The Vaccination Crisis

VANCE FERRELL

Before you take an adult vaccine for smallpox or anthrax, get the facts.

Before you let them give childhood vaccines to your little ones, get the facts.

THE FACTS ARE IN THIS BOOK! Easy to read, hard to forget. Ignorance is not what you need right now.

What you need to know. Where you can learn more. How you can find those who can help you. How to obtain an exemption.

Fully referenced throughout. Lists nearly 50 books and 200 scientific research articles.

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Introduction to Bugs, Gas, and Nukes

In the Western World, the threat today is "bugs," "gas," and "nukes." In the first half of this book, we will examine two of these dangerous substances, considered to be the most likely to be used in an attack on us: smallpox and anthrax, and especially the vaccines used to protect against them.

But, before doing that, here is a brief overview of what is included in all three types of terrorist weapons:

THE BUGS: BIOLOGICAL AGENTS

Certain bacteria, viruses and toxins could be used as weapons, though most agents are difficult to process into lethal forms:

Anthrax is an infectious, but not contagious, disease that would most likely be spread by aerosol (sprayed in the air). This is because it is most dangerous when breathed into the lungs. It causes respiratory failure and death. Antibiotics help only if given early.

Smallpox is very hard to grow and aerosolize. The fact that it is so contagious and so deadly is what makes it so dangerous.

In the first half of this book, we will learn the truth about anthrax and smallpox vaccines.

Plague: Bubonic plague could be delivered via contaminated vectors (like fleas) or by aerosol. Vaccines exist, but their efficacy against aerosolized plague is unknown.

Botulinum: This toxin can cause respiratory failure and death, but lethal strains are hard to grow and weaponize. It is not contagious.

Cholera: This bacteria is stable in water and could be used to contaminate reservoirs. It can be treated with antibiotics.

Brucellosis: This is primarily a cattle disease and could be spread by aerosol. It is not transmittable from persons to persons, and antibiotics are ineffective. It would primarily be used to destroy a nation's livestock.

THE GAS: CHEMICAL AGENTS

While some toxic agents are commercially available and can be dispersed with a simple truck, others are more technically challenging to

produce and disperse.

Mustard gas: First used in World War I, this causes blisters and can be fatal if inhaled. The chemical ingredients are difficult to obtain.

Hydrogen cyanide: This is a blood agent used worldwide in the manufacture of acrylic polymers. It was reportedly used by the Iraqis against the Iranians in the late 1980s.

Sarin: This is a nerve agent developed during World War II, and causes respiratory failure. In 1995, a Japanese cult killed 12 people in a Tokyo subway with it.

CS: This is the most widely used tear gas, for riot control, that is used throughout the world. It can be lethal, but only if inhaled in very high concentrations, especially inside buildings. This, by the way, is the gas which was heavily pumped into the Branch Davidian headquarters in Waco. The U.S. citizens inside did not come out; therefore they died.

Phosgene: This is the most dangerous of the group, which are called choking agents. It accounted for 80% of all chemical deaths during World War I.

Soman: This nerve agent made up much of the former Soviet Union's chemical arsenal. Production began in 1967. Iraq may have it today.

THE NUKES: RADIOACTIVE AGENTS

These could be delivered in the form of nuclear bomb explosions, or "dirty bombs" which are exploded by dynamite and spread radiation.

Plutonium: A fissile material used to produce nuclear bombs.

Cesium: One of the more commonly smuggled radioactive materials, but it does not explode.

Cobalt: This is used in medical laboratories, is relatively easy to smuggle, and could be very dangerous.

Uranium 235: This is highly enriched uranium, another fissile material. It is extremely dangerous, both in "dirty bombs" and in nuclear explosions.

PART ONE

The Adult Mass Vaccines

Chapter One

Danger of Forced Vaccination

It is well-known among knowledgeable medical personnel that, at the present time, smallpox vaccine is not a safe thing to take into a person's body. Even worse is anthrax vaccine. This book will explain exactly what both are like.

Forced immunization. A proposed federal act, widely discussed since fall 2001, would, if a crisis developed, require every U.S. citizen to receive smallpox and/or anthrax vaccinations.

The U.S. military plans to vaccinate all our military personnel with anthrax vaccine before 2005. In chapter 3, you will learn why that should not be done.

However, the immediate concern is about smallpox. The U.S. government has a strong interest in having 500,000 medical workers receive the smallpox vaccine, and later the general population. So just below, and in the next chapter, attention will be focused on the smallpox vaccine.

Those vaccinations could be disastrous to many people. Because so many are living on fast food, junk food, tobacco, alcohol, and street drugs, many Americans are not physically ready, even for a smallpox vaccination.

Yet many like the idea. A poll taken in the summer of 2002 by the Harvard School of Public Health found that 81% of the public would get vaccinated if the smallpox vaccine were available.

Dangers of mass vaccination. Here is how one news magazine described it:

> **"The pressing 'post-9/11 question' is how the public can best be protected—with the least risk—in the event of a bioterrorist attack involving smallpox . .**
>
> **"After the anthrax scare, the government ordered some 210 million [smallpox] doses, and by year's end there will be enough for most Americans. But about 38 million Americans can't be vaccinated because of health risks, including . . compromised immune systems."—*"How Small a Pox?" U.S. News and World Report, June 17, 2002.***

The article also discusses how smallpox vaccines can cause encephalitis (brain inflammation) or outright death.

According to Patricia Doyle, Ph.D., 55 million doses of the smallpox vaccine, which the government is planning to have Americans take in order to protect them, have been made by Acambis. Aborted human fetal embryo tissue was used in their preparation. This is not only a concern for right-to-life advocates; but, because it will be injected directly into the bloodstream, DNA modifications could be induced in the recipients.

MASS VACCINATION AHEAD

Background. Smallpox has not existed in nature for 25 years; so the only way it could return is through deliberate release by terrorists. Unfortunately, our leaders believe this may soon happen.

This subject is very serious, and you should read the following information carefully.

Smallpox may be the worst disease ever known to man. It killed about half a billion people from 1880 to 1980, before it was eradicated. The smallpox vaccine is also deadly. Scientists call it the most dangerous vaccine known to man.

The vaccine was developed in 1796, and is essentially the same today. All the vaccines we use today are the result of modern technology. But the smallpox vaccine is different, and may have severe side effects.

Here is an example of how dangerous it is: If you scratch where the fresh vaccine pox is and put it into your eye, you can transfer smallpox to the eye. If some of the fluid from it touches another person, he may contract the disease. If you get "progressive vaccinia," your immune system is compromised; the virus continues to grow, and is often the cause of death.

The last U.S. case of smallpox was recorded in 1949. By the late 1970s, smallpox was said to be wiped out worldwide. There has not been a human case of smallpox anywhere in the world since 1977. It has been 31 years since smallpox vaccinations ceased to be given in the United States. All Americans born after 1971 are vulnerable; and it is likely that those inocu-

lated prior to 1971 are no longer immune.

U.S. intelligence experts believe Saddam Hussein's regime in Iraq has samples of the smallpox virus and could use them as biological weapons on American soldiers. Terrorist attacks involving smallpox in the U.S. homeland are also feared. Smallpox agents would be a powerful tool in a terrorist arsenal. The virus kills 30% of its victims. It is highly contagious, and medical authorities declare that there is no known treatment other than vaccination.

There were many different strains of the disease; but the most virulent strains tended, on average, to kill about a third of their victims. Some people developed rare forms of smallpox, such as the hemorrhagic form, which is almost universally fatal.

Foreign stockpiles. According to the United Nations, there are only two legal repositories for the deadly smallpox virus. One is the Centers for Disease Control and Prevention in Atlanta. The other is at Vector in western Siberia.

The repository in Russia was not carefully guarded from 1990 to 1999, and it is believed that supplies of smallpox virus were either stolen or purchased from guards. But, more recently, security at the site has been beefed up.

At the present time, there are three different high fences surrounding that Siberian storage site, and entrance can only be made by permission of armed guards through a large steel entrance.

In addition, there is evidence that some of the Russian scientists have been lured by Iran and Iraq into moving there and helping them build stockpiles.

We know, from senior Russian defectors, that Russia had a very large biological weapons program, including the weaponization of literally tons of smallpox during the 1980s and before. It is very unlikely that every last gram of that material has been accounted for. All this is the basis of major government concern.

On November 10, 2002, the *Washington Post* quoted U.S. intelligence sources as saying that four other nations have secret stocks of smallpox virus: Iraq; North Korea; Russia; and, a surprise, France (although French officials deny it). It is believed that, by purchase or theft, they got their stockpiles from Russia, probably since 1991.

We know that Iraq was vaccinating its troops at the time of the Gulf War. This would indicate that, back then, it already had stockpiles and was preparing to use them if Baghdad was attacked by allied forces.

Later investigators found that Iraqi officials had ordered a freeze dryer that was labeled "smallpox" in Arabic, although the Iraqis claimed they had been producing vaccine and not the virus itself.

The Iraqis did admit that they had been working with camelpox, which is a very close genetic relative of smallpox. Although it does not cause appreciable illness in humans, there was some speculation that perhaps camelpox was being used as a surrogate, a safe-model virus that could be

used to develop weaponization and delivery techniques for actually delivering human smallpox as a weapon.

Decision to vaccinate. For several months, an internal argument was carried on in the U.S. government, concerning what to do about this problem. The vice president led out in expressing concern about terrorism and the need for vaccinating Americans, as a preventative measure. On the other side was the public health community, especially the Centers for Disease Control in Atlanta, who have consistently been extremely concerned about the dangers of inoculating Americans, either health workers or the public, with the smallpox vaccine. More on these dangers below.

But, because of the serious danger of a smallpox attack by terrorists, the White House won. Recently the CDC released a plan for mass vaccination in the event of a smallpox outbreak. But, unless an actual attack occurs, the government fears to carry out mass vaccination of the U.S. public. Too many illnesses and deaths could occur.

Vaccination dangers. The problem is that the vaccine, although highly effective, is associated with a significant risk of complications. We know that, years ago, about 15 people per million developed very serious complications and roughly two per million died from the vaccine itself. But it is believed that a far greater number would become ill or die from the vaccine, if it were given today.

First, in people with an impaired immune system, the vaccine virus can replicate out of control and cause serious illness and even death. Second, there are far more people today who have impaired immune systems! We are here dealing with a live virus vaccine. This is what makes it dangerous.

Those especially at risk by receiving a smallpox vaccination are children under 10, those with HIV and other immune system disorders, patients taking cancer chemotherapy, those on steroids and other immune-lowering drugs for rheumatoid arthritis and other autoimmune disorders, those with a history of eczema, and pregnant women.

Authorities advise caution, such as wearing a special plastic dressing over the vaccination scar for several weeks, in order to prevent vaccinia virus from accidentally infecting others.

Under White House pressure, in late October, the Food and Drug Administration quietly approved the use of available vaccine stocks. That made it possible to begin vaccinating Americans. *But, after U.S. troops head overseas, who inside America, should be vaccinated first?*

Recognizing the terrible threat of a smallpox attack in early 2003, the administration struggled with the question of how many people should be vaccinated in advance of a terrorist release of the disease.

Why the urgency to vaccinate. Many in the public health community could not figure out why the Bush administration was moving closer to large-scale vaccinations, when the virus was so hazardous while the likelihood of a smallpox attack was so little known.

The answer to this puzzle lies in two facts: First, the Bush administration had a sizeable amount of secret intelligence, gathered through the

CIA, FBI, and other sources. The possibility of such an attack is very real.

Second, the White House has known that, as soon as it attacks Iraq—which it fully intends to do—Saddam Hussein would be very likely to have agents, already implanted in the U.S., release smallpox within our borders.

On November 27, the White House confirmed reports from state health departments, that large-scale smallpox vaccinations of health care workers could begin before the end of 2002. The plan was to vaccinate half a million of them.

The risks of vaccinating nurses, doctors, and other civilian health care workers against a possible smallpox threat has been the subject of intense debate.

Two deadlines were initially set for the new plans. One was for states to submit plans by December 1st on how nearly all Americans could be vaccinated, soon after an attack.

Unknown effects. A second date, December 9th or shortly thereafter, was set to begin the first phase of vaccinating about half a million health care workers. These would be the people, mostly in hospitals, who would receive the first cases of smallpox in the event of an attack. Yet it would also include many public health officials in every state who would go out and investigate possible cases.

The unexpected part of the new deadline was that all states had been told to be ready to do this vaccinating within 30 days after the program began.

This announcement came as a shock to knowledgeable state health officials. They had been hoping, and even expecting, to be able to do it more slowly and methodically because they wanted to monitor closely for side effects.

Although, decades ago, a half million people could be vaccinated with smallpox vaccine, with only one or two deaths and a half dozen or so life-threatening complications, the situation is different now. It is known that far too many people today have weaker immune systems.

State officials were in daily conference calls with the CDC in Atlanta. They were concerned that it is not feasible or prudent to vaccinate as many as half a million people within 30 days. They asked, "Why the rush?" Had the administration learned something recently about who has smallpox virus stocks? Is this somehow related to the Iraq war planning or expected pre-emption or retaliation in case we attack Iraq?

A deepening crisis. The White House had not wanted to reveal the extent of its intelligence on Iraqi chemical and biological stockpiles.

It also did not wish to disclose the fact that, once the attack begins, Saddam Hussein will know he has nothing to lose by releasing deadly chemical and biological weapons against American forces in the Near East and inside America. It is quite obvious to him that, without a doubt, he will die as a result of that attack—if not sooner, then later after a court trial.

How many people in the U.S. are now protected by previous smallpox vaccinations? Theoretically it could be tens of millions of Americans, for

most of us over 30 were vaccinated decades ago. But it is not clear, after all those years, whether any of those people would still have residual immunity to smallpox.

If you are an older person, how can you tell if you have ever had a smallpox vaccination? There will be a small telltale scar, usually on your left (sometimes right) shoulder,

As of December 2002, the plan was to vaccinate about a hundred health care workers in each U.S. hospital. Thus inoculated, they would be able to safely treat a potential of thousands of Americans who might contract smallpox from terrorists. But on December 18, under intense pressure from hospitals, physicians, and medical workers, the government relented and said the vaccination of medical workers would, at this time, be voluntary.

Yet, even if it is voluntary, this will not be like getting a flu shot. The smallpox vaccine is a live virus; and the flu vaccine has dead virus.

The vaccination process. The type of virus in the live virus vaccine is not derived from smallpox virus itself, but from a cousin (a related virus, called *vaccinia,* which, scientists tell us, replicates in the skin and produces good immunity that cross-reacts and protects against smallpox infection).

For this purpose, a special needle is required. It is a bifurcated needle that looks like a very small shrimp fork. It is dipped into the live vaccine and then, using it, the skin is punctured in a circular fashion in order to try to induce an irritant to the skin. The wound oozes virus for about three weeks. The smallpox vaccine produces, what is called, a "controlled infection," related to smallpox.

All during that three weeks, the wound is covered with a bandage and changed daily. The scar will have to be examined frequently to make sure the infection is not out of control. As long as the scar remains small, everything is doing well; but, if it festers too much, a severe sickness could develop. Anyone receiving the vaccination, who has a low immunity level, is in danger of contracting the disease.

