daughter Chloe died following a "booster" jab in 1989. She too was given a version later banned because of its dangerous side effects. Chloe developed pins and needles in her legs, then paralysis and problems breathing. She was rushed to hospital but it was too late.

After an eight-year fight Judith, an intensive care technician, persuaded a tribunal the jab was the likely cause of Chloe's death. In September 1996 it accepted this and paid out.

Mother of two Judith said: "Health visitors called me a scare mongerer and laughed. But we fought to raise the profile of vaccine damage."

Stacey Berry, of Atherton, Manchester was 13 when she had a booster jab in November 1994. Days later she started having fits, "stopped smiling, and stared into space."

She was diagnosed with the brain disease SSPE and given two years to live. She died in November 2000, aged 19. A post mortem examination concluded the disease was a "rare complication" of the vaccine".

Christopher Coulter was 15 when he suffered a fit and died in his sleep 10 days after being vaccinated. He had an unblemished health record and no history of epilepsy but no explanation has been offered other than the statement on his death certificate - "asphyxiation due to severe epileptic seizure". His mother Anne of Hillsborough, northern Ireland said: "Nothing would replace Christopher, but I want answers. I want peace of mind for my daughters should they ever have children."

Hannah Buxton was 18 months old when she reacted to her first MMR jab. She started having fits and died 18 months later in February 1992. Parents Carol and Tony of Towcester, Northants, did not know Hannah had been given the strain of vaccine later withdrawn after it was deemed unsafe. In March that year a tribunal blamed the vaccine for her death.

Nicola Gentle, 29, of Plymouth, Devon, is convinced her 15-month-old baby Emma Jane died because of the triple vaccine she was given in September 1998. Within six hours she was on a life-support machine. Three days later she was brain dead but a coroner said he could not say for certain whether or not MMR had killed her.

Shirley Fitzgerald's son Kieren was given the MMR jab in June 1991 when he was 14 months. He reacted within days. "He stopped smiling, laughing and crying and became frightened of his toys," said Shirley. Kieren also developed bowel problems - linked to MMR by some scientists. In July 1992, he died, aged two.

Toddler Harriet Moore died following an MMR vaccination in 1998. Six weeks later she suffered fits and died in her parents arms. Sarah and Pat Moore, of Peasedown St John, near Bath, took the case to tribunal.

MMR CAUSES MENINGITIS - On 14 September 1992 two measles vaccines (Pluserix and Immravax) were banned in the UK after causing meningitis in children. There were also reports of distorted vision, partial deafness, and paralysis in vaccinated children.

J

ade Scrimger was vaccinated with MMR at 17 months and died from meningitis three days later in October 1998. Her mother Sheena has since discovered the drug used on her daughter was later banned by the Department of Health because it caused meningitis. She has abandoned the idea of taking legal action against the vaccine manufacturers, however, because lawyers say it is not worth it. In Britain the maximum award for a child's death is £7,500.

Five days after Elaine Adam's 16-month-old son Stevie was given the MMR vaccine 1991 he too developed meningitis and died. Elaine and her husband Robert, of East Kilbride, were convinced MMR was to blame but their fears were dismissed by doctors. Mrs Adam has refused to allow her second child, Terry, six, to have the jab.

If 26 Kids Died in the UK from MMR Vax, did 148 Die in the US? This was the question posed to Barbara Lo Fisher of the National Vaccine Information Center. If 26 died from MMR in the UK, then given the relative population size of the US, and all else being equal, about 148 fatalities would have occurred here. Is this true? Here is Fisher's response. "I am sure we have many deaths due to MMR vaccine. The problem here is that perhaps less than 1 percent of all doctors report vaccine adverse events - even though it has been the law since 1986 to report serious health problems, including deaths, within 30 days of vaccination.

MMR deaths within 30 days would be due to seizures and encephalopathy, which occurs at peak incidence between 8 and 15 days following MMR. If doctors do not report, there will be no statistics. What we would like to see is an amendment to the 1986 National Childhood Vaccine Injury Act which would attach a punishment for doctors not reporting (the law made it clear the doctor is NOT supposed to decide at the provider level whether there was causation involved - the duty was merely to report) such as removal of the privilege of administering vaccines.. That would really hit them in the pocketbook."

URGED TO CONFESS BLAIR WITH LEO - Was it the prime ministerial silence that did the most damage to confidence in MMR? After Christmas the Telegraph produced evidence that the Blairs' stance had undermined public confidence by revealing a huge surge in demand for single vaccines. The Independent on Sunday revealed that supplies were running out as parents panicked.

Open season on MMR How the Blairs' silence sparked a media storm. In recent weeks opponents of the triple measles, mumps, and rubella (MMR) vaccine have had rich pickings. In late November the General Medical Council cleared former general practitioner Peter Mansfield of professional misconduct for offering separate vaccines. The Daily Mail heralded this as a victory. Shortly afterwards, the Express picked up an editorial in the British Journal of General Practice, which argued that the Department of Health needed to respond to parental concerns and rethink its policy on single vaccines.

But it was the Blairs' refusal to answer Conservative MPs' questions about whether their youngest son, Leo, had had the triple vaccine that kept MMR firmly on the media agenda.

Many newspapers viewed the Blairs' silence as doing little to quell lingering parental doubts about the safety of the vaccine. This even included papers that supported the prime minister's view that his children's welfare was a private matter, as an article in the Independent on 21 December reflected.

But the refusal to budge vexed the Daily Mail the most. It ran stories on the issue, clamouring for a confession, on 13, 14, 18, 19, 20, and 21 December. The paper continued its campaign in the new year, bringing in television presenter Carol Vorderman to add her voice to the request for the Blairs to break their silence. The Independent had already revealed that Ms Vorderman had not had her son vaccinated with MMR.

The Mail on Sunday chipped in a strand to the conspiracy theory on 16 December. It reported that GPs were paid to meet vaccination targets for MMR, implying that financial concerns took precedence over children's health, a theme that was taken up again a few days later.

Suspicion that a lack of candour must imply something to hide was not dispelled by the less than convincing performance of junior health minister Jaqui Smith on the BBC's influential Today programme on 20 December. The minister was taken by surprise, but wriggled uneasily under relentless questioning about her own children's vaccination. Her defence that their health was a personal matter came across as lame and evasive.

Postings from parents seeking information on doctors willing to offer single vaccines on the Justice Awareness and Basic Support (JABS) website (www.argonet.co.uk/users/jabs/), an anti-MMR organisation campaigning for parental choice, almost tripled during December.

Department of Health figures show that MMR uptake varies considerably across health authorities in England. London is the worst, averaging 79 per cent. Some areas in the capital are as low as 73 per cent, although these figures reflect poor general uptake of childhood vaccines. But in the rest of the country MMR uptake consistently lags behind other childhood immunisations.

A spokesperson for the Public Health Laboratory Service (PHLS) says that trends in MMR uptake, while far from experiencing a vertiginous plummet, have been heading downwards since 1995, when the first of the queries about MMR came to public attention.

The recent downturn after a period of relative stability may have been helped by the introduction last year of meningitis C vaccine in young children, given at the same time as MMR, he said. This may have persuaded parents to defer the latter to stagger the number of injections.

Would it have made any difference to public confidence in MMR if the Blairs had made a public statement about whether or not Leo had had the jab? Only the next set of figures will make that clear. Caroline White, freelance medical journalist.

Mr Blair has refused to explicitly say whether 20-month-old Leo has been given the combined measles, mumps and rubella vaccine.

He told the BBC this was because he thought it would open the floodgates for other issues relating to his children.

He added: "I would not be asking people or saying to people we advise you to do this if I thought it was dangerous for my own child."

The premier and ministers came under fire before Christmas after parents' groups and the Tories insisted they should say whether their children had been given the jab, which has been linked to autism by researchers.

Mr Blair then issued a strongly worded statement in which he attacked invasion of his family's privacy but in which he also gave his backing for MMR. He said it would be difficult to draw a line once he discussed one issue relating to his children.

The Prime Minister added: "What people need and should have the reassurance about is this: that we are completely behind the campaign to make sure that people do the vaccination. We believe it is safe. We believe the evidence not merely of the

Government's Chief Medical Officer but also the Royal Colleges, of virtually every single independent body that's looked at this."

He added: "I understand why people say, well it's important that you tell us everything that your own children are doing. But it doesn't work like that. The moment we do this we're then asked, and it would be perfectly legitimate then to ask us further details of the treatment and so on." Story filed: 12:48 Sunday 13th January 2002

UK Minister Promises Action On Autism By Helen Rumbelow in the Times, UK. The Public Health Minister promised a more concerted approach to autism yesterday after a Commons debate in which MPs paid tribute to the Times campaign to raise awareness of the condition. Yvette Cooper said that the NHS, schools and social services would have to work together under the National Service Framework for Children to stop families slipping through the net.

The National Autistic Society, the subject of The Times Christmas Appeal, helps to improve the lives of those affected by autism, but lack of resources means that many families are still not getting the help they need. Linda Perham, Labour MP for Ilford North, organised the Commons debate to inaugurate the first Autism Awareness Year, founded by Ivan Corea, a constituent with an autistic boy, Charin, 5. Tony Blair pledged his support at Question Time. Article continues at: www.thetimes.co.uk/article/0,,11-2002015880,00.html

Deaf Talkabout A Shot In The Dark Or A Guard Against Deafness? - By BobMcCullough:
Featureseditor@Belfasttelegraph.Co.Uk

Tony Blair still refuses to say if his baby son has had the MMR jab and, with the public not yet convinced of the triple vaccines safety, take-up for the jab has fallen to 77% - well below the Government target of 95%, and health chiefs are warning of a killer outbreak of measles - or possibly also of mumps and rubella. I got measles as a boy and can still remember being put to bed in a darkened room and not being allowed to read. Nearly everybody got measles in those days and acquired natural immunity. But, because of its mild reputation, measles was not always taken seriously and yet, as well as being potentially fatal, measles can cause deafness and even blindness.

My wife was a schoolgirl of five when she went down with mumps and lost her hearing. But the real culprit over the years has been German measles or rubella, as it is commonly known. Rubella is a seemingly mild illness which can have devastating results if a woman catches it during the first months of pregnancy...the baby may be born deaf, blind or with a combination of serious mental problems:

<http://globalarchive.ft.com/globalarchive/article.html?id=020111005345&query=mmr#docAnchor020111005345>

Measles Epidemic Ruled Out Despite Fall in MMR Jabs

By Helen Rumbelow in the Times, UK. There is no danger of a measles epidemic in Britain, the Government's Chief Medical Officer said yesterday in a significant reversal of previous advice. Sir Liam Donaldson's confident new approach contradicts the advice of disease experts from the Public Health Laboratory Service. For several years they have been issuing warnings that the low uptake of the MMR vaccine could lead to a measles outbreak in Britain. Currently, 84 per cent of children are getting the vaccine, the lowest level since it was introduced, and more than 10 per cent below the World Health Organisation minimum to protect against outbreaks. www.thetimes.co.uk/article/0,,22002017963,00.html

The MMR Vaccine FRIDAY JANUARY 11 2002 - Sir, There is a particular hypocrisy in ministers using the shield of medical confidentiality to avoid saying whether their children have had the MMR vaccine (letters, December 28; January 2 and 5). Just before the general election last May, they rushed through the Health and Social Care Act, which effectively destroys medical confidentiality in the NHS. Section 60 gives the Secretary of State power to have identifiable patient information disclosed to whomever he wishes, if it is in the public interest.

So ministers want to be able to override the confidentiality of other people's medical records whenever it suits them, but to retain the confidentiality even of non-sensitive parts of their children's records. Since childhood vaccination is not a unique experience, but one that almost all children have, information on it is not sensitive in the same way as the records of individual illnesses.

Moreover, it is in the public interest to know whether ministers believe their own propaganda about the complete safety of MMR, on which many millions of pounds have been spent, since they are expected to provide leadership. Their reluctance to say whether their children have had MMR inevitably leads to the suspicion that they have not, and acts against the public interest by discouraging other parents. Yours sincerely, RICHARD NICHOLSON (Editor), Bulletin of Medical Ethics, 22 Highbury Grove, N5 2EA. bullmedeth@cs.com

JUDGE NOT SURE HOW BABY DIED - Taken from: sydney Daily Telegraph, Australia. 25/4/98 By Naomi Toy - Court Reporter

A father accused of killing his baby daughter by violently shaking her was yesterday found not guilty of manslaughter.

Scott Warren Walters, 28, was acquitted of the manslaughter of three-month-old Rikki-Lee after a Supreme Court Judge found that her death could have been caused by factors other than "shaking baby syndrome".

Acting Justice James Black said he was not satisfied that the evidence of two doctors who put forward other possibilities on the cause of Rikki Lee's death should be rejected or was unreliable.

Mr. Walters, who was tried by Justice Black sitting without a jury, pleaded not guilty to manslaughter by an unlawful and dangerous act.

He maintained that when he put his baby down to sleep at his Bidwell home about 6pm on April 22, 1995, she was happy and healthy.

He told the court that he fell asleep and when he woke about four hours later Rikki-Lee was dead.

He tried to resuscitate her and took her to a neighbour to call an ambulance but she could not be revived.

The court heard evidence from Mr. Walters' friends and relatives, including the baby's mother Karen Hoenstok, that he was "an excellent dad", "a mother and father all in one" and adored Rikki-Lee.

A post-mortem examination revealed that Rikki-Lee died as a result of a brain haemorrhage which the forensic pathologist said "the most likely cause in this case is due to shaking of the child".

Another doctor told the court that the range of injuries within the brain was "consistent with violent shaking way out ahead of any other possibility; in terms of percentages something like 99 per cent, something like that". But other medical evidence raised the possibility that the brain haemorrhage could have been caused by factors other than violent shaking.

Dr. Archivides Kalokerinos said a possible cause of Rikki-Lee's death was "scurvy haemorrhages precipitated by pertussis [whooping cough] vaccine".

Another doctor Mark Donohoe said Rikki-Lee may have been suffering from a bleeding disorder which combined with other factors could have caused the haemorrhaging.

Also, an Australian TV channel covered this case. It reported that Scott Walters was cleared after Dr Kalakerinos and Dr Donohoe's evidence convinced the judge that perhaps the obvious answer (shaking baby syndrome) was not the right one.

Dr Donohoe said: "The baby had an undiagnosed liver complaint. This liver disease was sitting like a time-bomb below the surface. One day this child was going to bleed and bruise very easily At some stage this was going to go off and the circumstances around this time were that we have a child that was somewhat sick, was vaccinated, and the vaccination placed one load on it's immune system."

Dr Kalokerinos, who was also featured, echoed Dr Donohoe's words: "So here we have a bottle-fed baby that was not really 100% since it was born, given antibiotics early in life. A baby that was vaccinated 3 days before it's death and suffered a severe reaction to the vaccine." Expose on Vaccinations Credits Neil Z. Miller. 1996.

The general public is essentially unaware of the true number of people (mostly children) who have been permanently damaged or killed by vaccines. In fact, most parents would be surprised to learn that the government has a computer database filled with several thousand names of disabled and dead babies, children who were healthy and alive just prior to receiving the vaccines.

Of course, the medical establishment and federal government don't readily disclose this information because they know it may frighten parents into seeking other ways to protect their children. In other words, parents just might think this issue through on their own and decide to reject the shots.

MICHAEL BELKIN - Testimony to Congress Tuesday, May 18, 1999 My daughter Lyla Rose Belkin died on September 16, 1998 at the age of five weeks, about 15 hours after receiving her second Hepatitis B vaccine booster shot. Lyla was a lively, alert five-week-old baby when I last held her in my arms. Little did I imagine as she gazed intently into my eyes with all the innocence and wonder of a newborn child that she would die that night. She was never ill before receiving the Hepatitis B shot that afternoon. At her final feeding that night, she was extremely agitated, noisy and feisty -- and then she fell asleep suddenly and stopped breathing. The autopsy ruled out choking, The NY Medical Examiner ruled her death Sudden Infant Death Syndrome (SIDS).

But the NY Medical Examiner (Dr. Persechino) neglected to mention Lyta's swollen brain or the hepatitis B vaccine in the autopsy report. The coroner spoke to my wife and I and our pediatrician (Dr. Zullo) the day of the autopsy and clearly stated that her brain was swollen. The pediatrician Dr. Zullo's notes of that conversation are "brain swollen ... not sure cause yet ... could not see how recombinant vaccine could cause problem."

SIDS is a diagnosis of exclusion .. "it wasn't this, it wasn't that, everything has been ruled out and we don't know what it was." A swollen brain is not SIDS. Through conversations with other experienced pathologists, I subsequently discovered that brain inflammation is a classic adverse reaction to vaccination (with any vaccine) in the medical literature.

I set out to do an investigation of the hepatitis B vaccine and attended a workshop at the National Academy of Sciences, Institute of Medicine on "Neo-Natal Death and the Hepatitis B Vaccine," the Advisory Committee on Immunization Practices (ACIP) February' meeting and a debate in New Hampshire between the Chairman of the ACIP Dr. Modlin and Dr. Waisbren about the safety of the hepatitis B vaccine. I also obtained the entire Vaccine Adverse Events Reporting System (VAERS) database on hepatitis B vaccine adverse reactions and have investigated it thoroughly.

These are my conclusions, supported by the following pages of text and analysis that are too lengthy to present in entirety in the time allotted for this appearance. Please read the results of my investigation, as it will help you understand the magnitude of the hepatitis B vaccine issue.

- * Newborn babies are not at risk of contracting the hepatitis B disease unless their mother is infected Hepatitis B is primarily a disease of junkies, gays, and promiscuous heterosexuals
- * The vaccine is given to babies because health authorities couldn't get those risk groups to take the vaccine
- * Adverse reactions out-number cases of the disease in government statistics
- * Nothing is being done to investigate those adverse reactions
- * Those adverse reactions include numerous deaths, convsions and arthritic conditions that occur within days after hepatitis B vaccination
- * The CDC is misrepresenting hypothetical, estimated disease statistics as real cases of the disease
- * The ACIP is recommending new vaccines for premature infants without having scientific studies proving it is safe
- * The US vaccine recommendation process is hopelessly compromised by conflicts of interest with vaccine manufacturers, the American Academy of Pediatrics and the CDC

Conclusion: If (as with the recently-recommended rotavirus vaccine) hepatitis B vaccine was recommended in 1991 without scientific proof that it was safe in a broad sample of racially and genetically diverse babies less than 48 hours old before they established that recommendation, then the CDC has been experimenting on babies like guinea pigs and this Committee should suspend that universal immunization policy.

FEDERAL ADMISSION OF VACCINE RISKS - In 1986, Congress officially acknowledged the reality of vaccine-caused injuries and death by creating and passing The National Childhood Vaccine Injury Act (Public Law 99-660). The safety reform portion of this law requires doctors to provide parents with information about the benefits and risks of childhood vaccines prior to vaccination, and to report vaccine reactions to federal health officials. Doctors are required by law to report suspected cases of vaccine damage. To simplify and centralize this legal requisite, federal health officials established the Vaccine Adverse Event Reporting System (VAERS) -- operated by the Centers for Disease Control and Prevention (CDC), and the Food and Drug Administration (FDA).

Ideally, doctors would abide by this federal law and report adverse events following the administration of a vaccine. However, the FDA recently acknowledged that 90 percent of doctors do not report vaccine reactions. They are choosing to subvert this law by claiming the adverse event was, in their opinion, not related to the shot. (doctors get a bonus for every vaccination. ZL)

In fact, every year about 12,000 reports of adverse reactions to vaccines are made to the FDA (data accessible only through the Freedom of Information Act). These figures include hospitalizations, irreversible brain damage, and hundreds of deaths.

Considering that these numbers represent just 10 percent, the true figures during this period could be as high as 120,000 adverse events annually.

Maybe it doesn't matter that doctors won't report vaccine reactions, because the federal government won't investigate them. Government officials claim VAERS was designed to "document" suspected cases of vaccine damage. No attempt is being made to confirm or deny the reports. Parents are not being interviewed, and the vaccines that preceded the severe reactions are not being recalled. Instead, new waves of unsuspecting parents and innocent children are being subjected to the damaging shots.

WHO PAYS FOR COMPENSATION? - In order to pay for vaccine injuries and deaths, a surtax is levied on mandated vaccines. When parents elect to have their children vaccinated, a portion of the money they spend on each vaccine goes into a congressional fund to compensate them if their child is hurt or killed by the shot. This insurance fee ranges from several dollars per dose (for the DPT and MMR vaccines) to several cents per dose for some of the others.

The compensation portion of the law awards up to \$250,000 if the individual dies, or millions of dollars to cover lifelong medical bills, pain, and suffering in the case of a living (but brain damaged) child. By August 31, 1997, more than \$802 million had already been paid out for hundreds of injuries and deaths caused by mandated vaccines. Thousands of cases are still pending.

The government's estimated future liability for pre-1988 vaccine damage exceeds \$1.7 billion, with complete settlement of claims not expected until 1998. For the majority of claimants, there is no money available. Also, Vaccine Injury Compensation Claims "do not include private settlements, or the many families that become dependent on public assistance for medical and living expenses because of vaccine injuries." Therefore, taxpayers subsidize vaccine manufacturers and the federal government by paying for their vaccine-liability expenses.

Vaccines Proven To Be Largest Cause of Insulin Dependent Diabetes in Children...Why is the media ignoring this? Classen Immunotherapies, Inc. 6517 Montrose Avenue, Baltimore, MD 21212 U.S.A. Tel: (410) 377-4549 Fax: (410) 377-8526 Contact: J. Barthelow Classen, M.D., M.B.A. Classen@vaccines.net <http://vaccines.net>

Diabetics Advised to Seek Legal Counsel now, before their right to compensation expires. Dr. J. Bart Classen, an immunologist at Classen Immunotherapies, presented data at the International Public Conference on Vaccination which proved vaccines are the largest cause of Insulin Dependent Diabetes in Children. His data indicated that vaccines cause approximately 80% of cases of insulin dependent diabetes in children who have received multiple vaccines starting after 2 month of life.

Dr. Classen presented data supporting a causal relationship between many different vaccines and the development of insulin diabetes. His data included the pertussis, mumps, rubella, hepatitis B, hemophilus influenza and others. The data indicated people with vaccine induced diabetes may not develop the disease until 4 or more years after receiving a vaccine.

Lawyers attending the conference and who reviewed the data, advise diabetics to seek legal counsel at once. The government provides compensation for vaccine induced injuries however there is a statute of limitations. Insulin dependent diabetes cost the patient about \$1 million over their life time.

Dr. Classen's research has been published in numerous journals and featured in national news reports. For the latest information on the effects of vaccines on insulin dependent diabetes and other autoimmune diseases visit the Vaccine Safety Website <http://vaccines.net>.

DR ANDREW WAKEFIELD

In early December Andrew Wakefield, whose research in the Lancet in February 1998 stoked widespread alarm over possible links between MMR and bowel disease and autism, left the Royal Free Hospital in London. He claimed that he had been forced out for his rebel views. His departure was extensively covered in the Guardian and provoked several angry letters in both the Daily and Sunday Telegraph.

Wakefield Is Given New Job With Bradstreet's ICDRC By Lorraine Fraser Telegraph, UK.

<http://portal.telegraph.co.uk/news/main.jhtml?xml=/news/2002/01/06/nmmr06.xml&sSheet=/news/2002/01/06/ixhome.html>

Dr Andrew Wakefield - The British doctor forced out of his job because of his studies on the childhood MMR jab and autism has been appointed head of a multi-million dollar research programme in America. Dr Andrew Wakefield's departure last month

from the Royal Free Hospital in North London, revealed in The Telegraph, led to renewed furore over the safety of the triple vaccine and precipitated intense pressure on the Prime Minister to reveal whether he has allowed his baby son, Leo, to have the inoculation.

Dr Wakefield has identified nearly 200 children with a new combination of bowel disease and autism who became ill after being given the MMR jab, but was told by the Royal Free and London University Medical School that his research was "no longer in line" with its strategy.

He will now continue his studies at the International Child Development Resource Centre (ICDRC) in Florida. The centre treats more than 1,700 children with autistic spectrum disorders from all over the world and is to develop an additional £15 million research facility at Boca Raton, South Florida.

Dr Wakefield told The Telegraph last night: "The autism world is in crisis with the number of children affected skyrocketing. Not only does the medical establishment have no answers, it appears that it doesn't want to ask the right questions. ICDRC breaks that mould. It holds tremendous potential and it will be an honour for my team and I to help realise that potential."

The Director of ICDRC, Dr Jeff Bradstreet, said Dr Wakefield's decision to join as Director of Research was wonderful news and would complete a "world-class" research team of specialists with expertise in all aspects of autism.

The parents of autistic children helped by Dr Wakefield while he was at the Royal Free will be devastated to learn that he is to go abroad. He sought to reassure them last night, stressing that his aim was to help autistic children everywhere by continuing his research.

Robert Sawyer, the Chief Executive of Visceral, a UK charity that supports bowel and autism research, said Dr Wakefield would still collaborate with doctors in the UK, Ireland and Sweden. He said: "This is an opportunity to bring the best minds together and get the research done."

Dr Wakefield is investigating the possibility that the MMR vaccine, which combines live measles, mumps and rubella viruses in one injection, may cause bowel problems in some children which lead to autism.

The Department of Health insists parents have no reason for concern about the vaccine, which is recommended by the government for all children. Officials have warned that a measles epidemic could result if parents shun the vaccine.

Mr Blair has refused to disclose whether his 19-month-old son has had the MMR combined jab or separate vaccines, but has said it is "offensive beyond belief" to suggest he his wife, Cherie, are deliberately refraining from giving their child the treatment while his government advises it.

Bradstreet's ICDRC Announces Addition of Wakefield - This is the full press release from the International Child Development Resource Center (ICDRC).

Controversy over the vaccine-autism connection hasn't scared off the medical group at the International Child Development Resource Centre, (ICDRC), a children's research and treatment centre in Florida, from inviting Dr Andrew J. Wakefield, MB, BS., FRCS., FRC Path, and his team to join their faculty. ICDRC currently treats over 1700 children with autism spectrum disorders, and the children come from every continent to be evaluated.

On this past Wednesday, Dr. Wakefield agreed to join the ICDRC team as its Director of Research and continue his efforts to solve the possible autism-vaccine link, the role of the intestine in childhood developmental disorders and the cause of inflammatory bowel diseases such as Crohn's disease and ulcerative colitis. Wakefield is expected to continue his collaborations with colleagues in the UK, Ireland, Japan and Sweden, making ICDRC truly international.

The cost of developing and initiating research at the new centre is estimated at \$25,000,000 over three years. Robert Sawyer, Chief Executive of Visceral, the UK based charity that supports much of the research conducted by Dr Wakefield and colleagues states. "The cost of lifetime care for a single child with autism was estimated by independent US and UK assessments as being between \$2m and \$4m per child. The US Department of Education recorded 65,000 diagnoses of autism spectrum disorders in 1999-2000, up from 12,000 in 1992-93. Seen in that context the cost of developing the proposed facilities at ICDRC is a drop in the ocean".

And the news for the autism world got another boost when ICDRC announced that it had received the initial investments to

start building a new campus in South Florida. Dr. Jeff Bradstreet, Director of ICDRC, also stated this past Thursday that negotiations are underway with The Centre for Complex Systems and Brain Sciences at Florida Atlantic University (FAU), to develop a collaboration for sharing resources and furthering the research efforts of ICDRC. The FAU centre is one of America's top brain imaging facilities, so Dr Wakefield's new found freedom from The Royal Free Hospital winds up being a windfall for the ICDRC and FAU efforts to help children.

Dr Wakefield stated "the autism world is in crisis with the numbers of affected children skyrocketing. Not only does the medical establishment have no answers it appears that it doesn't even want to ask the right questions. ICDRC breaks this mould. It holds tremendous potential and it will be an honour for my team and I to help realise that potential. The creation of a truly independent centre, combining research with clinical facilities for investigation, treatment and evaluation of potential therapies offers a unique opportunity to increase our understanding and develop new service models. The overall aim is to deliver the benefits that we see as increasingly possible for affected children and young people everywhere."

This means that Wakefield will spend the greater part of his time in the United States over the coming months, in order to seize this opportunity to expedite the research by bringing the power and energy of the American people to help resolve this issue as soon as possible. www.feat.org/FEAT

More than 1,000 British families have joined a legal battle for millions of pounds compensation for harm they claim was caused to their children by measles, mumps and rubella (MMR) vaccines, their solicitors said on Monday - by Richard Woodman via Reuters Health, UK

The case which is scheduled to come to trial in February 2003--follows controversial research findings suggesting that use of the vaccines could be linked to inflammatory bowel disease and autism.

Two firms of solicitors, Alexander Harris and Freethcartwright, have been appointed as the joint leading firms in the generic litigation against Aventis Pasteur MSD, GlaxoSmithKline and Merck.

A spokeswoman at Alexander Harris said that the firm represented about 1,000 families while the total number involved was probably around 1,500. She said likely levels of compensation varied but could be worth several million pounds for children with serious brain damage.

The firm's Web site says that the case is being brought under the Consumer Protection Act--part of the European Union's Product Liability Directive that imposes liability on manufacturers of products for any injury caused by an unsafe product. The families had been granted public funds to pay for the legal action.

The firm said that the UK Department of Health stopped using SmithKline Beecham's Pluserix and Aventis Pasteur MSD's Immaravax in 1992, two years after a similar vaccine containing the Urabe strain of mumps vaccine virus was withdrawn in Canada after reports of meningitis.

"After we had been contacted by several hundred families a clear pattern began to emerge," the solicitors said. "Children who were developing well, both physically and intellectually, before the vaccine, regressed after vaccination, often accompanied by other symptoms and a gradual decline into autism."

They added: "It is important to stress that we appear to be dealing with cases where the children, who were fit and well before being vaccinated and were developing normally in every way, are now chronically ill and as a result many are seriously mentally or physically disabled."

A spokesman for GlaxoSmithKline said that all the manufacturers were still trying to clarify exactly what was being alleged by the families. He added that numerous studies had failed to show a link between MMR vaccination and autism, and that the legal action would be defended.

The Department of Health and the Medical Research Council have also dismissed reports by researchers at London's Royal Free Hospital suggesting that the triple vaccine may trigger autism. Copyright © 2002 Reuters Limited

Re: More jabs for babies No valid clinical evidence exists to support the claim "babies need hepatitis vaccine."

According to Samuel Katz, MD, a vaccine developer who was chairman of the United States Advisory Committee on Immunization Practices (ACIP) when the recommendations for Hepatitis B vaccinations were made in 1991, no peer reviewed,

published studies support giving the vaccine to newborns.

United States Vaccine Adverse Event Reporting System (VAERS) has recorded over 36,000 adverse reactions and 440 death involving hepatitis B vaccine. Since the VAERS is a voluntary system, the number of incidents is likely much higher. At the February 1999 ACIP meeting, the Centers for Disease Control's head of epidemiology stated the number of serious reactions was about ten times higher than for other vaccines.