Human immune systems generally fight off the *vaccinia*, then develop immunity to vaccinia and the related smallpox. But some people's immune systems cannot combat the virus, and *vaccinia* itself becomes a potentially deadly infection that spreads.

Infecting others. As if that was not enough of a problem, there is also the problem of "first responders." These are the people who will be initially vaccinated. For a brief period, about three weeks, they will be able to infect others they meet with smallpox!

Indeed, everyone who is vaccinated—whether it be hospital workers or anyone else—should limit their exposure to others, so that the virus will not spread.

Those who have impaired immune systems will be especially liable to dangerous infection. This, of course, could include many of the patients in the workers' hospitals, weakened as they are by various diseases, infections, and recent surgeries.

The American Academy of Pediatrics opposes vaccinating children now, citing a lack of suitable testing. So apparently that may not be done. But they could still contract it from those who have been vaccinated. The immune system of small children is often precarious.

When health care workers, or anyone else, is vaccinated, they will need to remain home for three weeks so they will not infect others.

What happened in Israel. When the nation of Israel recently vaccinated its health care workers, about 20% developed health problems. That is a large number, one in five. About 30% missed one or more days of work.

We learned from their experience that many who were vaccinated felt sickish about six days later. They had redness, swelling, fever, and flu-like symptoms. Many ached, felt sore, and could not move their arms very well. How would hospital workers—or the rest of us—manage for several weeks in such a condition?

People who have eczema, asthma, AIDS, or another immune-deficiency disease should not be vaccinated or get near anyone who has been.

Considering all that is involved, by December 26, 2002, the Israeli government decided that it was too risky to vaccinate its 3.5 million citizens against smallpox. This decision was made, in spite of the forthcoming U.S.-Iraq War,

If terrorists strike. If, due to terrorism or our own mass vaccinations, an actual outbreak of smallpox were to occur, then millions would want to be vaccinated.

If they developed complications, they could be treated with an antidote to the vaccine called *VIG, vaccinia immune globulin*. That is what was done in Israel. Yet, in spite of the antidote, serious problems still developed.

Today there are so many more people who are infected with HIV, eczema, asthma, and other reduced immunity problems, that far more individuals would potentially be susceptible to serious complications from the smallpox vaccine.

Federal officials favor offering vaccines to the general public after 10 million health care workers have been inoculated and once the vaccine is licensed in 2004 for general use.

Unable to meet the crisis. On September 24, 2002, the *New York Times* discussed what would happen if terrorist smallpox was released here, and efforts were made to mass vaccinate the general public:

> **"The new guidelines for states on mass smallpox vaccinations are most notable for what was omitted. Unanswered and often unaddressed are critical questions like timing, costs, feasibility and the multiple problems of preparing health care workers to conduct vaccinations and communicating the plans to the public . .**
>
> **"Dr. Mohammed Akhter, executive director of the American Public Health Association, called the plan good but questioned its feasibility. 'This is a huge and massive undertaking, the likes of which we've never seen in our history,' Dr. Akhter said. If a smallpox attack came tonight, he added, 'there's no way the state and local health departments would be able to implement the plan . .**
>
> **"Jonathan B. Tucker, a germ-weapons expert in Washington . . said, 'A real potential problem is how you ensure that a vaccination process is orderly and people don't**

panic.' Mr. Tucker said, 'What we saw last fall with the anthrax attacks, which were much less threatening than a smallpox outbreak would be, was public hysteria. In the context of a vaccination campaign, that would be very problematic' . .

"In theory, during a deadly outbreak, mass smallpox vaccinations can protect many people: The vaccine is one of the few immunizations that can work even if a person is already infected. The vaccine can fully protect people if given within four days of exposure to the virus.

"The new plan addresses only the most comprehensive response to an outbreak of the contagious disease, which kills about one in three victims. It does not address giving vaccinations to anyone before an attack or an outbreak, only afterward . .

"Dr. Tucker added . . 'It's very unclear whether CDC or the states are developing the necessary communication strategy to prevent panic in the event of an outbreak' . . The general goal is to be ready to vaccinate every American by the end of this year. Acambis, a company in Cambridge, England, is making 209 million doses of the vaccine for the [U.S.] federal government . . Dr. Akhter, of the public health group, said an even bigger unknown was who in Washington would make the decision to begin mass vaccinations and how that decision would be communicated."—*New York Times, September 24, 2002.*

Not protect against terrorist smallpox. **In chapters 3 and 4, you will learn why no anthrax vaccine we could make will protect us against anthrax brought to us by a terrorist. The same applies to smallpox. It is documented that there are over a thousand strains of anthrax, plus genetically modified ones. It is also relatively easy for a terrorist nation to prepare various strains of smallpox, which no vaccine can resist.**

An oral vaccine. **In the testing stage is an oral smallpox drug. Current smallpox drugs require intravenous injections, making them impossible to distribute quickly. It is said that the first oral smallpox drug will be much more effective, reportedly offering complete protection in 24 hours. Safety trials on the new drug are next.**

However, it should be kept in mind that the oral polio vaccine, placed on the market in the late 1950s, was at first thought to be far superior to the injected form developed nearly a decade earlier. But the oral form ultimately turned out to be far more dangerous! Just because a drug company claims a forthcoming smallpox drug will be more effective does not mean it will be safer.

American opinion. **Since they lack much of the information on the subject which you have just read, half of all Americans, according to a recent poll, would choose vaccination if given the option.**

Millions to be vaccinated. **The latest news, as of December 12, 2002, is that the government plans to start vaccinating 500,000 of our troops in January, to be followed by voluntary vaccinations of 500,000 U.S. medical workers. Then, early 2004, the vaccine will be made available to the general public. It is said that only those of the general public who wish to be vaccinated will be.**

THE PROPOSED FORCED VACCINATION LAW

As we consider the seriousness of the smallpox vaccine, Section 504 (1)

of the *Model State Emergency Health Powers Act* should be kept in mind. According to it, the day may come when the U.S. government, under the compulsion of a national terrorist emergency, *may decide to force Americans* to be vaccinated for smallpox. This is the wording:

"(1) In general. To compel a person to be vaccinated and/or treated for an infectious disease [underlining mine]" (p. 28).

Keep in mind that this "Act" has not yet been voted into law by the U.S. Congress. It is waiting in the wings for a time of national emergency. Then it will be enacted and, we regret to say, enforced.

The *Model State Emergency Health Powers Act,* dated October 23, 2001, was prepared by the Center for Law and the Public's Health at Georgetown University (Washington, D.C.) and Johns Hopkins University (Baltimore), in collaboration with the National Governors Association, National Conference of State Legislatures, Association of State and Territorial Health Officials, and the National Association of Attorneys General.

The Act was drafted and reviewed by the above governmental structures, so that it would be ready for immediate passage in time of national attack from foreign powers. The complete Act is 38 8½ x 11-size pages in length. A health threat is suggested as one reason for the emergency powers to be granted at that time, in order to deal with insubordinate citizens.

The plan was for individual states to enact this law at a time of crisis rather than Congress. What would be required for any State legislature to enact this Health Powers Act? Simply wave the set of papers before the eyes of frightened legislators and ask them to enact it, so it could be quickly sent to the governor's desk for signing into law. It may already have been quietly enacted in some states. Many of the provisions are understandable; others appear to violate personal property, personal movement, and health rights.

Here are portions of the Model State Emergency Health Powers Act:

"Preamble: Emergency health threats, including those caused by bioterrorism and epidemics, require the exercise of extraordinary government functions. Because each state is responsible for safeguarding the health, security, and well-being of its people, State governments must be able to respond, rapidly and effectively, to potential or actual public health emergencies. *The Model State Emergency Health Powers Act* (the 'Act') therefore grants specific emergency powers to State governors and public health authorities" *[p. 6].*

"The Act authorizes the collection of data and records, the control of property, the management of persons, and access to communications" *[p. 6].*

"Public health laws and our courts have traditionally balanced the common good with individual civil liberties . . The Act strikes such a balance. It provides State officials with the ability to prevent, detect, manage, and contain emergency health threats without unduly interfering with civil rights and liberties" *[pp. 6-7].*

"Section 103. Purposes. The purposes of this Act are—(a) To authorize the collection of data and records, the control of property, the management of persons, and access to communications. (b) To facilitate the early detection of a health emergency and allow for immediate investigation of such an emergency by granting access to individuals' health information under specified circumstances. (c) To grant State officials the authority to use and appropriate property as necessary for the care, treatment and housing of patients, and for the destruction of contaminated materials. (d) To grant State officials the authority to provide care and treatment to persons who are ill or who

have been exposed to infection" ***[p. 9].***

"Section 201. Reporting illness or health condition. A health care provider, coroner, or medical examiner shall report all cases of persons who harbor any illness or health condition that may be caused by bioterrorism, epidemic or pandemic disease, or novel and highly fatal infectious agents or biological toxins" ***[p. 12].***

"Pharmacists. A pharmacist shall report any unusual or increased prescription rates, unusual types of prescriptions, or unusual trends in pharmacy visits" ***[p. 12].***

"Manner of reporting. The report shall be made in writing within twenty-four hours to the public health authority" ***[p. 12].***

"Section 303. Emergency powers. During a State of public health emergency, the governor may (1) Suspend the provisions of any regulatory statute prescribing procedures for conducting State business or the orders, rules, and regulations of any State agency . . (2) Utilize all available resources of the State government and its political subdivisions, as reasonably necessary to respond to the public health emergency . . (4) Mobilize all or any part of the organized militia [police, national guard, etc.] into service of the State" ***[p. 17].***

"Coordination. The public health authority shall coordinate all matters pertaining to the public health emergency response of the State . . [including] collaborating with relevant federal government authorities, elected officials of other states, private organizations, or private sector companies" ***[p. 17].***

"Access to and control of facilities and property—generally. The public health authority may exercise, for such period as the state of public health emergency exists, the following powers concerning facilities, materials, roads, or public areas—

"(a) Use of facilities. To procure, by condemnation or otherwise, construct, lease, transport, store, maintain, renovate, or distribute materials and facilities as may be reasonable and necessary for emergency response, with the right to take immediate possession thereof. Such materials and facilities include, but are not limited to, communication devices, carriers, real estate, fuels, food, clothing, and health care facilities.

"Section 402. Access to and control of facilities and property—generally. (b) Use of health care facilities. To compel a health care facility to provide services or the use of its facility if such services or use are reasonable and necessary to emergency response. The use of the health care facility may include transferring the management and supervision of the health care facility to the public health authority for a limited or unlimited period of time" ***[p. 20].***

"(c) Control of materials. To control, restrict, and regulate by rationing and using quotas, prohibitions on shipments, price fixing, allocation or other means, the use, sale, dispensing, distribution, or transportation of food, fuel, clothing and other commodities, alcoholic beverages, firearms, explosives, and combustibles, as may be reasonable and necessary for emergency response.

"(d) Control of roads and public areas. (1) To prescribe routes, modes of transportation, and destinations in connection with evacuation of persons or the provision of emergency services. (2) To control ingress and egress [entrance and exit] to and from any stricken or threatened public area, the movement of persons within the area, and the occupancy of premises therein" ***[p. 21].***

"Safe disposal of infectious waste . . (b) Control of facilities. To compel any business or facility authorized to collect . . infectious waste . . to accept infectious waste, or provide services . .

"(c) Use of facilities. To procure, by condemnation or otherwise, any business or facility authorized to collect . . infectious waste . . with the right to take immediate possession thereof" ***[pp. 21-22].***

"Section 404. Safe disposal of corpses . . (b) Possession. To take possession or control of any corpse . . (c) Control of facilities. To compel any business or facility authorized to embalm, bury, cremate . . to accept any corpse or provide the use of its business or facility" ***[p. 22].***

"Control of health care supplies . . (b) Rationing . . In making rationing or other supply and distribution decisions, the public health authority may give preference to health care providers, disaster response personnel, and mortuary staff" ***[p. 23].***

"Section 406. Compensation. The State shall pay just compensation to the owner of any facilities or materials that are lawfully taken or appropriated . . Compensation shall not be provided for facilities or materials that are closed, evacuated, decontaminated, or destroyed when there is reasonable cause to believe that they may endanger the public health" ***[p. 24].***

"Section 501. Control of individuals. During a state of public health emergency, the public health authority shall use every available means to prevent the transmission of infectious disease and to ensure that all cases of infectious disease are subject to proper control and treatment.

"In Section 501, the text immediately following the heading 'Control of individuals' was adapted from California Health & Safety Code § 120575 (West 1996).

"Section 502. Mandatory medical examinations. The public health authority may exercise, for such period as the state of public health emergency exists, the following emergency powers over persons—

"(1) Individual examination or testing. To compel a person to submit to a physical examination and/or testing as necessary to diagnose or treat the person [underlining mine] . .

"(3) The medical examination and/or testing shall be performed immediately upon the order of the public health authority without resort to judicial or quasi-judicial authority.

"(4) Any person refusing to submit to the medical examination and/or testing is liable for a misdemeanor . . The public health authority may subject the individual to isolation or quarantine as provided in this Article" ***[p. 26].***

"Section 503. Isolation and quarantine . . (c) Due process . . (2) The public health authority may isolate or quarantine a person without first obtaining a written *ex parte* order from the court if any delay in the isolation or quarantine of the person would pose an immediate threat to the public health" ***[p. 27].***

"Section 504. Vaccination and treatment. The public health authority may exercise, for such period as the state of public health emergency exists, the following emergency powers over persons—

"(1) In general. To compel a person to be vaccinated and/or treated for an infectious disease [underlining mine]" ***[p. 28].***

"Section 702. Public Health Emergency Plan. (a) Content. The Commission shall, within six months of its appointment, deliver to the governor a plan for responding to a public health emergency, that includes provisions for the following . .

"(17) Other measures necessary to carry out the purposes of this Act" ***[p. 35].***

"Section 802. Rules and regulations. The public health authority is authorized to promulgate and implement such rules and regulations as are reasonable and necessary to implement and effectuate the provisions of this Act. The public health authority shall have the power to enforce the provisions of this Act through the imposition of fines and penalties, the issuance of orders, and such or remedies as are provided by law" ***[p. 36].***

"Section 804. Liability . . Neither the State, its political subdivisions, nor, except in cases of gross negligence or willful misconduct, the governor, the health authority, or

any other State official referenced in this Act, is liable for the death of or any injury to persons, or damage to property, as the result of complying with or attempting to comply with this Act, or any rule or regulations promulgated pursuant to this Act. (b) Private liability . . [refers to protection from liability for any individual, firm, etc., who obeys State orders in such matters]" *[pp. 37-38].*

SMALLPOX AND RABIES FROM THE SKY

Unbelievable? Not at all. It is happening every day in America, and terrorists are not doing it; we are! The U.S. government has been infecting the woods with smallpox since 1990.

In the fall of 2000, a woman in northeastern Ohio came close to dying with smallpox because the disease is falling out of the sky, mixed, of all things, with rabies!

The woman was 28 years old and pregnant. While walking her dog not far from her home, she found it trying to eat something. Rushing over, she tried to take it away from the dog; but, in the process, she cut one finger and got an abrasion on her forearm.

Three days later, she developed two blisters on her arm, which then developed into lesions. Six days after the bite, she went to a physician who gave her an antibiotic. Two days later, amid increasing pain, swelling and the formation of necrotic (dead) tissue, she went to the emergency room. Admitted into the hospital, she was given intravenous medications. On the third day, her condition worsened and the necrotic area increased in size. In surgery, her wounds were drained, but little infectious material was there.

Two days later, after appearing to improve, she was released from the hospital. But on the third day after that, she returned to the emergency room with a generalized rash, burning sensations, facial tightness, and exfoliation. Five days later, a thick layer of skin sloughed off the soles of her feet and the palms of her hands.

Miraculously, the woman and her unborn child survived *(Charles Rupprecht, M.D., New England Journal of Medicine, August 23, 2001. Rupprecht is on the staff of the CDC).*

What could be the cause of this strange situation?

It turned out that the woman had tried to take away from her dog "vaccine bait," which had been air-dropped by the U.S. government! The bait contained the *recombinant vaccinia/rabies glycoprotein,* which is an *oral* vaccine intended to control rabies in raccoons. Vaccinia is the immunizing agent used in smallpox vaccines *(ibid.).*

So, by picking up that object near her home, the healthy young lady had received a smallpox vaccine and almost died from it!

Oddly enough, according to the USDA's Animal and Plant Inspection Service, and the FDA, there has never been a reported human rabies death directly or indirectly from a raccoon or smallpox either *(APHIS, Environmental Documents, December 10, 2002)*!

Yet the distribution of the oral wildlife vaccination for raccoon rabies has been carried out in America since 1990. Tens of millions of the recombinant vaccine bait have been dropped from airplanes or tossed by hand.

In the above *Journal* article, Dr. Rupprecht noted that, in northeast Ohio *alone*, from spring 1997 to fall 2000, over 3.6 million baits were deployed over approximately 2,500 square miles. The baits were dropped by planes flying over "uniform grid lines 0.3 miles apart." The baits have been found in backyards, near homes, in parks, on sidewalks and roads, and animal feedlots. Dogs have found them and brought them home.

So you thought the terrorists might bring smallpox to America; well, you did not know the half of it.

Yet the rabies part of the vaccine is totally experimental! It has never been tested on humans, yet it is being dropped near our homes.

This is the first oral rabies vaccine ever used in the United States. It is also "the first release of a genetically modified organism in the world" *(Neil Sherman, interview with Charles Rupprecht, M.D. of the CDC, "Wildlife Rabies Vaccine Infects Woman," HealthScoutNews, August 23, 2001).*

At the same time, the World Health Organization states on their website that widespread use of vaccinia as a human smallpox protection is not recommended, due to potentially serious complications; and no governments are currently giving or recommending it for routine use *(World Health Organization, "Frequently Asked Questions," October 6, 2001).*

Vaccinia, the germs in the smallpox vaccine are dangerous; that is why there is so much controversy over whether the vaccine should be given to anyone *(CDC, Smallpox Vaccine Recommendations of the Advisory Committee on Immunization Practices (ACIP), Report dated June 22, 2001).*

If you find any of these small biscuits, do not handle them; if you do, wash your hands as soon as possible.

Chapter Two

The Smallpox Vaccine

Smallpox is one of the most contagious diseases known to mankind. It attacks persons of all ages. In severe epidemics, 30 of 100 persons contracting the disease may die. In mild epidemics, the death rate may be less

than 1 in 100. Significantly, in those areas where few people had been previously exposed for years to the disease, the death rate is higher when an epidemic strikes. In past centuries, large numbers have succumbed to this plague.

SMALLPOX AND ITS VACCINE

Name. Smallpox *(variola major)* is caused by a filterable virus, called *variola.* It is a type of *orthopoxvirus*, or pox-producing virus.

Transmission. Smallpox is transmitted by tiny droplets of moisture transmitted during coughing, sneezing, and even talking. The disease can even be transmitted through clothing, bedclothes, and utensils.

The droplets enter the mucous lining of the nose and throat of another person. From there, they invade the entire body. The virus is also present in the "pox," the skin eruptions.

Symptoms. The first signs and symptoms of smallpox usually appear 12 to 14 days after infection, although the incubation period can range from 7 to 17 days. During this time, an infected person may look and feel normal.

Following the incubation period, a sudden onset of flue-like signs and symptoms often occur. These may include fever, chills, malaise, severe fatigue, headache and severe back pain, nausea, and vomiting.

A few days later (usually 3-4 days after the disease begins), the characteristic smallpox rash appears as flat, red spots (lesions) on the skin. Within a day or two, these spots have raised and become blisters filled with fluid (vesicles) and then with pus (pustules). On about the 14th day, they reach their largest size.

Physicians can clearly identify smallpox from similar diseases (such as chicken pox) from the fact that the spots usually appear first on the face, hands, and forearms, then on the trunk and legs. They may be especially prominent on the palms of the hands and soles of the feet. Lesions also develop in the mucous membranes of the nose, mouth, and vagina.

The skin distribution pattern of the pox (lesions, or spots) is quite different in chicken pox: In this disease, the lesions are more superficial than those associated with smallpox, and they occur primarily on the trunk. Chicken pox comes in waves—with spots, blisters, and crusted lesions all present at the same time.

Lab tests. Lab tests can, of course, also be used for diagnostic purposes. Fortunately, researchers at the Mayo Clinic, working with those at the Centers for Disease Control (CDC) and the U.S. Army, have recently (summer of 2002) developed a new rapid laboratory test for the smallpox virus. The test can deliver results within three hours.

Simple math. The CDC estimates that, at the very least, each known case will infect 3.5 to 6 additional people. At that rate, the disease could sweep through the general population. It would be especially difficult to control a smallpox outbreak in any of our large cities.

A chilling possibility. William Bicknell of the Boston University School of Public Health wrote: "If I were a terrorist, I'd get 10 infected people to

come to the country, go to a ball game, Penn Station, Union Station, the Times Square subway station . . By then, a lot of people would be exposed. And there is no possible scenario I can conjure up where those [exposed] people can be identified."—*Boston Globe, Sept. 24, 2002.*

Aftereffects. **If the patient survives, the fever drops, the blisters dry up; and he begins improving. Scabs form and later drop off. Red or brown discolorations remain. In severe cases of skin eruptions, pockmarks always remain on the skin.**

Prevention. **Careful, temperate living and eating only good, nutritious food builds a strong immune system and helps prevent a wide variety of diseases. However, smallpox is so virulent, that exposure to a person who has it could likely lead to infection.**

Vaccination. **It is generally believed that the only way to successfully combat smallpox is by vaccination, which was developed in 1796 by Edward Jenner, an English physician. He used cowpox germs as a method of preventing smallpox. All clothing and eating utensils used by the patient should be sterilized.**

Smallpox can attack a person who has been vaccinated more than five years prior to exposure, but the previous vaccination may still limit the severity of infection.

Before 1971, vaccinations against smallpox were routinely available in the United States. They were given to children between the ages of 1 and 2 years old, and then every five years.

Smallpox was eradicated in the United States in 1949. The last case, worldwide, occurred in 1977. So one might think that should forever solve the problem. Unfortunately, as we will learn below, it only added to it.

Shared samples. **Two high-security laboratories possess samples of the variola virus. One is in Russia and the other in the United States. It is considered very likely that quantities of the virus have fallen into the hands of countries who want to use them as weapons.**

The U.S. government declares with certainty that Iraq now has supplies of smallpox. This is one of the reasons why the Bush Administration wants to invade Iraq—in order to get rid of those supplies.

If attacked. **But an invasion could result in serious problems: First, Saddam Hussein can rather easily hide his supplies of smallpox. Second, if attacked, he could easily spread it in Iraq, infecting both U.S. forces and his own people. Third, he could have previously arranged to send packets of the virus to America, Europe, Israel, and other nations—there to be released when he is nearing his own end. Fourth, if faced with arrest, imprisonment, or death, Saddam would be very willing to take extreme measures—even to killing of his own people and millions elsewhere. He is that kind of a person.**

No one is prepared. **The problem, of course, is that no one on the planet has contracted smallpox in over 25 years. Therefore, any outbreak of it would quickly decimate thousands of people. Regardless of whether it**

initially occurred in the Near East or the U.S., it is doubtful that it could be contained. Instead, it would quickly spread to other nations. There is an enormous amount of surface, sea, and air travel today. A vast number of merchant ships journey from continent to continent.

CDC action plan. The CDC has a response plan in case of a smallpox outbreak. The people in contact with those infected would be vaccinated first. This would be medical workers. Anyone with an active infection would be isolated, to prevent infection of others. The CDC points to the fact that the vaccine can prevent or lessen the severity of smallpox, if given within 4 to 7 days of becoming infected.

Partial immunity. It is known that those who were vaccinated before 1972 (when those vaccinations ended in the United States), might still have partial immunity to smallpox. Yet the vaccine loses full effectiveness in 5 to 10 years. If infected, such people might have milder symptoms, a lower chance of dying, and be less contagious. Yet, in case of an outbreak, the CDC recommends that everyone be vaccinated again.

It would be nice if we could stop here. But there is more information.

The immune system problem. It is known that those with medical conditions such as severe eczema, immune-system suppressing conditions, or pregnancy could contract the full-blown disease, if given a smallpox shot.

On September 24, the *Boston Globe* reported that 20,000 health care workers will receive the smallpox vaccine. This is a serious matter; for some of those receiving it, if their immune system is in poor shape, could experience severe side effects—and either develop smallpox or spread it.

> **"Doctors, nurses, and others who receive the smallpox vaccine might need a three-week furlough because, in rare cases, the vaccination could spread sickness, the [CDC] plan says. Under the draft plan, the vaccine would be given on a voluntary basis to health workers in emergency rooms or ambulances and specialists in skin disease. The main risk of the vaccination is that a small number of people who receive it could have severe side effects or, in some instances, die from the dosage."—*Michael Kranish, Boston Globe, September 24, 2002.***

The HHV-6 factor. The number of medical workers who might suffer adverse side effects could be far worse because the CDC has not told the American public about a massive epidemic of immune dysfunction associated with a virus called *Human Herpes Virus 6* (HHV-6).

There are several different types of herpes infection: Herpes simplex (Type 1) is a mild form which causes cold sores on the lips.

Herpes zoster causes chicken pox and, as a secondary infection, shingles. Shingles is something you do not want.

Genital herpes (Type II) is also very serious, and is the most prevalent sexually transmitted disease in America.

Serious immune damage from HHV-6. This is the disease that is hardly ever mentioned. Like Type II, it has the same cause, but it more severely affects the immune system. The problem is that, because they show no symptoms, people usually do not realize that they have HHV-6. Yet all the while it is seriously weakening their body's immune factors. It is almost

impossible to cure.

HHV-6 was first isolated in 1986 from people with AIDS. It has since been found to be relatively common in the population as a whole, although those with AIDS almost always have it. HHV-6 is frequently diagnosed as "chronic fatigue syndrome." The scientific community agrees that HIV damages the immune system more than almost any other infection. Yet HHV-6 damages the immune system almost as much as HIV. The cause of HHV-6, and the lack of symptoms, are the reasons why this widespread disease is often diagnosed as something else.

Random sampling tests have consistently disclosed that a very large number of Americans have the HHV-6 virus. As mentioned earlier, it is well-known in the medical community that people with weakened immune systems should not be vaccinated for smallpox—because the vaccine would transmit the disease to them.

THE BAYLOR EXPERIMENT

Jon Rappoport has worked as a free-lance investigative reporter for 20 years. He has written articles on a variety of topics for newspapers and magazines in the U.S. and Europe.

The following article by Rappoport is provided courtesy of Dr. Leonard G. Horowitz and Tetrahedron Sandpoint, in Idaho. All emphasis theirs.

"*Smallpox Vaccine Results Are In,* by Jon Rappoport. December 9, 2002. The first returns are in on the smallpox vaccine. A recent multi-center U.S. 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."

It is not certain whether the problem is the danger of live-virus vaccine or contaminants in the vaccine. As you may know, this is a common problem in many other vaccines. For example, the MMR (measles-mumps-rubella) vaccine, when given to children, is believed to be the cause of autism. There is ongoing research on that subject, and is discussed later in this book.

Chapter Three

Emergency Home Remedies

A NATURAL REMEDY FOR SMALLPOX?

We came across an article by a Dr. Vivian Virginia Vetrano. She appears to have good academic credentials, appears very knowledgeable; and what she says appears worthwhile. But would it be safe to follow her directions? I do not know. You take her advice at your own risk.

Smallpox, by Dr. Vivian Virginia Vetrano:

A dead disease is being resurrected. Now the media will have something exciting to talk about every day and to frighten the benighted American public with. For whatever reason, the revivification of smallpox is certainly

on the current agenda.

Not too long ago Fox News showed us a picture of a man who was covered with smallpox pustules on his arms, face, legs and abdomen. The pustules were big, black, ugly, scabby and closely compacted. He looked like he was a monster from some other world. It was enough to scare me, were it not for the fact that I know that it was drug treatment that caused that ugly picture and not the disease at all. The cause of those ugly marks was carbolic acid that had been used to kill the supposed germ that caused the eruptive rash.

Who are the terrorists? The pharmaceutical companies or the Taliban? Because of what the terrorists may or may not do, the pharmaceutical industry (the largest industry in the world) is gearing us up for mandatory vaccinations, especially for certain people in areas that may be targeted by the terrorists. The authorities claim that we will be safe from terrorists attacks using the pox virus because there are adequate stockpiles of cultivated smallpox viruses in Russia and in the USA to make most all the vaccines "needed."

It is claimed by medical historians that the vaccination process wiped out smallpox throughout the world. However, the truth is that compulsory vaccination was abandoned because more deaths were caused by the vaccinations than there were cases of smallpox. A slight of the hand trick was used to foster the claim that smallpox was eradicated by the vaccination practice. Everyone who had been vaccinated and who developed smallpox was diagnosed as having chicken pox!

The doctors who were interviewed on recent television shows admit that the vaccine may cause many serious side effects and that a certain number of persons will develop painful and sometimes lethal sequelae. Yet, they advise that it is better to take the chance and be vaccinated in spite of these dangers.

Edward Jenner, a notorious fake and quack, is credited with having "discovered" vaccination. However, it was a practice of many ancient peoples long before his time. Savage and barbaric tribes in various parts of the world practiced inoculation even before Jenner's time. It is conjectured to have begun in India and then spread to Africa and Europe. Lady Mary Wortley Montague, wife of the British Ambassador to the Ottoman Court in 1717, introduced the practice to Europe. But, due to its proven evils, one of which was an increase in smallpox in England, the practice was abolished in 1840.

It is pertinent that James Phipps, the eight-year-old boy vaccinated by Jenner in 1896, died at the age of 20. He had been re-vaccinated twenty times. Jenner's own son who had also been vaccinated more than once died at the young age of twenty-one. Both succumbed to tuberculosis, a condition that some researchers have linked to the smallpox vaccine (Eleanor McBean, *The Poisoned Needle,* 28, 29, 66).