Studies that are used to justify giving the hepatitis B vaccine to infants represent opinions based on opinions - not facts - involving people with serious conflicts of interest.

Molecular biologist Dr. Bonnie S. Dunbar, a research scientist and professor at Baylor College of Medicine (Houston Texas) has worked in the field of auto-immunity and vaccine development for over 25 years. Dr. Dunbar investigated the hepatitis B vaccine after two colleagues developed severe auto-immune side effects after vaccination. In testimony before a Congressional House Subcommittee on Criminal Justice, Drug Policy and Human Resources Dr. Dunbar pointed out these were not isolated cases. She reports that physicians and research scientists from several countries have observed "identical severe reactions in thousands of Caucasians." Hundreds of patients and parents of children have contacted Dr. Dunbar reporting severe health problems and deaths resulting from the vaccine.

Dr. Dunbar examined the VAERS and found "...thousands of reports listing such conditions as neurological damage, arthritis symptoms and other serious immunological disorders. These are the same types of medical conditions that, in my extensively detailed investigation of the literature, have been published in dozens of medical journals that cite the correlation of this vaccine and severe immunological reactions." Dr. Dunbar contends that the VAERS system is virtually useless to researchers because the reports do not include information about genetics, family history or even how to contact the reporting physician.

Dr. Dunbar is so critical of giving the Hepatitis B vaccine to infants, particularly since their risk of getting the disease is very low. "I would challenge any colleague, clinician or research scientist to claim that we have a basic understanding of the human immune system." She points out "It is well established in studies in animal models that the newborn immune system is very distinct from the adolescent or adult. In fact the immune system of newborns in animals can easily be perturbed to ensure that it cannot respond properly later in life.". Dr. Dunbar contends that some physicians and medical students have been told and believe "this vaccine is the safest ever developed because it is a recombinant DNA vaccine and 'therefor you can't get the disease'." She told the committee that any protein, whether from a biological or bio-engineered source can potentially cause long-term auto immune reactions.

Jane M. Orient, MD, Executive director of the association of American Physicians and Surgeons criticizes the hepatitis B vaccine and its mandatory use. "Once as vaccine is mandated for children, the manufacturer and the physician administering the vaccine are substantially relieved of liability of adverse effects." Dr. Orient states that practitioners are under a moral obligation to inform parents and patients about the risks of the vaccines, listed in the manufacturers' inserts in comparison with risks of the disease itself.

"Shoot First and Ask Questions Later" by Michael Belkin (Strategic Investment, September 20, 2000) (Economist Michael Belkin's infant daughter died after receiving the hepatitis B vaccine) www.strategicinvestment.com

One mom's experiences with the treatment of infectious disease:

Rubella. They just got better on their own, though they both spiked high fevers so quick that they projectile vomited. By high, I mean 105. Ian once hit 106. 105 was standard for our oldest, and the fevers would last 3-8 hours. The youngest used to spike at around 103-105, and if his were 103, they would last longer than if they were 105. 101's would go on for ages. The lower the fever, the less the influence. Fevers switch the immune system into a higher gear to get rid of the problem.

I was somewhat ignorant in those days, but I did know one thing. Never ever use Tylenol, Ibuprofen or Paracetamol for fevers, ever, ever, ever, ever! It suppresses the immune system, and there is just heaps of medical articles which show that it makes all viral infections so much more serious, and can turn chickenpox into necrotising fasciitis. It also does the same with meningitis infections, and I believe that the standard reflex action of mothers to give Tylenol is one reason for the increase in serious meningitis infections of any type. Animal studies seem to indicate the same. I turned the fan on low, slept them on the sofa or rocked them in the rocking chair and was an extended breaster, so there was that too. Though they both got rubella at around a year old.

Next up was measles. It was a breeze for my oldest. The youngest got bronchitis and a red eardrum and took it quite hard.

Vitamin C, cod-liver oil (switches off photophobia in about 20 minutes, which is caused by the virus pulling vitamin A out from the retina and causing sensitivity to light), breastmilk and love. Dosage: Vitamin C - 375mg per kg body weight over the waking hours. If it causes diarrhoea, back the dose up until it doesn't. Vitamin A is guided by sensitivity to the light. When it returns, give more. Oldest needed a bit, the youngest needed gallons. Breastmilk and love on demand.

Whooping Cough: You have to understand whooping cough. It is caused by a bacteria which lodges itself in the hairs of the bronchials, squats down, adheres to a cell, and starts to release a toxin, which chops off the hairs. These hairs are responsible for the circulation of fluid on the mucus membrane - or mucus if you will. It is normally in constant motion, circulating around the lungs, up the bronchials and swallowed etc. If it didn't, we would constantly die of superimposed bacterial infections. The other thing this charming little toxin can do, is get into the circulation and get to the brain. However, when we had the boys with whooping cough, I got a phone call from a US doctor, who was prattling on when David gave a wonderful noise sample of the classical whoop, which stopped this doctor in his tracks. I thought - oh no, third degree coming up here - but no, he asked what I was doing, and I told him. I had the kids on low doses of vitamin C, because I didn't know much about toxin mediated diseases and like a chump thought vitamin C only applied to viruses.

This doctor faxed me a ACAD of Sci article about Vitamin C being the treatment of choice for toxin mediated diseases, and told me to get real, and give a weight related dose, as you would do for an antibiotic. So I did. And within 8 hours that cough was down to nuisance value only. The main thing I did with Whooping Cough was to manage it properly. The key thing to know is that eating will trigger coughing. In the absence of eating, the natural time span is about an hour. This is because it takes this long for a good glob of mucus to pool at the base of the brochi. This is the mucus that would normally be swept up and away. So the child/baby is forced to cough it up, since there is no other way. It depends on the age of the child as to proper management.

With little babies, it is very important to sit them up, and using your hands give them abdominal support so that when they cough, they use less effort. Try it yourself. Cough with relaxed tummy muscles (we know how to control ours, they don't) then cough again making your hands into a shield around your front providing light pressure for the muscles to push against.

When breastfeeding, often the first few sucks will provoke a coughing fit. Sit them up, support, catch the glob if you can before it decorates the floor, and straight away, resume the feed. They will not cough again for another hour, once the mucus is up. So you must make sure, even with older ones that they eat a little, do their coughing and if they lose the contents of the tummy as our youngest did occasionally, fine. Just tank them up again, straight away. The biggest problem with the whooping cough was the lack of sleep, and I broke my toe. The rest was easy - I just went onto autopilot....

Chicken Pox: We were on holiday, the kids (12 and 10) were a bit sleepy for 6 hours, then unstoppable. We walked nearly 20 miles the next day - as the conference we were at banned us since the kids were "seriously ill", so we went to an adventure park and science museum. And I fell asleep before they did that night. Again, Vitamin A for light sensitivity, and Vitamin C to zap up the immune system. We used a different cream to calamine, which stopped the kids scratching. Use a natural soap - not one that strips the oil away - do a phrase search on "castile soap" requiring that phrase. Look at the sites for homemade soap. Modern antiseptic soaps are another reason in my opinion for an increase in Strep A + chickenpox, - that and Tylenol assures a bad outcome.... Also take full photo proof with close-up lenses - doctors might not believe your words, but have no choice with photos.

Mumps: Weelllll, this was funny. I have never had mumps. Oldest got them first, and was sleepy with lovely "bumps" under his chin. Made quite a spectacular photo comparison before and after... Again, Vitamin A (the kids always get light sensitivity with any virus), Vitamin C standard for me, but also with the mumps the kids craved heaps of ordinary tea. Don't ask me why. Which of course sent them on constant trips you know where. Then my husband got it, which was really funny. At 63, as an ex teaching principal, having his second family you would have thought - but no... he got it. His bumps were quite spectacular, but he only stopped to loosen the strap on his bike helmet, and that was it. He had bumps for 3 weeks and no other symptoms. Oh yes, he did. He was thoroughly grotty at the constant teasing he got about being into his second childhood. That's the immunable diseases I think. They got measles twice, and the oldest got rubella again at 17.

Other things - My kids never eat when sick, and it is criminal to make them do so. They can eat if they are hungry, but not if they are not. My kids just wanted water, water, and more water, or tea. Weak tea that looks like dishwashing liquid and is an apology for a decent cup of tea. Apart from the antibiotics forced on oldest at birth, he has had no others. Youngest has never had any at all. So read, read, read, and learn how to manage the various diseases before you need to encounter them.

www.seanet.com/~alexs/ascorbate/197x/klenner-fr-j_appl_nutr-1971-v23-n3%264_p61.htm#appendix

www.seanet.com/~alexs/ascorbate/197x/klenner-fr-j_appl_nutr-1971-v23-n3&4-p61.htm#appendix

www.seanet.com/~alexs/ascorbate/index.htm

www.seanet.com/~alexs/ascorbate/index.htm

Medical Pioneer of the 20th Century by Dr. Archie Kalokerinos. I have had the privilege of working with Archie for many many years - he cured my vaccine-induced arthritis with Vitamin C as it was an antigen/antibody complex - he is just fantastic on medicine as a whole and infectious diseases and their proper prevention and cure. If you can't track it down, its worth buying blind. The publisher is Biological Therapies Publishing Pty Ltd Australia, em: biol@biol.com.au Ask for Dr. Ian Dettman, and get a good read...."It is pathetic and ludicrous to say we ever vanquished smallpox with vaccines, when only 10% of the population was ever vaccinated."

Glen Dettman started as a Trainee Laboratory Technician at the Veterinary Research Institute, University of Melbourne (1936 during the depression years).

Army Medical Corp during world War 11 as senior technologist. Assisted with the original organisation of the Blood Bank and was involved with the initial use of Penicillin. Later served as Commissioned officer where he tutored upon army health, with particular emphasis on the value of immunisations!

At this time he was a Technical Officer with CSIRO and his research activities included such fields as Antibiotics, Bovine Mastitis, Staphylococcal Studies, and produced a Modified Staphylococcal Vaccine.

He founded the Oakleigh Pathology Service in 1950 and was later elected as a Registered Pathology Practitioner.

He earned a B.A. and Ph.D. from the Independent University of Australia and has a long list of Post Graduate Qualifications Honours which include:

Fellow of the Institute of Science Technology (UK)

Life Fellow of the Royal Society of Health (London)

Life Fellow Royal Microscopical Society (UK)

Fellow of the Australian College of Biomedical Scientists

Fellow of the International Academy of Preventive Medicine

and so on

Authored and co-authored numerous Scientific Papers and Books and he was appointed Head of a Research Team in 1969 to investigate the claims of Dr Kalokerinos in relation to Immunization Hazards and Efficacy of Vitamin C. Like Dr K he was awarded the Australian Medal of Merit for "Outstanding Scientific Research." (1978)

Chosen to do the immunisation study over Dr Kalokerinos's claims.
Second Thought About Disease by Drs Kalokerinos & Dettman 1977.

Every Second Child, Vitamin C Nature's Miraculous Healing Missile! (co-author with Dr Ian Dettman & Dr Glen Dettman),
Vaccines Vital or Vulnerable.

Second Thought About Disease by Drs Kalokerinos & Dettman 1977.- Modern medicine is based on Pasteur's germ theory of disease---a specific organism Causes a specific disease and a specific vaccine gives specific protection. Shades of doubt concerning the validity of this dogma were seen when it was observed that some Aboriginal children did not get protection and, in fact, died when vaccines were administered.

It soon became obvious that individuals became susceptible to disease for various reasons, and the germs themselves simply take advantage of the susceptible state. Vaccinating susceptible individuals does not necessarily render them immune it may have the reverse effect.

Further light was shed on this problem when it was found that Pasteur plagiarised the work of a great scientific contemporary, Bechamp. According to this astute observer the basis of life is not the cell but a living "gene" that he called a microzyma. Microzymas can evolve with changes in the nutritional environment to become viruses or bacteria, harmless or harmful and although apparently specific viruses and bacteria can be reproduced as similar organisms, this is only true if specific

environmental conditions exist. Under other conditions evolution into other viruses and bacteria can take place.

In the same way an infection can be exogenous but it can also be endogenous - evolving by a process of microzymian evolution. The fallacy of vaccines is thus explained and the importance of the nutritional environment of the cell understood.

Ascorbic acid, the universal detoxifier and tolerance factor, can be placed in its true position as an important weapon against disease.

“Medical Pioneer of the 20th Century” by Dr. Archie Kalokerinos.

LOOKING DEEPER

There is more involved in the vaccination controversy than may appear on the surface. Although we now have a better understanding of the vaccines, there is a need to obtain a better understanding of the background which led up to the present controversy, including aspects which make it such a crisis today.

HOW DID VACCINATIONS BEGIN? - Up to the end of the eighteenth century, smallpox was a particularly dreaded disease, not only because it was often fatal but also because those who recovered were permanently disfigured with pock marks on their skin.

In the seventeenth century, people in Turkey began infecting themselves deliberately with mild forms of smallpox, in the hope of making themselves immune to severe attack. They would have themselves scratched with the liquid from blisters of a person who had a mild case. From this, some developed a light infection, and others heavy scarring—or death.

In 1718, Lady Mary Wortley Montagu learned about this practice when she went to Turkey with her husband, sent there briefly as the British ambassador. While there, she had her own children inoculated, and they managed to escape without harm. Since she was known to be somewhat eccentric, no one listened to her when she told fellow Britons back home about it.

Meanwhile, in America a Boston physician, Zabdiel Boylston, inoculated 241 people during a smallpox epidemic, and a number of them died as a result. Heavily criticized for what he had done, his idea was also ignored.

Back in Gloucestershire, England, a country doctor, Edward Jenner, decided to try inoculating the people with cowpox in the hope it would give immunity to smallpox.

In 1796, Jenner inoculated an eight-year-old boy named James Phipps with cowpox, using fluid from a cowpox blister on a milkmaid's hand. Two months later, Jenner deliberately inoculated young James with smallpox itself. The boy did not catch the disease. The rest is history.

Jenner called the process vaccination, from *vaccina*, the Latin name for cowpox. Vaccination spread rapidly throughout Europe.

Later, Louis Pasteur discovered that he could weaken (or attenuate) germs, either by heating them or treating them with chemicals. He used this as the basis for vaccines. That began the practice of injecting live germs into people.

In 1885, Pasteur tried his vaccine for rabies (hydrophobia) on a nine-year-old boy, Joseph Meister, who had been severely bitten by a rabid dog. The boy survived. The rest is more history.

But there is more to that history than is commonly told. In this book we are discovering a lot of it.

James Phipps, the eight-year-old boy initially vaccinated by Jenner in 1796, was re-vaccinated 20 times and died at the age of twenty. Jenner's own son, who was also vaccinated several times, died at the age of twenty-one. Both deaths were caused by tuberculosis, a condition that some researchers have linked to smallpox vaccine.

Joseph Meister was inoculated by Pasteur and survived the dog bite. But, on the same day, several other people, including the dog's owner, were also bitten—and all continued in good health thereafter. Other children were not so fortunate. Mathiew Vidau died after being personally treated by Pasteur. Also, another child, Louise Pelletier, died after receiving the Pasteur treatment. In the *National Review* for July 1890, Dr. Charles Bell Taylor gave a list of cases in which patients of Pasteur's had died while the dogs that had bitten them remained well. In other words, the vaccine had clearly killed those people, for the

dogs were not rabid after all.

A French postman, Pierre Rascol, along with another man was attacked by a dog supposed to be rabid. Rascol was not actually bitten, for the teeth had not gone through his clothing and he had no cuts. His companion, however, was severely bitten. What happened to the two men? Rascol was forced by the postal authorities to undergo the Pasteur treatment, which he did from the 9th to the 14th of March. Less than a month later, on April 12, severe symptoms developed. The pain was especially bad where the inoculations had been given. A historian, E. D. Hume, relates what happened next:

"On the 14th of April he died of paralytic hydrophobia, the new disease brought into the world by Pasteur. What wonder that Professor Michel Peter complained: 'M. Pasteur does not cure hydrophobia: he gives it!'"—E.D. Hume, *Bechamp or Pasteur? A Lost Chapter in the History of Biology*, 1947, pp. 198.

But what happened to Rascol's friend, who actually had been bitten? He refused to go to the Pasteur Institute for his rabies inoculations, so he remained in excellent health!

Medical journals are replete with such stories. An article in *The Archives of Neurology and Psychiatry* (January 1951) told of two patients who became paralyzed after they had been treated by the Pasteur vaccine for rabies. *The Journal of the American Medical Association* (January 14, 1956) detailed a meeting of the French Academy of Medicine in Paris. At that meeting, Korsakoff's psychosis was discussed. It was noted that individuals who had received Pasteur's rabies vaccinations—could, twenty years later, be afflicted with Korsakoff's psychosis, a continuing state of delirium.

At the same meeting, lists of patients who had died after receiving the Pasteur rabies treatment were examined and discussed.

But discussion is about as far as it ever went, back then. Times have not changed much since then

WHAT IS IN THE VACCINE?. - Each vaccine is composed of three different types of materials:

1 - Viruses. These are either dead or "attenuated." The dead-virus types of vaccines are only supposed to have killed viruses in them. The attenuated vaccines have live viruses which have been weakened by the addition of poisonous chemicals.

It is well-known that dead animals rapidly decompose and are dangerous to human health. Even the odors coming from them are not healthful. Germs rapidly develop in and around them. What about a dead animal which had been killed with poisons; would you want to eat it? Would it be wise for you to do so? Could eating it hurt you? That is what is in dead-virus vaccines.

Sickly animals are not good either. Who would want to eat a cow that was sick? No one. In fact, if known to be sick, the FDA would not permit it to be butchered and sold to the public. But would you want to eat a sick cow that is still alive? That would be no better. Yet that is what is in live-virus vaccines.

It is dangerous to eat an animal killed with poisons—with the poisons used to kill it still in and around the meat. That is what you get in dead-virus vaccines. But would you want to eat an animal that was so sick that it no longer could move about? That is what is in live-virus vaccines.

We have been speaking about eating such dead or damaged animals. But it would be far more dangerous to have part of the dead animal or the living animal injected directly into your blood stream!

Viruses are animals also, although very small ones. It is viruses which are injected into the bloodstream during a vaccination. As you might already know, viruses are always more dangerous than cows.

Along with the dead viruses, part of the poisons used to kill them are also mingled into the vaccine. The result cannot be likened to poisoned beef chunks, but rather to beef stew with poison in the beef and the surrounding broth.

In the case of the weakened viruses, we have tiny animals that are not merely weak,—but are half dead! An animal that is half-dead is either diseased or soon will be. But there is more: "Attenuated" viruses are a combination soup. Part of the soup has dead viruses in it; part has nearly-dead viruses; part has damaged viruses which will soon recover. Some will become very strong and vigorous, and some will remain sickly, yet will live and reproduce.

We are discussing not a single animal, but millions of animals—for that is what is in the sizable amount of fluid injected into a person's arm. This is why there is such a variety of dead, half-dead, and recovering viruses in the mixture.

Now you can see why a person taking a polio vaccine could come down with polio! Polio viruses in the vaccine recovered and rapidly multiplied in his body.

Bacteria and viruses multiply very, very rapidly! There is nothing in the world which multiples as fast—without exception!

Other viruses and bacteria. Do not think that only one type of virus is in the vaccine. Because of the source the medical laboratories extract it from, that mixture contains a surprisingly wide variety of bacteria and viruses. The lab workers take the serum from the pus of monkeys, cows, pigs, and other animals. Then they try to "refine" it. But, since they are working with such small creatures, there is no economical way they can screen out most of the foreign substances and life-forms in that extracted fluid.

In fact, they do not work directly with a small amount by hand. Before mass-producing the product for sale to physicians, they must develop a way to mechanically produce large quantities of the serum in vats. So do not imagine that it has been "checked over" first. Only small samples from the vats are examined.

Now you can see why a person who is given a pertussis vaccination, could, instead of getting whooping cough,— could become paralyzed. There were other germs in that vaccine, beside the pertussis viruses.

Poisonous chemicals. In the laboratory, one or several poisonous chemicals were stirred into the brew of viruses in order to kill or weaken them.

As for the dead viruses, it would be difficult later to fully extract the toxic chemicals, used to kill the viruses. But, as for the "attenuated" viruses, the poisons have to remain there in order to keep the viruses half dead!

Besides introducing foreign proteins, and even live viruses into the bloodstream, each vaccine has its own preservative, neutralizer, and carrying agent, none of which are indigenous to the body. For instance, triple antigen DPT (diphtheria, pertussis, and tetanus) contains the following poisons: formaldehyde, mercury (thimersol), and aluminum phosphate (Physician's Desk Reference, 1980).

The packet insert accompanying the vaccine (Lederle) lists these poisons: aluminum potassium sulfate, a mercury derivative (thimersol), and sodium phosphate. The packet insert for the polio vaccine (Lederle) lists monkey kidney cell culture, lactalbumin hydrolysate, antibiotics, and calf serum. The packet insert (Merck Sharp & Dohme) for the MMR (measles, mumps, and rubella) vaccine lists chick embryo and neomycin, which is a mixture of antibiotics. Chick embryo, monkey kidney cells, and calf serum are foreign proteins, biological substances composed of animal cells, which, because they enter directly into the bloodstream can become part of our genetic material (World Medicine, September 22, 1971, pp. 69-72; New Medical Journals Limited, Clareville House, pp. 26-27, Oxendon St., London, J.W. 1X4 EL1 England. Reprinted in part in *The Dangers of Immunization*, published by the Humanitarian Publishing Company, Quakertown, Pennsylvania, 1979, pp. 20-31. These foreign proteins as well as the other carriers and reaction products of a vaccine are potential allergens and can produce anaphylactic shock."—W. James, *Immunization: Reality behind the Myth?*, p. 10.

Next there is the problem of the fast-flowing blood vessels. Blood is pumped rapidly throughout the body. So, when the whole conglomeration is injected into the body, the viruses are quickly separated from the poisonous fluid surrounding them. Within a few seconds, both have gone from veins, through capillaries, into arteries—and have entered the large artery. From there, they pass through the heart and out into the vena cava. Now, fully separated, the chemicals and viruses enter various body tissues where they begin working damage.

The chemical poisons weaken the body's immune system, as it begins fighting these strange substances (such as formaldehyde, which is embalming fluid).

Meanwhile, the viruses have found cells to enter and they are using the cell's DNA and RNA to multiply themselves. Foreign bacteria and viruses were also in that injection, and they are also setting up light housekeeping in body cells while they multiply.

The result is that the viruses, when they multiply enough, can attack the body weakened by the toxic chemicals. The rest of the story is found throughout the book you now have in hand.

Why can there be so many different things—and so much of them—in a single shot of vaccine? First, because we are talking

about such small things! viruses, bacteria, and chemicals. Second, because each of those substances is so extremely toxic in the human body. Third, because—once placed in the bloodstream—the viruses and bacteria multiply so rapidly. Therefore, it only takes a small amount of recovering virus to work great harm in the human body. Fourth, they have been placed directly in the bloodstream where they can quickly go to work multiplying. They have sidestepped the guardian gates of the stomach and intestines.

LOOKING DEEPER INTO VACCINATIONS

The purpose of the vaccination is to get the body to produce antibodies which will provide immunity for a time against a certain disease. In 1949-1950, the British Medical Council carried out an extensive investigation to determine the degree to which anti-diphtheria antibodies, produced by vaccinations, helped the public resist diphtheria. Since the disease was epidemic at the time, the government had a large number of cases to work with. In their official 1950 report, they disclosed that the presence of antibodies were of no help of any kind in resisting diphtheria. Some people developed the disease who had high antibody count, while others with low count were highly resistant. (British Medical Council Report, #272, May 1950).

Dr. Wenddel Belfield, of San Jose, California, explains the mystery - "Antibodies are not needed when the primary immunological defense [leukocytes, interferon, T-cells, etc.] is functioning at maximum capacity. . Antibody production appears to occur only when the ascorbate level, in the primary defense components are at low levels, thereby permitting some viruses to survive the primary defenses."—W. Belfield, M. D., quoted in Drs. G. Dettman and A. Kalokerinos, "A Supportive Submission," *The Dangers of Immunization*, 1979.

"It is nonsense to think that you can inject pus. . into a little child and in any way improve its health. There is no such thing as immunization, but we sell it under the name 'immunization'. If we could by any means build up a natural resistance to disease through these artificial means, I would applaud it—but we can't do it. The body has its own methods of defense. These depend on the vitality of the body at the time. If it is vital enough, it will resist all infections; if it isn't vital enough it won't and you can't change the vitality of the body for the better by introducing poison of any kind into it."—William Howard Hay, M. D., quoted by Usher Burdick in the House of Representative, 1937; printed in the *Congressional Record*, December 21, 1937.

The strange act of introducing weakened disease germs into the body, which we call "vaccination," can produce abnormal conditions in the body which, years later, can erupt in something terrible. In a landmark book, Dr. Richard Moskowitz explained that the unnatural process of vaccination can put slow-acting viruses into the body. These, he says, can later produce nearly incurable chronic diseases (R. Moskowitz, "Immunizations: A Dissenting View," *Dissent in Medicine: Nine Doctors Speak Out*, 1985, pp. 133-166).

Vaccines go directly into the body and are "not censored by the liver," according to Dr. William Albrecht. Aside from the antibiotics and germ-deadening chemicals in them, vaccines are primarily composed of foreign proteins from animals. Normally, proteins, chemicals, and other substances which are eaten, are processed in the liver to protect you. But vaccination sends these foreign substances directly into the bloodstream.

"If you take water into your system as drink, it goes into your bloodstream directly from the stomach. But if you take fats, they move into your lymphatic system. When you take other substances like carbohydrates and proteins, they go into the intestines, and from there are passed through the liver, as the body's chemical censor, before they go into the blood and the circulation throughout the body. Most of your vaccination serums are proteins, and are not censored by the liver. Consequently, vaccinations can be a terrific shock to the system."—William Albrecht, M. D., In *Organic Consumer Report*, December 4, 1962.

This is why vaccines do not really give the body immunity—yet that is why they were injected in the first place. Marian Tompson found that, when immunity to a disease is acquired naturally, the possibility of reinfection is only 3.2 percent. But when it comes through vaccination, the reinfection rate is 80 percent (Marian Tompson, "Another View," *The People's Doctor*, Vol. 6, No. 12).

"Just because you give somebody a vaccine, and perhaps get an antibody reaction, doesn't mean a thing. The only true antibodies, of course, are those you get naturally. What we're doing [when we inject vaccines] is interfering with a very delicate mechanism that does its own thing. If nutrition is correct, it does it in the right way. Now if you insult a person in this way and try to trigger off something that nature looks after, you're asking for all sorts of trouble, and we don't believe it works."—Dr. Glen Dettman, interviewed by Jay Patrick, and quoted in "The Great American Deception," *Let's Live*, December 1976, p. 57.

Ordinarily, diseases which enter the body are filtered through an elaborate network of body defenses. But vaccines—because they are injected directly into the bloodstream—seem to slip by many of those defenses. Walene James, in *Immunization: The Reality Behind the Myth*, says that a vaccine, placed directly into the blood vessel, is able to gain immediate access to all the major tissues and organs—and bypass the immune responses that might otherwise have destroyed it (1988, pp. 14-15). Research by Drs. Kalokerinos and Dettman, discovered that, since the vaccine viruses have successfully gotten by other immunity factors, when the T-cells encounter them in the blood, they assume the strange, new viruses must be friendly. So the T-cells adjust for this factor and henceforth let them live and slowly multiple.

You see, there is far more in a vaccine than merely the weakened virus; there are other foreign proteins, germs, and viruses which were in the drug company culture vats, in which the specific vaccine virus grew.

In the case of the Sabin oral polio vaccine, there was also SV-40. This is a powerful and very dangerous virus which had never before been placed in human beings. The only way you can get it is by eating a freshly-killed, uncooked African monkey. When research scientists developed those polio cultures, which were given to millions in the form of vaccinations, they made a little mistake: Those cultures were contaminated with SV-40 viruses. Yet, with the techniques then available, the scientists did not realize it was in the cultures of chopped monkey organs in their laboratories. It was not until the 1980s that they discovered what they had been injecting into people for over 20 years.

This undetected new virus which passed into the bloodstreams of millions of people during the 1960s and 1970s, later became the focus of serious research. The implications were also serious. SV-40 is a virus which acts as an extremely powerful immunosuppressor; that is, it greatly weakens the natural immune system.

Once the SV-40 virus was placed in enough people, it could be transferred, under certain circumstances, to others. Additional research is being made on the SV-40 virus. But it is a little like examining Pandora's box after it had been opened.

The SV-40 virus has been found in leukemia, brain tumors, and other human cancers.

Dr. Hilary Koprowski, a leading polio researcher, in testimony before a congressional committee, said: "An almost infinite number of monkey viruses can contaminate polio vaccines." (Tom Curtis, "The Origin of AIDS," *Rolling Stone*, March 19, 1992, pp. 58-59.) It should come as no surprise that a wide variety of viruses can and are found in vaccine cultures. The polio vaccine contains monkey kidney cell culture and calf serum. MMR (measles, mumps, and rubella) vaccine is cultured in chick embryos. There are scores of other vaccines. For example, the foot-and-mouth disease virus vaccine is prepared "either of inactivated virus from infected cattle tongue epithelium, or, more recently, of live virus attenuated by embryonate egg or mouse passage and propagated in tissue culture." (*Stedman's Medical Dictionary*, p. 1680.)

Would you imagine that all those organs are virus-free? After treatment, they are placed, essentially raw, into the human bloodstream. Keep in mind that viruses are the smallest living thing known to mankind. Also keep in mind that, back in the 1960s and 1970s, scientists still had no way to recognize minute quantities of many of those viruses. Thus, it would be easy for a wide range of foreign viruses to get into the human race through "safe vaccinations." Tests to determine the existence of extremely small amounts of some of these viruses were not developed until the mid 1980s.

Eva Lee Snead, M. D., was the first to note the connection between SV-40 and vaccinations. Following extensive research into medical literature on SV-40, she came across the following citation:

"Excretion of SV-40 virus after oral administration of contaminated polio vaccine."—B. L Horvath and F. Fornosi, *Acta Microbiologica Scientaria Hungaria*, 1964-1965, pp. 271-275.

In common language, that means that researchers found that, after the oral polio vaccine was given, SV-40 viruses were found in the bowel movements. That could only happen if SV-40 had been in the oral vaccine (although it was not supposed to be there),—and if the SV-40 was healthy enough to multiple fast enough to be found in the feces shortly afterward! What a discovery! Yet it was made—and reported—as early as 1965.

At this juncture, you might wonder why SV-40 was reported as being in the stool of a polio vaccine recipient back in 1965, yet Western scientists did not find it in the polio vaccine until the 1980s.

The reason is simple enough: Multiplied millions of the virus were found in human excrement within a few days after the polio vaccine was received, but the extremely small amounts of the virus in the polio culture were not discovered until more than 15 years later. Yet that only raises another question: If scientists knew that large amounts of SV-40 were in the body a few

days after the vaccine was taken, why then did the Western pharmaceutical industry continue churning out batches of polio vaccine afterward?