According to the medical profession, smallpox or variola, is an acute highly infectious and contagious disease characterized by a specific rash.

According to past and present natural hygienic practitioners, smallpox is primarily a disease brought about by gastrointestinal putrescence. Fermenting and rotting food in the intestinal tract enervates and causes increased digestive impairment accompanied by increased systemic toxemia. The toxins are from the absorption of the fermentation products formed in the intestinal tract. Since those who overeat, especially on animal products, are enervated (meaning they lack normal nerve function), all the organs of elimination are functioning on a lower physiological level and greater toxicity ensues. Toxins from decomposing animal foods are highly irritating; so the body has to get rid of them quickly and must use extraordinary means, since the organs of elimination are not functioning well. Therefore, the poisons are carried by the blood to the skin and the body eliminates them in various forms of skin eruptions.

Smallpox is about as contagious as stumbling over a rock. Dr. Herbert M. Shelton slept in the same bed with his brother while the latter was in the so-called infectious stage with vesicles all over. Yet Dr. Shelton did not develop smallpox.

Smallpox begins with the same symptoms that many acute diseases do—such as chills, fever, backache, and vomiting. This is indicative of a common cause and a common way to deal with the cause. The body is a magnificent ecosystem; and, when it finds abnormal and extraneous substances anywhere within its domain, it creates a higher temperature, purposely, to overcome the foreign proteins, toxic substances, viruses, bacteria, or other microorganisms. Whatever is upsetting the ecosystem must be corrected by the organism itself. It needs no alien "cures." The symptoms should not be "cured." To suppress these symptoms assures that some other worse problem will develop.

Some substances, such as an excess of protein putrefactive products, are so toxic that it is urgent to eliminate them immediately. The papular eruption of smallpox is purposely created and chosen as the correct channel at the time for the elimination of these types of noxious substances. Furthermore, the body may not have the specific enzymes to biodegrade whatever it is. Instead of being taken care of by the liver or the kidneys, the body chooses to eject them through the skin. Vicarious eliminations such as this are often natural emergency measures.

Smallpox begins with chills, fever, backache, headache and vomiting. A fever of 103 to 104 degrees F. is customary. The high fever increases the healing activities of the cells, and it is a most efficient way to accomplish the needed detoxification. This means that the toxins are now out of the functioning cells and in the blood near the skin. The body no longer needs to speed up cellular metabolism in order to cast out the extraneous substances and the fever subsides. In about two days, the fever and other symptoms subside. This is when the inflammatory rash appears. It turns into an elevation of the skin, called a papule. The blister becomes dimpled or umbilicated. The rash and the development of the papules indicate that the irritants, or toxic substances, have been removed by the hyperactive,

feverish cells and carried to the skin to be cast out.

Next the little papules become vesicles, like a blister, except that each papule has a little dimple in it. This is the so-called stage that is supposed to be infective or contagious, should anyone touch the person having smallpox. After the vesicles are formed, they may become pustules filled with white blood cells if the individual is extra toxic. The white blood cells are there to destroy the toxins in the vesicles. But, this stage would never be reached if cared for hygienically. The papules dry up and form scabs that eventually fall off. When treated improperly, they will leave a scar.

It is pertinent to recognize that when the eruption begins, the fever subsides. The patient would normally be on the road to recovery were it not for the medications given by the doctor. Medical treatment, however, consists in using something that kills the microbes which they assume cause the rash; so it has to be something such as a disinfectant that destroys cell life. This is consistent with their medical dogma. Therefore, in the past, the profession applied gauze that had been soaked in antiseptic solutions such as phenol (carbolic acid) or bichloride of mercury (mercuric chloride and corrosive sublimate). Both these agents, carbolic acid and mercuric chloride, are corrosive.

After applying the gauze, soaked in either carbolic acid or mercuric chloride, to the lesions, they were covered with more gauze. Being tightly wrapped with gauze, the exudate from the vesicle or papule was retained in the lesion and not allowed to drain away when it ruptured. Naturally, bacteria are going to invade this lesion to clean up the excreted matter. This corrosive treatment also destroyed living tissues, including the protective phagocytic white blood cells and the surrounding skin and subcutaneous tissues. A high second fever was urgently needed, to once again begin warfare on the extraneous poisons and the invading bacteria.

Either of the two corrosive drugs used can now ooze its way into the vital domain and impede normal function of all the cells in the body while completely annihilating many. Ugly black confluent pustules mar the skin. The rash gets worse. Vesicles turn into pustules. The pustules become swollen and more inflamed. The inflammation around them spreads and the lesions fuse together. These pathological effects were caused by the drugs.

It is clear that the condition worsens because of the treatment. The primary symptoms *(i.e.* the fever, chills, headache, and backache) were suppressed by pharmaceuticals. The stifling of symptoms with medication prevented the body from completing its job of cleansing, and increased the internal toxemia. As a result, the umbilicated blisters with clear fluid in them became pustules filled with dead and dying tissues and white blood cells. The change to a pustule is the direct result of the damaging effects of medications, whether taken internally or applied to the skin. It is incredible that the physicians did not recognize the lethality of their practice. But, then, they do not recognize it today either. They are blinded by bygone theories.

These substances may have killed microorganisms; but they also killed

human tissues and, in reality, caused the pustules and all the terrible complications and symptoms thought to be caused by the germ. Let me emphasize: The symptoms thought to be smallpox are symptoms caused by the treatment. They were so yesterday just as they are today and always will be in the future, as long as we insist on clinging to the idea that disease is something "caught" and that symptoms must be gotten rid of by unnatural means. As long as we try to eradicate disease with anything, and especially man-made chemicals, we will suffer more than if we merely put up with the symptoms.

All the various treatments, to kill microbes which are "causing" the disease, are killing the patient. They are not permitting the body to eliminate toxins or restore the blood and tissues to their normal healthy condition. All treatments, no matter how benign they are claimed to be, impede the recovery process itself. By using treatments of any kind and getting rid of a rash by rash means, or to doctor it in any way, is the disastrous blunder that causes horrible side effects, more disease, and even death.

Hemorrhagic smallpox or what is known as "black smallpox" is an even more serious type of smallpox and the patient often died. Again, this serious type of smallpox was directly caused by the cell-killing drugs. Pustules often developed in the throat and mouth. When an acidic drug is placed on living tissues, it kills them. The skin and mucous membranes are already inflamed and are less protective than normal skin. Therefore, the destructive acids can be absorbed and cause greater internal toxemia. Carbolic acid or mercuric chloride caused the hemorrhaging of the skin and also hemorrhaging into the pustule. Either of the corrosive drugs also destroyed the kidney cells and caused bloody urine noted in many hapless smallpox patients.

There were also many serious complications of this type of treatment in addition to the common ordinary ones that were erroneously thought to be symptoms of smallpox, but we won't go into them now.

From time immemorial people have been frightened of disease. It was a curse, an evil spirit, or evil demon that caused the problem. Also from time immemorial people have thought it necessary to exorcize the disease, to placate and appease the evil spirit or demon, to give sacrifices to some god in order to get the demon or evil spirit out of them. In modern times we do the same. We have not grown in knowledge. We just put the evil spirits in the magician's top hat and pulled out the evil germs and evil viruses. We still exorcize, placate, appease, and eradicate the evil microbe or evil virus. Whatever symptoms we have, they are felt to be extraneous, foreign and not from us; so they must be eradicated or extirpated. We still fear death from the simplest of diseases. Whatever it is, it must be extirpated or eradicated. We do it not with incantations but with substances much more evil than anything used in the past.

Hygienic Care. If hygienic care had been resorted to in the beginning of smallpox, no complications would have occurred and there would rarely be a genuine pustule. With hygienic management the disease would not

Dr. J.H. Kellogg's Remedy for Smallpox

have to progress to the second stage with pustules or a second fever. It would only become pustular if the individual prevented drainage of the vesicle and continued eating a heavy diet. The vesicles containing the unwanted debris that was in the organs and tissues would burst. The clear fluid containing the toxic substances would flow out onto the skin. Frequent warm sponge baths would wash away all the poisonous debris. The inflammation of the skin would heal and that would be the end of the disease. There would be no horrendous pustules or other complications brought about by the medications. If individuals kept themselves clean, and did not take off the scabs until they fell off naturally, there would be no unsightly pockmarks. People are always too anxious to pull scabs away. To do so is to expose the lesion to the atmosphere before the skin has completely healed below it. The skin then has to quickly heal over before it has completed restoring the underlying tissues. This, naturally leaves a pit or scar. The extensive boils and gangrene that regularly occurred would not have taken place had no corrosive drugs been used.

If you think those symptoms are bad, and that we do not use any medicine so lethal as corrosive sublimate and carbolic acid today, you'd better rethink the problem. Today's drugs are even more lethal because they are designed to be easily absorbed, spread to every tissue and cell in the body, and kill cells all over the body. Do not put your hope in medical "care." The only care you need is a healthy body and to let it do its thing.

You do not have to fear smallpox, even if you should develop it, as long as you immediately quit eating and go to bed and rest, drinking pure water only when thirsty. Smallpox is a disease of the bon vivant, epicurean, who overeats on a daily basis, especially on animal foods. The condition of enervation is built by anyone who does not secure sufficient rest and sleep to permit the elimination of endogenic and exogenic toxins, and for the restoration of the nervous system. Once the stage of enervation is established, digestion is further impaired and the body is flooded with fermentation and decomposition products from the intestines. This is what is called Toxemia, and Toxicosis. Toxicosis makes it exigent and imperative that these toxins be eliminated immediately by extraordinary means, such as through the skin.

Every single cell in your body is capable of eliminating and destroying

various microorganisms and their waste products, as well as man-made organic products; but most man-made products are more toxic than those made by bacteria, and they cause more damage than bacterial waste products. It can be disastrous when the body is overwhelmed by substances that do not belong inside it and which the body cannot use under any circumstance of life. And this is what happens when diseases are "treated." Your body is inundated with toxic substances and it may drown.

That concludes the article by Dr. Vivian Virginia Vetrano. She graduated in 1965 from the Texas Chiropractic College, *summa cum laude.* After working at Dr. Shelton's Health School for several years she went on to study Naturopathy, Homeopathy, and Medicine. In addition to her Chiropractic degree she holds degrees in Homeopathy and Medicine. During part of her undergraduate work, she studied Radiation Biology at Trinity University, in San Antonio, and was the first person to make the public aware of the dangers of ionizing radiation through many articles she authored on the subject. Dr. Vetrano gives personal consultations by telephone. For information you may write Dr. Vetrano at P.O. Box 190, Barksdale, Texas 78828. The present writer has absolutely no idea whether her methods of healing are of any worth, but her presentation was so remarkable, that it was reprinted here.

A SECOND EMERGENCY REMEDY FOR SMALLPOX?

The following information is reprinted from page 132 of our book, *The Natural Remedies Encyclopedia*. In a terrorist crisis, you might not be able to get to a physician, and all the hospitals may already be full of patients—so you will have to care for your sick at home. Therefore, the following information is provided here. *But, IF AT ALL POSSIBLE, you should go to a physician! You use the following remedy at your own risk.*

SMALLPOX-1 (VARIOLA)

SYMPTOMS—It takes 12-14 days for the disease to develop after exposure. Several days of discomfort is followed by a severe chill, intense headache, terrible pain in the back and limbs, vomiting, fever, loss of appetite, and sometimes convulsions.

Then the fever lowers and the eruptions appear. The pain disappears, but the highly contagious disease can still be given to others.

The rash of smallpox initially consists of hard red papules, especially on the forehead, neck, and wrists. They gradually fill with clear serum, becoming vesicles, which become depressed at their centers and then fill with pus (called pustules).

CAUSES—Unsanitary living conditions and poor diet.

TREATMENT—

• Call a physician.

• Keep the sick person in bed with the windows darkened, yet maintaining ventilation and an even, moderate, temperature.

• Put him on a fast of juices; give plenty of lemon juice. Follow with a light diet of vegetable broth, oatmeal water, and fruit juices.

• Give high herb enemas, and clean out the bowels.

• When the skin is hot and dry, give him fluids every hour until there is free perspiration.

• If the fever rises above 103° F., reduce it by means of tepid sponges and tepid enemas.

• Hot fomentations can partially relieve pain in the legs and back.

• Bathe him with goldenseal root tea, yellow dock root, or burdock root.

• Open the pustules by pricking with a sterilized needle, about 4 days after they come to a head. Then bathe them with hydrogen peroxide.

• Bathing the pustules with goldenseal tea will often keep pitting from occurring. Another formula is to mix goldenseal with Vasoline and apply to the pustules, to keep from pitting. Yet another formula is bathing the skin with a tea of yellow dock root and goldenseal.

That concludes the first article in our large, 618-page *Natural Remedies Encyclopedia*, which covers over 500 diseases. The second article, from the same book, is John Harvey Kellogg's treatment for smallpox, in his famous Battle Creek Sanitarium. It was written at about the beginning of the 20th century.

DR. J.H. KELLOGG'S REMEDY FOR SMALLPOX

Treatment of Smallpox, by John Harvey Kellogg, M.D.

GENERAL—Spare, aseptic diet; water drinking. See "Scarlet Fever. Build General Resistance."

LUMBAR (LOWER-BACK) PAIN—Fomentation or Hot Trunk Pack every 3 hours; Heating Pack during interval between, changing every 30-40 minutes.

NAUSEA AND VOMITING—Ice Bag over stomach, Hot and Cold Trunk Pack.

CONSTIPATION—Cold Enema daily, colonic at 70° F. daily.

DIARRHEA—Enema at 95° F. after each movement; Fomentation to abdomen; Cold Compress to be changed every hour.

DELAYED ERUPTION—Hot Blanket Pack or Hot Bath followed by Sweating Wet Sheet Pack.

FEVER—Graduated Bath; Prolonged Tepid Bath; Cooling Wet Sheet Pack; Cool Enema, with simultaneous Fomentation to back if necessary to prevent chill; large Cooling Compress.

STAGE OF SUPPURATION (PUS FLOW)—Prolonged or Continuous Neutral Bath.

SWELLING OF FACE—Hot Compress to face for 5 minutes every hour; Cold Compress during intervals at 60° F., renewed every 20 minutes.

PITTING—Cooling Compress, using red cloth, covering face completely; Red curtains to windows.

HEADACHE AND DELIRIUM—Ice Cap, Ice Collar. Hot and Cold Head Compress.

CONTRAINDICATIONS—After the eruptions appear, avoid the Wet Hand Rub, Cold Mitten Friction, and all Friction Baths.

GENERAL METHOD—Keep the temperature down and maintain activity of the skin by Prolonged Neutral and Tepid Baths. Aid elimination by copious water drinking. Prevent visceral complications by continuous cold to the head and the frequently changed Abdominal Compress. In confluent cases, general septicemia is prevented by Prolonged Full Baths.

- If any of the following related problems exist, see under their respective headings: Broncho-Pneumonia, Endocarditis, Laryngitis, Nephritis, Inflammation of Eye.

Chapter Four

The Anthrax Vaccine

Because of the terrorist problem, a series of anthrax shots (six required, plus an annual booster) may be in your future. You will want to know what you are getting into, if you decide to take this vaccine.

FACTS YOU SHOULD KNOW

Anthrax. Anthrax is a highly infectious disease caused by spores from a bacterium known as *Bacillus anthracis.* These spores resist destruction; can lie dormant for centuries; and may be present in the soil for decades, infecting grazing animals (primarily goats, sheep, and cattle) that ingest the spores.

Third-world countries, especially agricultural-based economies, continue to report cases of human anthrax. But it occurs far less frequently in advanced nations (at the present time, about 130 cases per year in the U.S.).

How contracted. You cannot catch anthrax from humans. Infection can only occur from three sources of exposure:

The first is **skin contact** with live infected animals or with the hide, hair, or bones of an infected animal. This can cause cutaneous (skin) anthrax infection, which is the most common type, accounting for more than 95% of cases. About 20% of untreated cases are fatal.

The second is **eating undercooked or raw infected meat.** This can cause gastrointestinal anthrax infection, which kills about 20% to 60% of those not immediately treated.

The third is **breathing in airborne spores**. This may lead to pulmonary (or inhalation) anthrax. This form has a high mortality rate of 80% to 90% or higher. Those who are infected generally die within a few days.

Three stages of infection. The **first phase** of the infection occurs for up to five days after inhalation of the spores. The patient has flu-like symptoms, such as cough, fatigue, and mild fever.

During the **second stage**, conditions improve as the body tries to fight the disease. But quite rapidly, the **third stage** begins, and a severe respiratory infection occurs. Fever, usually accompanied by chest pain occurs, and there is fluid in the lungs. Within a day, septic shock and death generally occur.

Antibiotics are the primary method of treatment, but only useful if given immediately after exposure.

Symptoms. Here is a more complete description of symptoms, not all of which will be experienced by the same victim of the vaccine:

The early symptoms include headaches, malaise, respiratory distress, chills, diarrhea (sometimes bloody), fever, and abdominal cramping. Symp-

toms often worsen after the third or fourth shot (of the six). Later chronic symptoms include dizziness, chronic fatigue, chest pains, sleep disorders, memory loss, headaches, joint and muscle pain, peripheral sensory neuropathies, intermittent diarrhea, abdominal pain, and recurring rashes. Other known symptoms include blackouts, autoimmune diseases, swelling of the limbs, nausea, night sweats, muscle and joint pain, ringing in the ears, cysts, tunnel vision, seizures, and fatigue.

Nearly fifty different reactions have been reported from the shot.

An untested vaccine. The original anthrax vaccine used in the U.S. was later modified, and the manufacturing process was changed. But a patent was later issued to the U.S. army on a vaccine (called an anthrax "antigen") using a still different process. The army applied for a license for this vaccine in 1967. But the original study of this antigen vaccine was never documented, nor were the results published. It is believed that the army wanted them kept secret. Yet it was the vaccine for which the license was granted *(Thomas L. Rempfer and Russ Dingle, "Information Paper for American's Policymakers," W. Suffield, CT, October 26, 1999, p. 7).*

Thus the current anthrax vaccine has never had proper testing and was never properly licensed as considered safe and effective by the FDA. The only legitimate license was granted for the original vaccine, before it was changed. The Defense Department, in its paperwork, does not acknowledge the existence of this second unlicensed vaccine—yet it was the one given to servicemen in the Gulf War and from the later 1990s onward. This provides an interesting background to the anthrax vaccine crisis we live with today.

Officially "undefined." The vaccine has three parts: the protective antigen, edema factor, and lethal factor. Safe vaccines balance the three. But this vaccine is termed "undefined" by both civilian and military medical experts, and the ingredients vary from lot to lot, affecting potency and safety.

The best record of how safe it is. In this brief chapter, we will primarily look at how the U.S. military is making use of the anthrax vaccine, its effects, and the cover-up associated with it. This is because the Pentagon has used it extensively on U.S. troops, whereas it has not been given to many civilians. Learning what happened to our troops, we can know whether we will later want such an injection ourselves.

Pentagon denial. The Defense Department denies any connection between anthrax and the Gulf War Syndrome, just as it denied the existence of that Gulf War illness for at least the first five years after that war. More than 130 studies have been funded by the Defense Department, to investigate the causes of Gulf War Syndrome; yet not one has looked specifically at the anthrax vaccine—although 16 other causes have been considered.

British study. But one study done by the British government showed a high correlation of the syndrome in those who received the British anthrax vaccine *(C.E. Fulco, "Health of UK Servicemen Who Served in the Persian Gulf War," The Lancet, January 16, 1999, p. 169).*

Further checking refused. The closest we ever got to investigating the relationship were several high-level briefings, which concluded that there was no connection; and recommendation was made against further research into any U.S. correlation of anthrax vaccine to the Gulf War Syndrome.

Second vaccine entirely different. After the vaccine had been used for years on Americans, at a General Accounting Office (GAO) hearing in 1999, Kwai Chan testified that "these two vaccines, the original and the newly licensed one of the '70s, were made using different processes and have different data to support their safety. While these studies identified varying rates of adverse reactions, they did not question the safety of the vaccine" *(Kwai Chan, testifying before the House Government Reform Committee, May 7, 1999).* In spite of varying amounts of response and infection in the second version, which had never been tested, our military did no investigations.

Inadequate data. Another interesting statement was made nearly a year later: "In the peer-reviewed literature there is inadequate/insufficient evidence to determine whether an association does or does not exist between anthrax vaccination and long-term adverse health outcomes" *(Conclusion of the National Academy of Sciences' Institute of Medicine Committee on Health Effects Associated with Exposures during the Gulf War, March 30, 2000).*

Those are big words, for "We don't know and have never tried to find out."

Two shocking studies. Although the Defense Department, itself, never did any studies on the vaccine, there is some other data on the vaccination results *(from a Statement by Kwai Chan, hearing before the Subcomittee on National Security, Veterans Affairs and International Relations, Committee on Government Reform, U.S. House of Representatives, May 7, 1999, p. 2):*

• A 1997 Pittman study focused on 508 doses given. They revealed high local reactions of 21% (with 5% moderate or severe), plus high amounts of systemic reactions: 29% mild and 14% moderate or severe.

• The CDC reported on 4,000 doses given. Local reactions were up to 30%, with 10% moderate or severe.

A Korean study. Using the same vaccine, a Korean study of 337 troops showed reaction rates of minor to severe of 40% for men and 70% for women. For a lengthy period of time afterward, 3% of the men and 8% of the women had a reduced work rate *(Redmond Handy, "Analysis of DOD's Anthrax Vaccine Immunization Program [AVIP]," report submitted to Call for Amnesty Press Conference, Washington, D.C., February 12, 2001, p. 2).* A Fort Bragg study revealed a 44% reaction rate.

75% reaction rate. Testifying before Congress, data was given that one Air National Guard squadron reported a 75% systemic rate of reactions from the anthrax vaccine. Many were too weak to work. These are men and women who formerly were in the best possible physical health. Some took

more than eight weeks to get a diagnosis and treatment.

50% reduction. Dr. Renata Engler, chief of the allergy-immunology department at Walter Reed Hospital, said that, of those vaccinated at Dover Air Force Base, 25 service members reported Gulf War illness-like symptoms, resulting in a 50% reduction in function.

Such high rates of reaction are astounding, in view of the fact that the Pentagon is determined to vaccinate 2.4 million military personnel.

2.4 million before 2005. The Pentagon is determined to inject all 2.4 million service people with anthrax before 2005, without arousing the opposition of the American public.

The notorious VAERS form. VAERS are *Vaccine Adverse Event Report System* forms. One is to be filled out each time a service person has a bad reaction from a vaccine. But it is known that frequently the military either does not fill them out or discards them afterward. They do not want evidence of injury from the anthrax vaccine.

Instead of protecting service personnel from injury from the vaccine, the Pentagon appears anxious to protect itself and to protect the firm which makes the dangerous vaccine.

Indemnification. In September 1998, Secretary of the Army Louis Caldera, on behalf of the Defense Department, granted indemnification from legal liability to BioPort, the Michigan firm making the anthrax vaccine.

Protecting the firm. An earlier protection was signed in 1992, on a Secretary of the Army letterhead, for the preceding owner of that plant. Here is part of that letter:

> "The obligation assumed by MBPI under this contract involves unusually hazardous risks associated with the potential for adverse reactions in some recipients and the possibility that the desired immunological effect will not be obtained by all recipients. There is no way to be certain that the pathogen used in tests measuring vaccine efficacy will be sufficient, or similar to the pathogen that U.S. forces might encounter to confer immunity."—*Redmond Handy, "Analysis of DOD's Anthrax Vaccine Immunization Program [AVIP]," report to Call for Amnesty Press Conference, Washington, D.C., February 12, 2001, p. 12.*

The truth about BioPort. Because a significant part of the problem is the sloppy manner in which BioPort manufactures the vaccine, here is a little history:

In September 1998, BioPort purchased the anthrax vaccine manufacturing facility from the State of Michigan for $24 million *(Keith J. Costa, "Audit Paints 'Bleak Picture' of Anthrax Vaccine Maker's Viability," Inside the Pentagon, April 13, 2000, p. 14).* Less than two weeks later, BioPort was awarded a $45 million sole-source contract to supply anthrax vaccine to the Pentagon.

Major Glenn MacDonald, USAR (retired), in his book, *Greed and Guinea Pigs: Risking the Health of the U.S. Military,* revealed the background of this mess. Also see *David Oppliger, statement to House Majority Counsel to Democratic members of the House Oversight and Ethics Committee, September 23, 1998.*

Conflict of Interest. Two former directors at that Michigan plant (Robert Myers and Robert van Ravenswaay) wanted to purchase the facility, for they knew that major profits would accrue when the government signed new contracts for the anthrax vaccine. But when Michigan State Representative Lingg Brewer called it a conflict of interest, Myers stated in the *Lansing State Journal* (November 30, 1996) that he was not involved in buying the plant. He wrote: "I am a state employee . . this would be a conflict of interest." The problem here was that, as the plant director, he knew of the $130 million contract with the Pentagon as early as October 2, 1996, before the purchase. This knowledge placed Myers and Ravenswaay in an unfairly advantageous position.

Then, in January 1997, before the purchase, Myers and Ravenswaay filed a for-profit corporation under the name MBPI, with 60,000 shares of stock. One week later, sale of the plant was authorized. On June 10, the MBPI increased its shares to 1 million. In one letter, Myers confirmed that he knew in advance of the confidential bids for the plant. The pair also solicited financing from at least one other bidder, which was a violation of nondisclosure requirements.

Myers and Ravenswaay later joined the board of BioPort, which was the top bidder; and Myers became its chief scientific officer. The purchase was announced on June 2, 1998. Both before and after the purchase, Myers had not maintained proper quality controls at the plant, nor did he do so afterward.

Fuad El-Hibri enters. This same year, MBPI was resold to Fuad El-Hibri, a man of Near Eastern (Lebanese) descent, who became a U.S. citizen a month after the purchase. He called the firm BioPort. About three weeks after the purchase, BioPort received a $29 million exclusive contract with the Department of Defense to manufacture, test, bottle, and store the anthrax vaccine. Over the next five years, BioPort was expected to produce $60 million worth of anthrax vaccine. By August 2001, the Pentagon had given BioPort $126 million.

An admiral joins. There had been bidders lower than BioPort; but former chairman of the Joint Chiefs of Staff, Admiral William Crowe, who only recently had retired, had been quickly placed on El-Hibri's BioPort board of directors. He immediately helped make sure that BioPort got the plant.

Some believe Crowe had been rewarded for publicly defending Clinton in his first presidential bid. At a time when few others would do so, Crowe stood before the TV cameras and declared Clinton to be a good man. Later still, Crowe was appointed ambassador to Britain, another high-paying job.

Where the money is spent. Records show that BioPort has since spent millions on sidelines (such as $23,000 on the chief executive officer's furniture and $1.28 million in management bonuses for its executives) while still not improving the quality of the vaccines. To this day, BioPort continues to fail FDA inspections.

So much for the place where the vaccine is not properly made; what happens to the people who take it?

Personal experiences. Thomas Heemstra, in his book, *Anthrax: A Deadly Shot in the Dark,* described several incidents that he personally knew of in the U.S. Air Force. Heemstra was an F-16 Fighter Squadron Commander and had a successful military career spanning 20 years, with over 3,000 flying hours and 15 combat missions in the Middle East before he was forced out of the military for refusing to take the anthrax vaccine. Here are a few of many incidents he describes. Americans are frightened of anthrax and smallpox terrorism; we need to become afraid of the vaccines against them!

Nine of Twelve. "In Battle Creek, Michigan, nine of twelve personnel from a small unit preparing to deploy to the Middle East were given the shot and became sick. Three of those were seriously ill. They were harassed and the officers made an example of them. They were called malcontents and poor workers, even though they had excellent work records. Worse, they could not get the medical treatment they needed and deserved. Their symptoms were similar and very troubling for any fighter pilot; these included memory loss, chills, fatigue, muscle aches, and dizziness."—*Heemstra, p. 38.*

Aged 20 years. "Within six weeks of his fifth shot, Master Sergeant Clearence McNamer of Vacaville, California, experienced severe symptoms. He wrote to the *Air Force Times*, 'I began to experience severe insomnia, headaches, twitches in my right arm, involuntary tremors and complete loss of scalp hair, eyebrows, and facial hair . . eyesight worsened, hot and cold flashes, exhausted all the time, chest pains, shortness of breath, and moments of memory loss. [I] feel and look like I've aged 20 years. Some of the symptoms have subsided, but I am concerned about the long-term effects.' With most people, the vaccine has its worst effects after the third or fourth shot.

Can barely walk. "Laurie spoke to reporters for her father, Air Force Reservist Earl Stover, because his symptoms are so severe and limiting. He has health problems every day from ringing ears to chronic fatigue to memory loss. Previously a very strong man who hung drywall, [now] barely able to walk or keep his balance.

After two shots. "Jason Nietupski, an Army reservist, was diagnosed with an autoimmune disorder case by the first shot and became markedly worse after the next two. His symptoms ranged from sores all over his mouth to blood clots in his legs, which make him unable to stand for long periods. Not only does he suffer from chronic fatigue syndrome, but he has been diagnosed with an allergic reaction called Stephen Johnson Syndrome. His medical records are six to eight inches thick, from his own description.

Totally ruined. "Thomas J. Colisimo of Pennsylvania, once an amateur weight-lifting competitor, now gets winded pulling his wheelchair out of his pickup truck. He had the typical, fairly serious symptoms from the first two shots. The third resulted in nine cysts on his scalp that had to be surgically removed, one the size of a half-dollar. Still, he didn't associate these symptoms with the shot until his fourth one in September 1999. From this, he lost 50 pounds and began unexpectedly passing out. Three months later, he was suffering from fatigue, tunnel vision, and the first of his blackouts which lasted 30 to 45 minutes. He suffers from low-blood pressure, memory loss, depression, explosive and unexpected loss of bowel control, and congnitive difficulties. Sleep apnea causes him to stop breathing in his sleep up to 60 times per hour.