"The 1964-1965 article reported that SV-40 was recovered [via the stool] from 10 to 35 children vaccinated orally with polio vaccine.

"According to sources cited by Dr. Snead, cells from the African green monkey have been used since 1953 as a growth medium for the polio vaccine. The use of the polio vaccine, contaminated with this virus, she speculates, is responsible for the current epidemics of childhood cancer, leukemia, birth defects, and AIDS. These diseases coincidentally increased dramatically after the introduction of the polio vaccine 30 years ago, she said.

"No one knows how many batches of polio vaccine have been contaminated with SV-40, but exposed individuals may number into the millions."—H. E. Buttram, M. D., and J. C. Hoffman, *Vaccinations and Immune Malfunction*, 1987, p. 64.

"Over 30 years ago, I remember reading 'horror' stories of the slaughter of thousands of monkeys to make Salk vaccine and now I was reading of 'a recently discovered virus, unwittingly put into hundreds of thousands, if not millions, of doses of early Salk vaccine.' The unknown virus is, of course, SV-40 and the publication is *Science Digest*, 1963. Arthur J. Snider was the author of the article."—W. James, *Immunization: the Reality Behind the Myth*, 1988, p. 101.

And that turns our attention to smallpox vaccination campaigns. Thanks to the "enlightened civilizations" of North America and Europe, a massive effort has been underway for years to inoculate the peoples of other nations with various vaccines. There are seven countries in central Africa which have the highest AIDS infection rates: Burundi, Malawi, Rwanda, Tanzania, Uganda, Zambia, and Zaire. As reported in the *London Times* (May 11, 1987), World Health Organization (WHO) statistics show those to be the African nations with the greatest number of vaccinated people. According to WHO, Brazil was the only South American nation included in the smallpox campaign. It has the highest rate of AIDS patients on that continent.

(Here are several sources on this topic, for your further study: Arthur J. Snider, "Near Disaster with the Salk Vaccine," *Science Digest*, 1963. B. L. Horvath, et al., "Excretion of SV-40 Virus After Oral Administration of Contaminated Polio Vaccine," *Acta Microbiologica Hungaria*, 11, pp. 271-275. William Bennett, *Atlantic Monthly*, February 1976. E. L. Snead, M. D., "AIDS: Immunization Related Syndrome," *Health Freedom News*, July 1987, p. 1. "Division of Biologics Standards,"

According to Dr. George Todara, director of Oncogen, a bio-technology company in Seattle, and Dr. Raoul Benveniste, a virologist at the National Cancer Institute, RNA retroviruses can approach a cell's DNA, create their own viral DNA versions of themselves (like a negative of a photograph), and insert the viral DNA into the cell (Ponté, Lowell, "Jumping Genes": *Reader's Digest*, April 1987, pp. 132-137). If the viruses are carrying genetic material from other species (culture media for viral vaccines include monkey kidneys and chick embryos), they will engraft this material as well."—Harold E. Buttram, M. D., and John Chriss Hoffman, Ph. D., *Vaccinations and Immune Malfunctions*, 1987, p. 55.

These are very serious matters. The above writers go on to say this: "The recognition that viral vaccines may be sowing seeds of disease is not new. In 1975, Dr. Robert W. Simpson, of Rutgers University in New Jersey, raised the question whether immunization programs against influenza, polio, measles, mumps, and rubella may be seeding humans with RNA to form 'proviruses,' later manifesting in such diseases as rheumatoid arthritis, multiple sclerosis, and cancer (Nelson Harry, medical writer for *The Los Angeles Times*, as reported at a science writer's seminar sponsored by the American Cancer Society in St. Petersburg, Florida, April 1976).

Such an effect has been documented in at least one instance: In a study of 19 children with chronic rheumatic disease, rubella virus was isolated from cells of 7 children, but it was found in none of the controls. The majority of the children had received the live rubella vaccine (Chantler, Janet K., and Others, 'Persistent Rubella Virus Infection Associated with Chronic Arthritis in Children,' *New England Journal of Medicine*, October 31, 1985, pp. 939-948.—Op. cit., p. 56.

A nineteen-year-old army recruit was classified as normal when he took his physical examination. Two months later he was immunized against adenovirus, measles, rubella, influenza, smallpox, and others. Within two or three weeks he came down with full-blown AIDS!

Biological (or genetic) engineering is a bad word today. It stands for changing and warping cells—into something very different. People fear it, and for good reason. Yet vaccinations have been doing it for years. Joshua Lederberg, of the Department of Genetics at the Stanford University School of Medicine said this in 1967: "We already practice biological engineering on a rather large scale, by use of live viruses in mass immunization campaigns." (J. Lederberg, *Science*, October 20, 1967, p. 313.)

He also said that "live viruses are. . . genetic messages used for the purpose of programming human cells." (Ibid.) It is possible to produce new diseases within mankind through the use of vaccinations.

One individual, after reading the manuscript for this book, made this comment: "How much longer will this go on? How much longer will vaccinations be given to little children? How much longer will parents not be told what is taking place within the bodies of those who are injected with these viruses? Is civilization going crazy? Not even savages in far-off places methodically kill themselves, so that eventually no one is left alive!"

Then there is the "virgin soil" problem. By introducing— through vaccinations—so many new strains of infectious organisms into people, we are placing modern civilization at risk of a variety of brand new diseases. And that is most dangerous, as two physicians explain: "There is indirect, circumstantial evidence that immunizations may predispose to the onset of AIDS in 'virgin soil populations,' that is, in those populations that have not historically been subjected to the common diseases of Western civilization. When diseases endemic in Europe for many hundreds of years, such as measles and influenza, were introduced into populations where these diseases were previously unknown, devastating epidemics often resulted.

In 1983 deaths from AIDS were reported of seven Haitian immigrants, none of which had a history of the known risk factors for AIDS

VACCINATION AND THE MIND

Earlier, under the section on DPT vaccinations, we discussed the brain damage which can result from certain injected vaccines. Learning disorders can also result from inoculations. Drs. P. Landrigan and J. Witte, in their research study, "Neurologic Disorders Following Live Measles Virus Vaccination" reported that a variety of learning disorders— from the mild to very serious—can follow childhood vaccinations (Journal of the American Medical Association, 1459, March 26, 1973). We know that, of every eight children born in the United States, one of them will grow up with some form of mental retardation (Better Nutrition, June 1982, p. 32). Are we now learning a key reason for this alarming trend?

Research into the long-term effects of vaccination has revealed that psychotic disorders may be caused by viral infections.

PROVOCATION EFFECT OF VACCINES

When a person is vaccinated at the time that his body is fighting a disease in that vaccine, he may suddenly be overwhelmed by an even worse attack of the disease. That is called the "provocation effect of vaccines." Sir Graham Wilson, former director of the Public Health laboratory Service for England and Wales, wrote this in a book published by the Oxford University Press:

"When a vaccine is injected into the tissues during the incubation period of a disease or during the course of a latent infection, it may bring on an acute attack of the disease. That is to say, the incubation period is shortened, or a latent infection that might have given rise to no manifest illness is converted into a clinical attack. The two diseases in which this so-called provocation effect has been most studied are typhoid fever and poliomyelitis, but evidence exists to show that it may be operative in other diseases."—Sir Graham Wilson, M. D., Hazards of immunization, 1967.

Quite obviously, that fact opens up a whole new avenue of suffering, permanent damage, and premature death for innocent people.

DEGENERATIVE DISEASES

Vaccinations cannot only have immediate effects on those who receive them; they can also have long-term effects. These are physical problems which develop years later.

"Most of the degenerative diseases are going to be shown to be due to X-rays, drugs, and polluted food, additives, preservatives and immunizations."—Robert Mendelsohn, M. D., Interview, Public Scrutiny, March 1981, p. 22.

"It is dangerously misleading, and, indeed, the exact opposite of the truth to claim that a vaccine makes us 'immune' or protects us against an acute disease, if in fact it only drives the disease deeper into the interior and causes us to harbor it chronically, with the result that our responses to it become progressively weaker, and show less and less tendency to heal or resolve themselves spontaneously."--Richard Moskowitz, M. D., The Case Against Immunizations, reprinted from Journal of the American Institute of Homeopathy, March 1983, p. 13.

The problem here is due to changes within tissues and organs—which can take place due to RNA and DNA modification caused by the substances in the injected vaccines.

The special offenders are the foreign viruses in those vaccines.

Dr. Wendell Winters, a virologist at UCLA, said this at a 1976 meeting of the American Cancer Society: - "Immunization may cause changes in the slow viruses, changes in the DNA mechanism, as being studied by Dr. Robert Hutchinson at the University of Tennessee in Nashville."—W. D. Winters, M. D., quoted in R. S. Mendelsohn, M. D., interview, *The Herbalist New Health*, July 1981, p. 60.

As mentioned earlier, because they are injected directly into the bloodstream and so bypass the body's natural immunity defenses, vaccines are able to trick the body into accepting them as natural substances which should not be destroyed. The virus is placed directly into the blood and thus permitted to multiply and invade blood cells and tissues.

Live viruses, injected into the body, are able to live in latent form for years in the human body. Then, decades later, they can begin reproducing and causing changes in body tissues and organs. They do this by attaching their own genetic material as an extra particle (called an "episome") to the host cell's genome, which is the half-set of chromosomes and their genes, found in every body cell. Then the virus replicates itself as the host genome replicates (in order to make a new cell). While the host cell continues most of its normal functions, additional coding is added by the virus.

One gland which is particularly affected is the thymus gland, whose secretion, thymosin, is necessary for the maturation and function of T-lymphocytes throughout the body. Abnormalities in the function of the thymus gland result in a variety of immuno-deficiency, autoimmune, and neoplastic diseases. It is known that patients with leukemias, cancers, and rheumatoid arthritis have impaired thymus-dependent immune systems.

Interestingly enough, the thymus gland degenerates more rapidly in Americans than in people in India, where few vaccinations are given.

"Spontaneous cancer development in old age may also be related to declining thymus function and immune responses in old age, at least in those instances in which the cancer cells contain foreign antigens."—Drs. Kalokerinos and Dettman, "A Supportive Submission," *The Dangers of Immunization*, Biological Research institute, Warburton, Australia, 1979.

"Although the body generally will not make antibodies against its own tissues, it appears that slight modification of antigenic character of tissues may cause it to appear foreign to the immune system, and thus a fair target for antibody production."—Peterson and Good, *Postgraduate Medicine*, Special issue: *Connective Tissue Diseases*, May 1962, p. 422.

DIET FOR CHILDHOOD DISEASES

Elsewhere in this book we have noted a number of important factors in maintaining good health, such as: cleanliness, proper sanitation, adequate ventilation, outdoor exercise, and a wholesome diet focused on fresh greens, vegetables, and fruits. (Some authorities also recommend alfalfa tablets and garlic as helpful preventives of childhood disease.)

"The major contributing factor toward improved health over the past 200 years has been improved nutrition and sanitation. Nearly 90% of the total decline in the death rate in children between 1860 and 1965 due to whooping cough, scarlet fever, diphtheria and measles occurred before the introduction of antibiotics and widespread immunization against diphtheria."—Dr. Powles, quoted in *The Dangers of Immunization*, 1987, p. 51.

If your child comes down with whooping cough, diphtheria, mumps, measles, etc., he is far less likely to have a severe bout with the disease if he has been on such a good dietary and lifestyle regime.

However, nutritionists tell us that a key factor, in shortening how long the child has the disease, is related to the amount of Vitamin C the child is getting.

According to the *Journal of the American Medical Association*, 90 children with whooping cough were treated daily with 500 mg. of Vitamin C for one week. The children were well again in 15 to 20 days, depending on whether they received intravenous or oral doses of the vitamin. But children treated with vaccine averaged 34 days duration.

The well-known writer, Adelle Davis, used much higher potencies of Vitamin C, and gave them orally. She found that children,

thus helped, only had the sickness for one day, with no nausea, no vomiting, and no irritability. She gave 1,000 mg. of Vitamin C every hour for the entire day. Fifty 500-mg. tablets of Vitamin C were dissolved in a cup of boiling water. One-fourth cup of fruit juice such as pineapple, apricot, or orange was then added. Each teaspoon of the resultant solution contained 500 mg. of Vitamin C. Later she discovered that, when calcium and pantothenic acid (a B vitamin) were included, smaller amounts of Vitamin C could be given.

Polio requires special care, and you are referred to other books on the subject. However, it is known that potassium iodide, calcium, and magnesium are important in successfully treating polio. It was highly-refined sugar products which stripped the body of calcium, so that polio germs could attack the nerves. One physiologist recommended that, as soon as polio occurs, the patient should be placed in a warm bathtub, with only his head out of water—and kept there for hours at a time. That helped the leukocytes fight the polio virus. High-level Vitamin C dosages were also recommended.

As mentioned earlier, one result of vaccination can be long-term changes in various body structures. Because organs are weakened by the viruses and other foreign proteins, chronic and degenerative diseases later develop. In 1976, Dr. Robert Simpson of Rutgers University said this to a group of science writers at a seminar of the American Cancer Society: "Immunization programs against flu, measles, mumps, polio and so forth, may actually be seeding humans with RNA to form latent proviruses in cells throughout the body. These latent proviruses could be molecules in search of diseases, including rheumatoid arthritis, multiple sclerosis, systemic lupus erythematosus, Parkinson's disease, and perhaps cancer."—R. Simpson, M. D., quoted in Richard Moskowitz, M. D., "The Case Against Immunizations," reprinted from the Journal of the American Institute of Homeopathy, March 1983, p. 10.

Vitamin C consistently is noted in the medical literature. Not only is it needed to ward off infection from vaccines, but it is also children lacking in Vitamin C in their meals—which tend to be the most damaged by the vaccines.

In order to understand this better, we will turn our attention to the work of Glen C. Dettman, Ph. D., and Archie Kalokerinos, M. D., two Australian researchers. In the 1970s, they led out in Australia in a full-fledged campaign to stop government vaccinations.

Until their efforts ceased, they virtually eliminated extremely high infant mortality among the native tribes of northern Australia. Kalokerinos, a medical doctor, had worked among those tribes for a number of years and he found that many deaths were the result of nutritional/immunization interactions. By this is meant the dangerous combination of vaccinating a child who was already on a poor diet, low fruits, greens, and other sources of important nutrients. When vaccinated, such a child would enter an "immune paralysis" reaction, in which his immune system had become so burdened down in an effort to throw off the dangerous substances in the vaccine,—that he lost all resistance to simple, common infections. Soon he died.

Dr. Kalokerinos found that many of these infants were suffering from scurvy with acute Vitamin C deficiency. Immunizations of such infants, often with colds at the time, brought on death.

After instituting a program of improved nutrition, with regular Vitamin C supplementation for native children, the mortality was virtually wiped out. For two years, not a single infant died. This, obviously, was a startling change in the situation.

Kalokerinos later wrote a book about his experiences. In it, he described how he came to a realization of the underlying cause of the problem:

"Returning from the United States in August 1971, I threw myself for a few weeks into a problem that had been presented to me shortly before. Ralph Hunt, a grazier in the Collarenebri district, and been appointed Minister of the Interior. As such he was responsible for the administration of the Northern Territory and partly responsible for the health of its Aborigines. A tour of the area horrified him. The infant death rate had doubled in 1970, gone even higher in the first six months of 1971, and looked as if it would reach, in some areas, 500 per 1,000. Authorities in the Territory claimed that the problem had no quick solution . . .

"It happened to be a beautiful night as I drove back to the hotel in which I was staying. People who know Sydney will know Rose Bay and the loveliness of the waterfront. I compared it with the desert around Alice Springs where I would be in less than twenty-four hours. I thought of Ralph Hunt and how he had tried to help. . Then suddenly it clicked. 'We have stepped up the immunization campaigns,' Ralph had said. My! I had known for years that they could be dangerous, but had I underestimated this? Of course I had.

"There was no need to go to Alice Springs. I knew. A health team would sweep into an area, line up all the Aboriginal babies

and infants and immunize them. There would be no examination, no taking of case histories, no checking on dietary deficiencies. Most infants would have colds. No wonder they died. Some would die within hours from acute vitamin C deficiency precipitated by the immunization. Others would die later from 'pneumonia,' 'gastroenteritis,' or 'malnutrition.' If some babies and infants survived, they would be lined up again in a month for another immunization. If some managed to survive even this, they would be lined up again. Then there would be booster shots, shots for measles, polio, and even T.B. Little wonder they died. The wonder is that any survived.

"The excitement of this realization is difficult to describe. On one hand, I was enthralled by the simplicity of it all, the 'beautiful' way by which the pattern fitted everything I had been doing. On the other hand, I almost shook with horror at the thought of what had been, and still was going on. We were actually killing infants through lack of understanding . . .

"I have no doubt that some so-called 'cot deaths' are in fact acute vitamin C deficiencies, and these can occur even if the diet is adequate. . . and their response to vaccines against these infections is not always good. First, there is an increased utilization of vitamin C, and this, particularly when associated with dietary deficiency or failure of intestinal absorption, may precipitate a deficiency. This deficiency lowers immunity, and the immunizing agent adds to this temporary lowering. An infection such as pneumonia or gastroenteritis is likely . . . thus an infant may die a few days or a few weeks after being immunized."—Archie Kalokerinos, M. D., *Every Second Child*, 1974.

Obviously, the children of the aborigines of Australia— living as they did under the most primitive conditions out in the desert—were far more fragile than regular children. In their case, death rather quickly followed vaccination.

"When our observations first forced us to examine the possibility of immunization being a health hazard, under certain conditions at least, it seemed rather absurd and very puzzling to us. However, the facts were before us here in closed Australian Aboriginal populations where children and adults were found suffering all too often with severe and even fatal immunological accidents. As scientists we found ourselves taking a second look at the history of microbiology in order to better understand what we were seeing with our own eyes as a consequence of mass Immunizations of Aboriginal populations."—Glen Dettman, Ph. D., and Arcivides Kalokerinos, M. D., "Second Thoughts About Disease: A Controversy and Bechamp Revisited," *Journal of International Academy of Preventive Medicine*, July 1977.

"With other children, we have found that, instead of a quick death, an extended life—but with serious infections, paralysis, brain damage, or some other problem, may result.

"Yet, as we consider the Australian tribes people, we learn why earlier good nutrition and Vitamin C in their diets—are so urgently needed by children or adults who receive vaccination. The stronger their bodies are, the more likely they will be able to resist the deadly substances in the vaccine! Yet, in the process of trying to overcome the vaccine, their built-up immunities, Vitamin C levels, etc., are greatly overtaxed.

How much better it is to not take the vaccine in the first place! - "Dr. Viera Scheibner, of the Australian Association for Prevention of Cot Death, who also studied cot death (SIDS) infants, reported in 1990 that a detoxifier is necessary to relieve symptoms of stress caused by noxious substances, such as vaccines. The most effective, common, and natural detoxifier, she said, is vitamin C."—H. E. Buttram, M. D., and J. C. Hoffman, Ph. D., *The Immunization Trio*, 1987, pp. 30-31

VACCINES AS ALLERGEN SOURCES

Vaccines can also introduce allergies into the system. An allergy is a reaction of the body against a foreign protein, and vaccines are primarily composed of foreign proteins. They have been called "potential allergens," because they introduce undigested proteins into the bloodstream. People afflicted with allergies will recognize the truth of this, since well-known allergens, such as goldenrod, are simply non-split proteins which have gotten into the bloodstream. Normally, the digestive tract splits proteins in the diet into their building blocks: amino acids. But, when a complete, non-split protein is absorbed into the blood, it can produce allergenic reactions.

"The fact that human infants are born with an undeveloped immune system magnifies their vulnerability to vaccinations. Nature, however, compensates by providing a rich source of antibodies from the mother's breast—colostrum (Hanson, "The Mammary Gland as an Immunologic Organ," *Immunology Today*,3[6]:168-172, 1982).

If the mother continues nursing her infant for some months, the infant is provided with an ideal form of sustenance until its digestive system is matured to the point that it can begin to digest and utilize other sources of food. If, on the other hand, this pattern is broken and the infant is started on commercial formula feedings (which contain foods that are much more difficult to

digest and assimilate than the mother's breastmilk), the immune system of the infant is stressed and often sensitized by these foods. A lifelong pattern of food allergy and food sensitivity may be initiated."The Immunization Trio, H. E. Buttram, M. D. and J. C. Hoffman, Ph. D., 1991, p. 62. Swine Flu vaccine by Dr Kalokerinos www.whale.to/vaccines/kalokerinos.html

THE UNITED STATES' CENTERS FOR DISEASE CONTROL AND PREVENTION - CDC have evidence that an exposure to 62.5 micrograms of mercury in the first 3 months of life raised a child's risk of developing autism by almost three.

THIMEROSAL, a mercury-based vaccine preservative, is found in various vaccines. Waters and Kraus and nine other law firms have filed law suits citing neurological damage caused by THIMEROSAL. Waters and Kraus claim that the real report with the damaging data on THIMEROSAL was withheld from scientific scrutiny, and particularly from the Institute of Medicine [IOM] which recently reviewed the data on the preservative. It seems that the author of a cover-up CDC study reviewed by IOM is now employed by GlaxoSmithKline. This drug company, among others have manufactured vaccines with THIMERSOL

\$20,000 Offer - PRESS RELEASE

The following offer is made to U.S. licensed medical doctors who routinely administer childhood vaccinations and to pharmaceutical company CEOs worldwide:

Jock Doubleday, president of the California nonprofit corporation Natural Woman, Natural Man, Inc., hereby offers \$20,000.00 (U.S.) to the first medical doctor or pharmaceutical company CEO who publicly drinks a mixture of standard vaccine additive ingredients in the same amount as a six-year-old child is recommended to receive under the year-2000 guidelines of the U.S. Centers for Disease Control and Prevention.

The mixture will not contain viruses or bacteria dead or alive, but will contain standard vaccine additive ingredients in their usual forms and proportions. The mixture will include, but will not be limited to: thimerosal (a mercury derivative), ethylene glycol (antifreeze), phenol (a disinfectant dye), benzethonium chloride (a disinfectant), formaldehyde (a preservative and disinfectant), and aluminum.

The mixture will be prepared by Jock Doubleday, three medical professionals that he names, and three medical professionals that the participant names. The mixture will be body weight calibrated.

The participant agrees, and any and all agents and associates of the participant agree, to indemnify and hold harmless in perpetuity any and all persons, organizations, or entities associated with the event for any harm caused, or alleged to be caused, directly or indirectly, to the participant or indirectly to the participant's heirs, relations, employers, employees, colleagues, associates, or other persons, organizations, or entities claiming association with, or representation of, the participant, by the participant's participation in the event.

Because the participant is either a professional caregiver who routinely administers childhood vaccinations, or a pharmaceutical company CEO whose business is, in part, the sale of childhood vaccines, it is understood by all parties that the participant considers all vaccine additive ingredients to be safe and that the participant considers any mixture containing these ingredients to be safe.

The event will be held within six months of the participant's written agreement to the above and further elaborated terms. This offer, dated January 29, 2001, has no expiration date unless superceded by a similar offer of higher remuneration.

Contact Jock Doubleday at jockdoubleday@aol.com. President Natural Woman, Natural Man, Inc. A California Nonprofit Corporation, P.O. Box 1794 Ojai, CA 93024 jockdoubleday@aol.com

Jock Doubleday is the author of the soon-to-be-published book "Spontaneous Creation: 101 Reasons Not to Have Your Baby in a Hospital. www.gentlebirth.org/nwnm.org/VaccineOffer.htm

"Vaccines have become sacraments of our faith in biotechnology in the sense that

- 1) their efficacy and safety are widely seen as self-evident and needing no further proof;
- 2) they are given automatically to everyone, by force if necessary, but always in the name of the public good; and
- 3) they ritually initiate our loyal participation in the medical enterprise as a whole. They celebrate our right and power as a civilization to manipulate biological processes ad libitum and for profit, without undue concern for or even any explicit concept of the total health of the populations about to be subjected to them."Richard Moskowitz M.D. www.healthy.net/library/articles/moskowitz/vaccination.htm

Anthrax Vaccine



U.S. Drug Company Lobbyists Push For More Protections From Liability For their Vaccines That Have Hurt Children.

In the early 1980's when doctors and vaccine makers lobbied the U.S. Congress to protect them from vaccine injury lawsuits and insure the supply of vaccines, Congress responded with the National Childhood Vaccine Injury Compensation Program (NVICP). In passing the law, Congress promised parents the federal compensation program would be a no-fault, expedited alternative to a lawsuit and provide "Simple Justice For Children." But over the years the spirit and intent of the program has been violated through poor implementation and a denial of compensation to many of the children who apply for assistance with their catastrophic vaccine injuries. Many times vaccine injury claims are bogged down for years while families struggle to care for their severely vaccine injured children or are mourning the death of a child.

Even though doctors and vaccine makers got what they wanted and are shielded from vaccine injury lawsuits, they have enthusiastically supported weakening of the Vaccine Injury Compensation Program by federal health agencies determined to limit the number of awards given to vaccine injured children.

Apparently, they see each award given as an admission that vaccines can and do cause harm and this makes it harder for them to promote one-size-fits all vaccination policies.

Now there is a bill pending in Congress, which was introduced by Congressman Dan Burton (R-IN) and physician Congressman Dave Weldon, M.D. (R-FL) and is being co-sponsored by Congressman Henry Waxman (D-CA) that would address some of the serious problems in the Program. HR 3741 does not fix everything that is wrong with the program but it is a good start.

But right now powerful drug company lobbyists interested in further victimizing the victims of vaccine injuries and deaths are on Capitol Hill trying to kill HR3741 and introduce alternate bills that would give them even more protection from liability for the vaccines that have hurt children.

Aside: According to Gore Vidal there are 70,000+ highly paid lobbyist lawyers to ensure laws are passed protecting corporation profits before citizens lives and freedoms.

VACCINATION FACTS YOU SHOULD KNOW

Vaccination is fraught with risks and dangers. Please read the following before deciding whether to vaccinate your child.

MEASLES In the vast majority of cases measles is NOT a serious childhood illness. Only one child in a million might develop brain inflammation from measles.(1) The medical Establishment has overplayed the risks and pushed for vaccination. Could this be because doctors receive \$1,860 bonus if they achieve a 90% vaccination rate in their practice?(2) Deaths from natural measles in England began to decline rapidly around 1918, 50 years before the measles vaccine was introduced.(3) Evidence now suggests that vaccinated children often contract new, mutated diseases such as atypical measles, which can lead to pneumonia and severe pain.(4) A study by the World Health Organisation has also indicated that persons vaccinated against measles are 14 times more likely to develop measles than the unvaccinated!(5) Such is the vaccine's appalling "protective" power that in a 1986 outbreak of measles in Corpus Christi, Texas 99% of the children had been vaccinated against the measles.

Side-effects of measles vaccination can include:

- deterioration in muscle control;
- learning difficulties;
- retardedness;
- aseptic meningitis;
- paralysis and seizures;
- also links with multiple sclerosis,

bloodclotting disorders,
Guillain-Barre syndrome and juvenile diabetes.

A recent study has shown that measles-vaccinated persons appear to be three times more likely to develop Crohn's disease and two-and-a-half times more likely to develop ulcerative colitis (both inflammatory bowel diseases) than non-vaccinated persons. In fact, since 1968, when measles Vaccination was introduced, Crohn's disease in children has increased rapidly, with a 300% increase in Scotland.

Measles vaccine has also been implicated in children's deaths. In developing countries, the use of high-titre vaccine in infants 4-6 months old has been associated with an unexpectedly high death rate in girls by the age of two from infectious childhood illnesses.

POLIO The death rate from polio in England between 1923 and 1953 had already dropped by 55%, before the introduction of the polio vaccine.

Within a year of mass polio vaccinations in Britain and the USA in the 1950s, the number of polio cases greatly increased, in compulsorily vaccinated American states by 300%.

The Salk "killed"-polio vaccine given to millions of children in the 1950s and 1960s is now known to have been infected with the potentially cancer-causing "SV 40" monkey virus.

In 1976 Dr. Jones Salk stated that the "live-virus" polio vaccine was "the principle if not sole cause" of all reported polio cases in the USA since 1961.(15) From 1980 to 1989, every indigenous polio case in America was caused by the vaccine,(16) and in Brazil polio vaccination "unleashed the severest polio epidemic the world had ever known."

WHOOPIING COUGA (PERTUSSIS) The incidence and severity of whooping cough had declined long before the pertussis vaccine was introduced in the 1940s, and the death rate in England by 1935 (i.e. before vaccination) had dropped by 82%.(18) The effectiveness of the whooping-cough vaccine is only 40 to 45%(19) and the "side-effects" can include high fever, pain, diarrhoea, vomiting, sleepiness, crying, screaming, seizures, convulsions, collapse, "Glue Ear", breathing problems, brain damage and cot death.

The whooping-cough vaccine (pertussis) is usually combined with the diphtheria and tetanus vaccines (in the "DPT" shot), and these are "stabilised" using formaldehyde - a cancer-causing agent - and thimerosal, a mercury derivative, plus aluminium phosphate - both highly poisonous to humans.

There is a strong link between the whooping-cough vaccine and cot deaths: Dr. Viera Scheibnerova has established that pertussis vaccination is "the single most prevalent and most preventable cause of infant deaths." In another study, of 103 cot deaths, Dr. W.Torch found that more than two thirds of the infants had been vaccinated with DPT only hours, days or weeks before their sudden deaths. Still another study has shown that children die at a rate 8 times greater than normal within three days of receiving the DPT shot.

The whooping-cough vaccine (as all other vaccines) is tested on animals: if it confers seeming immunity on mice, it is considered safe for children, and if the mice do not lose weight, the vaccine is presumed non-toxic.

The idiocy of such a procedure cannot be overstated, since animals (possessed of a different physiology, biochemistry and metabolism from humans) can never be a reliable medical model for man.

BCG TB (TUBERCULOSIS)

Deaths from TB had declined by approximately 90% in England before the Introduction of the vaccine.

In November 1979 the "New Scientist" magazine published the results of a World Health Organization trial of the BCG "anti-TB" vaccine in India thus:

"The world's biggest trial, conducted in Southern India, to assess the value of BCG tuberculosis vaccine has made the startling revelation that the vaccine does not give any protection against bacilliary forms of tuberculosis."

In fact, slightly more TB cases appeared amongst the vaccinated than the non-vaccinated.

All vaccinations can seriously damage your, or your children's, health. Naturopath Patrick Rattigan denounces all inoculations as "a dangerous, frequently lethal, colossally expensive but highly lucrative fraud with no rational basis in theory or practice."

PLEASE THINK AND THINK AGAIN BEFORE YOU DECIDE TO VACCINATE

For more information on vaccination, and for Patrick Rattigan's informative booklet, VACCINE LEGACY: THE MODERN PLAGUE (£1.50, cheques to "BAVA"). contact:

THE BRITISH ANTI-VIVISECTION ASSOCIATION
PO BOX 82
KINGSWOOD
BRISTOL
BS15 1YF

(These leaflets are available at £2.00 per hundred, plus £1.00 p&p)

Patients who develop inflammatory polyarthritis (IP) after immunization are clinically indistinguishable from other patients with IP.