"Military doctors told him that the cysts were probably from a milk allergy, that everything else was psychosomatic, and that he was starving himself. They would not allow him to see his own medical records, saying they were confidential. He was told that his symptoms were not anthrax-related and that he had to take the fifth shot,

which he refused."—*Heemstra, pp. 39-40.*

Only the most capable men and women, in the very best physical condition, are selected to fly fighter planes. Yet after a few injections of an extremely small amount of fluid, many have been ruined for life.

Really protective? Here is what two medical experts say about that part of the anthrax vaccine, called the "protective antigen," which is supposed to keep you from getting anthrax:

"No direct determination of the content or structure of the protective antigen in the vaccine have been made, and it is unknown whether the protective antigen is biologically active."—*Dr. Philip Brachman and Colonel Arthur Friedlander, M.D., Anthrax, in S.A. Plotkin and E.A. Mortimer, Jr. (eds), Vaccines, p. 739. [Friedlander was chief of bacteriology at Fort Detrick, our military headquarters for biological warfare research.]*

Why then is this dangerous liquid being injected into American citizens? If only one person is protected from taking any of the dangerous shots described in this book, it will be worth the work it took to write it.

Comparing medical claims. After the Vietnam War, 9.6% of the veterans filed medical claims due to the war. The Korean War was 5% and World War II was 6.6%. As of March 1, 2001, 36% of the Gulf War veterans have filed claims! Yet that was from a war that only lasted a little over four days!

Astounding facts. Of the 700,000 military sent to the Gulf, 263,000 sought VA (Veterans Administration) medical care and 185,780 filed claims. Of the 171,878 claims processed, 149,094 were approved. Already, more than 9,600 Gulf War veterans have died! Yet nearly all of them were in their twenties in 1990.

During that war, more than 14,000 chemical-agent detection devices sounded repeatedly, yet they were all discounted as false alarms.

It is of interest that, of the service personnel who did not go to the Gulf but still received the anthrax vaccine, 12% developed Gulf War Syndrome.

It should be mentioned that the highest rate of physical problems (42%) was experienced by those troops who were in Kuwait or Iraq, for they were exposed to additional contamination. Here is a summary from a special, detailed report in a large natural remedies book:

> **"Pesticide collars and sprays, nerve-gas inhalation, swallowing anti-nerve gas (PB) tablets, Mycoplasma infection from the nerve gas, anthrax vaccines, breathing smoke from burning oil wells, and drinking 'diet' ('sugarless') soft drinks heated above 86° F."—*Vance Ferrell, Natural Remedies Encyclopedia, 3rd Ed., p. 487.***

More vaccines ahead! In all that you have read in this chapter, you should be made aware of the fact that the anthrax vaccine is only the start.

Forty more vaccines! The Joint Vaccination Acquisition Program (JVAP) is a $322 million, ten-year program for the development, production, testing, and storage of vaccines. A wide range (as many as forty) of vaccines are being developed to "protect" U.S. armed forces against potential biological warfare agents *(William F. Jasper, "Vexing Vaccine," New American, November 20, 2000, p. 10).*

The Pentagon plan, that it must maintain exclusive control of all as-

pects of these new vaccines, is deeply flawed. It will be in a position to hide negative data, just as it has with the anthrax vaccine. Military leaders were trained to fight wars, command men, and get the job done. They were not taught to be careful of the lives of service personnel.

"As the JVAP moves forward, DOD [Department of Defense; *i.e.,* the Pentegon] will fund and control all steps in the vaccine process, from initial research and development to manufacturing and administering the vaccines. If history is a guide, assessment of efficacy and safety, stringent manufacturing controls, and normal FDA oversight may be compromised. If the vaccines are licensed as proposed, no informed consent need be obtained and vaccinations will probably be mandatory. The Defense Department is assuming greater authority over the medical interventions given to troops, at the same time that it has failed to follow agreed upon procedures for the use of experimental drugs and vaccines."—*Meryl Nass, M.D., "Anthrax Vaccine: A Model Response to the Threat of Biological Warefare," paper dated July 19, 1998, p. 14.*

Chapter Five

The History of Biological Weaponization

BEGINNINGS

How it began. The Soviet germ weapon program began in the 1920s and gradually grew into a mammoth operation. The objective was to develop weapons capable of infecting people with anthrax, typhus, and other diseases. Stalin spent large amounts of money on the project.

We get involved. Back then, the United States had no germ weapons. By the late 1930s, with intelligence agencies warning that Tokyo and Berlin had biological weapons, Washington began to mobilize against germ attacks in 1942. President Franklin D. Roosevelt publicly denounced the germ warfare plans of the enemy, even while preparing to retaliate with similar ones. George W. Merck, president of the drug company, Merck & Co., was placed in charge of the new project.

Fort Detrick. The army base at Fort Detrick, Maryland, was selected as

the place where the research should begin. It would eventually become an immense U.S. biological weapons center.

When World War II ended. Meanwhile, in 1946 at Sverdlovsk, the Soviets set up a factory that specialized in anthrax. The next year, outside Zagorsk, they built a complex for making weapons out of viruses, including smallpox.

The outbreak of the Cold War and the Korean War in 1951 led Washington to put new emphasis on planning for germ battles, and rapid expansion of facilities took place at Fort Detrick. Nuclear testing was already occurring both in the Soviet Union and the United States.

Spraying San Francisco. In one experiment, U.S. scientists sprayed mild germs *(Sarratia marcescens)* on San Francisco, to assess the ability of pathogens to spread through urban centers. The germs were meant to be harmless. However, they were not harmless enough. Eleven patients were admitted to Standard University Hospital with sarratia infection. One patient, Edward J. Nevin, died. The physicians were so astonished at the outbreak of a totally rare disease that they wrote it up in a medical journal. Years later, in 1981, the government denied any responsibility and the judge dismissed a lawsuit *(Cole, Clouds of Secrecy, pp. 52-54, 75-104).*

Clusters of anthrax. Another U.S. project consisted of cluster bombs, each of which held 536 bomblets. Upon hitting the ground, each bomblet would emit a little more than an ounce of anthrax mist. This terrible disease, if untreated, kills nearly every infected person (a very high mortality rate, even compared with the Bubonic Plague and most other pathogens).

Practice runs. A substance, something like anthrax, was used in practice sessions against St. Louis, Minneapolis, and Winnipeg, cities whose climates and sizes were considered similar to Kiev, Leningrad, and Moscow. Code named *Project Saint Jo,* the clandestine tests involved 173 releases of noninfectious aerosols *(CBW Conventions Bulletin, June 2000, pp. 16-19).*

In 1956, the Soviet defense minister, Georgi Zhukov, told a Communist Party Congress that any modern war would certainly include the use of biological weapons *(Sidell et al., Medical Aspects, p. 54).* When American intelligence learned of that statement, it energized our bioweapons program even more.

The same year, American U-2 spy planes began flying over the Soviet Union. By that time, the Russians had built many secret bases throughout the nation, which were developing and producing germ weapons.

Island in the Aral Sea. Shortly afterward, an American U-2 spy plane, flying high over a desolate island in the Aral Sea, photographed dense clusters of buildings and odd geometric grids which CIA agents recognized as belonging to a biological weapons base *(Mayday: Eisenhower, Khrushchev and the U-2 Affair, p. 121).*

The bull's eye ring pattern was identical to one at our Utah desert biological testing base, where roads, sensors, electrical poles, and test subjects were placed at increasing distances from germ sprayers.

Germ factories. By the late 1950s, the U.S. was building factories capable of producing enough pathogens and biological toxins to fight wars. But, officially, they were only doing that which was needed to defend against such attacks.

Q fever. In 1956, the Pine Bluff Arsenal, an army base in the woods of northern Arkansas, was turned into a weapons factory producing bacteria, including tularemia. Soon it expanded into virus production. Before long, it was also producing Q fever *(Sidell, et al., Medical Aspects, pp. 50-51, 429).*

Q fever is a relatively mild disease which was meant, not to kill enemy troops, but cripple them with chills, coughing, headaches, hallucinations, and fevers of up to 104° F. It was thought that sick soldiers would cause more problems to the enemy in a war than dead ones. Another virus was Venezuelan equine encephalitis (VEE), a horrible disease.

THE 1960s

Nixon was absent. President Eisenhower was briefed on Fort Detrick's advances just before he left the White House. The full meeting of the National Security Council occurred on February 18, 1960. But Richard Nixon, the vice president, was absent. He was preparing for his run for president. By this time, researchers had found ways to concentrate the diseases and extend their storage lives from one to three years.

Under Kennedy. Spending on biological weapons greatly increased after John F. Kennedy took office in January 1961. The new secretary of defense, Robert McNamara, along with the Joint Chiefs of Staff thoroughly analyzed the program and were satisfied that the new weapons would prove very handy in case of war, especially those (such as Q fever) which could cripple the enemy's troops rather than kill them. Caring for injured soldiers would cause more problems than disposing of dead ones. The development of virus weapons was accelerated *(Regis, Biology of Doom, pp. 185-186).*

Tests were made in both the Pacific and Alaska. The hundreds of personnel involved in these tests were coordinated from Fort Douglas, near Salt Lake City.

Improving smallpox. As we became more involved in the Vietnam War, work focused on improving smallpox and its delivery. This ancient disease was highly contagious, and killed about a third of its victims, mainly from blood loss, cardiovascular collapse, and secondary infections as pustules spread over the body *(New York Times, June 15, 1999).*

It was during this time that biologists at Fort Detrick learned how to extend the life of the *variola* (smallpox) virus by refrigerating it in a special way which made use of freeze drying. In connection with this, an ominous discovery was made: Freeze drying would kill some microbes, but not smallpox *(Hahon, Screening Studies, pp. 15, 55).* This meant they could be stored for an indefinite period of time. Methods were devised for making it into a fine powder and spraying it.

Another fake test. In May 1965, Fort Detrick scientists packed fake

smallpox powder in suitcases and sprayed it in Washington National (now Reagan International) Airport, just across the Potomac from the Capital.

The resultant report concluded that one in every twelve travelers would have become infected, quickly spreading the disease throughout the nation, and that smallpox powder would be an excellent choice for terrorism against a foreign power.

A special warfare advantage is that its incubation period is a full twelve days before the first symptoms (malaise, headache, fever, and vomiting) begin to occur and medical diagnosis is made.

Our military leaders considered applying smallpox to the Ho Chi Minh Trail in Vietnam. But the anger caused by a fearful spread of the disease throughout southern Asia, and the quick retaliation likely to come from Chinese and Soviet stockpiles, were feared. So the project was abandoned.

Protests begin. Nearly all of the information you have just read was not generally known back then (nor is much of it known today). Nevertheless, by the late 1960s, the American public had gradually become aware that biological weapons were being made at Fort Detrick. Crowds of Vietnam anti-war protesters gathered at its entrance. Books opposed to germ warfare began being published *(Susan Wright, ed., Preventing a Biological Arms Race; S.M. Hersh, America's Hidden Arsenal; etc.).*

Nixon calls an end. Then, on November 25, 1969, Richard Nixon announced the end of biological weapon testing. In January, Nixon also stopped all our chemical weapons programs. The scientists were told to focus their work on "germ defense," not germ attack.

But no limits were set on the quantities of dangerous microbes or chemicals which could be used in that research. So our stockpiles were not reduced.

Overseas: business as usual. But our biological/chemical defense program had been greatly damaged. Our scientists were-well aware of the fact that it takes 18 months to develop a weapons-grade agent and ten years to develop a good vaccine against it. They also knew that the Soviet Union would not stop their deadly projects, just because we had.

By that time, China was also working on chemical and biological weaponization projects. Soon after, certain Near Eastern nations would begin doing the same.

THE 1970s

The Senate is angry. In the fall of 1975, Senate hearings uncovered a number of astonishing projects, plans, and plots by our BW (biological warfare) scientists, working with the military.

At least 16 different, terrible diseases were stockpiled, mostly at Fort Detrick. The single largest item was anthrax.

The germ treaty. That same year, 1975, an international germ treaty took effect. All BW arsenals throughout the world were to be totally destroyed within three years. How wonderful if that had happened! But it did not take place.

Soviets in fast forward. Shortly afterward, secret papers smuggled out

of the Soviet Union revealed that Soviet leaders were continuing to amass and develop germ weapons. Then, in 1978, a senior Soviet diplomat at the UN defected to the United States *(Arkady Shevchenko, Breaking with Moscow, pp. 34, 172-174, 179, 202).* But his warnings, like those in the secret papers, were largely ignored by our leaders. They did not believe him.

The Sverdlovsk accident. Then, in October 1979, a Russian-language newspaper for Russian immigrants living Germany revealed something important. Newly arrived immigrants told of a thousand Russians living in a village close to Sverdlovsk, an industrial complex in the Ural Mountains, who had, within two weeks, died of anthrax. The report said that Soviet troops quickly entered the area and spread fresh dirt over the ground *(Jeff Goldberg, Plague Wars, pp. 71-74).*

This story went around the world. U.S. intelligence compared data and photos and verified activity in that area at the time specified. It was clear that an accident had occurred and the Soviets were, indeed, continuing to produce, refine, and stockpile biological weapons.

Deadly anthrax. The anthrax bacillus can enter the human body in three ways: into the lungs by breathing spores, into the digestive tract by eating infected livestock, or into scrapes or open sores on the skin.

Bacteria from spores in the lungs produce several toxins that attack cells. The first symptoms are coughing and fatigue, then a brief recovery as the body fights the infection. This is usually followed by respiratory failure and death. But a major drawback in attacking an enemy with anthrax is that the spores can persist in the soil for decades.

THE 1980s

Reagan approves. In January 1981, Ronald Reagan took office; and, soon after, some of his researchers gathered evidence that the Soviet Union was working on a two-track plan: Stockpile old-fashioned germ weapons, such as anthrax, while developing advanced, bioengineered pathogens.

A research paper, issued by the army's Drugway center in Utah, warned that such highly developed germs could be used to make highly concentrated weapons. In fact, genetic manipulation could change such diseases as anthrax, so they could not be treated by any medicine or protected against by vaccines.

In early 1984, Reagan ordered more money given to the military and intelligence to assess what was happening in certain foreign nations. In April, his administration told the public of the danger. Shortly afterward, the *Wall Street Journal* began a series of seven articles, warning about the dangers of super-germ weapons *(Wall Street Journal, April 23, 1984, et al.).*

More congressional hearings followed. America was awakening to the danger. Under Reagan, all types of new military weapons were produced. Biodefense alone was given $91 million annually. We started inventing our own "super bugs."

In the name of defense. By this time, our leaders were declaring that we had not violated the earlier biological weapons treaty, since all research

was only done for purposes of defense. This "biological defense" research between 1980 and 1986 produced 51 projects which produced strange, new bacteria and viruses; 32 which increased toxin production; 23 which no vaccine could resist; 14 which could not be diagnosed; and 3 which no drug could treat.

Urgent call for vaccine. In December 1984, a paper was produced by Fort Detrick researchers, which urgently called for the stockpiling of large amounts of anthrax and botulinum vaccine to inoculate two million soldiers against attack.

By 1985, the army asked the nation's pharmaceutical manufacturers to develop an improved anthrax vaccine, since the only one available frequently caused a variety of negative effects, some of them long-term. To add to the problem, that vaccine did not protect against all types of anthrax.

Brain-damaged children. But no drug company wanted to sign a contract. A rising number of lawsuits had been hitting the courts. Parents were suing the pharmaceutical companies because of vaccines which had caused brain damage and death to their children. Many immense judgments had been awarded by sympathetic juries.

The Michigan plant. So the army turned to the only licensed manufacturer of anthrax in America, a decades-old facility with run-down buildings and equipment owned by the Michigan Department of Public Health.

Brushing aside concerns, on September 29, 1988, the army signed its first-ever contract to purchase large quantities of anthrax vaccine. The initial order was for 300,000 doses. The army bought the equipment and gave Michigan five years (till September 1993) to deliver them.

Iraq also doing it. A few months earlier, in June, it was learned that Iraq, under Saddam Hussein's leadership, was beginning to build its own biological weapons stockpile. By that date, intelligence reports disclosed that Baghdad had already used *Clostridium botulinum* (botulism mold) to make a deadly toxin said to be 10,000 times more lethal than nerve gas. Iraq was said to be working on large quantities of anthrax and other biological agents. Reports had even disclosed that Saddam Hussein had scientists preparing things useful for assassination of selected individuals, and that his son-in-law, Hussein Kamel, was personally in charge of the research work.

Made in the U.S.A. But that was not all: U.S. intelligence revealed that the Iraqis were buying their starter germs—from an American company, the American Type Culture Collection (ATCC). Without such starter germs, Saddam's germ warfare development program could not go forward. We provided what was needed for him to get started in business *(Defense Intelligence Agency, report dated June 28, 1988).*

The ATCC, at that time located in Maryland on the outskirts of Washington, D.C., housed the world's largest collection of germ strains, including the especially virulent variants of anthrax and botulinum which our germ warfare experts had developed in the 1950s.

The ATCC sold from its stockpile to overseas nations, so their scientists could find ways to improve the health of their citizens. At least, that was the plan. Licenses to purchase the most virulent strains could easily be obtained from the Department of Commerce.

The first purchase had been made in May 1986, when ATCC sold an assortment of terrible disease germs to the University of Baghdad *(ATCC batch No. 010072; date of shipment: May 2, 1986).* Included among them were three different types of anthrax, five of botulinum, and three of brucella (which causes brucellosis, an incapacitating livestock disease).

However, U.S. officials expressed little concern. Iraq was considered a friendly power in its fight against Iran, which earlier had held U.S. hostages. They even seemed not to be disturbed when Iraq used nerve gas on Kurds in northern Iraq. No calls were placed to ATCC, notifying them to stop selling to Iraq—or anyone else.

Three months after the intelligence report had been submitted to U.S. government leaders, a second large shipment of germs was sent to Iraq on September 29, 1988. It included four types of anthrax, including strain 11966, a type of specially deadly anthrax developed by Fort Detrick in 1951 for germ warfare.

The order was placed by the Iraqi Ministry of Trade's Technical and Scientific Materials Import Division (TSMID). Even though we had earlier identified TSMID as a front for Baghdad's germ warfare program, the State Department permitted the shipment to be sent.

Closing the barn door. It was not until February 23, 1989, that the Commerce Department banned sales of anthrax and dozens of other pathogens to Iraq, Iran, Libya, and Syria (all of which had earlier been able to buy virulent germs from ATCC). By that time, it was too late.

Drug-resistant germs. It was becoming obvious that microbes were becoming increasingly resistant to antibiotics and other medicinal drugs. This included drug-resistant tuberculosis, new varieties of E. coli, and AIDs. Other diseases were becoming harder to treat. How would we deal with drug-resistant germs sent to us by foreign powers?

Funding refused. Throughout 1989 and the next year, an effort was made to obtain government funding for defenses against this threat. But the General Accounting Office said the project requests, totaling $47 million including toxic germ items, did not involve "valid threats" *(GAO, special report, December 1990, p. 2).* Senator John Glenn agreed and helped quash efforts to obtain the funding.

Big news. By 1989, the Soviets were still considered a problem, yet it was thought that they had shut down their germ weapon projects. But, in October, a leading Soviet biologist (Vladimir Pasachnik) defected to Britain. He had been the director of the Institute for Ultra-Pure Biological Preparations in Leningrad, one of many research and development sites.

Pasachnik revealed that over 10,000 Soviet scientists were hard at work on projects to produce both the worst possible kind of microbes and ways to best deliver them to the enemy. Long-range missiles had been constructed

which could carry them great distances. Cruise missiles were able to fly low and spray them in the air.

For the first time, our leaders had the opportunity to actually learn what was happening in the Soviet GW (germ warfare) program.

The Soviets had even perfected a type of bubonic plague which could not be defended against or treated. Pasachnik disclosed that they had packed a dry powdered form of the disease into bombs, rocket warheads, and artillery shells. Yet this was only one of many Soviet germ warfare projects.

Investigators found that Pasachnik was able to provide detailed information and freely admitted when he did not know the answer to a question. Yet, in spite of this, U.S. leaders hesitated. Was Pasachnik really telling the truth? Once again, nothing was done.

THE 1990s

Awakened by the Gulf War. By June 1990, our intelligence was focusing on Al Tuwaitha, near Baghdad, and suspecting that it was an important germ warfare production facility.

Then, on August 2, Saddam's army invaded Kuwait. It was obvious that we had waited too long. Hussein had biological warfare capability, and our defenses were inadequate. We lacked detection devices for airborne anthrax spores; they would not be developed by the January 15, 1991, deadline that was set by the UN for Iraq's withdrawal from Kuwait. There was also little likelihood of having enough vaccine by that time. The antiquated Michigan anthrax vaccine facility was not able to produce enough.

Warning our ships. On August 6, the U.S. Navy sent its commanders a warning, that Iraq might have germ weapons which could be used against ships 25 miles away or closer. "The Iraqis would deploy these agents if needed" *(Navy Operational Intelligence Center Report No. 0604327, August 6, 1990).*

Already stockpiled. Two days later, another intelligence report noted that Saddam already had "substantial amounts of botulinum toxin" which was "probably weaponized." Other germs being developed, or already available for weaponization, included cholera, anthrax, *staphylococcus enterotoxin* (SEB), and *clostridium perfringens.* "It is assessed that Iraqi forces will use BW [biological weapons] only as a last resort" *(Armed Forces Medical Intelligence Center, Special Weekly Wire, 32-90(C)(U), August 8, 1990).*

Anthrax shots begin. On December 17, Colin Powell recommended to Secretary of Defense Dick Cheney, that inoculations should begin right away. President G.H.W. Bush approved it. The army began urging the FDA to permit it to give the botulinum vaccine to U.S. soldiers without obtaining the "informed consent" normally required of patients given experimental, unapproved drugs. The FDA reluctantly gave permission. That decision laid the seeds of grief for many Americans in coming years.

The Pentagon gave anthrax shots to 150,000 Persian Gulf soldiers, many of whom later developed the mysterious "Gulf War Syndrome."

Another question concerned what to do with the remains of U.S. soldiers killed by a germ attack. In response, a memo from Fort Detrick said

that the remains would have to be soaked in a powerful chlorine bleach. Only then could they be safely sent to the States for burial.

At the war's end. After repeated bombings and 100 hours of action, the sudden end of the Gulf War meant that Saddam did not have to release his germs.

But it was discovered later that many of our "smart" bombs had not hit their targets—and Iraq's germ warfare plants, which were bigger and more in number than we had earlier suspected, were largely intact.

Russians still busy. Vladimir Pasachnik's disclosures turned out to be correct. By January 1991, we had far more evidence that Russia had an immense germ warfare program. But Russian leadership continued to deny that it was producing biological weapons.

Inspections begin. On August 2, 1991, the first team of United Nations Special Commission (UNSCOM) inspectors had arrived in Baghdad. UNSCOM spent four years and repeated trips trying, in vain, to actually see what CIA intelligence had discovered by the fall of 1991.

Alibek defects. In the autumn of 1992, Kanatjan Alibekov (who later changed his name to Ken Alibek) defected from Russia and arrived in America. He was debriefed for over a year. Alibek had worked in Soviet germ warfare plants for 17 years and had risen to become the second in command of Biopreparat, which U.S. intelligence had been tracking for years. Biopreparat was the central agency in charge of all chemical/biological weaponization production throughout Russia.

Alibek told the Americans that Russia had secretly produced hundreds of tons of anthrax, smallpox, and plague germs for use against the United States and its allies. Tens of thousands of people were employed at over 40 sites, spread across Russia and Kazakhstan.

He also told the techniques used to accomplish this, including breakthrough methods devised after the U.S. stopped its own germ program in 1969.

First Trade Center bomb. Thirty-five days after Bill Clinton took office, a bomb exploded in the basement of the World Trade Center. Among the results of this wake-up call was renewed interest in developing and stockpiling vaccines against biological weapons.

Iraq hard at work. Meanwhile, Iraq was rapidly improving its own germ-making facilities. An Iraqi clerk told the UNSCOM team that Iraq's large Technical and Scientific Materials Import Division (TSMID) was actually part of their intelligence services. By the mid-1990s, British and German firms had sold nearly 40 tons of microbial food (needed to mass produce germs) to TSMID. Iraq had purchased far more than it needed for normal research and medical treatment. Yet as early as the late 1980s, the CIA had already identified the true role of TSMID.

South African stockpile. By the mid-1990s, both Iraq and Libya were trying to buy germs from South Africa. The Apartheid regime in South Africa had, for years, been developing a stockpile of anthrax, botulinum toxin, ebola, Marburg, and HIV virus (the cause of AIDS), to use against an

uprising of blacks.

When the government suddenly collapsed in 1994, Libyan leader, Muammar Qadaffi, sent agents to purchase supplies and hire out-of-work scientists. They especially wanted Wouter Basson, who had been in charge of South Africa's former germ warfare program.

Tokyo attack. On March 19, 1995, a nerve gas attack was carried out in a Tokyo subway, using sarin, which sickened thousands of people. Eventually, the leaders of Aum Shinrikyo were jailed. It was later learned that the cult had acquired some of its materials from ATCC, that Maryland germ center, as well as from Russia.

Oklahoma bombing. One month later, on April 19, the Alfred P. Murrah Federal Building in Oklahoma City was bombed. Nearly two hundred people died. Although no chemical or germ weapons were used, it was also a terrorist attack, the largest ever to occur in the U.S. up to that time.

First time inside a Russian germ facility. Stepnogorsk is a place you may never have heard about. It is a city in Kazakhstan which had been built in 1982 as part of the Scientific Experimental and Production Base (SEPE). This was the most advanced of all Soviet germ warfare plants, and the only one on the edges of Russia. When Kazakhstan broke away from Moscow in 1991, its leaders wanted closer relations with America, and let them examine the now-empty production facilities.

Andy Weber, a young diplomat stationed at the American embassy in Kazakhstan, led the inspection team. Inside just one structure, Building 221, they saw ten 20-ton fermentation vats, each four stories tall. Each one could hold 20,000 liters of fluid. The building was as long as two football fields. Yet it was only one of more than 50 buildings.

Building 221, alone, could produce 300 tons of anthrax in just 220 days, enough to fill many ICBMs.

Yet the Stepnogorsk complex was just one of at least six Soviet production facilities.

Immense production. American intelligence was beginning to realize the astounding fact of what had been accomplished. Begun in 1973, by the late 1980s, the Soviet germ warfare program had employed over 60,000 people, run by the military with an annual budget of close to $1 billion; they had stockpiled immense amounts of plague, smallpox, anthrax, and other agents for intercontinental ballistic missiles and bombers.

Two questions. But there were two questions: First, what had happened to all that germ stockpile?

Second, where were the hundreds of scientists and technicians who had once worked here? At its peak, Stepnogorsk alone had 700 scientists and top-level technicians. Now there were only 180. Where were the rest? Were they driving taxis or farming or had they been hired by foreign nations?

Fortunately, young Weber was fluent in Russian, and he set to work to find answers. He had abundant opportunities, for the U.S. government found he was very effective at obtaining uranium transfers to the U.S. It

was Weber who first learned of the existence of Stepnogorsk, during a hunting trip with a friend who was a high-placed Kazakh official.

Vector. Then there was Vector. The defector, Alibek, had earlier identified this remote location in western Siberia as the Soviet's largest and most sophisticated virus facility. Russia had secretly moved its smallpox samples there from Moscow, in violation of a 1992 treaty. That treaty broke down in 1995, when the Russians refused to permit the Americans to visit Vector and other facilities. Obviously, they were still being used to store and work on germ weapons. It would not be till several years later that we would be able to enter that facility.

Scientists for hire. One evening during supper, Gennady Lepyoshkin, a former Soviet colonel who had managed the Stepnogorsk plant after Ahibek transferred to Moscow in late 1987, told Weber that Iran had repeatedly tried to recruit remaining scientists and technicians at Stepnogorsk. But, so far, they had not succeeded. But this could not continue forever. Everyone at Stepnogorsk was impoverished; some were close to starvation. Lepyoshkin asked for U.S. help to retrain these scientists at something they could use to support themselves. Later, Weber relayed the message. But, for a time, little was done.

The Aral Sea site. Lepyoshkin offered to show Weber other secret germ sites in Kazakhstan. Especially important to the Americans would be a visit to Vozrozhdeniye Island, located 850 miles east of Moscow, and the Soviet Union's largest open-air testing site. Located on an island in the midst of the shrinking Aral Sea, it had been used to test brucellosis, Q fever, plague, glanders, tularemia, and even smallpox. ("Vozrozhdeniye" means "Renaissance" or "new life" in Russian.)

Buried treasure. After arriving there, Lepyoshkin told his new friend, Andy Weber, a very deep secret: When the Soviets lost Kazakhstan, they put their cache of anthrax into 66 stainless steel canisters, shipped them on a train with 24 cars, poured bleach into the canisters, then buried them under three to five feet of sand on this desolate island.

This discovery enabled the Americans to later dig up some of that anthrax, test it, discover that part of it was still alive, and learn its potency. There was enough buried anthrax to kill, many times over, every person in the world.

Waiting to be dug up. But, when others learned the secret (now rather well-known or I would not be mentioning it here), they could come to the lonely, totally deserted island and dig up some of the anthrax canisters (so many that they originally filled 24 box cars) and carry them back home! One does not even need a boat to go there, for at certain times of the year a sandbar extends out to the island.

Thousands of gallons. Meanwhile, UNSCOM inspectors in Iraq were trying to learn the facts. On the evening of July 1, 1995, one of the Iraqi scientists broke down and told the truth. Rihab Taha had trained in Britain and spoke excellent English. She told them that Iraq began its biological weapons program in 1988, just as the Iran-Iraq War was coming to an

end. Production of germ agents began the next year. Since then, thousands of gallons of anthrax and botulinum had been produced at Al Hakam. The anthrax and botulinum were stored in stainless-steel tanks in a warehouse.