Harrison BJ, Thomson W, Pepper L, Ollier WE, Chakravarty K, Barrett EM, Silman AJ, Symmons DP.

ARC Epidemiology Research Unit, Manchester.

Musculoskeletal symptoms may occur following various types of immunization, and it has also been suggested that, like infection, immunization may act as a trigger for rheumatoid arthritis (RA). A total of 48 of 898 (5.3%) patients with early inflammatory polyarthritis (IP) referred to the Norfolk Arthritis Register reported an immunization in the 6 weeks prior to symptom onset. There were no important clinical or demographic differences between the 48 immunized patients and 185 consecutive patients who did not report prior immunization. In addition, the frequencies of HLA-DRB1*01. *04 and the shared epitope in 33 of the immunized patients were similar to those in the 185 non-immunized patients and to those in 136 healthy controls. Further results from a case-control study suggest that the rate of immunization is higher amongst cases (5.5%) than age- and sex-matched controls (2.8%). In a small number of susceptible individuals, immunization may thus act as a trigger for RA. PMID: 9133970 [PubMed - indexed for MEDLINE]

[HEPATITIS B VACCINE: -THE UNTOLD STORY](#)

Parents Question Forced Vaccination As Reports of Hepatitis B Vaccine Reactions Multiply

In increasing numbers, parents across the country are contacting the National Vaccine Information Center (NVIC) to report opposition to regulations being enacted by state health department officials that legally require children to be injected with three doses of hepatitis B vaccine before being allowed to attend daycare, kindergarten, elementary school, high school or college. Simultaneously, as more schools and employers bow to pressure from government health officials and require individuals to show proof they have been injected with hepatitis B vaccine before being allowed to get an education or a job, reports of serious health problems following hepatitis B vaccination among children and adults are multiplying.

The National Vaccine Information Center (NVIC) maintains that federal and state public health officials are promoting forced vaccination with hepatitis B vaccine without truthfully informing the public about the risks of hepatitis B disease in America or the known and unknown risks of hepatitis B vaccine. Without being provided with accurate and complete information about disease and vaccine risks, citizens cannot exercise informed consent, which becomes a human right when an individual considers undergoing a medical procedure that could cause injury or death.

Following is a general overview of what is and is not known about hepatitis B disease, the hepatitis B vaccine and the politics of hepatitis B vaccination.

Hepatitis B Not Highly Contagious - Unlike other infectious diseases for which vaccines have been developed and mandated in the U.S., hepatitis B is not common in childhood and is not highly contagious. Hepatitis B is primarily an adult disease transmitted through infected body fluids, most frequently infected blood, and is prevalent in high risk populations such as needle using drug addicts; sexually promiscuous heterosexual and homosexual adults; residents and staff of custodial institutions such as prisons; health care workers exposed to blood; persons who require repeated blood transfusions and babies born to infected mothers.

According to CDC Prevention Guidelines: A Guide to Action (1997), a book written by federal public health officials at the U.S.

government Centers for Disease Control (CDC), "the sources of [hepatitis B] infection for most cases include intravenous drug use (28%), heterosexual contact with infected persons or multiple partners (22%) and homosexual activity (9%)." According to Harrison's Principles of Internal Medicine (1994), mother to child transmission of hepatitis B "is uncommon in North America and western Europe."

Although CDC officials have made statements that hepatitis B is easy to catch through sharing toothbrushes or razors, Eric Mast, M.D., Chief of the Surveillance Section, Hepatitis Branch of the CDC, stated in a 1997 public hearing that: " although [the hepatitis B virus] is present in moderate concentrations in saliva, it's not transmitted commonly by casual contact."

Hepatitis B Not A Killer Disease For Most - Symptoms of hepatitis B disease include nausea, vomiting, fatigue, low grade fever, pain and swelling in joints, headache and cough that may occur one to two weeks before the onset of jaundice (yellowing of the skin) and enlargement and tenderness of the liver, which can last for three to four weeks. Fatigue can last up to a year. According to Harrison's, in cases of acute hepatitis B "most patients do not require hospital care" and "95 percent of patients have a favorable course and recover completely" with the case-fatality ratio being "very low (approximately 0.1 percent)."

Those who recover completely from hepatitis B infection acquire life-long immunity. Of those who do not recover completely, fewer than 5 percent become chronic carriers of the virus with just one quarter of these in danger of developing life threatening liver disease later in life, according to Robbins Pathologic Basis of Disease (1994), a medical college textbook.

The Guide to Clinical Preventive Services (1996), written under the supervision of the U.S. Department of Health and Human Services (DHHS), states that the risk of developing a chronic hepatitis B infection is higher in infected infants than in infected older children and adults: "Infections during infancy, while estimated to represent only 1-3% of cases, account for 20-30% of chronic infections." Because infants born to infected mothers are at highest risk for developing chronic hepatitis B infections, routine screening of pregnant women for hepatitis B infection is one of the most important public health measures that can be taken to prevent chronic hepatitis B carriers. The Merck Manual (1992), a major medical reference used by physicians, notes that "postexposure vaccination is recommended for newborn infants of hepatitis B positive mothers."

Hepatitis B Low In U.S. - The U.S. and western Europe have always had among the lowest rates of hepatitis B disease in the world (0.1% to 0.5% of the general population) compared to countries in the Far East and Africa, where the disease affects 5-20% or more of the population. According to Guide to Clinical Preventive Services, in the U.S. "the greatest reported incidence [of hepatitis B] occurs in adults aged 20-39" and "the number of cases peaked in 1985 and has shown a continuous gradual decline since that time."

Even though hepatitis B disease is uncommon in the general population in the U.S., it continues to be high among those engaged in high-risk behaviors, especially IV drug use. Guide to Clinical Preventive Services states that "In recent years, a growing number of injection drug users have become infected; currently, between 60% and 80% of persons who use illicit drugs parenterally (through the skin such as with a needle stick) have serologic evidence of [hepatitis B] infection."

In 1991, there were 18,003 cases of hepatitis B reported in the U.S. out of a total U.S. population of 248 million. According to the October 31, 1997 Morbidity and Mortality Weekly Report published by the CDC, in 1996 there were 10,637 cases of hepatitis B reported in the U.S. with 279 cases reported in children under the age of 14 and the CDC stated that "Hepatitis B continues to decline in most states, primarily because of a decrease in the number of cases among injecting drug users and, to a lesser extent, among both homosexuals and heterosexuals of both sexes."

CDC Recommends All Infants Get Hep B Vaccine - Even though hepatitis B is an adult disease, is not highly contagious, is not deadly for most who contract it, and is not in epidemic form in the U.S. (except among high risk groups such as IV drug addicts), in 1991 the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control (CDC) recommended that all infants be injected with the first dose of hepatitis B vaccine at birth before being discharged from the hospital newborn nursery. A similar recommendation was also made by the Committee on Infectious Diseases of the American Academy of Pediatrics (AAP). This, despite the fact almost nothing is known about the health and integrity of an individual baby's immune and neurological systems at birth.

In 1991, media reports generated by the CDC used hepatitis B disease statistics that were not anchored in documented fact but are still used today to promote mass hepatitis B vaccination. Most of the inflated disease statistics originate with statements generated by the Centers for Disease Control. In the 1991 ACIP Recommendations calling for mass vaccination with hepatitis B vaccine published in the Morbidity and Mortality Weekly Report, the CDC states that there are an "estimated 1 million-1.25 million persons with chronic hepatitis B infection in the United States" and that "each year approximately 4,000-5,000 of these persons die from chronic liver disease" and that "an estimated 200,000-300,000 new [hepatitis B] infections occurred

annually during the period 1980-1991." The CDC gives no scientific reference for this data other than the CDC.

Just one year before the government's call for mass vaccination, hepatitis B vaccine maker SmithKline Beecham in their 1990 hepatitis B vaccine product insert stated, "The CDC estimates that there are approximately 0.5 to 1.0 million chronic carriers of hepatitis B virus in the U.S. and that this pool of carriers grows by 2% to 3% (12,000 to 20,000 individuals) annually."

Federal Recommendations Become State Laws - Because vaccination requirements are controlled by states and not the federal government, in order for federal health officials to achieve their goal of a 100 percent vaccination rate with new vaccines marketed by drug companies, they must persuade states to turn federal vaccine policies into state law. And, because during the past 50 years, most state legislatures have completely turned over the power to mandate vaccines to state health department officials, very infrequently do state legislators take a vote to approve the mandating of a new vaccine such as hepatitis B. So, while American children born in 1948 were only required by state health officials to show proof of smallpox vaccination to enter school, American children born in 1998 are required by most states to be injected with 33 or 34 doses of 9 or 10 different viral and bacterial vaccines to enter school, including three doses of hepatitis B vaccine.

Federal Health Officials Give State Health Officials Money To Force Hep B Vaccination - Following the 1991 CDC recommendation for universal use of hepatitis B vaccine by all children, state health department officials began issuing mandates requiring children to show proof they have been injected with three doses of hepatitis B vaccine in order to attend daycare or school. By the end of 1997, 35 states had regulations on the books requiring children to get 3 doses of hepatitis B vaccine and, yet, only 15 states had passed laws requiring prenatal screening of pregnant mothers for hepatitis B infection.

To encourage states to mandate use of hepatitis B vaccine by all children, federal health officials at the Centers for Disease Control give grants and other financial incentives to state health departments to reward them for promoting mass vaccination. Since 1965, the CDC has given state health departments hundreds of millions of dollars through categorical grant programs to promote mass use of federally recommended vaccines. At the same time, if state health officials do not show federal health officials proof they have attained a certain vaccination rate in their state, federal grants to state health departments can be withheld.

In 1993, the Comprehensive Childhood Immunization Act of 1993 was passed giving the Department of Health and Human Services (DHHS) the authority to award more than \$400 million to states to set up state vaccine registries to tag and track children and enforce mandatory vaccination with federally recommended vaccines, including hepatitis B vaccine. The Performance Grant Program rewards a state with either \$50, \$75 or \$100 per child who is fully vaccinated with all federally recommended vaccines, including hepatitis B vaccine and, in 1995, DHHS Secretary Donna Shalala gave the states the power to approve a newborn's social security number in order to set up vaccine tracking registries in more than half the states. The CDC plan is to hook up the state vaccine tracking registries in order to create a de facto centralized electronic database containing every child's medical records.

Pharmaceutical Industry Also Funds Forced Hep B Vaccination - In addition to federal grants, many states get money from the Robert Wood Johnson Foundation (Johnson & Johnson), which operates All Kids Count, to set up vaccine tracking systems to enforce state vaccination mandates. (In 1989, Merck & Co., the U.S. manufacturer of the measles, mumps, rubella (MMR), chicken pox and hepatitis B vaccines, joined with Johnson & Johnson to form Worldwide Consumer Pharmaceuticals Co. with the goal of becoming "one of the premier worldwide consumer products companies." Merck's 1997 vaccine sales reached 1 billion dollars.)

All Kids Count is a project of the Task Force for Child Survival and Development headquartered at The Carter Center (former President Jimmy Carter) in Atlanta, which is directed by former CDC director Dr. William Foege. The Task Force is supported by the World Health Organization, World Bank, Rockefeller Foundation, United Nation's Population Fund and vaccine manufacturers, entities which also sponsor the Children's Vaccine Initiative (CVI). The CVI, headquartered in Geneva, was launched in 1990 at the World Summit for Children and promotes "the development and utilization" of vaccines by all of the world's children.

Forced vaccination with hepatitis B vaccine is also promoted in states by non-profit organizations such as Every Child by Two, founded in 1991 by former First Lady Rosalyn Carter and Betty Bumpers, wife of Arkansas Senator Dale Bumpers. Every Child by Two is funded in part by grants from Merck, Lederle and Connaught, the three largest U.S. vaccine manufacturers.

The non-profit CDC Foundation, which began operation in 1995, has raised more than \$15 million in the past four years to augment the CDC's campaign to enforce mass vaccination. The CDC Foundation, the Task Force for Child Survival & Development and vaccine manufacturers funded the recent National Immunization Conference held in Atlanta.

The five-year-old non-profit Immunization Action Coalition operates the Hepatitis B Coalition, which nationally promotes hepatitis B vaccination for all children. Funding comes from private donations, including a grant from SmithKline Beecham, manufacturer of the hepatitis B vaccine, and a new \$750,000 grant from the Centers for Disease Control. A newsletter produced by this group contains the assurance that "Everything herein is reviewed by the Centers for Disease Control and Prevention for technical accuracy (unless it is an opinion piece written by a non-CDC author)."

Pharmacists Now Vaccinate - SmithKline Beecham, through the American Pharmaceutical Association, has also funded a nationwide campaign called "Pharmacy-Based Immunization Advocacy" which allows pharmacists to vaccinate children and adults. As of 1998, the Hepatitis B Coalition reports that 23 states have passed laws giving pharmacists the right to sell and administer hepatitis B and other vaccines.

Families Penalized For Refusing Hep B Vaccine - As state health departments accumulate power and money to force vaccination with all federally recommended vaccines, including hepatitis B vaccine, child and adult citizens are punished by both federal and state health officials with economic sanctions for refusing to comply. Refusal to be injected with hepatitis B vaccine can result in citizens being denied an education, including enrollment in daycare, elementary school, high school, college and graduate school; denial of health insurance; denial of employment; denial of federal entitlement benefits for poor children including food under the Women, Infants and Children (WIC) program and medical care under Medicaid. In some states, like Texas, a needy family loses \$25 per month per child in state health benefits if all children have not received all federally recommended vaccines, including hepatitis B vaccine.

Hep B Vaccine Licensed By FDA Without Adequate Proof of Long Term Safety - In 1986, the FDA gave Merck & Co. a license to market the first recombinant DNA hepatitis B vaccine, which replaced the old hepatitis B vaccines made from blood taken from human chronic hepatitis B virus carriers. In awarding Merck & Co. and, later, SmithKline Beecham Pharmaceuticals, licenses to market their genetically engineered hepatitis B vaccines in the U.S., the FDA allowed both drug companies to use "safety" studies which only included a few thousand children monitored for only four or five days after vaccination to check for reactions. As "proof" their hepatitis B vaccine is safe to be used in children, Merck & Co. stated in their 1993 product insert that "In a group of studies, 1636 doses of RECOMBIVAX HB were administered to 653 healthy infants and children (up to 10 years of age) who were monitored for 5 days after each dose."

Merck & Co. found that injection site and systemic complaints, such as fatigue and weakness, fever, headache and arthralgia (joint pain), were reported following up to 17 percent of all hepatitis B injections. Because the FDA did not require drug companies to provide scientific evidence that hepatitis B vaccine does not compromise the immune and neurological systems of children and adults over weeks, months or years post-vaccination, Merck & Co. warns in the 1996 product insert that "As with any vaccine, there is the possibility that broad use of the vaccine could reveal adverse reactions not observed in clinical trials" and SmithKline Beecham (1993) has a similar warning that "it is possible that expanded commercial use of the vaccine could reveal rare adverse reactions.

Another warning in the Merck 1996 product insert is "it is also not known whether the vaccine can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity" and "it is not known whether the vaccine is excreted in human milk. Because many drugs are secreted in human milk, caution should be exercised when the vaccine is administered to a nursing woman."

And, although doctors routinely inject hepatitis B vaccine into children along with many other vaccines such as DPT, HIB, MMR and chicken pox vaccine, Merck & Co. state in the 1996 product insert: "Specific data are not yet available for the simultaneous administration of RECOMBIVAX HB with other vaccines."

Hep B Vaccine Efficacy Also Questioned - All vaccines stimulate only an artificial, temporary immunity, and the length of immunity conferred by the hepatitis B vaccine and the future need for more "booster" doses later in life is still not clear. Merck & Co state in their 1996 hepatitis B vaccine product insert that "the duration of the protective effect of RECOMBIVAX HB in healthy vaccinees is unknown at present and the need for booster doses is not yet defined."

In the CDC Prevention Guidelines: A Guide to Action (1997), the CDC states "The duration of protection [of hepatitis B vaccine] and need for booster doses are not yet fully defined. Between 30% and 50% of persons who develop adequate antibody after three doses of vaccine will lose detectable antibody within 7 years but protection against viremic infection and clinical disease appears to persist." If immunity only lasts 7 years, babies vaccinated with hepatitis B vaccine may be candidates for more shots at age seven.

IOM Report Reveals Lack Of Adequate Scientific Studies - In Adverse Events Associated with Childhood Vaccines published in 1994 by the Institute of Medicine, National Academy of Sciences, observations about the limitations of hepatitis B vaccine studies included the statements that "it is important to note that individual trials usually involved a few hundred subjects for study...when larger vaccination programs were monitored, observations of adverse events were necessarily less detailed and less accurately reported" and "the studies were not designed to assess serious, rare adverse events; the total number of recipients is too small and the follow-up generally too short to detect rare or delayed serious adverse reactions."

The IOM report also noted that no controlled observational studies or controlled clinical trials have ever been held to evaluate repeated reports that hepatitis B vaccine can cause Guillain-Barre syndrome; arthritis; transverse myelitis, optic neuritis, multiple sclerosis and other central demyelinating diseases of the nervous system (degeneration of the myelin sheath of the brain that helps transmit nerve impulses); or sudden infant death syndrome (SIDS).

A major conclusion of the Institute of Medicine report was that almost no basic science research has been undertaken to define at the cellular and molecular level the biological mechanism of vaccine-induced injury and death. The report concluded that "The lack of adequate data regarding many of the adverse events under study was of major concern to the committee...the committee encountered many gaps and limitations in knowledge bearing directly or indirectly on the safety of vaccines. These include inadequate understanding of the biologic mechanisms underlying adverse events following natural infection or immunization, insufficient or inconsistent information from case reports and case series...and inadequate size or length of follow-up of many population-based epidemiologic studies...."

Medical Literature Cites Immune System/Brain Damage -

During the past decade, there have been many reports in the medical literature (primarily in international medical journals rather than U.S. medical journals) that hepatitis B vaccination is causing chronic immune and neurological disease in children and adults, including lupus: Tudela & Bonal (1992); Mamoux & Dumont (1994); Guiserix (1996); arthritis, including polyarthritis and rheumatoid arthritis: Christan & Helin (1987); Hachulla et al (1990); Rogerson & Nye (1990); Biasi et al (1993),(1994); Vautier & Carty (1994); Hassan & Oldham (1994); Rheumatic Review (1994); Gross et al (1995); Pope et al (1995); Cathebras et al (1996); Soubrier et al (1997); Guillain Barre Syndrome GBS): Shaw et al (1988), Tuohy (1989); demyelinating disorders such as optic neuritis, Bell's Palsy, demyelinating neuropathy, transverse myelitis and multiple sclerosis: Shaw et al (1988); WHO (1990); Reutens et al (1990); Herroelen et al (1991); Nadler (1993); Brezin et al (1993); Mahassin et al (1993); Kaplanski et al (1995); Baglivo et al (1996); Marsaudon & Barrault (1996); Berkman et al (1996); Waisbren (1997); diabetes mellitus: Poutasi (1996); Classen (1996); chronic fatigue: Salit (1993); Delage et al (1993); vascular disorders: Fried et al (1987); Goolsby (1989); Cockwell et al (1990); Poullin & Gabriel (1994); Mathieu et al (1996); Graniel et al (1997); and others.

In 1996, Burton A. Waisbren, M.D., a cell biologist and infectious disease specialist, who is a founding member of the Infectious Disease Society of America and past President of the Infectious Disease Society of Milwaukee, pointed out in the Wisconsin Medical Journal that "there is an increasing number of reports in the refereed medical literature about demyelinating diseases occurring after an individual has received the hepatitis B vaccination...since the hepatitis B virus itself has been reported to cause autoimmune problems, should we not be wary of giving antigens that seem to have triggered these problems?" Waisbren, in a presentation before a 1996 Institute of Medicine Vaccine Safety Forum, warned that genetically engineered hepatitis B vaccines contain polypeptide sequences that are present in human neurologic tissues such as myelin and that, by a mechanism called molecular mimicry, these polypeptides can act as autoantigens which can induce autoimmune demyelinating diseases of the brain such as multiple sclerosis.

In that same year, Montinari et al published a study in Italy evaluating 30 children and adults, the majority aged 3 to 9 months, who suffered central nervous system disorders, such as seizures and autism, following hepatitis B vaccination. The purpose of the study was to investigate whether there is an immunogenetic basis (autoimmune type) responsible for the demyelination process in the brain that can occur following recombinant hepatitis B vaccination. The authors concluded "autoimmune diseases are more frequent in nations where vaccines are widely used, the so called "clear" communities" and they identified several potential genetic markers that "may visualize risk patients for autoimmune diseases following hepatitis B vaccination.

Montinari's work to identify genetic factors for predisposition to hepatitis B vaccine reactions is important in light of the study in 1989 by Alper et al to identify genetic factors for those who do not respond to hepatitis B vaccination. In that study, the authors concluded that there was genetic predisposition to failure to respond to the vaccine. They stated: "These results support our hypothesis that the production of anti-HBsAg [vaccine-induced antibodies] is a dominant trait and that the inability to produce high titers of anti-HBsAG after adequate immunization is a recessive trait..." The authors concluded that the genetic markers they identified are most prevalent in caucasians of European descent "and is associated with a wide variety of diseases with autoimmune features in this population, including Type 1 diabetes mellitus..."

In 1996, Barthelow Classen, M.D., CEO of Classen Immunotherapies Inc., published an epidemiologic study in the New Zealand Medical Journal and reported that there was a 60 percent increase in Type 1 diabetes (juvenile diabetes) following a massive campaign in New Zealand from 1988 to 1991 to vaccinate babies six weeks of age or older with hepatitis B vaccine. His analysis of a group of 100,000 New Zealand children prospectively followed since 1982 showed that the incidence of diabetes before the hepatitis B vaccination program began in 1988 was 11.2 cases per 100,000 children per year while the incidence of diabetes following the hepatitis B vaccination campaign was 18.2 cases per 100,000 children per year.

Vaccine Injuries Reported At NVIC Conference on Vaccination - At the First International Public Conference on Vaccination sponsored by the NVIC on September 13-15, 1997 in Alexandria, Virginia, physicians and scientists from around the world gathered to speak about vaccine-induced chronic illness. Canadian physician Byron Hyde, M.D., Chairman of the Nightingale Research Foundation, and an internationally recognized authority on myalgic encephalomyelitis (also known as chronic fatigue syndrome), spoke about the data he has accumulated on more than 200 cases of serious immune and neurological dysfunction following hepatitis B vaccination. Dr. Hyde said:

"There was a nurse in Wisconsin who had had two immunizations against hepatitis B. After the second, she started to complain. They insisted that she have three more [shots], full dosage. They gave her the first, she complained of headaches, pain, and they told her this was anxiety neurosis. They gave her the fourth and fifth and she lost I.Q., measurable loss of intelligence, measurable loss in stamina, all of the things you see in the worst cases of ME or chronic fatigue syndrome.....A lot of these cases that we've looked at suggest demyelinating disease, disseminated myelitis, localized injuries, three unexplained deaths...the problem with all of this is that nobody has ever seriously studied it...."

Dr. Hyde was particularly critical of the poor science and medicine that hurts patients. He concluded "Almost all of these people who had adverse reactions after the first immunization, after the second immunization were individuals who had immunological side effects and who told their physicians and the physicians did nothing about it but continued to proceed with immunization... I think part of the problem is the pharmaceutical companies and the governments themselves have attempted to say 'Here, take this sugar pill, it is danger-free, it is a wonderful thing, it has no risk, no problems' and doctors have become lazy and actually believed this dangerous philosophy put out by the pharmaceutical companies and the governments."

Hep B Vaccine Infant Deaths Reported In VAERS

Even though fewer than 10 percent of all doctors report health problems following vaccination, there are more than 16,000 reports of hospitalizations, injuries and deaths following hepatitis B vaccination that have been reported to the U.S. government Vaccine Adverse Event Reporting System (VAERS) since July 1990. There are reports of deaths in infants under one month of age following hepatitis B vaccination in VAERS, with most of the deaths being classified as sudden infant death syndrome (SIDS), even though SIDS is not historically recognized in the medical literature as occurring in babies under two months of age.

One of those death reports was made for a 15-day old baby boy who died within 48 hours of his first dose of hepatitis B vaccine. His father testified at a 1995 Institute of Medicine Vaccine Safety Forum workshop. He described what happened:

"For the first 13 days of his life, Nicholas was no different than any other baby. He ate well. When he slept, he slept well. He acted just like my first son acted when he came home from the hospital." Nicholas was given a hepatitis B shot at his regular check up at the pediatrician's office on the 13th day of his life. His father said:

"That night when I got home from work, I noticed that Nicholas was crying a lot more than usual. In fact, he was screaming some of the time. He was acting differently, but because we had just taken him to the doctor for a checkup and they told us he was a big healthy boy, we thought everything was OK. When he was just acting fussy, like babies sometimes do, we didn't know anything about vaccines or that they can cause problems for some babies."

"Nicholas cried on and off for most of the night. When I got up and went to work the next day, he was still crying on and off. He continued during most of the day and into the evening. The next morning, his mother found him dead in his crib. From the way he looked, he had been dead for several hours."

An autopsy was done the next day. A couple of weeks later, our pediatrician told us over the phone that the autopsy showed Nicholas had died of sudden infant death syndrome. He told us Nicholas was one of the healthiest babies he had ever seen.... What I didn't know then but I know now is that the pediatrician had made a report within 17 days of Nicholas' death to the government's Vaccine Adverse Event Reporting System, VAERS. In VAERS, Nicholas' death is listed as SIDS. Even though I didn't know anything about vaccines or SIDS, something told me that there was a reason why Nicholas died, and I had to find out

why."

After seeing an article in the Washington Post about the Institute of Medicine report on adverse events associated with childhood vaccines, Nicholas's father called the National Vaccine Information Center and began talking to experts and researching infant death and vaccines. Eventually a clinical professor of pathology, who had reviewed Nicholas' medical records, autopsy and slides, stated in writing that Nicholas did not die of SIDS but died a cardiac death, caused by passive congestive changes with pulmonary edema and hemorrhage caused by the active immunization with hepatitis B vaccine. The pathologist stated "I do not believe this was a sudden infant death syndrome death. Sudden infant death syndrome is the most abused diagnosis in pediatric pathology. In this particular case, the infant was two weeks old. Sudden infant death at two weeks old is so rare as to be virtually unheard of."

The pathologist went on to say that Nicholas was at high risk for congestive heart failure because his mother had gestational diabetes, but that he would definitely have survived were it not for the stress induced by the hepatitis B vaccination.

Nicholas's father, in his testimony before the Institute of Medicine, asked "How many other newborn babies are dying from the effects of hepatitis B vaccine, but are being wrongly diagnosed as SIDS and no one ever knows the difference? I looked at the computer printouts of VAERS reports at the National Vaccine Information Center, and I saw there were other reports of babies just a few days or weeks old, who have died shortly after hepatitis B vaccination. Many are listed as SIDS deaths, but are they?"

Adults Report Hep B Vaccine Injury And Death To NVIC - As hepatitis B requirements force more adults to get vaccinated as a condition for getting a higher education or working in the health care field, NVIC is receiving more and more reaction reports like this one from a disabled nurse, who recently wrote in:

"24 hours after my first [hepatitis B] shot, I had muscle pain in legs and arms - was told this was 'normal.' Same thing after 2nd shot. Six weeks after 2nd shot I had my first episode of Raynauds [temporary loss of blood flow to fingers resulting in tingling, throbbing, swelling, intense pain] and also began having rashes on arms and neck. At this point it was minor and not constant. I asked if it had anything to do with the vaccine and was told no.

"Six months after the 1st shot, I received the booster. From then (1995) to today, I have constant daily fevers up to 100.5, tormenting rashes and prickling on arms, hands, neck and legs, muscle degeneration, joint pain with restricted movement, difficulty swallowing and Raynauds has become severe.

"I was perfectly healthy until the hepatitis B vaccinations and still all the doctors tell me it has nothing to do with my illness. I had reactions to two of the drugs they tried to treat me with. I am on total disability because of these symptoms. I am an RN but was taught that the vaccines were perfectly safe."

Parents Oppose Hepatitis B Vaccine Mandate In Illinois - In the spring of 1997, a suburban Chicago mother of two daughters, ages 9 and 11, became concerned when she received a notice from the school system stating that her older daughter had to be vaccinated with hepatitis B vaccine by September 1997 or she would be barred from attending school. Although both of Kathy Rothschild's daughters were fully vaccinated with all other childhood vaccines, she didn't know anyone with hepatitis B and couldn't understand why her daughter had to get the vaccine. Her research led her to a public library and then to NVIC.

With the help of Kathy Rothschild's State Senator, Kathy Parker, an agreement by the Illinois Department of Health to not voice opposition, and with support from NVIC members around the state, a bill passed the Illinois Senate 52-2 on March 20, 1997, allowing parents the right to philosophical exemption to vaccination. The bill also created a Task Force and required the Board of Health to hold public hearings to review how Illinois public health employees add new vaccines to state vaccination laws and how they implement those laws.

After the bill overwhelmingly passed the Senate, the Illinois Department of Health went back on its pledge not to oppose the bill and vigorously fought against the bill in the House, successfully killing it in committee before it had a chance to come to a floor vote. However, the health department did agree to roll back the hepatitis B mandate for one year (until September 1998) and to hold three public hearings, which resulted in testimony from physician expert witnesses and parents and reinforced the dangers of hepatitis B vaccine and the need for informed consent rights to be established within state vaccine requirements.

Doctor, Mothers Say Vaccine Safety Data Poor - In a December 1997 public hearing in Chicago before the Illinois Board of Health, Mayer Eisenstein, M.D., M.P.H., who is board certified in public health and preventive medicine, quality assurance utilization review, by the National Board of Medical Examiners and has recently completed a law degree, testified against the

proposed hepatitis B mandate. He said: "The idea of giving this vaccine to a one-day old baby, a newborn, is preposterous. There is no scientific evidence for this. In fact, I called up the [hepatitis B vaccine] manufacturer and I had [a representative] come to St. Mary of Nazareth Hospital, where I am Chairman of the Department of Medicine, and I asked him: 'Show me your evidence on one-day old infants as to side effects [from the hepatitis B vaccine]' – we have none. Our studies were done on 5 and 10 year olds....As a father, grandfather, a physician, as a lawyer, I want the option of not giving it to my children unless I believe the scientific evidence is there."

Later during the public hearing, a mother whose child reacted to the hepatitis B vaccine testified that "We were told unless we had the shot our children were not getting into school. In the past, I got the shots for my children. So I went and got the [hepatitis B] shot. First shot, my daughter got slightly sick. We didn't associate it with the shot. We associated it with possible flu. Her legs hurt. Her back hurt...."

"The second shot, within two days of this shot, my daughter's symptoms went from mild to severe abdominal pain around the clock. She couldn't eat. She couldn't sleep. Her legs hurt. She broke out in a rash. She had eczema over most of her body. Going to the doctor, we were told it was in her head, that she needed a psychiatrist. Then we decided we would find out for ourselves.

"It was the people who gave me [information on the vaccine], the list that I should have gotten first that said what the reactions were, including severe abdominal pain, eczema, rash, hair loss. My doctor didn't tell me that. I was given a piece of paper that said reactions would be a minimum, maybe a small fever. She had a fever the whole time.

"I never knew any of this existed, and this is \$18,000 later, a child who [had to be] out of school for the first three months and was tutored at home. I don't want to see other kids go through this. I think there should be more testing done. I think the parents should know that this shot isn't for something that's easily picked up. This is for sexual transmission or drug use. My child is ten years old. She plays with Barbie dolls and paints her fingernails. She doesn't know about this stuff. I don't want to give her a shot to protect her from something and someplace she's not at yet."

Citizens Make Plea for Informed Consent - Before testifying at a Board of Health public hearing held in Springfield on March 26, 1998, NVIC held a press conference in the State Capitol building. Then, along with scores of Illinois parents who traveled to Springfield to make public comment, NVIC President Barbara Loe Fisher Reverend Robert VandenBosch, President of the American Research Foundation, and Bonnie Dunbar, Ph.D., professor of cell biology at Baylor College of Medicine in Houston, presented formal testimony.

Fisher told the Board of Health "There is a six year old girl named Katherine lying in a bed in Skokie, Illinois unable to lift her head off her pillow or walk to the bathroom. Just 13 weeks ago, Katherine was an ice skater with boundless energy and a dream of going to the Olympics. Her mother didn't want her to get the hepatitis B shot but her pediatrician told her it was a political issue like AIDS and the American Academy of Pediatrics (AAP) was going to mandate the vaccine soon. Katherine got that hepatitis B shot and now she may never skate again. Where were her informed consent rights? And where will the doctors from the state health department and the CDC and the AAP be when her mother carries her up the stairs to the bathroom? And will the state of Illinois pay her medical bills when her insurance runs out after DHHS and the Justice Department oppose giving her federal compensation?"

During limited public comment time, all of the parents asked the Board of Health to allow citizens to follow the judgement of their conscience when making vaccination decisions for their children, including the right to exercise informed consent to vaccination without suffering harassment and punishment at the hands of state health and school officials. Some, like a young man who was kicked out of an Illinois college in the middle of the semester because of his sincere religious beliefs, asked for the right to follow his religious convictions without being punished by doctors employed by the state. He said:

"They have refused to give me credit for this semester and have told me not to attend class and have cancelled my appointment with my advisors. I applied for a religious exemption. Both my parents wrote letters identifying my objection. We were refused on the grounds that, in order for a religious exemption to occur, I must identify 'a recognized church or religious organization.' I don't believe that anyone has a right to judge my religion. How does recognition of my belief by another human being make it more or less? I am confused by the word 'organized.' How does the number of people or the structure under which they operate validate my beliefs? This is a violation of my Constitutional right to religious freedom."

Rev. Robert VandenBosch, an ethicist, warned that "The First Amendment [of the U.S. Constitution] clearly defines the free exercise of religious beliefs and the moral rights of individuals to obey the judgement of their conscience in matters of life and death. The Ninth Amendment of the Constitution guarantees that governmental authority cannot override individual rights of

conscience. It states: "The enumeration of the Constitution of certain rights shall not be construed to deny or disparage others retained by the people.' One of the rights retained by the people is the right of conscience."

Professor Of Cell Biology Investigates Hep B Vaccine Damage - Professor Bonnie Dunbar, Ph.D., who has a distinguished 25 year career in academic and laboratory science and has been honored by the U.S. National Institutes of Health (NIH) for her pioneering work in contraceptive vaccine development, presented at the March 26 Illinois Board of Health hearing and described disabling reactions to hepatitis B vaccine suffered by her brother and a research assistant.

"Three years ago my brother, who is a geologist Ph.D. agronomist with four college degrees, came to work with me at Baylor College of Medicine to work on a collaborative project in molecular genetic engineering of wheat proteins. He was required to take the hepatitis B vaccine. Within 24 hours to four days after the first injection, he had fever and severe fatigue for one week. Two to four weeks after that injection, he ended up with a whole series of symptoms that now 15 doctors have said are clearly symptoms of an adverse reaction to this vaccination. Even workman's compensation for the state of Texas is compensating him for over \$300,000 worth of medical expenses."

"At about the same time, a 21-year old girl, a medical student, came to work in my lab for the summer, She, too, had to get the hepatitis B vaccine. After the first injection, she had fever and fatigue. Three weeks following her second injection, she lost vision in her one eye but, after 6 months, regained most of her sight. She was reluctant to get the third dose of vaccine, and talked with her doctor and he told her this [hepatitis B] vaccine is the safest, there's no problem. After the third injection, she ended up in the hospital for two months extremely ill and she has lost all of her eyesight in one eye."

Dr. Dunbar went on to explain to the Board of Health members that during the past three years of collecting data on the hepatitis B vaccine, she has been contacted by hundreds of doctors and patients around the world who have reported severe autoimmune and neurological complications to hepatitis B vaccination in previously healthy children and adults, including serious rashes, fever, joint pain, chronic fatigue, multiple sclerosis and lupus-like symptoms, rheumatoid arthritis and neurological dysfunction. As a basic science researcher with expertise in cell and molecular biology, she is investigating the possibility that molecular mimicry or other autoimmune mechanisms may be the reason why the genetically engineered hepatitis B vaccine "tricks" the immune systems of genetically susceptible individuals into attacking their own bodies, causing debilitating autoimmune disorders.

After analyzing the data she has accumulated, Dr. Dunbar, in collaboration with colleagues at other academic and medical institutions, applied for a NIH research grant to investigate the role that genetic factors may play in hepatitis B vaccine reactions and in vaccine failures. Their goal is to identify genetic markers so high risk children and adults could be screened out of the mass vaccination program and spared injury and death. The grant was turned down twice by the government in July 1997 and July 1998 but Dr. Dunbar and her colleagues are in the process of refileing the grant, along with additional data.

Hep B Vaccine Victims In France Sue - An article in the July 31, 1998 issue of Science, an American scientific journal, reports that French attorneys representing 15,000 French citizens filed a lawsuit against the French government "accusing it of understating the vaccine's risks and exaggerating the benefits for the average person." One French physician has reportedly collected data on more than 600 people suffering from serious immune and neurological dysfunction following hepatitis B vaccination, many with symptoms resembling multiple sclerosis. Science quotes a World Health Organization official as saying "These fears [of the hepatitis B vaccine] are quite unfounded" and reveals that CDC employee Robert Chen, who is responsible for monitoring vaccine safety for the U.S. government, has a simple explanation for the growing number of reports of hepatitis B vaccine associated injury and death in the U.S., Canada and Europe. His scientific analysis leads him to believe that "It's human nature to attribute cause to almost anything that precedes a tragedy."

Hep B Vaccination Can Mean A Positive Hep B Blood Test - A little known fact about hepatitis B vaccine is that those who are vaccinated can test positive for hepatitis B on some routine blood tests. NVIC has received calls from adults who report that, after getting hepatitis B vaccine, they are testing positive for hepatitis B when they undergo routine blood tests in doctor's offices. The Red Cross maintains that more sensitive lab tests used by blood banks can differentiate between hepatitis B antibodies produced by disease and those produced by the vaccine.

HIV vaccines now being tested in humans also produce positive tests for HIV. As noted in a September 1997 Washington Post article about HIV vaccine trials: "Foremost among the worries of many would-be volunteers is the problem of forever testing positive for AIDS antibodies...although sophisticated laboratory tests can usually tell the difference between AIDS antibodies caused by a vaccine and those that indicate a real HIV infection, few laboratories are equipped to make that distinction. Moreover, as vaccines get better by more closely mimicking the real infection, it will become more difficult to distinguish between the two."

Is Forced Hepatitis B Vaccination Paving Way For Forced Vaccination With AIDS Vaccine? Hepatitis B is the first disease transmitted not by casual contact like smallpox or polio, but by high risk behavior such as IV drug use and sexual promiscuity, that has been mandated for use by all children. With the identical transmission routes as HIV, there are strong indications that forced vaccination of infants and children with hepatitis B is just a trial run for forced vaccination with an AIDS vaccine when it is put on the market in the next few years. AIDS vaccines are currently in human trials as a race to bring them to market intensified after a call last year by President Clinton to make the creation and use of an AIDS vaccine "a national mission."

CDC Plans For Mass Vaccination Of All Children With AIDS Vaccine – In a February 12, 1997 meeting of the CDC's Advisory Committee on Immunization Practices (ACIP), Neal Halsey, M.D., chairman of the American Academy of Pediatrics (AAP) Committee on Infectious Diseases, AAP liaison member of the ACIP and Director of the Institute of Vaccine Safety at Johns Hopkins University, reminded HIV vaccine researchers and developers at the meeting that the CDC plans to target 11 to 12 year old children for "universal application" of an HIV vaccine. Halsey told them:

"One of the things that's happened in the past with vaccines is that sometimes the manufacturers have developed them and tested them primarily in an age group or a population which may not be the final target population that this committee has considered. Over the last few years we have developed a statement on adolescent immunization and it probably would be worth your reading that, and others, because we really see age 11 to 12 as the target age for introduction of vaccines for prevention of sexually transmitted diseases. And I know that, at this time, you are really studying adults and you're also some distance away from the actual - having a [HIV] vaccine in hand that might be licensed and approved - but at least it would be nice if there were studies that were planned in parallel when you move another step in the direction of actually having a candidate vaccine, realizing where WE think we would want to use universal application of such a vaccine. And so I think maybe [you should get] a copy of the adolescent immunization statement."

With the Children's Vaccine Initiative (CVI) and pharmaceutical industry setting up the mechanism for global mass vaccination of children and adults, including the creation of national and international vaccine tracking systems, countries with low HIV rates like the U.S. and Europe will be forced to use an HIV vaccine in order to pay for the vaccination of populations in Asia and Africa where HIV infection rates are skyrocketing.

In 1996, HIV vaccine developer Stanley Plotkin, M.D., of Pasteur Merieux Pharmaceuticals (who developed the rubella vaccine and has been a vaccine policymaker member of the AAP Committee on Infectious Disease and AAP liaison member of the ACIP) explained why mandatory vaccination in rich countries like the U.S. help deliver vaccines to Third World markets: "The keystone of the global mass vaccination system is that the research costs of drug companies are recouped in North America and Europe and the vaccines are sold in the developing world at much, much lower margins...the relatively high rate of childhood vaccination seen lately in most parts of the world is the result of that system," explained Plotkin.

CDC Tells Congress About Future Vaccines - In testimony before the U.S. Senate Committee on Labor and Human Resources in 1997, CDC official Walter Orenstein, M.D., made a bid to persuade Congress to reauthorize 288 million dollars for the CDC's Immunization Grant Program in the \$427 million 1998 DHHS budget request for immunization activities. In a review of the history of vaccination, Dr. Orenstein recounted that, although almost a century passed between the development of the smallpox vaccine in 1796 and that of the rabies vaccine in the 1880's, by the middle of the 20th century there were nearly two dozen vaccines on the market.

Painting a picture of the future, Orenstein said: "On the horizon are vaccine technologies that would have been considered science fiction just a decade ago, but are now reported at scientific meetings. Snippets of synthetic DNA have worked as experimental vaccines in animals. Edible plants have been bioengineered to become vaccine factories....vaccines have been enclosed in microscopic capsules, permitting them to be released slowly over time..."

Orenstein reminded legislators that "Every day about 11,000 babies are born in this country. Each of these children starts with immunization coverage of zero. There is why our responsibility to our Nation's children never ends; it must be sustained every day of every year....completing state-based immunization registries is the cornerstone of assuring disease prevention."

Vaccine Registries To Tag, Track, Force Vaccination - Even though CDC officials admit that there is already a 96 percent vaccination rate in the U.S. with federally recommended vaccines, they are setting up state vaccine tracking registries and plan to link them together to create a de facto national electronic tracking system to ensure mass compliance with federal vaccine policies. Citizens will be tagged with a number at birth and tracked even when moving from state to state.

In 1995, DHHS Secretary Donna Shalala appropriated the social security numbers assigned to newborns to allow states to

enter all babies in state vaccine tracking systems. In 1996, the Health Insurance Portability and Accountability Act (HIPAA), also known as the Kennedy-Kassebaum legislation, outlined plans for a "unique health care identifier" number, which is an alternative to the social security number, to be assigned to citizens at birth and electronically monitor their medical records, including vaccination records.

In a 1998 CDC publication entitled Initiative on Immunization Registries, the CDC states that "we see vaccine registries as a possible first step in the development of an electronic pediatric record" and "computerized registries will eventually be capable of capturing immunization for individuals of all ages" and "until a unique personal identifier can be established on a national basis, multiple means of identification must be used in state vaccine registries."

Core data that is now collected in many state vaccine tracking systems include a citizen's name, address, phone number, social security number, birth date, sex, race, primary language, patient birth order, patient birth registration number, patient Medicaid number, mother's name, including maiden name, and social security number and father's name and social security number.

Most often state officials automatically enroll newborns into the vaccine registry without informing parents or giving them the right to "opt-out" of the registry. In the state of Texas, PROVE, a parent group led by Dawn Richardson, worked to get legislation passed in 1997 requiring the state health departments to obtain a parent's prior written consent to enroll a child in a vaccine registry.

The CDC goes on to state that one of their main goals is "establishing a target date to achieve the goal of establishing immunization registries in every community in the Nation" and "promoting the inter-operability of registries with other developing medical information systems" and "promoting the automated exchange of immunization records between registries."

What You Can Do

If you want to make informed, voluntary decisions about hepatitis B vaccination, there are several actions you can take to educate your community and protect your informed consent and privacy rights. Circulate this newsletter in your community among your family, friends, and neighbors. Get reprints by sending in the enclosed reprint order card. Reprints are available for \$1.25 each. Bulk pricing is available. Give copies to your doctors, lawyers, teachers, school principals, nurses and others. Send a copy to your favorite newspaper, radio and TV station. Send a copy to your state and federal legislators with a personal letter. Report vaccine reactions by calling NVIC at: 1-800-909SHOT or accessing NVIC's website at www.909SHOT.com.

If you are pregnant, get tested for hepatitis B disease. If you are infected, your baby is a candidate for vaccination. Stand up for your informed consent rights. If you do not test positive for hepatitis B; do not fall into one of the high risk categories described in this newsletter; and decide you do not want your newborn vaccinated before leaving the hospital newborn nursery, you can amend the "consent for medical treatment" forms you sign upon entering the hospital before giving birth by writing on the form that you do not give consent for hepatitis B vaccination of your baby in the hospital. Check to see if your state has a vaccine tracking system and, if you do not want your baby enrolled in a tracking system, find out how you can exercise your informed consent rights. Get more information, including checking your state vaccination laws for requirements and exemptions. Hepatitis B vaccine is required in 35 states. There are medical exemptions in all states, religious exemption in all but two states (West Virginia and Mississippi) and philosophical exemption in 16 states. Don't let anyone intimidate or coerce you into taking action before you have had the opportunity to become fully informed about all your options and are comfortable with your vaccination decision.

Subcommittee on Criminal Justice, Drug Policy and Human Resources

[Committee on Government Reform](#). Testimony of Marilyn & Lindsay Kirschner. [On the Hepatitis B Vaccine](#). May 18, 1999

I am here today with my daughter, Lindsay, maintaining a commitment to pave the way so that other parents can make an informed choice in regards to the Hepatitis B vaccine. Lindsay is representative of all the children who fall under the mandate. Six months before the vaccine we had an idyllic life, reveling in the joy of Lindsay's Bar Mitzvah, perfect in every way.

Lindsay received the Hepatitis B vaccine two days before entering High School. The next day she seemed flu-like, the day after that so dizzy she couldn't stand-up without holding the walls. The following day she passed out. So our life goes, since August 1997. Lindsay has had syncopal & pre-syncopal episodes, her ability to stand was compromised for almost six months due to unremitting dizziness. Following our Drs. advice, unknown the vaccine was the culprit, Lindsay had the series of three. It was

on the third shot Lindsay became so violently ill within two hours, that I knew the vaccine was the catalyst of her illness.

At 16, Lindsay should be having fun with friends, dating, & driving. Instead her days are filled with Dr. visits (15 specialists), MRI'S, CAT SCANS, SPINAL TAPS, ER VISITS, & Hospital admissions. Lindsay is plagued on a daily basis with HEADACHES (of a severe kind), JOINT PAIN, SEIZURES, NAUSEA, HAIR LOSS, DIZZINESS, GASTROESOPHOGAL REFLUX, & Extreme Fatigue. She has been diagnosed with an acquired Dysautonomia & is unable to hold food down with frequent retching, & vomiting. She takes a minimum of 10 doses of medication daily.

We have traveled to specialists in four States, and will be travelling to two more States before July.

Unfortunately, Lindsay is not isolated in her journey. After WPLG(MIAMI) HEALTH REPORTER, Kristi Krueger, broke Lindsay's story (the 1st one to air in the country), I heard from droves of people who have been or have family members affected by this vaccine.

Family life as we knew it has been destroyed. This illness is an emotional & extreme financial drain, as I am hardly able to work, depending on my family to support us, and often feeling like a beggar for our survival.

As a single parent this vaccine has ripped a part of our lives that can't be replaced. Lindsay, my former National Junior Honor Society President in 8th grade, is now on a 504 Disability Plan. missing 70 days of 9th grade, and pushing beyond that in this her 10th grade year. What about her future? College? A Career? Will my son David ever forgive me for being so unavailable last year when he was a senior, now that he's 3,000 miles away in LA. The joy of his scholarship offers, & prom departure all took a backseat to Lindsay's illness. Or the fact that he's spending his birthday on a plane so we could be at this hearing just after returning Sunday from his 1st year at USC. What about Lindsay's puppy Frisbee, who is boarded almost as much as he's at home?

What about our shattered lives, barely a fragment left of what use to be? Tragedy is not supposed to be the American way. Lindsay, nor anyone should ever have to live like this because of the greed of the manufacturer.

WHEN YOUR DOCTOR IS WRONG:

Hepatitis B Vaccine And Autism - By Judy Converse

I learned from Debbie Bermudes at Massachusetts Citizens for Vaccination Choice that, in my state, like most others, there is no legislative process for vaccine mandates. I was astounded to find that when it becomes law for a child to receive a vaccine in Massachusetts, legislators are normally not involved. Instead, the CDC tells state health departments that they want children to have yet another vaccine on their school entrance requirements. Adherents of the view that a vaccine for every ill is a good thing, the health department agrees with little fanfare. A public hearing on the issue is only held when parents are concerned and aware enough to ask for one. There is no vote, no debate. The health department simply tells the legislature to add another vaccine mandate to the law books, et voila: Your pediatrician starts telling you your kid must have this shot. Trusting the CDC's recommendations, as I was taught to do, pediatricians likely see no need to review literature for vaccine risks or benefits. Besides not having time to do this to begin with, there is virtually no independent, peer reviewed safety information published anyway. Literature abounds on injuries from the vaccine, but these reports get little attention without a public relations machine such as the CDC has through fifty state health departments. Even if your pediatrician questioned the recommendation of a new vaccine, he would be hard pressed to find academic literature or valid study information to support his concern. This is why it is so easy for officials to keep repeating that this vaccine is safe. No one has proven that it isn't, because no one has done a large scale epidemiological study which includes unimmunized controls. The government won't undertake this research, citing the excuse that there are no unvaccinated control subjects to be had. There are indeed, especially if we include countries like Sweden which have never used hepatitis B vaccine for infants.

It might be expedient to let the CDC make laws about vaccines in the manner described above if there were adequate safety reviews done before each vaccine gets its automatic market via these mandates. The trouble is, this hasn't historically been the case. The hepatitis B vaccine is not unusual in that there were no independent safety reviews before it was given to millions of children. It was hustled through the FDA approval process in an unprecedented five months. The only clinical trials done were those by shot manufacturers Merck and Smith Kline; these looked only at immunogenicity, not safety. They established that the shots created antibody titers in test subjects. They didn't know if it was safe, and they didn't ask.

But early in this vaccine,s development, an individual by the name of John Hoffman notified the National Indian Brotherhood in

Ottawa, Canada with concerns about a death in a human trial of the vaccine. Hoffman was from The Bell of Atri, a "public interest organization concerned with health, science, and public policy". In his letter, Hoffman quoted physicians working for Merck and the CDC as they nervously mention, in their June 1981 meeting of the FDA's Vaccines and Related Biologicals Committee, "a sudden death as we have had in our vaccine study within seven hours of receiving hepatitis B vaccineΣit makes us a bit uncomfortable". Indeed. Imagine how the guy who died felt. The doctors go on to gingerly state, according to Hoffman, that one dead Native North American shouldn't stop licensure. Dr. James Maynard of the CDC is quoted in the letter: "I think this is a problem that must be considered for all vaccines. I am not saying that this should be any impediment to licensure, but I think this is something we have all got to consider." Hoffman's letter is one of restrained outrage for the lack of follow up for human subjects and adverse events, and the use of Native Alaskans for vaccine trials without informed consent. The human plasma derived vaccine used in these trials was pulled from market use in 1992 because, according to the CDC, of "unbased fears of transmission of live hepatitis B virus or other blood borne pathogens".

The Holy Grail became a new, genetically recombined vaccine which would be free of the specter of tainted human plasma or a potentially injurious attenuated virus. Recombivax (from Merck) and Energix-B (from SmithKline-Beecham) were just the ticket. Merck's Recombivax was the first recombinant vaccine mass marketed, and the first vaccine of any kind given to neonates (infants 0-30 days old). It is made by inserting genetic material for hepatitis B antigen into yeast cells. Yeast cells then produce the antigen, which is harvested and purified. The vaccine contains over 95% hepatitis B antigen protein and up to 5% yeast protein, along with aluminum hydroxide, as well as 12.5 micrograms of mercury in stocks up through 2001.

Merck initially recommended marketing its new recombinant DNA (rDNA) hepatitis B vaccine based on a trial of only thirty-seven adults. The trial reviewed immunogenicity alone and had no safety data. It essentially showed that an rDNA vaccine could generate immunity as well as its predecessors. Safety was apparently assumed. The FDA's Vaccine and Related Biological Products Advisory Committee replied that "immunogenicity data alone are not sufficient" to grant licensure and marketing rights for the hepatitis B vaccine.

Donald Hopkins, MD, a Committee member and employee of the CDC, remarked that "...there are enough unknowns here to make me feel that we do need a trial of some sort." But the FDA's Office of Biologics Director John Petricciani, MD, wanted to speed things along. He and Office of Biologics Medical Officer Henry Miller, MD, suggested that the FDA grant licensure before clinical trials for safety were done.

Another Office of Biologics staffer, Robert Gerety, MD, chimed in, saying "...post marketing testing should be able to resolve safety and efficacy questions in a very short amount of time." In other words, "sufficient data" to measure the new rDNA hepatitis B vaccine's safety would come from market use on an unwitting public, including infants. Making FDA officials especially eager was Petricciani's awareness that ...there are broader implications for rDNA biologicals in the sense that the efficacy requirements, which are established for rDNA hepatitis vaccines, also set something of a standard for other DNA products."

Enough data existed to satisfy him that the rDNA vaccine worked ~ it imparted immunity ~ and he knew that the technology used to make it could be a template for countless future biological products. The profit potential was unimaginable; just about any vaccine could be made for any disease, if this were successful. Good news of the vaccine's performance would pave the way. Injecting newborns without informed consent, as happened throughout the 1990s, provided big, free data sets. Ironically, even retrospective analyses of VAERS data on this vaccine find inexplicable, excessive adverse events, seizures, and deaths. Unbelievably, the authors waive these off as "probably unrelated" to the shot, but offer no data to support their opinion.

Ultimately, Merck did test the vaccine on a few hundred children, in a trial it describes in its own product insert. Whether or not infants were included in the trial is unclear. Not surprisingly, they gave their new product high marks for safety, even though various adverse effects were noted in 17% of the subjects. This data has been roundly criticized since test subjects were only followed for three days post injection. No measure of longer term effects was made, and it is these which seem to play out so viciously in children who react.

Hopkins' concerns were prophetic. The FDA has been aware of insufficiencies in the VAERS since at least 1995, when outside consultants were hired to point them out. Aside from highlighting the inadequacy of a passive system - which by design causes under reporting of adverse reactions - the review team urged the FDA to perform more "pre-licensure safety trials" as well as to provide "more direction regarding post marketing surveillance" to pharmacies and manufacturers. Weeks later, CDC Vaccine Safety and Development Activity Chief Robert Chen, MD, said in another meeting that while measures were taken to define effective vaccine dose before marketing, "similar efforts were not done for safety." Years later, the FDA is still dragging its feet. Essentially nothing has been done to change either how adverse reactions are reported or how vaccines are scrutinized for safety before market use.

The Fraud Of Vaccination - by Walter S. Hadwen M.D.

Dr Hadwen was a passionate opponent of Jennerian smallpox vaccination in England around 1900.

People have been solemnly warned that the reason why smallpox has just broken out is because our population is unvaccinated; yet Dr. Killick Millard complains of primary vaccination as liable to make smallpox mild and unrecognised, so that the element of danger lies in the vaccinated! He has his excuse in the circumstance that these have always started epidemics.

The Origin Of Vaccination - Why do people believe in vaccination?

Jenner's idea was based solely upon a dairymaid's superstition. He sought to give it a scientific air by calling cowpox (a disease which bears no analogy to smallpox) variolae vaccinae--i.e., smallpox of the cow.

The Latin name was not without its effect, and anything that promised less harmful results than the prevailing practice of the direct inoculation of smallpox matter (which had been killing people by hundreds, and afterwards had to be forbidden by Act of Parliament) was acceptable at the time to the frightened and gullible population.

The rest was an affair of influence. When once an error is accepted by a profession corporately and endowed by Government, to uproot it becomes a herculean task, beside which the entrance of a rich man into the Kingdom of Heaven is easy.

The Compulsory Vaccination Act was passed in 1853; a still more stringent one followed in 1867. And between the years 1871 and 1880 there were 57,016 smallpox deaths.

Compare this with the small number in the present day, when considerably more than half the population is unvaccinated, and when awful warnings are periodically uttered about the decimating scourge always "bound to come," which never arrives! Between 1911 and 1920 the deaths numbered only 110.

Let us look at the most recent Annual report of the Registrar-General--the eighty-third. He states that during the last 15 years 53 vaccinated persons have died of smallpox.

In addition, there were 92 other deaths of the "doubtful" class mentioned above; that is, those declared by patients or friends to have been vaccinated, but which have been entered by medical officials as "doubtful" rather than take the slight trouble of searching the registers for verification.

We may conclude, therefore, that there were 145 cases of smallpox deaths in vaccinated persons in this country during the last 15 years. And yet there were only 78 unvaccinated deaths during the same period.

Thus, the rate of vaccinated to unvaccinated deaths is nearly two to one.

This is the more remarkable seeing that during this same 15 years England has been largely unvaccinated, probably to the extent of about 75 per cent.

Dangers Of Vaccination

But the tragedy of the whole sorry business is this:

That during the same 15-year period there is recorded by the same authority the terrible toll of 165 deaths from "cowpox and other effects of vaccination!" In short, vaccination not only failed to save 145 persons from death, but actually killed another 165 in addition!

Hence, whereas 78 are alleged to have died because the "preventive" had not been resorted to, more than double that number died from the effects of its use. What have the scaremongers who boast of the "certain and harmless preventive" to say to this?

The only way, so far as I can see, that those 165 poor little victims of the eighteenth century Gloucestershire dairymaid's superstition were prevented from having smallpox (if they were ever likely to get it) was in being killed by the "preventive" before the disease could attack them.

In some years more persons have been officially certified as killed by vaccination than by smallpox. Besides this, enormous numbers are left with some permanent disability, a fact to which parents, at least, can testify. Meanwhile, whenever smallpox comes, it is promptly and easily dealt with, and fails to spread beyond a limited time and area.

Sanitation has practically banished the disease, just as it banished black death, cholera, and typhus. It would appear that vaccination, so far from aiding, actually retarded the decline, for the Registrar-General reported in 1880 that it was the only gross zymotic which showed a rise in the death-rate--that is, after 30 years of compulsory vaccination.

The Gloucester Epidemic

The advocates of vaccination are never tired of quoting the smallpox epidemic which occurred in Gloucester in 1895-6. A picture of Gloucester Cemetery is often presented, apparently with the idea of impressing an ex parte statement upon the memory.

Where the picture itself cannot be given, the statement alone is made--viz., that 279 unvaccinated children lie buried in that cemetery (the picturesque detail is never by any chance omitted), together with only one out of some 8,000 children said to be vaccinated before or during the epidemic.

The latter figure may be correct officially, but it is incorrect actually, for I worked in Gloucester at the time and came into personal contact with the cases, and I have the names and addresses of 116 vaccinated children up to ten years of age attacked by the disease, of whom 27 died.

The truth is that the whole child population of Gloucester was practically an unvaccinated population, the vaccinated numbering only 4 per cent.; hence the greater number of unvaccinated attacked is easily explained. Ten thousand unvaccinated children passed through that epidemic unscathed.

The severity of the scourge was due to sanitary defects, which were afterwards remedied at great cost, to the fact that the disease broke out and spread like wildfire in a large unsanitary elementary school, where the vaccinated teacher was the first to succumb, and to the utterly disgraceful hospital conditions to which these little patients were removed.

Out of the 1,979 total cases; about 1,750 occurred in the southern half of Gloucester, where the sanitary defects above mentioned existed, the unvaccinated children of the northern half escaping practically unscathed. Nearly two-thirds of those attacked--viz., 1,211 out of 1,979--were vaccinated, in spite of the fact that Gloucester was an "unvaccinated city."

Germany And The Philippines

No European country has had such severe vaccination laws as Germany. They started in 1834, and enforced continual re-vaccinations. Yet in 1871-2 smallpox carried off no fewer than 124,948 in Prussia alone. In Berlin itself there were 17,038 vaccinated cases of smallpox, of whom 2,240 were under ten years of age, and of these vaccinated children 736 died.

A particularly interesting case is that of the Philippines. When these islands fell into the hands of the Americans a vast vaccination scheme was carried out, and smallpox, which had naturally been a scourge among the inhabitants owing to the bad sanitary conditions, declined just in proportion as these were remedied.

The result was, of course, put down to vaccination, though there is a certain humour in the circumstance that, while the natives were suffering less from smallpox, the vaccinated and re-vaccinated American soldiers fell victims to it, dying at a percentage three times higher than that which obtained among the unvaccinated people they had come to instruct.

Of course, the usual thorough system of cleansing, finding its parallel later in the Panama region, was pursued, and for many years it was the great boast of the disciples of Jenner that smallpox was banished from the Philippines.

They boasted too soon.

Within the last few years, in spite of the rigorous vaccination laws, the disease has regained its old virulence, and there were no fewer than 60,612 cases and 43,294 deaths from smallpox in the Philippines during 1919--an enormous toll in a population of something under 11,000,000.

Dispelling Vaccination Myths

[An Introduction to the Contradictions Between Medical Science and Immunization Policy](#) by Alan Phillips, Director Citizens for Healthcare Freedom Last Revision: May 2001

Introduction

When my son was set to begin his routine vaccination series at age 2 months, I didn't know there were any risks associated with immunizations. But the clinic's flyer contained a contradiction: my child's chances of a serious adverse reaction to the DPT vaccine were one in 1750, while his chances of dying from pertussis were one in several million.

When I pointed this out to the physician, he angrily disagreed, and stormed out of the room mumbling, "I guess I should read that flyer sometime..." Soon thereafter I learned of a child who had been [permanently disabled by a vaccine](#), so I decided to investigate for myself. My findings have so alarmed me that I feel compelled to share them; hence, this report.

Health authorities credit vaccines for disease declines, and assure us of their safety and effectiveness. Yet these assumptions are directly contradicted by government statistics, published medical studies, Food and Drug Administration (FDA) and Centers for Disease Control (CDC) reports, and the opinions of credible research scientists from around the world.

In fact, infectious diseases declined steadily for decades prior to mass immunizations, doctors in the U.S. report thousands of serious vaccine reactions each year including hundreds of deaths and permanent disabilities, fully vaccinated populations have experienced epidemics, and researchers attribute dozens of chronic immunological and neurological diseases that have risen dramatically in recent decades to mass immunization campaigns.

Decades of studies published in the world's leading medical journals have documented [vaccine failure](#) and serious adverse vaccine events, including death. Dozens of books written by doctors, researchers, and independent investigators reveal serious flaws in immunization theory and practice.

Yet, incredibly, most pediatricians and parents are unaware of these findings. This has begun to change in recent years, however, as a growing number of parents and healthcare providers around the world are becoming aware of the problems and questioning mass mandatory immunization.

There is a growing international movement away from mass mandatory immunization. This report introduces some of the information that provides the basis for the movement.

My point is not to tell anyone whether or not to vaccinate, but rather, with the utmost urgency, to point out some very good reasons why everyone should [examine the facts](#) before deciding whether or not to submit to the procedure.

As a new parent, I was shocked to discover the absence of a legal mandate or professional ethic requiring pediatricians to be fully informed of the risks of vaccination, let alone to inform parents that their children risk death or permanent disability upon being vaccinated.

I was equally dismayed to see first-hand the prevalence of physicians who are, if with the best of intentions, applying practices based on incomplete-and in some cases, outright mis-information.

This report is only a brief introduction; your own further investigation is warranted and strongly recommended. You may discover that this is the only way to get an objective view, as the controversy is a highly emotional one.

A word of caution: Many have found pediatricians unwilling or unable to discuss this subject calmly with an open mind. Perhaps this is because they have staked their personal identities and professional reputations on the presumed safety and effectiveness of vaccines, and because they are required by their profession to promote vaccination.

But in any event, anecdotal reports suggest that most doctors have great difficulty acknowledging evidence of problems with vaccines. The first pediatrician I attempted to share my findings with yelled angrily at me when I calmly brought up the subject. The misconceptions have very deep roots.

Vaccination Myth #1: - "[Vaccines are safe...](#)" ...or are they?

Vaccination causes significant death and disability at an astounding personal and financial cost to uninformed families.

The Federal government VAERS (Vaccine Adverse Events Reporting System) was established by Congress under the National Childhood Vaccine Injury Compensation Act of 1986. It receives about 11,000 reports of [serious adverse reactions to vaccinations](#) annually, which include as many as [one to two hundred deaths](#), and several times that number of permanent disabilities.

VAERS officials report that 15% of adverse events are "serious" (emergency room trip, hospitalization, life-threatening episode, permanent disability, death). Independent analysis of VAERS reports has revealed that up to 50% of reported adverse events for the Hepatitis B vaccine are "serious." While these figures are alarming, they are only the tip of the iceberg.

The FDA estimates that as few as 1% of serious adverse reactions to vaccines are reported, and the CDC admits that only about 10% of such events are reported. In fact, Congress has heard testimony that medical students are told not to report suspected adverse events.

The National Vaccine Information Center (NVIC, a grassroots organization founded by parents of vaccine-injured and killed children) has conducted its own investigations. It reported: "In New York, only one out of 40 doctor's offices confirmed that they report a death or injury following vaccination."

In other words, 97.5% of vaccine related deaths and disabilities go unreported there. Implications about medical ethics aside (federal law directs doctors to report serious adverse events), these findings suggest that vaccine deaths and serious injuries actually occurring may be from 10 to 100 times greater than the number reported.

With pertussis (often referred to as "whooping cough"), the number of vaccine-related deaths dwarfs the number of disease deaths, which have been about 10 annually for many years according to the CDC, and only 8 in 1993, one of the last peak-incidence years (pertussis runs in 3-4 year cycles; no one knows why, but vaccination rates have no such cycles).

When you factor in under-reporting, [the vaccine may be 100 times more deadly than the disease](#). Some argue that this is a necessary cost to prevent the return of a disease that would be more deadly than the vaccine.

But when you consider the fact that the vast majority of disease decline this century preceded the widespread use of vaccinations (pertussis mortality declined 79% prior to vaccines), and the fact that rates of disease declines remained virtually unchanged following the introduction of mass immunization, present day vaccine casualties cannot reasonably be explained away as a necessary sacrifice for the benefit of a disease-free society.

Unfortunately, the vaccine-related-deaths story doesn't end here. Studies internationally have shown vaccination to be a cause of SIDS, (SIDS, Sudden Infant Death Syndrome, is a "catch-all" diagnosis given when the specific cause of death is unknown; estimates range from 5,000 to 10,000 cases each year in the US).

One study found the peak incidence of SIDS occurred at the ages of 2 and 4 months in the US, precisely when the first two routine immunizations are given, while another found a [clear pattern of correlation extending three weeks after immunization](#).

Another study found that 3,000 children die within 4 days of vaccination each year in the US (amazingly, the authors reported no SIDS/vaccine relationship), while yet another researcher's studies led to the conclusion that at least half of SIDS cases are caused by vaccines.

Initial studies suggesting a causal relationship between SIDS and vaccines were quickly followed by vaccine-manufacturer-sponsored studies concluding that there is no relationship between SIDS and vaccines; one such study claimed that there was a slightly lower incidence of SIDS in vaccines.

However, many of these studies were called into question by yet another study that found "confounding" had erroneously skewed the results of these studies in favor of the vaccine.

At best, there is conflicting evidence.

But shouldn't we err on the side of caution? Shouldn't any credible correlation between vaccines and infant deaths be just cause for meticulous, widespread monitoring of the vaccination status of all SIDS cases?

Health authorities have chosen to err on the side of denial rather than caution.

In the mid 1970's Japan raised their vaccination age from two months to two years; their incidence of SIDS dropped dramatically; they went from an infant mortality ranking of 17 to first in the world (i.e., Japan had the lowest infant death rate when infants were not being immunized).

England's vaccination rate temporarily dropped to about 30% at about the same time following media reports of vaccine-related brain damage. Infant mortality dropped substantially for about 2 years, then rose again in close correlation to rising immunization rates in the late 1970's.

Despite these experiences, the medical community maintains a posture of denial. [Coroners don't check the vaccination status of SIDS victims](#), and unsuspecting families continue to pay the price, unaware of the dangers and denied the right to make an informed choice.

FDA and CDC admissions about the lack of adverse event reporting suggests that the total number of adverse reactions actually occurring each year may actually fall within a range of 100,000 to a million (with "serious" events being approximately 20% of these).

This concern is underscored by a study revealing that 1 in 175 children who completed the full DPT series suffered "severe reactions," and a Dr.'s report for attorneys stating that one in 300 DPT immunizations resulted in seizures.

England actually saw a drop in pertussis deaths when vaccination rates dropped to 30% in the mid 70's.

Swedish epidemiologist B. Trollfors' study of pertussis vaccine efficacy and toxicity around the world found that "pertussis-associated mortality is currently very low in industrialized countries and no difference can be discerned when countries with high, low, and zero immunization rates were compared."

He also found that England, Wales, and West Germany had more pertussis fatalities in 1970 when the immunization rate was high than during the last half of 1980, when rates had fallen.

Vaccinations cost us more than just the lives and health of our children. The US Federal Government's National Vaccine Injury Compensation Program (NVICP) has paid out over \$1.2 billion since 1988 to the families of children injured and killed by vaccines, with money that comes from a tax on vaccines that vaccine recipients pay.

Meanwhile, pharmaceutical companies have a captive market; vaccines are legally mandated in all 50 US states (though legally avoidable in most; see Myth #9), yet these same companies are "immune" from accountability for the consequences of their products. Furthermore, they have been allowed to use "gag orders" as a leverage tool in vaccine damage legal settlements to prevent disclosure of information to the public about vaccination dangers.

Such arrangements are clearly unethical; they force an uninformed American public to pay for vaccine manufacturer's liabilities, while ensuring that this same public will remain ignorant of the dangers of their products. This arrangement also diminishes any incentive that manufacturers might have to produce safer vaccines (after all, when the vaccine causes a death or injury, they don't have to pay for it; they still get their profit).

It is important to note that insurance companies, who do the best liability studies, [refuse to cover vaccine reactions](#). Profits appear to dictate both the pharmaceutical and insurance companies' positions.

Vaccination Myth #2: - "Vaccines are very effective..." ...or are they?

Evidence suggests that vaccination is an unreliable means of preventing disease.

The medical literature has a surprising number of studies documenting vaccine failure. Measles, mumps, small pox, pertussis, polio and Hib outbreaks have all occurred in vaccinated populations. , , , In 1989 the CDC reported: "Among school-aged children, [measles] outbreaks have occurred in schools with vaccination levels of greater than 98 percent. [They] have occurred in all parts of the country, including areas that had not reported measles for years."

The CDC even reported a measles outbreak in a documented **100% vaccinated population**. A study examining this phenomenon concluded, "The apparent paradox is that as measles immunization rates rise to high levels in a population, measles becomes a disease of immunized persons."

A more recent study found that measles vaccination "produces immune suppression which contributes to an increased susceptibility to other infections." These studies suggest that the goal of complete "immunization" may actually be counter-productive, a notion underscored by instances in which epidemics followed complete immunization of entire countries.

Japan experienced yearly increases in small pox following the introduction of compulsory vaccines in 1872. By 1892, there were 29,979 deaths, and all had been vaccinated.

In the early 1900's, the Philippines experienced their **worst smallpox epidemic ever** after 8 million people received 24.5 million vaccine doses (achieving a vaccination rate of 95%); the death rate quadrupled as a result.

Before England's first compulsory vaccination law in 1853, the largest two-year smallpox death rate was about 2,000; in 1870-71, England and Wales had over 23,000 smallpox deaths. In 1989, the country of Oman experienced a widespread polio outbreak six months after achieving complete vaccination.

In the US in 1986, 90% of 1300 pertussis cases in Kansas were "adequately vaccinated." 72% of pertussis cases in the 1993 Chicago outbreak were fully up to date with their vaccinations.

Vaccination Myth #3: - "**Vaccines are the reason for low disease rates in the US today...**" ...or are they?

It is unclear what impact, if any, that vaccines had on 19th and 20th century infectious disease declines.

According to the British Association for the Advancement of Science, childhood diseases **decreased 90%** between 1850 and 1940, paralleling improved sanitation and hygienic practices, **well before mandatory vaccination programs**.

The Medical Sentinel recently reported, "from 1911 to 1935, the four leading causes of childhood deaths from infectious diseases in the US were diphtheria, pertussis, scarlet fever, and measles. However, by 1945 the combined death rates from these causes had declined by 95 percent, before the implementation of mass immunization programs."

Thus, at best, vaccinations can only be examined only for their relationship to the small, remaining portion of disease declines that occurred after their introduction. Yet even this role is questionable, as pre-vaccine rates of disease mortality decline **remained virtually the same** after vaccines were introduced.

Furthermore, European countries that refused immunization for small pox and polio saw the epidemics end along with those countries that mandated it; vaccines were clearly not the sole determining factor. In fact, both small pox and polio immunization campaigns were followed by significant disease incidence increases.

After smallpox vaccination was being mandated, smallpox remained a prevalent disease with some substantial increases, while other infectious diseases simultaneously continued their declines in the absence of vaccines.

In England and Wales, smallpox disease and vaccination rates eventually declined simultaneously over a period of several decades between the 1870's and the beginning of World War II.

It is thus **impossible to say** whether or not vaccinations contributed to the continuing declines in disease death rates, or if the declines continued unabated simply due to the same forces which likely brought about the initial declines-improvements in sanitation, hygiene and diet; better housing, transportation and infrastructure; better food preservation techniques and technology; and natural disease cycles.

Underscoring this conclusion was a recent World Health Organization report which found that the disease and mortality rates in third world countries have no direct correlation with immunization procedures or medical treatment, but are closely related to the standard of hygiene and diet.

Credit given to vaccinations for our current disease incidence has simply been grossly exaggerated, if not outright misplaced.

Vaccine advocates point to incidence rather than mortality statistics as evidence of vaccine effectiveness. However, statisticians

tell us that mortality statistics are a better measure of disease than incidence figures, for the simple reason that the quality of reporting and record keeping is much higher on fatalities.

For instance, a survey in New York City revealed that only 3.2% of pediatricians were actually reporting measles cases to the health department. In 1974, the CDC determined that there were 36 cases of measles in Georgia, while the Georgia State Surveillance System reported 660 cases.

In 1982, Maryland state health officials blamed a pertussis epidemic on a television program, "D.P.T.-Vaccine Roulette," which warned of the dangers of DPT; but when former top virologist for the US Division of Biological Standards, Dr. J. Anthony Morris, analyzed the 41 cases, he confirmed only 5, and all had been vaccinated. Such instances as these demonstrate the fallacy of incidence figures, yet vaccine advocates tend to rely on them indiscriminately.

Vaccination Myth #4: - "Vaccination is based on sound immunization theory and practice..." ...or is it?

Many of the assumptions upon which immunization theory and practice are based are unproved or have been proven false in their application.

The clinical evidence for vaccines is their ability to stimulate antibody production in the recipient. What is not clear, however, is whether or not antibody production constitutes immunity. For example, agamma globulin-anemic children are incapable of producing antibodies, yet they recover from infectious diseases almost as quickly as other children.

Furthermore, a study published by the British Medical Council in 1950 during a diphtheria epidemic concluded that there was no relationship between antibody count and disease incidence; researchers found resistant people with extremely low antibody counts and sick people with high counts.

Natural immunization is a complex interactive process involving many bodily organs and systems; it cannot be replicated by the artificial stimulation of antibodies.

Research also indicates that vaccination commits immune cells to the specific antigens in a vaccine, rendering them incapable of reacting to other infections. Immunological reserves may thus actually be reduced, causing a generally lowered resistance.

Another component of immunization theory is "herd immunity," the notion that when enough people in a community are immunized, all are protected. As Myth #2 showed, there are many documented instances showing just the opposite -- [fully vaccinated populations have experienced epidemics](#).

With measles, this actually seems to be the direct result of high vaccination rates.

In Minnesota, a state epidemiologist concluded that the Hib vaccine increases the risk of illness when a study revealed that vaccinated children were five times more likely to contract meningitis than unvaccinated children.

Surprisingly, vaccination has never actually been clinically proven to be effective in preventing disease, for the simple reason that no researcher has directly exposed test subjects to diseases (nor may they ethically do so).

The medical community's gold standard, the double blind, placebo-controlled study, has not been used to compare vaccinated and unvaccinated people, and so the practice remains unscientifically proven.

Furthermore, it is important to recognize that not everyone exposed to a disease develops symptoms (indeed, only a tiny percentage of a population need develop symptoms for an epidemic to be declared).

Thus, if a vaccinated individual is exposed to a disease and doesn't get sick, [it is impossible to know whether the vaccine worked](#), because there is no way to know if that person would have developed symptoms if he or she had not been vaccinated. It is also worth noting that outbreaks in recent years have recorded more disease cases in vaccinated children than in unvaccinated children.

Yet another surprising aspect of immunization practice is the "one size fits all" aspect.

An 8 pound 2 month old baby receives the same dosage as a 40 pound five year old child. Infants with immature, undeveloped immune systems may receive five or more times the dosage, relative to body weight, as older children.

Furthermore, the number of "units" within doses has been found in random testing to range from 1/2 to 3 times what the label indicates; manufacturing quality controls appear to tolerate a rather large margin of error.

"Hot Lots"-vaccine lots associated with disproportionately high death and disability rates-have been repeatedly identified by the NVIC, but the FDA consistently refuses to intervene to prevent further unnecessary injury and deaths. In fact, individual vaccine lots have never been recalled due to their greater incidence of adverse reactions.

However, the rotavirus vaccine was taken off the market a few months after being introduced when it caused bowel obstructions in many recipients. Incredibly, the FDA and CDC knew about this problem prior to licensing the vaccine, but both organizations still gave their unanimous approval.

Finally, vaccines are administered with the **assumption** that all recipients-regardless of race, culture, diet, genetic makeup, geographic location, or any other characteristic -- will respond the same. This was perhaps never more dramatically disproved than in Australia's Northern Territory a few years ago, where stepped-up immunization campaigns in native aborigines resulted in an incredible 50% infant mortality rate.

One must wonder about the lives of the survivors, too; if half died, surely the other half did not escape unaffected.

Almost as troubling was a recent study in the New England Journal of Medicine reporting that a substantial number of Romanian children were contracting polio from the vaccine.

Researchers found a correlation with injections of antibiotics. A single injection within one month of vaccination raised the risk of polio eight times, two to nine injections raised the risk 27-fold, and 10 or more injections raised the risk 182 times.

What other factors not accounted for in vaccination theory will surface unexpectedly to reveal unforeseen or previously overlooked consequences? We cannot begin to fully comprehend the scope and degree of the danger until public health officials begin looking and reporting in earnest.

In the meantime, entire countries' populations are unwitting gamblers in a game that many might very well choose not to play if they were given all the rules in advance.

Vaccination Myth #5: - "Childhood diseases are extremely dangerous..." ...or are they, really?

Dangers of childhood diseases are greatly exaggerated in order to scare parents into compliance with a questionable but highly profitable procedure.

Most childhood infectious diseases have few serious consequences in today's modern world. Even conservative CDC statistics for pertussis during 1992-94 indicate a 99.8% recovery rate.

In fact, when hundreds of pertussis cases occurred in Ohio and Chicago in the fall 1993 outbreak, an infectious disease expert from Cincinnati Children's Hospital said, "The disease was very mild, no one died, and no one went to the intensive care unit."

The vast majority of the time, childhood infectious diseases are benign and self-limiting. They usually impart lifelong immunity, whereas vaccine-induced immunity is only temporary. In fact, the temporary nature of vaccine immunity can create a more dangerous situation in a child's future.

For example, the new chicken pox vaccine has an effectiveness estimated at 6 - 10 years. If effective, it will postpone the child's vulnerability until adulthood, when death from the disease, while still rare, is **20 times more likely than in childhood**.

"Measles parties" used to be common in Britain; if a child got measles, other parents in the neighborhood would rush their kids over to play with the infected child, to deliberately contract the disease and develop immunity.

This avoids the risk of infection in adulthood when the disease is more dangerous, and provides the benefits of an immune system strengthened by the natural disease process.

About half of measles cases in the late 1980's resurgence were in adolescents and adults, most of whom were vaccinated as children, and the recommended booster shots may provide protection for less than six months.

Some healthcare professionals are concerned that the [virus from the chicken pox vaccine](#) may "reactivate later in life in the form of herpes zoster (shingles) or other immune system disorders."

Dr. A. Lavin of the Dept. of Pediatrics, St. Luke's Medical Center in Cleveland, Ohio, strongly opposed licensing the new vaccine, "until we actually know...the risks involved in injecting mutated DNA [the vaccine herpes virus] into the host genome [children]." The truth is, no one knows, but the vaccine is now licensed, recommended by health authorities, and quickly becoming mandated throughout the country.

Not only are most infectious diseases rarely dangerous, they can actually play a vital role in the developing a strong, healthy immune system.

Persons who have not had measles have a higher incidence of certain skin diseases, degenerative diseases of bone and cartilage, and certain tumors, while absence of mumps has been linked to higher risks of ovarian cancer. Anthroposophical medical doctors recommend only the tetanus and polio vaccines; they believe contracting the other childhood infectious diseases is beneficial in that it matures and strengthens the immune system.

Vaccination Myth #6: - "[Polio was one of the clearly great vaccination success stories...](#)"...or was it?

"The polio vaccine temporarily reversed disease declines that were underway before the vaccine was introduced; this fact was deliberately covered up by health authorities. In Europe, polio declined in countries that both embraced and rejected the vaccine. Six New England states reported increases in polio one year after the Salk vaccine was introduced, ranging from more than doubling in Vermont to Massachusetts' astounding increase of 642%; other states reported increases as well."

The incidence in Wisconsin increased by a factor of five. Idaho and Utah actually halted vaccination due to the increased incidence and death rate. In 1959, 77.5% of Massachusetts' paralytic cases had received 3 doses of IPV (injected polio vaccine).

During 1962 U.S. Congressional hearings, Dr. Bernard Greenberg, head of the Dept. of Biostatistics for the University of North Carolina School of Public Health, testified that not only did the [cases of polio increase substantially after mandatory vaccinations](#) -- a 50% increase from 1957 to 1958, and an 80% increase from 1958 to 1959-but that the statistics were deliberately manipulated by the Public Health Service to give the opposite impression.

It is important to understand that the polio vaccine was not universally accepted, at least initially. Despite this, polio declined both in European countries that refused mass vaccination as well as in those that employed it.

According to researcher-author Dr. Viera Scheibner, 90% of polio cases were eliminated from statistics by health authorities' redefinition of the disease when the vaccine was introduced, while in reality the Salk vaccine was continuing to cause paralytic polio in several countries at a time when there were no epidemics being caused by the wild virus.

For example, cases of viral and aseptic meningitis, which have symptoms similar to polio, were routinely diagnosed and recorded as polio before the vaccine, but were distinguished and [removed from polio statistics after the vaccine](#).

Also, the number of cases needed to declare an epidemic was raised from 20 to 35, and the requirement for inclusion in paralysis statistics was changed from symptoms that lasted for 24 hours to symptoms lasting 60 days (many polio victims' paralysis was temporary).

It is no wonder that polio decreased radically after vaccines-at least on paper. In 1985, the CDC reported that 87% of the cases of polio in the US between 1973 and 1983 were caused by the vaccine, and later declared that all but a few imported cases since were caused by the vaccine-and most of the imported cases occurred in fully vaccinated individuals.

Jonas Salk, inventor of the IPV, testified before a Senate subcommittee that nearly all polio outbreaks since 1961 were caused by the oral polio vaccine.

At a workshop on polio vaccines sponsored by the Institute of Medicine and the Centers for Disease Control and Prevention, Dr. Samuel Katz of Duke University cited the estimated 8-10 annual US cases of vaccine-associated paralytic polio (VAPP) in people who have taken the oral polio vaccine, and the [four year] absence of wild polio from the western hemisphere.

Jessica Scheer of the National Rehabilitation Hospital Research Center in Washington, D.C., pointed out that most parents are

unaware that polio vaccination in this country entails "a small number of human **sacrifices** each year."

Compounding this contradiction are low adverse event reporting and the NVIC's experiences with confirming and correcting misdiagnoses of vaccine reactions, which suggest that the actual number of VAPP "sacrifices" may be 10 to 100 times higher than that cited by the CDC. For these reasons, the live polio virus is no longer in widespread use.

To be sure, polio as it was known in the first half of the 20th century does not exist today. However, declines following polio peaks in the late 1940's and early 1950's had been underway again for a period of years by the time the vaccine was introduced.

Vaccination Myth #7: - "My child had no reaction to the vaccines, so there is nothing to worry about..." ...or is there?

The long term adverse effects of vaccinations have been ignored in spite of compelling correlations with many serious chronic conditions. Doctors can't explain the dramatic rise in many of these diseases.

The documented **long term adverse effects of vaccines** include chronic immunological and neurological disorders such as autism, hyperactivity, attention deficit disorders, dyslexia, allergies, cancer, and other conditions, many of which barely existed before mass vaccination programs.

Vaccine ingredients include known toxicants and carcinogens such as thimersol (a mercury derivative), aluminum phosphate, formaldehyde (for which the Poisons Information Centre in Australia claims there is no acceptable safe amount that can be injected into a living human body), and phenoxyethanol (commonly known as antifreeze).

Some of these ingredients are gastrointestinal toxicants, liver toxicants, respiratory toxicants, neurotoxicants, cardiovascular and blood toxicants, reproductive toxicants, and developmental toxicants, to name a few of the known dangers. Chemical ranking systems rate many vaccine ingredients among the most hazardous substances, and they are heavily regulated.

Even microscopic doses of some of these ingredients are known to be able to cause **serious injury**. In addition, some vaccine mediums used in the production of vaccines contain human diploid cells originating from human aborted fetal tissue, a fact that might affect many people's vaccination choices-if they only knew this was the case.

Medical historian, researcher and author Harris Coulter, Ph.D. explained that his extensive research revealed childhood immunization to be "causing a low-grade encephalitis in infants on a much wider scale than public health authorities were willing to admit, about 15-20% of all children."

He points out that the sequelae [conditions known to result from a disease] of encephalitis [inflammation of the brain, a documented adverse effect of vaccination]: autism, learning disabilities, minimal and not-so-minimal brain damage, seizures, epilepsy, sleeping and eating disorders, sexual disorders, asthma, crib death, diabetes, obesity, and impulsive violence are precisely the disorders which afflict contemporary society.

Many of these conditions were formerly relatively rare, but they have **become more common as childhood vaccination programs have expanded**. Coulter also points out that pertussis toxoid is used to induce encephalitis in lab animals. The pertussis vaccine's ability to cause brain damage is thus not only known, but relied upon by clinical researchers studying brain disorders.

A German study found correlations between vaccinations and 22 neurological conditions including attention deficit and epilepsy. Another dilemma is that viral elements in vaccines may persist and mutate in the human body for years, with unknown consequences.

Millions of children are partaking in an enormous, crude experiment; and no sincere, organized effort is being made by the medical community to track the negative side effects or to determine the long-term consequences. Since long-term studies on the adverse effects of vaccines are virtually non-existent, their widespread use in the absence of informed consent and adequate safety testing constitutes medical experimentation.

As the American Association of Physicians and Surgeons and the National Vaccine Information Center have pointed out, this is a violation of the first principle of the Nuremberg Code, "the centerpiece of modern bioethics."

Bart Classen, MD, PhD, founder of Classen Immunotherapies and developer of vaccine technologies, conducted epidemiological studies around the world and found vaccines to be the cause of 79% of insulin type I diabetes in children under 10.

The increase risk ranged from 9% with the diphtheria vaccine to 50% with the Hepatitis B vaccine. According to Classen, CDC data confirms his findings.

However, the implications of Classen's findings go well beyond diabetes, as his comment in a 1999 issue of the British Medical Journal points out: "The incidence of many other chronic immunological diseases, including asthma, allergies, and immune mediated cancers, has risen rapidly and may also be linked to immunisation." The diabetes findings may be only the tip of the iceberg.

Recent studies in the U.S. and England suggest that vaccines cause autism. Mercury poisoning and autism have nearly identical symptoms, and a single day's vaccination regimen may inject 41 times the level of mercury known to cause harm.

California's autism rate has mushroomed 1000% over the past 20 years, with dramatic increases following the introduction of the MMR vaccine in the early 1980's. England had dramatic autism increases beginning in the 1990's, following the introduction of the MMR vaccine there.

Some infants receive 100 times the EPA's maximum allowable amount of mercury through vaccines. In January, 2000, the Journal of Adverse Drug Reactions reported that the MMR vaccine was not adequately tested and should not have been licensed. Further reinforcing the suspected vaccine-autism connection is the fact that many physicians using a systematic mercury-detoxification regimen with autistic patients have seen dramatic improvements in the health and behavior of their patients.

Today, **one out of every 150 children are affected by autism**, according to the National Vaccine Information Center. In the early 1940's, prior to the introduction of most vaccines in current use, **it was considered a rare condition** that few doctors would ever encounter in their practice.

Vaccination Myth #8: - "Vaccines are the only disease prevention option available..."...or are they?

"Documented safe and effective alternatives to vaccination have been available for decades. However, they have been systematically attacked and suppressed by the medical establishment."

Most parents feel compelled to take some disease-preventing action for their children. While there is no 100% guarantee anywhere, there are viable alternatives. Historically, **homeopathy has proven many times to be more effective** than allopathic medicine in the treatment and prevention of disease, with risk of harmful side effects.

In a U.S. cholera outbreak in 1849, allopathic medicine saw a 48-60% death rate, while homeopathic hospitals had a documented death rate of only 3%. Roughly similar statistics still hold true for cholera today. Recent epidemiological studies show homeopathic remedies as equaling or surpassing standard vaccinations in preventing disease.

There are reports in which populations that were treated homeopathically after exposure had a 100% success rate-none of the treated caught the disease.

There are homeopathic kits available for disease prevention. Homeopathic remedies can also be taken only during times of increased risk (outbreaks, traveling, etc.), and have proven highly effective in such instances. And since these remedies have no toxic components, they have virtually no side effects. In addition, homeopathy has been effective in reversing some of the disability caused by vaccine reactions, not to mention many other chronic conditions with which allopathic medicine has had little success.

Vaccination Myth #9: - "Vaccinations are legally mandated and unavoidable..." or are they?

Legal exemptions from vaccinations are available for many-but not all-U.S. citizens.

Vaccine laws vary from state to state. While every state legally requires vaccines, every state also has one or more legal exemptions from vaccines. School and health officials will seldom volunteer exemption information, and are often mistaken when they do, so it is important to check the laws in your state to find out exactly what the requirements are. Each state offers

one or more of the following three kinds of exemptions:

1) Medical Exemption: All 50 states in the US allow for a medical exemption. However, [few pediatricians check for indications of increased risk](#) before administering vaccines, so it is advisable for parents to research this matter for themselves if they have reason to believe that their child may be predisposed to vaccine reactions.

Epilepsy, severe allergies, and a previous adverse reaction in a child or sibling are but a few of the many conditions in child or family history which may increase the chances of an adverse reaction, and thus may qualify for a medical exemption from one or more required vaccines.

In general, though, medical exemptions are difficult to get, may be available only to those who have already had a serious vaccine reaction or who have a family history of serious vaccine reactions, may be granted only for the specific vaccine believed to have caused a previous reaction, and may be valid only as long as the condition giving rise to the exemption persists (i.e., may be temporary).

2) Religious Exemption: 48 states allow for a religious exemption (all but MS and WV). A state's laws may state that membership in an established religious organization is required.

However, this requirement has been held unconstitutional in New York federal courts; personal religious beliefs are sufficient for a religious exemption, regardless of which religious organization you belong to, or whether or not you belong to an organized religion at all.

In one case, the plaintiffs were awarded money damages when the court found that the state had violated their civil rights by denying them a religious exemption.

3) Philosophical or Personal Exemption: Approximately 17 states allow parents to refuse vaccination for personal or philosophical reasons.

It is worth noting that exempted children may be banned from attending schools during local outbreaks. But all schools, public or private, must comply with state vaccination laws and honor legal exemptions.

The best source for a copy of your state's vaccination laws is state health officials. A phone call to the state Department of Epidemiology or Immunization (the specific name varies from state to state) may be all that it takes to get a copy mailed to you.

Or, for a small fee, the NVIC and New Atlantean Press will sell you a copy of your state's immunization laws (see contact information at the end of this article). Statutes can be searched on the Internet (for example, see www.findlaw.com), but these sources may not always reflect very recent changes in the law, if there have been any. Law libraries and lawyers are, of course, a good source as well.

Vaccination Myth #10: - "Public health officials always place the public's health above all other concerns..."...or do they?

Vaccination history is riddled with documented instances of [deceit portraying vaccines as mighty disease conquerors](#), when in fact vaccines have had little or no discernible impact on-or have even delayed or reversed-pre-existing disease declines.

The United Kingdom's Department of Health admitted that vaccination status determined the diagnosis of subsequent diseases: Those found in vaccinated patients received alternate diagnoses; hospital records and death certificates were falsified.

Today, many doctors still refuse to diagnose diseases in vaccinated children, and so the "Myth" about vaccine success persists.

Conflicts of interest are the norm in the vaccine industry. Members and Chairs of the FDA and CDC vaccine advisory committees own stock in drug companies that make vaccines; individuals on both advisory committees own patents for vaccines under consideration or affected by the decisions these committees make.

The CDC grants conflict-of-interest waivers to every member of their advisory committee a year at a time, allowing full participation in the discussions leading up to a vote by every member whether or not they have a financial stake in the decision.

Concerns over vaccine adverse effects and conflicts of interest led the American Society of Physicians and Surgeons to issue a Resolution to Congress calling for a "moratorium on vaccine mandates and for physicians to insist upon truly informed consent for the use of vaccines."

Approved by unanimous vote at the AAPS October 2000 annual meeting, the resolution made references to the "increasing numbers of mandatory childhood vaccines, to which children are... subjected without... information about potential adverse side effects"; the fact that "safety testing of many vaccines is limited and the data are unavailable for independent scrutiny, so that mass vaccination is equivalent to human experimentation and subject to the Nuremberg Code, which requires voluntary informed consent"; and the fact that "the process of approving and 'recommending' vaccines is tainted with conflicts of interest."

In an October 1999 statement to Congress, Bart Classen, M.D., M.B.A., founder and CEO of Classen Immunotherapies and developer of vaccine technologies, stated, "It is clear...that the government's immunization policies... are [driven by politics and not by science](#)."

I can give numerous examples where employees of the US Public Health Service ...appear to be furthering their careers by acting as propaganda officers to support political agendas.

In one case...employees of a foreign government, who were funded and working closely with the US Public Health Service, submitted false data to a major medical journal. The true data indicated the vaccine was dangerous however the false data that was submitted indicated there was no risk. An employee of the NIH who manages large vaccine grants jointly published a misleading letter about the subject with one of these foreign civil servants.

As you are aware it is illegal to falsify data from research funded by the US government." Dr. Classen recommended that Congress hire a special prosecutor "to determine if public health officials are following the laws enacted to ensure vaccines are safe" and to determine "if public health officials along with manufacturers are misleading the public about the safety of these products."

In France, 15,000 French citizens have sued their government over adverse Hepatitis B vaccine reactions. Former public health officials there are serving prison sentences following findings that they did not follow the law to ensure the safety of the vaccine, and school-age Hep B vaccination has been discontinued.

US military personnel may be even worse off: "...four letters from the FDA/Public Health Service...clearly reveal that the anthrax vaccine was approved for marketing without the manufacturer performing a single controlled clinical trial."

Clinical trials are, of course, [absolutely critical](#) to determining the safety and effectiveness of any pharmaceutical product. Military personnel have been, and continue to be, unwitting subjects in an unethical experiment.

Many of the public health officials who determine vaccine policy profit substantially from their policy decisions.

Remember the Swine Flue Disaster? No?

27 November 2002 - In the 1970s, there was a mass vaccination campaign that can be used as a general standard to measure public health service performance. It was the infamous swine flu fiasco.

In February of 1976, a soldier at Fort Dix died of a respiratory infection. A test revealed that this soldier and perhaps eight others on the base were infected with a swine virus. Who knows how the tests were done, or whether the virus was ever actually isolated, or whether only antibodies to the virus were found.

(See my mention of antibody tests in yesterday's post.) One problem with antibody tests: They can react to non-germ substances in the body which have nothing to do with the germ being checked for. Another problem: These tests can read positive for a germ when, in fact, the test is cross-reacting to some other germ. A case in point is malaria. Antibody tests for HIV in the Third World have registered positive for HIV when, in fact, it is the malaria organism which is causing the positive test reading.

In 1976, the CDC decided that the germ which supposedly killed the soldier was one to which the general population of the US had no immunity. A panel of "experts" predicted that 56 million cases of swine flu could occur in the US. Resulting in about

50,000 deaths.

Only weeks after the Fort Dix death, the CDC came up with a recommendation: 200 million Americans should be vaccinated against swine flu.

On the 24th of March, President Ford agreed. He said that every American should get this vaccine.

Congress went along.

You have to realize that, for people in the US Public Health Service, an opportunity like this comes along only once in a blue moon. Potential epidemic of devastating consequences. Presidential support. A vaccine. Vaccinations from Alaska to Florida. Logistics to organize. Medicos to the rescue. Heroic measures. This is why the health service was created in the first place. Like an army which has trained for decades, with no real war to be fought, the green ATTACK LIGHT was a wet dream.

It took months for the swine flu vaccine to be delivered. It was September before the pieces were in place. During the interim, no one else in America had died of swine flu. No one had come down with a case of swine flu.

Volunteers had been injected with the virus. At worst, they had gotten a mild case of the flu.

But the CDC kept hammering home its message. The vaccine campaign had to be carried out.

And so it began, on October 1 of 1976.

Three weeks later, 41 deaths had been linked to the vaccine.

Oh well, this was explained by the “miniscule risk” factor. When you give lots and lots of people a vaccine, a few will die.

By the middle of December of 1976, there were 54 cases of neurological injury from the vaccine.

Still, no one was getting an actual case of the swine flu. Only the vaccine was killing and maiming people.

On December 16, the CDC shut down the vaccine campaign. By then 45 million people had received shots.

The CDC said they had to investigate the unfortunate side effects, but wanted to start the whole campaign again as soon as they figured out what had gone wrong.

But there was no political will left. The whole sordid affair was buried.

52 deaths. 500-600 put in the hospital and/or damaged. Law suits flying.

In the aftermath, a few juicy facts emerged. Turned out that the first shipment of vaccine sent to the government (2 million doses) was a dud. It did not produce antibodies. Furthermore, the CDC had given the manufacturers THE WRONG VIRUS TO WORK WITH. IT WAS NOT SWINE FLU. So those 2 million doses were thrown away.

Insurance companies were VERY restless throughout the whole vaccine fiasco. They knew that correct dose levels were a problem. Low dose resulted in no antibodies. Higher dose inevitably meant adverse effects in many people who were given the shot. So these insurers opted out of covering the vaccine. This fact was not widely known by the public.

Evidence emerged that the virus at Fort Dix had no real contagion properties. People there who were in contact with soldiers who came down with the flu did not get the flu themselves. The sergeant who gave the one dying soldier at Dix mouth-to-mouth resuscitation did not get sick.

Of course, the CDC had been very sure that swine flu would create 56 million cases in the US.

A closer examination of this one dead soldier at Fort Dix showed that the man had fallen unconscious and died while he was on a training mission, a tough exercise. His medical chart showed that he had been told to forego the exercise, but he went out on it anyway.

As always, when a patient is told he has a germ, or when a post-mortem shows this, there is the question of titer. Titer is the measure of density or concentration of germs. How many are present? Are they rapidly multiplying? A high titer alerts people to a possible problem. A low titer---well, the body is full of germs all the time, and nothing untoward happens. In the Fort Dix case, it's all a mystery. Assuming that a swine flu virus was even isolated in the first place, what was the actual titer? What successive changes in titer were recorded?

More. It turned out that many doctors had advised their patients against taking the vaccine. And many other patients were never warned of risks at the time of their vaccination. In the latter situation, there was no informed consent by the patient.

The respected forensic physician, Cyril Wecht, did an investigation of the CDC's role in the swine flu tragedy. He concluded that the hidden truth revealed "just how unprincipled the [CDC's] actions apparently were. Half-truths and omissions seemed to come in a steady stream throughout the immunization program."

Of course, in the wake of this 1976 debacle, ultimately presided over by the president who had sat on the Warren Commission and helped whitewash the Kennedy assassination, nothing was done to re-organize the US Public Health Service. There were no wholesale firings. No one bothered to look at the whole basis and rationale for vaccination. A ripple had passed across the surface of the nation, and now there were other stories to cover, other things to do. It was simply an unfortunate moment.

We are on the brink of just such another unfortunate moment. The smallpox vaccine is being manufactured and delivered to the US government. We are being told that a bio-attack could come at any time. We are assured that, overwhelmingly, the vaccine is safe---and any deaths that will occur from its use are a minor factor in the overall effort to secure the safety of the population. We do not know what manufacturing problems the participating companies are having. We are told that just one case of smallpox in the US might trigger the order to give the whole nation the vaccine.

Those who do not learn from history are doomed to repeat it? No one seems to be paying much attention to that old wise remark.

The US Congress is paying no attention to the smallpox-vaccine wave.

It's all hands on deck for the protection of America. The media pump is primed to supply its support for the "patriotic effort."

However, as I've written in previous articles, people from the CDC have been issuing cloaked warnings about what could happen if the smallpox vaccine is given to 200-plus Americans: deaths, maimings. These public health folks remember the swine flu campaign. They want to be able to cover their gold-plated asses later on. "Don't you recall I said...?"

As we speak, many US health and emergency workers are voluntarily taking the smallpox vaccine. The press is reporting NOTHING about an overall strong follow-up by the US Public Health Service. It is unlikely there is any nationally coordinated tracking program to see what happens to these guinea pigs. And of course, it's very easy to say, "Yes, he did get very sick, but it had nothing to do with the vaccine."

The smallpox vaccine is immune-suppressive. Therefore, one should not always expect to see full-blown cases of smallpox as the "unfortunate side effect." When the immune system is compromised, all sorts of bizarre and life-threatening infections can ensue. These can then be laid at the door of "routine illness."

Keep in mind, as well, that neurological damage was one effect of the swine flu vaccine. Such damage has nothing to do with the action of the swine flu germ itself. It is a consequence of the vaccine acting in strange ways in the body. For example, mercury or other chemicals in vaccines can severely and permanently impair the nervous system.

www.stratiawire.com/article.asp?uid=999&email=terrjo%40att%2Enet&id=711

Conclusion

In the December 1994 Medical Post, Canadian author of the best-seller Medical Mafia, Guylaine Lanctot, MD, stated, "The medical authorities keep lying. Vaccination has been a disaster on the immune system. It actually causes a lot of illnesses. We are actually changing our genetic code through vaccination...100 years from now we will know that the biggest crime against humanity was vaccines."

After critically analyzing literally ten's of thousands of pages of the vaccine medical literature, Dr. Viera Scheibner concluded

that "there is no evidence whatsoever of the ability of vaccines to prevent any diseases. To the contrary, there is a great wealth of evidence that they cause serious side effects."

Dr. Classen has stated, "My data proves that the studies used to support immunization are so flawed that it is impossible to say if immunization provides a net benefit to anyone or to society in general. This question can only be determined by proper studies which have never been performed. The flaw of previous studies is that there was no long-term follow up and chronic toxicity was not looked at. The American Society of Microbiology has promoted my research...and thus acknowledges the need for proper studies." To some these may seem like radical positions, but they are not unfounded.

The continued denial and suppression of the evidence against vaccines only perpetuates the "Myths" of their "success" and, more importantly, their negative consequences on our children and society. Aggressive and comprehensive scientific investigation into adverse vaccine events and is clearly warranted, yet immunization programs continue to expand in the absence of such research.

Manufacturer profits are enormous, while accountability for the negative effects is conspicuously absent. This is especially sad given the readily available safe and effective alternatives.

The positions asserted above are not coming from a handful of fringe lunatics; entire professional organizations are beginning to speak out. Criticisms of vaccines are being sounded by an increasing number of credible, reputable scientists, researchers, investigators, and self-educated parents from around the world.

Instead, it is public health officials and die-hard vaccine advocates (many of whom have a financial stake in the outcome of the debate) who are beginning to lose credibility by refusing to acknowledge the growing body of evidence and to address the very real, serious, documented problems.

Meanwhile, the race is on. There are over 200 new vaccines being developed for everything from birth control to cocaine addition. Some 100 of these are already in clinical trials.

Researchers are working on vaccine delivery through nasal sprays, mosquitoes (yes, mosquitoes), and the fruits of "transgenic" plants in which vaccine viruses are grown.

With every adult and child on the planet a potential recipient of vaccines administered periodically throughout their lives, and every healthcare system and government a potential buyer, it is little wonder that countless millions of dollars are spent nurturing the growing multi-billion dollar vaccine industry.

Without public outcry, we will see more and more new vaccines required of us all. And while profits are readily calculable, the real human costs are ignored or suppressed.

Whatever your personal vaccination decision, make it an informed one; you have that right and responsibility. It is a difficult issue, but there is more than enough at stake to justify whatever time and energy it takes.

About the Author - At the time of this revision Alan Phillips is a 3rd year law student attending the University of North Carolina at Chapel Hill, and a co-founder and co-director of Citizens for Healthcare Freedom (CHF), a nonprofit corporation dedicated to raising vaccine awareness and advocating informed choice.

Alan has a background in technical writing, writing assessment, children's elementary education, freelance writing and investigative research on alternative health issues, and is known internationally for professional music performance and production.

He holds a ministerial credential, and plans on practicing law in the Chapel Hill, NC area following admission to the bar in 2002.

www.909shot.com www.access1.net
www.immunizationinfo.bigstep.com
www.unc.edu/~aphillips/www/chf
<http://patterpublication.safeshopper.com>

VACCINATION PROPAGANDA

Dr Daniel Duffy D.C.

PEDIATRICS Vol 105, No 4, Apr/2000, is an establishment propaganda report on vaccination. The paper opens with the gross assertion that vaccination has been proved to be overwhelmingly effective. This is a bold faced lie contradicted by historical fact. Dozens of books by eminent scientists and thousands of studies refute this gross assertion, e.g., V. Scheibner PhD, after reviewing and re-interpreting thousands of papers on vaccination, states that even those studies originally supporting vaccination show evidence contrary to the initial opinions when re-interpreted properly. Following her exhaustive review of the data, Dr Scheibner stated that part of the problem was that doctors do not know how to interpret their own studies.

The proliferation of vaccine information today is much like that of the early fluoridation studies initially supporting fluoridation. All of those early studies have been discredited. In the case of fluoridation, we not only have to deal with the rigid, inflexible assumptions upon which public opinion is formulated, but the entire force of an industry dependent upon the continuation of the quackery of fluoridation. The same case exists in the vaccination industry.

Public discussion and honest critique of vaccination is effectively blocked by the inflexible and rigid assumptions of our society as a whole. The inflexibility is generated, maintained and propagated by medical propagandists. The steady flow of medical propaganda is rarely questioned, much less investigated, by the "man-in-the-street". Add to this the fact that most investigative journalists have failed to report the facts - virtually guaranteeing that the "man-in-the-street" will never come into contact with the truth. This socially malignant situation is under the control of the educated, ruling classes, particularly that part of the scientific community (NIH, CDC, FDA, AMA etc.) exerting influence on government policy.

Vaccination is an ineffective, destructive, highly controversial method born in the ignorance of antiquity, revived by renaissance medical quacks (Jenner's contemporaries called him a quack) and kept alive only by the tremendous pharmaceutical profits generated therefrom.

The introduction of medical quackery into a society is a gradual thing and is accomplished mainly through fragmentation (the scientific reductionism that examines the part and ignores the whole). Scientific reductionism is the only possible way to generate and establish such quackery.

A recent classical example was the generation of the AIDS myth. By far most people in the USA believe there is an AIDS epidemic, that HIV causes AIDS and that AIDS is a transmissible disease. In fact not a single one of those strongly held beliefs is true.

AIDS was totally manufactured by government bureaucrats in the CDC and NIH. There never was an epidemic, HIV has nothing to do with AIDS, AIDS is not a transmissible disease (not even from blood transfusions, since it is not caused by a bacteria or a virus) and most of the publicized cases of AIDS victims were killed by AZT.

AZT is the treatment for AIDS. AZT causes all of the symptoms seen in AIDS victims. If a perfectly healthy person was placed on AZT that person would soon begin to suffer all the symptoms of AIDS. AZT destroys the immune system. That is what AIDS is, destruction of the immune system! It was first hyped after noting that two groups of young homosexuals (22-45) in NY and LA were dying of a form of pneumonia nicknamed "old man's disease", (pneumocystis carinii). Rather than attributing their deaths to immune system burnout from the drugs they were shooting up, (the real cause) the virus hunters from the NIH and CDC insisted upon finding some mysterious, exotic virus to blame it on. The rest is the history of the myth of AIDS now being worked to death by the pharmaceuticals/CDC/NIH/FDA etc.

Most of the original AIDS cases were the result of drugs used to treat cancer.

Hardly anyone dies of cancer anymore, most people die from the effects of the treatments long before the cancer would kill them. It's startling to the intelligent observer how quickly an apparently healthy person (just diagnosed with cancer) appears deathly ill and begins to go downhill right after cancer "treatment" is started.

In the case of immunization, literally hundreds of "research papers" on vaccines and conditions such as AIDS or EBOLA are generated at taxpayer expense. The studies fragment the issues, taking one small point and working it to death in the labs, adding to the mountain of "paper". Each of these numerous studies is then referenced by other lab workers involved with other fragments of the whole, thus adding to and perpetuating the expensive, useless, destructive activities. Such studies rarely ever consider the whole or attempt to examine or report in relation to the whole. By fragmenting in this manner, most importantly, the use of common sense and real world observations are avoided.

Responsibility for the devastating effects of this bureaucratic nightmare on the health of the nation is difficult, if not impossible, to pinpoint - this is key in the situation - the tremendous difficulty in the placing of responsibility for the horrendous criminal activity taking place in the governmental bureaucracies.

Looking at the situation from the outside boggles the mind. One doesn't have clue as to where to begin excising the social malignancy. It is imbedded into the social structure like a metastasizing cancer, permeating the entire society.

David Bohm's analysis of creativity provides additional insight on the creation of such social situations:

"Every society holds additional assumptions that are of such shaky nature that they are not even admitted into discussion. There is therefore an unspoken requirement that everyone must subscribe to these assumptions, but that no-one should ever mention that any such assumptions indeed exist. They are tacitly denied as operating within the society, and even this denial is denied. The overall effect is to lead people to collude in "playing false" so they constantly distort all sorts of additional thoughts in order to protect these assumptions. Such bad faith enters deep within the generative order of society."

These rigidities and fixed assumptions which...must be defended, may be compared with a kind of pollution that is constantly being poured into the stream of the generative order of society. It makes no sense to attempt to "clean up" parts of this pollution farther downstream while continuing to pollute at its source, or to introduce some factor into the stream that naturally "cleans up" pollution."

The vaccination idea is a form of psychic societal pollution that has become fixed through simple repetition by those directly benefiting from the procedure. The moment Jenner and others began their misguided attempts to prevent diseases arising out of malnutrition, human filth and deprivation, profiteers were standing by, ready to profit on them.

As more and more of the scientific establishment fall prey to the financially profitable propaganda, support is gained, opening the door to the halls of science. Once entry is gained, human integrity yields to big money and the quack procedure is assured its place in the halls of medical quackery. History demonstrates that the quackery persists until the force of common sense, human decency, or obvious destructiveness of the procedure becomes a public embarrassment, overcoming the morbid influence of the profiteers, at which time it is finally dropped. An example from past medical history is the use of bloodletting to cure disease - had there been any possibility of profiting on that stupid procedure by an outside group doctors would probably still be performing it.

Vaccinating a newborn child whose immune system has not even fully developed is no less stupid than the bloodletting of a century ago.

As in any such endeavor, the use of scapegoats help support the quackery. In the case of the quackery of vaccination, as in most of the twentieth century medical quackery, the scapegoat is the Chiropractic profession - this being the major thrust of the PEDIATRICS article. Demonizing and attacking the opponents of bad ideas rather than discussing the facts of the proposition has always been effective in keeping the (largely disinterested) public in a state of ignorance. This is exactly the purpose of the PEDIATRICS article, make no mistake about that. Demonization of the opposition rather than discussion of issues is a powerful tool, it usually captures the minds of the ignorant.

The article ridicules chiropractors and the chiropractic theory of the subluxation, a theory which is now clearly demonstrable and totally scientific unbeknownst to the writers of the PEDIATRICS article.

The subluxation is now explicable, demonstrable and reproducible - thanks, not to academicians on Chiropractic college campuses and their clinically useless "research", but to continuing chiropractic research by clinicians in the field, doing real work, on real patients. It is rare for any useful technique to arise out of the efforts of academicians as explained above. This is difficult for the naïve and uninformed to grasp since most people incorrectly assume that colleges and universities are places of learning. They are not places where much useful information is learned, they are citadels of entrenched ideas totally incapable of reform and change.

The fact that the ultimate diagnostic tool of the manipulative arts was discovered, not by academicians doing "research" on college campuses, but by a clinician in the field should be a warning shot across the bow of the present day student. Students should be aware that Chiropractic academicians such as Dana Lawrence at the National College have been working diligently to keep the new material off their campuses, out of their curriculums, and particularly, out of journals reporting on "chiropractic philosophy".

During the final decade of the 20th century, Dana Lawrence (National College in Lombard, Illinois) rejected my essay describing the scientific proof of the subluxation theory based upon Applied Kinesiology (AK) diagnosis. The essay was rejected a second time, years later, when it was resubmitted.

Almost a quarter century prior to Dana Lawrence's rejection of my essay describing the new diagnostic tool, AK, it had already been defined as a "new method of diagnosis" by the first lady ever appointed as white house physician, Janet Travell MD.

Dr Travell was White House physician to two US presidents, JFK and LBJ, in the early to mid sixties. She discovered and developed more useful clinical tools of physical medicine than any other MD in history. Dr Travell defined AK upon observing its demonstration by Dr George J Goodheart Jr, while sharing the lecture platform with him. Dr's Travell and Goodheart (quite successfully) applied their techniques to a Dentist with a TMJ problem. Dr Travell immediately defined AK as "A new method of diagnosis".

Dr James Pershing Isaacs MD, author of "Complementarity In Biology, Quantization of Molecular Motion", published by The Johns Hopkins Press had this to say about Kinesiology,

"There is no doubt that a kinesiologist one day, without the benefit of a cardiologist will be able to look at a man's face and say 'you got mitral heart disease' and if you get good enough will be just as good as the cardiologist with his radiological visualization because the face of a man will absolutely reveal a great deal, ET is not just a figment of Spielberg's Imagination." (videotapes of Isaacs' lectures and reprints of his book are still available from Dr Duffy Sr.)

Dr Isaacs performed the first catheterizations on dogs in the forties, worked with Blaylock performing and developing the first blue baby surgeries, was responsible for the development of the first heart lung machine, the first defibrillator and the first intensive care unit which was set up at Johns Hopkins. Dr Isaacs has done for biology, what Mendeleev did for chemistry. Isaacs has developed a matrix upon which sits every molecule of biology, a matrix he described to a small group of clinicians in the late eighties!

The dean of Microbiology at Johns Hopkins told Isaacs that his book (Complementarity...) would be the bible for biology in the future and was responsible for overcoming establishment resistance to publication of Isaacs' book by the Johns Hopkins Press.

Dr Isaacs' book was so far ahead of its time that it was never reviewed and the only letter he ever received on the subject came from Heisenberg! Evidently, a reviewer capable of understanding and explaining it could not be found!

One would expect that all those interested in the furtherance of the chiropractic profession would enthusiastically accept such high level endorsements of AK rather than reject them and refuse publication of this new approach – thus depriving our profession of its greatest chance for progress since the original definition of the subluxation by DD Palmer in 1895.

One cannot help wonder about the possibility of hidden agendas in such cases. Do we have AMA moles on Chiropractic campuses? Much of the success of the (1990) federal law suit against AMA anti-trust activity against chiropractors was possible because of a mole in AMA headquarters who was instrumental in delivering information to the chiropractors engaged in the law suit.

Why would a Chiropractor, faced with such an obviously effective diagnostic tool as AK, and with such high level approval (Travell et al) choose, not only to ignore but to actively obstruct its inclusion in a college curriculum? Witnesses report outrageous activity by campus academicians indulging in pitiful activities such as tearing down student bulletin board notices of meetings on the National College Campus.

AK was meant for the art of manipulation – the manipulative art has awaited such a discovery for as long as manipulation has existed!

At a time when the subluxation theory is finally demonstrated in a scientific fashion, the stupid academicians on campus have completely discarded it as a viable, supportable, demonstrable theory, simply because of political pressure to conform with the medical model.

Dana Lawrence was directly responsible for rejecting my essay reporting the new method to demonstrate the subluxation in scientific fashion. Such a rejection adds support to the vaccination propaganda article in PEDIATRICS that ridiculed the oft

repeated story of DD Palmer's alleged cure of deafness in 1895. At that time in history, MDs were indulging forms of medical quackery that would stagger the imaginations of later historians - bleeding was given top priority in all sick patients. Anyone unfortunate enough to have pneumonia in 1895 and was within reach of an MD died from the standard treatment for it. In Palmer's day - no one survived the orthodox medical treatment for pneumonia - patients out in the wilds, out of reach of doctors had a better chance of survival!

I recall reading, several decades ago, the transcript of a long forgotten hero (Tyndall?) of the early 20th century exhorting his colleagues, in a speech before a medical society, to stop their treatment of pneumonia and take up the principles of hygiene, he said, "you lose every pneumonia patient you treat, I have not lost a patient in fifteen years." That shocking statement has remained in the foreground of my memory as a constant reminder of the perils of medicine. It was delivered decades after Palmer's historical entry into the healing arts. The same type of charge can be made against vaccination today.

We are expected to believe that vaccination, a form of medical quackery arising out of the superstitions of antiquity (egyptians rubbed pox pus on each another in the hopes of conferring immunity) and revived by the quintessential medical quack of the renaissance (Jenner, who was labeled as a medical quack by his contemporaries), should continue to be accepted as scientific medicine in the 21st century on the basis of studies performed by doctors with vested interests! I don't think so folks. (Jenner's own son died in his early twenties after multiple injections.)

The long forgotten and unmentioned historical facts surrounding the early development of vaccines are never included in peer reviewed reports of the subject in "acceptable" journals. On the contrary, Jenner has been elevated from quack to medical hero by the force of drug industry profits. Drug profiteers forever stand in the shadows of the halls of medical history, waiting to pounce on the slightest suggestion of the possibility of profit, knowing full well, the power of the doctor to incite fear and panic in the ignorant lay public with the threat of imminent epidemic and the doctor's ability to protect against it.

Medical propaganda is dumped into the public psyche on a daily basis by medical quacks under the political (not scientific) control of the AMA, NIH, CDC, FDA and all other medically-dominated government organizations. Disease "clusters" are falsely represented as "Epidemics" (The original AIDS groups were two clusters of drug-using homosexuals in NY and LA - these unfortunates were "burning out" their immune systems with intravenous recreational drugs.) Regular news hype on diseases such as Eboli, AIDS and E-Coli "infections" are prime examples of the lies and misinformation pouring out of the medical propaganda mill.

Every CDC/NIH doctor who contributed to the use of AZT for the treatment of AIDS is an un-indicted felon, guilty of: conspiracy, inciting public panic (a direct violation of our constitution.) and, at the very least, manslaughter and at worst, murder. Thousands have gone to early graves from the effects of AZT which closely mimics the symptoms of the very disease it was falsely alleged to help. Irrefutable proof exists that AIDS is not an infectious disease, is not transmissible (not even from blood transfusions) and HIV has nothing to do with it, while the use of AZT is a quack medical treatment that kills every patient capable of absorbing it.

Any reader who is unaware of the foolishness masquerading as science in our society can get a little understanding by watching the Eboli documentary. Note the barefooted natives standing around watching the medical fools in their "space suits" removing bodies of victims allegedly dying of "flesh eating disease". These nutritionally deficient natives would respond within hours to a good dose of intravenous vitamin C. Infections respond immediately to intravenous Vitamin C in large steady doses. I have proved that on members of my own family after being diagnosed (by an emergency room physician) with lobar pneumonia. Why are not the local natives "catching" Eboli if it is as dangerous as described? If it is such a highly contagious disease why are there so few cases? Not even a handful! A good supply of fresh food and vitamins to the African continent would solve most of their problems just as they do everywhere else in the world. The rest is effectively taken care of by crisis medicine.

On the subject of disease transmission one has to ask oneself - In the case of Eboli, why don't the barefoot natives "catch" it? And what protects the nurses who are administering to the stricken? What is protecting them from "catching" the disease? Then ask yourself, How come PEDIATRICIANS and their office assistants fail to "catch" "strep throats" from the kids that cough into their faces every day?

The reader should begin to evaluate the Germ Theory of Disease (GTOD) for themselves. Begin to see the fallacy of it - it will take you years to fully understand and accept the fallacy because it is so deeply ingrained into your psyche - you have a subconscious archetype of it! It has been pounded into your psyche from birth.

If the germ theory fails - and this is the view of an increasing number of highly educated scientists, what about the viral theory? It becomes readily evident to anyone with insight and a small amount of knowledge who digs at the facts that the viral theory

was brought in to shore up the failing GTOD and is even more ridiculous. We are even asked to believe now that antibodies are sign of an infection requiring medical treatment! This exemplifies the level of degenerative thought processes required for continued acceptance of the GTOD.

We are now expected to believe that a clump of lifeless protein, called a VIRUS, "causes" disease. The current scientific love affair with the virus is based upon tax-funded junk science generated by fractionation. By fragmenting "scientific" facts, piece by piece, every little idea in science can be reduced to a completely bleached out product of thought, totally disconnected from the real world. This is the approach of that part of modern reductionistic medicine that is responsible for the unbelievable horrors to which the public is regularly subjected.

Approaches that are born, live and die or multiply, only in the lab, under fragmented, reductionistic methods often come to mind boggling conclusions – here are a few:

1. The use of unopposed estrogen, announced in 1975 to be the only known cause of breast and uterine cancer in females.
2. The use of cholesterol reducing drugs that just killed (2001) over 80 Americans and was quickly taken off the market without so much of a whimper from the public arena.
3. The new NSAIDS such as VIOXX, one of the "adverse effects" of which is POLIO, of course it is not called POLIO in the literature, it is called "ASEPTIC MENINGITIS" one of the 2000 words used to describe such conditions in the literature. I wonder if any of the two or three school kids with "meningitis" in Ohio recently (2001) got into their parents medicine chest and took some of their pain drugs. You can bet on one thing, whatever it was they had was not "catchy".
4. FOSAMAX, the medicine recommended to women to "protect" them from osteoporosis (which it does NOT do) this drug contains the same chemical used to clean the ring off your bath tub because it is good at dissolving cells – both from the ring around your bathtub and from your bones! FOSAMAX can eat a big hole in your esophagus if you lie down after you take it!

"Research" data of this type is being generated at an exponential rate - a bad habit that can only survive if the cost is borne by someone other than the person doing the research because, in a law abiding society free from government control, such whacky propositions would never be tolerated, much less profitable. Such destructive situations cannot exist in free markets - they are only possible under socialism, communism or the distorted 'democracy' that has slowly replaced our constitutional republic. No such monopoly of any kind is possible in a free market system as long as the government stands by and maintains law and order.

The present medical monopoly can only exist with government support, it would fold quickly without tax money - hence the constant barrage of hysteria promoted by criminals in the NIH and CDC. Hysteria designed to keep the flow of money into those organizations so that they can do the "research" to provide the "cures" that are perpetually "just around the corner".

Left to support themselves from the fruits of their own labors, all of these organizations and drug companies would fold if they were not allowed to break any law of a humane society.

Only by government edict and taxation can such quackery flourish. The medical industry has replaced the military as the greatest drain on the citizen's wealth.

The astonishing fact is that not one single degenerative disease has ever been cured by a drug. The only degenerative disease "cures" ever brought about have been achieved by the use of vitamins and minerals and other essential food factors, never by a drug, not once in all of history!

Quack scientists now entertain the ridiculously absurd notion that lifeless clumps of protein found everywhere one looks (like fish living in water, we live in a sea of bacteria and viruses) are making us sick and "causing" disease. It is my opinion that a virus is the metabolic waste product of a sick cell if found in large amounts in a specific disease entity. Any virus associated with a disease process is an indication of the RESULT of the disease, NOT its CAUSE. We can look at the virus as simply the bowel movement of a sick cell, the waste product of a (possibly) malfunctioning cell (since many viruses are considered to be harmless passengers, such as the HIV in Duesberg's opinion). The 'Virus' and 'germ' gain entry into our body every time we take a breath of air or swallow a mouthful of water or food, why are we all not dead? The "germs" that are said to "cause" pneumonia, strep throat and bowel "infections" (E Coli) are normal constituents of those areas of the body - they live there in harmony with other organisms. Why then are these "germs" blamed for the sicknesses we suffer? There is no question that a nutritionally deficient, sick body can be overtaken by an overgrowth of its own organisms and that timely administration of the

proper antibiotic can selectively subdue certain of these overgrowths - but at what cost to the organism?

Any cell failing to receive proper nutrition will begin to fail to function properly and at least part of its metabolic garbage is then seen as a "harmful" virus because it is found in large numbers associated with the specific illness. Until someone disproves this idea, I'm stuck with it.

The present theory of disease can be compared to a giant being who looks at the earth through a gigantic microscope from the cosmos - our giant notices house fires here and there and zooms in for a closer look to find that all house fires are surrounded by firemen. Since firemen are seen at every fire, our giant observer incorrectly presumes that they are the cause of the fire. The same could be said of the bacteria, flies and other bugs attracted to a pile of manure placed in your backyard. The insects seem to arise from nowhere. I never cease to be amazed at how, during the winter months as I sit on my sofa eating last summer's frozen peaches, I notice the sudden appearance of a fruit fly! The fresh manure pile placed in an "uninfected" backyard will, in no time at all, be covered with bugs. Shall we say that the bugs caused the manure pile? This is the thought mechanism used by the junk-science-based-medical-quacks peddling deadly drugs and crippling vaccines. The medical quacks would have you believe that the bugs cause the manure pile. I refuse to accept that theory of causation along with thousands of other highly educated, knowledgeable people who share my opinion. Briefly, any virus found in the body is the result of body metabolism - bacteria found there are THE RESULT OF, NOT THE CAUSE OF illness. The caveat here is that bacterial invasion CAN make you sick -A glass full of dirty water loaded with Vibrio Cholera can overcome the acid barrier protection of the stomach and kill you. No Vaccine can protect against such stupid behavior, there is a "limitation to matter".

The article also states that various chiropractic colleges have caved in and accepted some vaccines as safe. I personally think this is a political ploy to help get the weight of political medicine off our back.

So the opening remarks of the PEDIATRICS article labeling vaccination as a scientifically sound procedure is much more than an exaggeration or puffed up account, because of the deadly effects of vaccines (especially) on our newborn infants, the PEDIATRICS article constitutes criminal activity. Children die on a regular basis following vaccinations. Public acceptance of this fact boggles my mind. I continue to expect, at any moment, a sudden awakening of the public to what the medical quacks are doing to them. The results of such a sudden awakening would be catastrophic!

Readers should understand that THERE IS NO SUCH THING AS A SAFE VACCINE.

SAFE VACCINE is an oxymoron! It is newspeak.

SAFE VACCINE is a euphemism used in the mind control tactics of the medical propagandists. The phrase is highly effective in sound bite psychology. We live in an atmosphere clouded by sound bites and euphemisms. SAFE VACCINE is as misleading as the euphemistic, SIDE EFFECT. Many SIDE EFFECTS are actually KILL EFFECTS!

We shouldn't fall for this type of propaganda. Viera Scheibner, Coulter, Miller and many others have thoroughly contradicted the big lie about vaccination. Vaccination was popularized at the height of an era that spawned the worst of medical quacks and medical quackery. Drug profiteers were quick to see, as they are today, the perfect mix for profit - the ability to generate public hysteria and fear of a disease from which their doctor can protect them.

The American citizen is now facing the most dangerous tyranny of recorded history. That tyranny is the medical tyranny warned about two hundred years ago by Dr. Benjamin Rush, one of the makers of our constitution. The medical tyranny feeds on public ignorance, fear and hysteria. The effect of the tyranny is exemplified by the Indiana state legislator who recently had the unmitigated gall to introduce a bill that would take away the citizens right to refuse a vaccination on religious grounds! It is difficult

The drug companies, along with quack MDs, especially aided and abetted by pediatricians belonging to the APA are attempting to push through legislation that will deny a citizen the right to refuse a vaccination on religious grounds. This is one of the most dangerous threats to freedom ever proposed in the entire history of the USA! And it goes almost unnoticed by the public at large. Such a proposal should alert every American to what the real drug czars are doing behind the scenes. The sheer audacity of a legislator to even consider such a law boggles the mind of anyone the least bit familiar with personal freedoms.

Mandatory vaccination is the most repugnant idea ever put forth by organized medicine. It gives the government power to invade our most private space, our bodies. This is the most private domain of the citizen, their own body! Mandatory vaccination puts one in mind of the eugenics of Nazi Germany. The demand to yield to MANDATORY injection of a foreign substance into a human body under circumstances that highly intelligent specialists in all fields of scientific endeavor consider to

be, at the very minimum, highly controversial, cannot AND WILL NOT be tolerated.

The time has come for results oriented action by informed people. It's time to stop the talk, seminars, letter writing, endless speeches and polite discussions.

IT'S TIME TO GET TOUGH FOLKS -

It's time for civil disobedience - Extremely active civil disobedience , not physical violence - We need to indulge in civil disobedience that gets country wide notice - We need to attract more people into the anti-vaccine group - We need to totally reject vaccination and rid our society of this medieval quackery.

Above all else, we need to identify the legislators who enact laws that support vaccinations and get them out of office. We need to picket the guilty legislators continuously. They should not be allowed any respite.

Vaccinations are on the increase, not decrease. Anti-vaccinationists have failed to stem the tide.

Someone has to get the ball rolling to take the actions necessary to organize the groups into functioning units that will carry the fight directly to the legislators and the vaccine manufacturers that are supporting them. Americans can no longer stand for this infringement of that ultimate refuge of privacy of the individual, their own body. Vaccination in other countries is by choice not by referendum. No medical treatment should ever be by referendum. All medical treatment must be by individual choice. Placing doctors in control of anything public is a terrible mistake warned against by one of the makers of our constitution, Benjamin Rush MD. Rush was a student of history as well as a student of medicine and psychiatry. He knew history, he knew human nature, and he understood the functions of politically based bureaucracies. Throughout history, power has drifted from the high priest of medicine to the high priest of religion. Early in history the high priest of medicine killed people outright on the sacrificial altars. Today, they continue to kill but in a much more subtle fashion. The power is beginning to drift again, from the high priest of religion back to the high priest of medicine. The public needs to wake up and smell the rubbing alcohol and anesthesia, incense and myrrh are on the way out.

HERE IS THE BOTTOM LINE:

Mandatory vaccination is simply intolerable - Mandatory is a word that must be removed from all government statements on vaccination.

Any mandatory medical procedure is unacceptable - Mandatory must be taken out of the laws of our land when associated with medicine or any type of medical treatment or invasion of the privacy of the body. The individual must maintain the right to determine his own and his children's acceptance or rejection of medical treatments of any type.

SMALLPOX VACCINATION WARNING -
Leonard G. Horowitz, D.M.D., M.A., M.P.H.

The following article by Jon Rappoport is the first I've seen reporting the harmful and possibly devastating effects of the Bush administration's rapidly advancing smallpox vaccination program. These results were previously predicted as expected outcomes by this author and many, many others.

I interject this foreword to alert you to the additional support cited below for the thesis raised earlier that the smallpox vaccination program is part of a genocidal agenda facilitated by the Bush administration's "War on Terrorism" and their current efforts to "immunize" the population against smallpox and later anthrax. In reality, this policy aims to induce chronic illness, additional healthcare expenditures (including pharmaceutical sales) and, ultimately, population reduction in America. Given the information below, and far more published elsewhere, this is certainly the anticipated outcome of this "preventative plan" for homeland insecurity. The "additional support," I refer to, comes from identifying Baylor University and their College of Medicine as the site of this initial study.

The following information was compiled for the book Healing Codes for the Biological Apocalypse (Tetrahedron Publishing Group, 1999; www.tetrahedron.org; 1-888-508-4787) by this author along with Dr. Joseph Puleo.

“Based on reputable sources, Past President George H. W. Bush's Secretary of State, James Baker III (Florida vote scam overseer for the current president), was reported to have owned part of the vaccine manufacturing company against whom ailing Gulf War veterans had filed a lawsuit. Moreover, Mr. Bush is said to have been a major shareholder in that company-

Tanox Biosystems of Houston. It is also well known that this past president, father to the current president, has served in an official capacity at Baylor University for some time. Not long before becoming CIA director, certain intelligence regarding Tanox's collaborative studies with Baylor College of Medicine concerning Mycoplasma infections and related vaccinations was available to the elder Bush."

Tanox was also closely linked to Dr. Shyh-Ching Lo, who, under employment by The Armed Forces Institute of Pathology, isolated and patented a "Pathogenic Mycoplasma" originally taken from an AIDS patient, that somehow contaminated many of the vaccines given to allied military personnel traveling to the Middle East in lieu of "Operation Desert Storm." Only the French soldiers who did not receive the American made vaccines did not develop GWS during this earlier war with Iraq.

Further, what would seem inconceivable without seeing the documents reprinted in Healing Codes for the Biological Apocalypse, Tanox and Baylor College of Medicine first tested their Mycoplasma-infected vaccines on Huntsville, TX prisoners. As a result, the prisoners, and others in the community with whom the prisoners made contact, developed GWS long before the Gulf War. Thus, GWS could have been, and probably was, predicted and effected.

Furthermore, evidence compiled by lawyers for the class of people sickened by Mycoplasma incognitas and related illnesses, from Huntsville, Texas, revealed more astonishing documents. These, also published in Healing Codes for the Biological Apocalypse, showed that Baylor College of Medicine investigators collaborated on studies of vaccinated Huntsville prison inmates beginning in 1968. Mycoplasma inoculations, as well as Mycoplasma vaccination studies, were listed as having begun in 1970 under U.S. Army contracts. Incredibly, Baylor's contract literally raised the specter of "ethnic cleansing" or racial genocide as it proved cervical cancer studies comparing Christian versus Muslim women, as well as Jewish versus Black women, were in progress.

Thus, to have this Bush administration authorized smallpox vaccine study be conducted at Baylor, where the senior Bush has served in an official capacity, with input from the Tanox-linked College of Medicine is chilling. This is especially so considering the fact that today, unlike the early 1970s when the early Mycoplasma studies began, Mycoplasma is now considered among the most common vaccine contaminants. It is also currently linked to the recent onset of pandemic Chronic Fatigue Immune Dysfunction Syndrome and many other illnesses, including certain expressions of HIV/AIDS.

In conclusion, as I wrote elsewhere and said often, if you see "first responders" coming to inoculate you with "cow pus," which is virtually what the smallpox vaccination is in its purest unadulterated form, run away and hide.

SMALLPOX VACCINE RESULTS ARE IN

By Jon Rappoport

December 9 - The first returns are in on the smallpox vaccine. A recent multi-center US government clinical trial on 200 "young adults" has been completed. MSNBC reports. The volunteers who got the shot were VERY healthy to begin with. One researcher, Kathy Edwards, called them the "crème de la crème."

Okay? So get this. "Yet when she [Edwards] inoculated them with smallpox vaccine, arms swelled, temperatures spiked and panic spread [at Baylor University]. It was the same at clinics in Iowa, Tennessee, and California."

Stats: After the shot, one-third of the volunteers missed at least a day of work or school. 75 out of 200 experienced high fever. "Several were put on antibiotics because physicians worried that their blisters signaled a bacterial infection."

Wow.

And look, smallpox is a VIRUS, and antibiotics DON'T WORK against viruses. So, in essence, the researchers were inferring that the vaccine SUPPRESSED THE IMMUNE SYSTEMS of the volunteers--thus allowing bacterial infections to bloom suddenly---OR the vaccine was contaminated with bacteria to begin with.

Researcher Edwards, who headed up the study, said, "I can read all day about it [the adverse effects of the vaccine, but seeing it is quite impressive. The reactions we saw were really quite remarkable."

When a researcher makes a comment like this, you know some very bad things are happening.

AND THIS WAS A POPULATION OF EXTREMELY HEALTHY VOLUNTEERS. YOUNG ADULTS WHO SHOULD BE AT THE VERY PEAK OF LIFE, WITH THEIR IMMUNE DEFENSES FULLY INTACT.

Of course, this story didn't get much play in the press.

But the handwriting is on the wall. Anyone can see what'll happen if they start shooting up people by the millions with the vaccine. For example, people who don't qualify as severely immune suppressed by any obvious assessment, but still do, in fact, have reduced immune capacity---AND THAT IS A WHOLE LOT OF PEOPLE.---these folks will be AT GREAT RISK from the vaccine.

This government study is KEY. Because later on, they will try to cover up the devastating effects of the vaccine. They will lie, distort, omit. But right now, here it is. Out in the open. The results, for all to see.

Let me tell you something. The CDC WANTED to release the results of this study. They wanted to go on the record now, before the stuff really hits the fan. They are very frightened of being nailed for killing people with the vaccine.

About the author: Jon Rappoport has worked as a free-lance investigative reporter for 20 years. He has written articles on politics, health, media, culture and art for LA Weekly, Spin Magazine, Stern, Village Voice, Nexus, CBS Healthwatch, and other newspapers and magazines in the US and Europe. His website is: www.stratiawire.com

This article was provided courtesy of Dr. Leonard G. Horowitz and Tetrahedron Publishing Group

206 North 4th Avenue, Suite 147 Sandpoint, Idaho 83864 www.tetrahedron.org

Toll free order line: 888-508-4787; Office telephone: 208-265-2575; FAX: 208-265-2775

tetra@tetrahedron.org

www.c-cure.com www.tetraassoc.com

www.originofaids.com www.deathintheair.com www.healingcelebrations.com

www.americanreddoublecross.com www.prophecyandpreparedness.com

Provision Protecting Vaccine Manufacturer From Liability Comes Under Fire

Questions are being asked, and fingers are being pointed, to find out why a provision shielding vaccine manufacturer Eli Lilly from billions of lawsuits was inserted, at the last minute, into the recently passed Homeland Security Bill.

The lawsuits were filed by parents of autistic children, who believe their children,s autism was caused by vaccines containing Thimerosal, a mercury-based preservative made by Lilly.

The substance was added to many common children,s vaccines in the 1930s to prevent infections from fungus and bacteria. It was used, unnoticed, for many years until the late 90s when researchers realized that, due to the increased number of vaccinations given, children could be exposed to unsafe levels of mercury. Mercury can accumulate in the body, impairing brain development, which, some researchers say, could lead to autism. The incidence of autism has increased over the last two decades, and many parents report that their children,s autistic symptoms appeared shortly after receiving Thimerosal-containing vaccines.

With the recent provision, however, Lilly is exempt from all such lawsuits. Many are asking what the exemption has to do with homeland security, with supporters of the provision saying that Lilly,s vaccines are necessary to protect the country from possible biological warfare.

Lilly,s \$1.6 million contribution to the past election, of which 79 percent went to Republicans, has also come under fire. Critics of the provision question whether the Bush administration,s close ties to Lilly, of whom includes the White House budget director, a former Lilly executive; Lilly,s CEO who is a member of the homeland security advisory council; and former President Bush, who once belonged to the company,s board, may have influenced the passing of the provision. Officials at Lilly, however, say the company had nothing to do with the inserted provision.

[Boston Herald December 8, 2002](#)

[CBS NEWS](#)

www.cbsnews.com/stories/2002/12/12/eveningnews/main532886.shtml [December 12, 2002](#)

DR. MERCOLA'S COMMENT

Some powerful people who wanted to protect vaccine manufacturers slipped this „special provision% into the Homeland

Security Bill at the last minute. Through this newsletter and other efforts, many people contacted their Senators to oppose the bill, but while this initiated some awareness in the general media, the bill still passed. However, the Senators promised to revisit and potentially alter this and other special provisions in the bill in early 2003.

So what can you do? Remind your Senators to stick to their word and make sure this special provision that lets drug companies off the hook is indeed revisited -- and eliminated.

The evidence is quite clear that the mercury in the vaccines is damaging children. These companies would have been successfully sued for their negligence that resulted in damaging tens of thousands of infants, but if this special provision in the Homeland Security Bill is not seriously altered or eliminated, they will get off scot-free

And if that occurs -- an obvious act of a few powerful people doing a few other powerful people a favor at the expense of all the rest of us -- that will be a very sad commentary on the state of our nation. That children have been damaged as a result of mercury in their vaccinations is already sad enough.

So contact both of your state Senators, multiple times if you so choose, and remind them how important it is that they keep their word and eliminate this provision in early 2003!

To enhance your knowledge, you can also search this site for a long list of stories about the danger of vaccines, such as this Update on Mercury Poisoning </2002/mar/30/mercury_vaccine.htm> from earlier in 2002, or you can consider the "The Danger of Vaccines, and How You Can Legally

But by all means, contact your Senators and tell them to keep their promise! Contact list for U.S. Senators www.senate.gov/general/contact_information/senators_cfm.cfm

The issue is also confused by health professionals' consistent inability or unwillingness to identify vaccine-related deaths. A University of California study has shown that at least 1,000 deaths a year, described as the mysterious SIDS (Sudden Infant Death Syndrome), are in fact caused by vaccines. "Vaccines are made from: mucus of infected children (whooping cough), excrement from typhoid victims (typhoid), fermented chick embryos, and until recently vaccines for polio were got from the diseased kidneys of monkeys, and cause: leukemia, encephalitis, Multiple Sclerosis - and: "Now I believe the smallpox-vaccine theory is the explanation to the explosion of AIDS". World Health Organization, advisor, Times 11.5.87

Dr. med. Steintl, Berlin, on "International Medical Policy" "...In order to practice their 'gentle art', the doctors require millions of animals for torture, on whose suffering their 'science' is based. But when it dawned on some people that the system was rotten, and clear-sighted individuals fought against it, the doctors also saw that their livelihood was being threatened. Their medical policy is primarily the line of withholding information. 'The amount of information to be given is determined by us', said Dr. med. Neustedter.

The prerequisite for today's medical policy is naturally the currently predominant system of medicine. The sick are the source of income, therefore it is necessary for sick people to be there, yes, it proves advantageous if one makes the people artificially sick.

www.hli.org

HcG Vaccine for Population Control

Philippine Medical Association study indicates that women were injected with contaminated tetanus vaccine

FRONT ROYAL, VA

Have women in the Philippines, and possibly elsewhere, surreptitiously been used as guinea pigs in an international anti-fertility campaign?

A new medical study in the Philippines suggests that may well be the case. A recent study conducted by the Philippine Medical Association on behalf of the Philippine Department of Health revealed that almost 20 percent of the tetanus vaccine sampled positive for the hormone human chorionic gonadotrophin (hCG), according to Human Life International.

Vaccines containing the hormone immunize women not only against tetanus but also against pregnancy by inducing the body's immune system to attack the hormone needed to bring an unborn child to term. "This study lends credence to what Human Life International (HLI) and some other groups have suspected all along," said Father Matthew Habiger, president of the international pro-life/family organization. "We first began to hear reports last year about tetanus vaccination campaigns in the developing world that targeted only women of child-bearing or pre-child bearing years, and that they required multiple injections.

The vaccination program is sponsored by the World Health Organization, an agency with a 20-year history of researching anti-fertility vaccines," Fr. Habiger said. "We brought our suspicions to the world's attention. This new study greatly heightens our concerns." The WHO and certain feminist organizations that claim to care about the health of women publicly attacked HLI after it called for an investigation of the widespread allegations about contaminated vaccine. "In light of the new Philippine study, it appears that these groups have squandered their credibility," Fr. Habiger said.

The Philippine Medical Association reported that nine of the 47 vaccine samples tested were found to contain hCG, and released a letter signed by the three Philippine physicians who actually tested the vaccines. The PMA president attested to the veracity of the letter and the testing process. All the vaccines sampled were taken from various health centers in Luzon and Mindanao. Almost all of them were labeled by one of two Canadian firms, Connaught or Intervax. All the samples were tested with an immunoassay-based method developed by the U.S. Food and Drug Administration.

The Philippine Medical Association report closes the first stage of a two-part investigation of contaminated vaccines in the Philippines.

The protocol for the second stage of the test testing the women vaccinated for antibodies to hCG has been submitted the Philippine Department of Health and is awaiting funding. In a letter to the Philippine Department of Health, HLI urged immediate approval of the second stage to uncover the full dimensions of this scandal.

The tetanus vaccine tested in the Philippines was imported as part of a program against neonatal tetanus sponsored by the WHO. Similar vaccination protocols have also been observed in WHO programs administered in Mexico and Nicaragua. Tests of the vaccine in Mexico yielded similar results but none of those tests was performed as part of an actual investigation into the contamination. "We view the adulteration of tetanus vaccine with hCG to be a matter of grave concern," said Fr. Habiger. "It is absolutely essential that any country which has this program in place begin testing the vaccines for contamination." Noting that it is unlikely contaminated vaccine would still be in circulation after public concerns were raised last year, Fr. Habiger suggested that researchers attempt to focus on acquiring and testing unused vaccines distributed prior the public outcry over vaccine contamination. He said it is even more important that women who previously received the vaccine be tested for the telltale presence of hCG antibodies in their bloodstream and that the numbers of miscarriages experienced by vaccinated women be tabulated. "We are not making any accusations at this stage," Fr. Habiger said. "But we strongly suspect something is seriously amiss. And public confidence in these kinds of vaccination campaigns has been critically eroded in several developing nations. Only an objective, scientifically valid study of this matter will lay public concerns to rest."

Human Life International is the world's largest international pro-life and family human rights organization providing service, education and advocacy in 84 nations.

Are New Vaccines Laced with Birth-Control Drugs?

During the early 1990s, the World Health Organization (WHO) had been overseeing massive vaccination campaigns against tetanus in a number of countries, among them Nicaragua, Mexico, and the Philippines. In October 1994, HLI received a communication from its Mexican affiliate, the Comité Pro Vida de México, regarding that country's anti-tetanus campaign. Suspicious of the campaign protocols, the Comité obtained several vials of the vaccine and had them analyzed by chemists. Some of the vials were found to contain human chorionic gonadotrophin (hCG), a naturally occurring hormone essential for maintaining a pregnancy.

hCG and Anti-hCG Antibodies

In nature the hCG hormone alerts the woman's body that she is pregnant and causes the release of other hormones to prepare the uterine lining for the implantation of the fertilized egg. The rapid rise in hCG levels after conception makes it an excellent marker for confirmation of pregnancy: when a woman takes a pregnancy test she is not tested for the pregnancy itself, but for

the elevated presence of hCG.

However, when introduced into the body coupled with a tetanus toxoid carrier, antibodies will be formed not only against tetanus but also against hCG. In this case the body fails to recognize hCG as a friend and will produce anti-hCG antibodies. The antibodies will attack subsequent pregnancies by killing the hCG which naturally sustains a pregnancy; when a woman has sufficient anti-hCG antibodies in her system, she is rendered incapable of maintaining a pregnancy.

HLI reported the sketchy facts regarding the Mexican tetanus vaccines to its World Council members and affiliates in more than 60 countries. Soon additional reports of vaccines laced with hCG hormones began to drift in from the Philippines, where more than 3.4 million women were recently vaccinated. Similar reports came from Nicaragua, which had conducted its own vaccination campaign in 1993.

The Known Facts

Here are the known facts concerning the tetanus vaccination campaigns in Mexico and the Philippines:

* Only women are vaccinated, and only the women between the ages of 15 and 45. (In Nicaragua the age range was 12-49.) But aren't men at least as likely as young women to come into contact with tetanus? And what of the children? Why are they excluded?

* Human chorionic gonadotrophin (hCG) hormone has been found in the vaccines. It does not belong there -- in the parlance of the O.J. Simpson murder trial, the vaccine has been "contaminated."

* The vaccination protocols call for multiple injections -- three within three months and a total of five altogether. But, since tetanus vaccinations provide protection for ten years or more, why are multiple inoculations called for?

* WHO has been actively involved for more than 20 years in the development of an anti-fertility vaccine utilizing hCG tied to tetanus toxoid as a carrier -- the exact same coupling as has been found in the Mexican-Philippine-Nicaragua vaccines.

The Anti-Fertility Gang

Allied with the WHO in the development of an anti-fertility vaccine (AFV) using hCG with tetanus and other carriers have been UNFPA, the UN Development Programme (UNDP), the World Bank, the Population Council, the Rockefeller Foundation, the All India Institute of Medical Sciences, and a number of universities, including Uppsala, Helsinki, and Ohio State.(5) The U.S. National Institute of Child Health and Human Development (part of NIH) was the supplier of the hCG hormone in some of the AFV experiments.

The WHO began its "Special Programme" in human reproduction in 1972, and by 1993 had spent more than \$356 million on "reproductive health" research.

It is this "Programme" which has pioneered the development of the abortifacient vaccine.

Sweden; Over \$90 million of this Programme's funds.

Great Britain donated more than \$52 million,

Norway, \$41 million

Denmark \$27 million,

Germany \$12 million,

UNFPA, \$61 million;

World Bank, \$15.5 million;

Rockefeller Foundation, \$2.5 million

Ford Foundation, over \$1 million;

IDRC (Canada), \$716.5 thousand

U.S. "only" \$5.7 million, thanks to the cut-off of such funding during the Reagan-Bush administrations, including a new payment in 1993 by the Clinton administration of \$2.5 million.

WHO and Philippine Health Department Excuses

When the first reports surfaced in the Philippines of tetanus toxoid vaccine being laced with hCG hormones, the WHO and the

Philippine Department of Health (DOH) immediately denied that the vaccine contained hCG. Confronted with the results of laboratory tests which detected its presence in three of the four vials of tetanus toxoid examined, the WHO and DOH scoffed at the evidence coming from "right-to-life and Catholic" sources.

Four new vials of the tetanus vaccine were submitted by DOH to St. Luke's (Lutheran) Medical Center in Manila -- and all four vials tested positive for hCG!

From outright denial the stories now shifted to the allegedly "insignificant" quantity of the hCG present; the volume of hCG present is insufficient to produce anti-hCG antibodies.

But new tests designed to detect the presence of hCG antibodies in the blood sera of women vaccinated with the tetanus toxoid vaccine were undertaken by Philippine pro-life and Catholic groups. Of thirty women tested subsequent to receiving tetanus toxoid vaccine, twenty-six tested positive for high levels of anti-hCG! If there were no hCG in the vaccine, or if it were present in only "insignificant" quantities, why were the vaccinated women found to be harboring anti-hCG antibodies? The WHO and the DOH had no answers.

New arguments surfaced: hCG's apparent presence in the vaccine was due to "false positives" resulting from the particular substances mixed in the vaccine or in the chemicals testing for hCG. And even if hCG was really there, its presence derived from the manufacturing process.

But the finding of hCG antibodies in the blood sera of vaccinated women obviated the need to get bogged down in such debates. It was no longer necessary to argue about what may or may not have been the cause of the hCG presence, when one now had the effect of the hCG. There is no known way for the vaccinated women to have hCG antibodies in their blood unless hCG had been artificially introduced into their bodies!

Why A Tetanus Toxoid "Carrier"?

Because the human body does not attack its own naturally occurring hormone hCG, the body has to be fooled into treating hCG as an invading enemy in order to develop a successful anti-fertility vaccine utilizing hCG antibodies. A paper delivered at the 4th International Congress of Reproductive Immunology (Kiel, West Germany, 26-29 July 1989) spelled it out: "Linkage to a carrier was done to overcome the immunological tolerance to hCG."

Vaccine Untested by Drug Bureau

After the vaccine controversy had reached a fever pitch, a new bombshell exploded; none of the three different brands of tetanus vaccine being used had ever been licensed for sale and distribution or registered with the Philippine Bureau of Food and Drugs (BFAD), as required by law. The head of the BFAD lamely explained that the companies distributing these brands "did not apply for registration." The companies in question are Connaught Laboratories Ltd. and Intervex, both from Canada, and CSL Laboratories from Australia.

It seemed that the BFAD might belatedly require re-testing, but the idea was quickly rejected when the Secretary of Health declared that, since the vaccines had been certified by the WHO -- there they are again! -- there was assurance enough that the "vaccines come from reputable manufacturers."

Just how "reputable" one of the manufacturers might be is open to some question. In the mid-80s Connaught Laboratories was found to be knowingly distributing vials of AIDS-contaminated blood products.

Ingri Cassel, President

Vaccination Liberation - Idaho Chapter

P.O. Box 1444

Coeur d'Alene, ID 83816

(208)255-2307/ 765-8421

vaclib@coldreams.com

www.vaclib.org

www.health.org.nz/vacgen.html

www.truthcampaign.ukf.net/articles/health/vaccination.html

Sign Freedom of Choice petition at: www.laleva.cc/choice/choice.html