Kamel exits. On August 8, Lieutenant General Hussein Kamel, a son-in-law of Saddam Hussein, defected to Jordan. He was the highest-level Iraqi official to escape, and had been in charge of much of the special weapons program.

Fearing that Kamel would provide the West with some inaccuracies, Baghdad hurriedly decided to "discover" a cache of his papers, to which they led the UNSCOM inspectors. A massive amount of information was there.

(Shortly thereafter, when Saddam promised his son-in-law a warm, loving welcome, Kamel returned to Baghdad, only to be shot dead by Saddam.)

Gulf War Syndrome. By 1995, thousands of Persian Gulf War veterans were complaining of a mysterious sickness which seemed to be ruining their lives. They insisted that their illnesses were caused by the medicines they were given, the air they breathed, or the anthrax inoculation. But poor records had been kept of which soldiers had received the anthrax and botulinum shots during the war.

Faulty records. Were the anthrax shots, given to our troops during the Gulf War, part of the cause of Gulf War Syndrome? In 1990, about 268,000 doses were sent to the military, but it reported that only 170,000 or less were given to our troops. Where are the rest? Between 1991 and April 1999, an additional 1.2 million doses were sold to our military.

Said to cause "little harm." On October 20, 1995, a Defense Department slide showed a 1.3% systemic-reaction level from the anthrax vaccine. This was shown to demonstrate that little harm could come to America's forces, if the anthrax vaccine was given. However, based on 2.4 million troops, that would equal 31,200 troops with varying degrees of sickness!

Nerve gas explosions. On June 21, 1996, the Pentagon made an startling announcement. For nearly five years, it had denied that any one serving in the Gulf War had been exposed to chemical or biological weapons. Now they admitted that, after American soldiers blew up an Iraqi ammunition depot containing chemical weapons, tens of thousands of allied soldiers might have been exposed to nerve gas. It was believed that prevailing winds may have blown it toward them.

Checking further, government experts found a second incident in which allied soldiers had blown up chemical weapons.

Anthrax for all. By the fall of 1996, the Joint Chiefs of Staff at the Pentagon reversed themselves and approved a recommendation to vaccinate the entire U.S. military force with anthrax vaccine. The cost would be $2 billion. Six injections were to be taken by each of 2.4 million American military personnel.

Not so fast. Bitter complaints arose from the Gulf War veterans who said it was the anthrax shots which caused at least part of their health problems!

Medical experts also complained. They declared that the anthrax vaccine had not been proven by testing to safeguard against the aerosolized (air sprayed) form of the disease, the kind inhaled by the lungs. (The other type is the much milder form of the disease which falls on the skin and burrows in, a type not likely to be included in weaponized anthrax.)

Then the FDA got into the quarrel, arguing that the Michigan anthrax vaccine building did not follow its own manufacturing procedures, had rusting equipment, and a dirty environment with floors and even equipment not sanitized.

Demands were made that the current, entire Pentagon stockpile of anthrax vaccine doses be tested for sterility, potency, and safety. But the Pentagon balked. They knew that testing would reveal serious problems, and they wanted to get on with the vaccinations.

In order to obtain a better report, the Pentagon sent its own inspection team to the Michigan plant. Military officials feared that, even if problems were found with the vaccine, if the plant did not keep producing vaccine, it would close its doors. Then where would they turn to for vaccine? All the regular pharmaceutical firms had steadfastly refused to manufacture it, knowing that the anthrax vaccine could cause health problems in those receiving it, Efforts to begin vaccinating all our soldiers screeched to a halt.

Weber learns more. In June 1997, Andy Weber went to Kirov in eastern Russia in order to attend an international meeting of science researchers, sponsored by the United States, Europe, and Japan.

One evening after a conference session, Weber went to a large cedar-panel sauna (steam bath). Evesdropping bugs don't work well in such places. There he met two Russian scientists of the Obolensk State Research Center of applied Microbiology. They told him confidentially that at Obolensk, two hours drive from Moscow, the Soviets in earlier years had perfected dozens of strains of deadly bacteria for weaponization.

Iranian offers. They also told him that a delegation of Iranians had recently visited Obolensk and Vector (an important former germ warfare center which studied viruses, not bacteria). The scientists, who made less than $1,000 a year, had been offered salaries of up to $5,000 a month if they would come to Iran and help them on their germ warfare program.

The Iranians said they, the Iranians, were interested in developing germ and chemical weapons, to be used not only against people but crops and livestock. They also were interested in Russian genetic engineering.

Ominous developments. Several impoverished Russians from Moscow institutions had already accepted positions in Iran or agreed to provide it with information by computer.

Obolensk alone had lost 54% of its staff between 1990 and 1996, including 28% of its top scientists. How many had gone to Iran or some other foreign country was unknown. (U.S. intelligence sources learned that similar offers had come from Iraq and North Korea.)

At the time Weber was told this, Washington was spending much less

than $1 million a year, helping Russian biologists. This was very small, considering that there were over 15,000 Russian biologists; most of them were trained in research and development of biological weapons.

After the Kirov conference, Weber traveled to other places in Russia. At almost every stop, he learned that Iranian agents had been there already, making offers for workers.

One Russian scientist told Weber that, by the year 2015, Russia would be 60% Muslim. Fearful of a Muslim takeover, Russian leaders had secretly moved their stockpiles of exotic disease germs from the designated repository in Moscow to Vector, which was in faraway central Siberia.

Finally inside Vector. In September 1997, Weber was at last permitted to investigate what was inside Vector, that immense facility with over a hundred buildings, located in a desolate part of western Siberia. Many meetings by Weber in Russia and conferences of officials in Washington followed.

Joint research projects. Finally, in the fall of 1997, the U.S. agreed that it should begin joint research projects with scientists at Vector. In this way, the U.S. could learn more about what was taking place and try to prevent Iran, Iraq, or China from getting its scientists.

Soon after, similar agreements were entered into with Obolensk and other Russian research centers.

By this time, samples brought back from the eleven burial pits on the island of Vozrozhdeniye in the Aral Sea definitely revealed that some of that massive cache of buried anthrax, just below the surface, was still alive and deadly.

Still secret labs. Unfortunately, by early 1998, U.S. analysts noted that four leading Russian military labs remained totally closed to the Americans. It was feared that some of the money used to help scientists at the other labs would be shared with the military labs. We had no idea what was happening in them.

Smallpox contract. In late November 1997, the Pentagon awarded a $322 million, ten-year contract to DynPort, a British-American firm, to develop and obtain licenses for smallpox and 17 other vaccines for the military, plus a new recombinant anthrax vaccine.

New anthrax campaign. On December 15, the Pentagon announced that the vaccination of the entire U.S. military against anthrax was to begin soon. It would take six years and cost $130 million.

Soon after, the Michigan plant was purchased by BioPort; this was owned by the wealthy Iranian, Fuad El-Hibri, with Myers and Ravenswaay on the board. But it still did not seem to know how to properly manufacture anthrax vaccine. When Pentagon officials were asked about the sloppy work at the plant, they consistently sidestepped the question. The truth was that the Michigan plant was their only source, and they intended to use the vaccine coming from it, regardless of its quality controls.

Many anthrax strains. In view of all that you have learned so far in this study, you might ask, If the enemy has so many different types of danger-

ous bioweapons, knowing that our troops are to be vaccinated against anthrax, why would not the enemy use a different agent against us—smallpox, ebola, bubonic plague, or something else? The answer to such a sensible question is quite obvious.

It is a known fact that there are over 1,000 different strains of anthrax *(Care McNair, Dynport Vaccine Company, Maryland, quoted in Dave Eberhart, Anthrax, October 29, 2001).*

Genetically modified anthrax. Much of what the defector, Ken Alibek, had told our intelligence in 1992 had been ignored. One thing he had said was that Russia was continuing to find ways to blend ebola and smallpox. But the December 1997 issue of *Vaccine (pp. 1846-1850),* a London-based scientific journal, disclosed that Russian research had produced genetically modified anthrax. The Russian strains of *Bacillus anthracis* and *Bacillus cereus* were found to be closely related and often in soils near one another. Based on that fact, the project was successfully carried through to completion.

Russia, it turned out, was far more advanced in some areas of recombinant research than we had assumed. U.S. military men and scientists were alarmed to discover that Russia was in the process of making "super bugs"!

Alibek goes public. In February 1998, in interviews with the *New York Times* and ABC's *Prime Time Live,* Ken Alibek went public with the frightening news of what was happening inside Russian biowarfare labs. He said the Soviet Union had planned that World War III include "hundreds of tons" of anthrax bacillus and scores of tons of smallpox and plague viruses. He also said that the Soviet labs had made hybrid germs from ebola and smallpox, which no vaccine or antibiotic could protect against. Many Washington legislators did not know that Alibek even existed.

Pscho germs. A new development was the discovery about the time of the former Soviet Union effort to use genetically engineered germs and toxins to cause psychological and physiological changes in people. The program involved making changes in peptides (short chains of amino acids that send signals to the central nervous system), to alter moods, sleep patterns, and heart rhythms—all without detection. They could also be used to produce death. The discovery was also made that these drugs were being used on patients in a hospital located close to that Russian research center!

Smallpox canisters. Soon after, we found that smallpox had also been tested on that Aral island, and that large amounts of it were also buried in canisters there.

Rapid-reaction teams. On March 17, 1998, Secretary of Defense Cohen announced that the National Guard was preparing ten rapid-reaction teams which would rush to any locality in America attacked by chemical or biological weapons.

25 nations. He went public with the fact that 25 nations had or were developing chemical and biological weapons, and the expertise was spreading rapidly through the internet. He said terrorist groups would eventually

be able to acquire those weapons. Soon after, Congress lavished money on the new state guard program.

Vaccinations resumé. In March 1998, the Pentagon began vaccinating our troops in the Near East against anthrax. But over two dozen sailors on two U.S. navy carriers refused them, fearing for their own health. They were about to be court-martialed, but managed to get e-mails to Mark Zaid, an extremely competent Washington-based attorney who was already handling a case about the Gulf War Syndrome cover-up.

Zaid makes discoveries. Zaid filed a lawsuit under FIA (Freedom of Information Act) for every document connected to the anthrax vaccine program.

He quickly found that, in 1998, the Michigan vaccine facility had been sold BioPort, a new company whose owners included Willam J. Crowe, Jr., the former chairman of the Joint Chiefs of Staff. Government contracts for massive quantities of anthrax vaccine could be lucrative.

Zaid also discovered that, for years, the FDA had been reporting on deficiencies at that Michigan plant. The latest inspection, on February 1998, was not much better. Many deficiencies still needed to be corrected. There was something wrong with almost every phase of the production process. —Yet its vaccines were already being injected into U.S. servicemen overseas!

He also learned that the anthrax vaccine had been significantly altered. The new vaccine was quite different from the original one. The manufacturing process was changed, the strain of anthrax was different, and the added ingredients were changed "in order to increase the yield of protective antigen" *(Heemstra, Anthrax, pp. 18-19).*

Another researcher, Redmond Handy, uncovered many secret U.S. files. For example, one document from Fort Detrick revealed this:

> **"There is no vaccine in current use which will safely and effectively protect military personnel against exposure to this hazardous bacterial agent." "Highly reactogenic, [it] requires multiple boosters to maintain immunity and may not be protective against all strains of the anthrax bacillus" *(Redmond Handy, "Analysis of DOD's Anthrax Vaccine Immunization Program (AVIP)," report presented at the Call for Amnesty Press Conference, Washington, D.C., February 12, 2001, p. 7).***

Delayed approval. It was not until two months after the military began vaccinating troops for anthrax that, in May 1998, Secretary Cohen officially gave approval for it to be done.

U.S. military within U.S. In the latter part of June, John Hamre, Secretary of Defense, told NATO officials that the Pentagon was thinking of appointing a regional commander to be in charge of "homeland defense." The plan was, in case of a bioweapons attack, to send the national guard to set up field hospitals, bury the dead, and help care for the living.

But civil liberties experts were alarmed and, pointing to the Posse Comitatus Act enacted after the Civil War, declared it would be illegal for the federal government to interfere with activities within the states. The U.S. military would be involved in domestic law enforcement. The Pentagon immediately backed down. It would not be until 2002 that a Homeland

Security Agency would finally be enacted into law.

$2 billion requested. **On January 22, 1999, Clinton announced his decision to ask Congress for $2.8 billion to avoid and prepare for biochemical attacks. Donna Shalala, Secretary for Health and Human Services, commented that it was the first time in U.S. history that the public-heath system was being integrated into national-security planning.**

Our stockpiles not destroyed. **It was only a few months later that the White House had to decide whether America should destroy its remaining stocks of smallpox virus. But experts immediately stepped forward, declaring that not only Russia but other nations had smallpox stockpiles. A special committee, formed by the National Academy of Science to study the matter, decided in March that it was not wise to destroy our smallpox stocks.**

Shocking facts. **About a month later, William Patrick, a germ weapons expert, revealed a few facts to a special military conference at Maxwell Air Force Base:**

Dry agent production *(in metric tons per year)* during peak production periods by the U.S. and former Soviet Union (S.U.):

Tularemia: U.S. 1.6 / S.U. 15,000
Q fever: U.S. 1.1 / S.U. 0
Anthrax: U.S. 0.9 / S.U. 45,000
Encephalitis: U.S. 0.8 / S.U. 150
Botulinum: U.S. 0.2 / S.U. 0
bubonic plague: U.S. 0 / S.U. 15,000
smallpox: U.S. 0 / S.U. 100
Glanders: U.S. 0 / S.U. 2,000
Marburg virus: U.S. 0 / S.U. 250

Exposure to no more than 10,000 anthrax germs—all of which would fit comfortably into the period at the end of this sentence—could kill a human being. The spores are so tiny, they can slip through the fibers of an envelope or sheet of paper.

Zaid goes public. **Meanwhile, the anthrax vaccine crisis only deepened. Mark Zaid, the attorney representing some of the first soldiers who refused the vaccine, had obtained thousands of pages of damaging facts about it. He began issuing press releases about his findings and sharing copies with the media.**

Soldiers refuse vaccine. **By this time, hundreds of soldiers, fearing for their health, had refused orders to take the shots. Fearing that their example would produce a general rebellion, the military took steps to court-martial them.**

The problem had been worsened by a spring 1998 decision by the Pentagon, "in the interest of fairness," to also vaccinate reservists who were not stationed in high-risk areas.

Pilots quit. **This decision especially angered pilots in the Air National Guard. Many had jobs back home flying for commercial airlines. Strong and healthy, they feared for their personal safety.**

Over 260 pilots quit the Air National Guard or Air Force Reserve. The GAO predicted a 43% total loss of pilots over the next six months. At a cost of $6 million to train each of these combat-ready pilots with eight to ten years of experience, the total cost was $1.5 billion.

GAO testimony. At an April 1999 hearing before Chris Shay's house subcommittee, a GAO (General Accounting Office) auditor told the congressmen that no study had ever been made of the long-term safety of the anthrax vaccine. "Therefore one cannot conclude there are no long-term effects," he said. He also stated that there were questions about how effective it was in protecting against an anthrax attack. It appeared that the vaccine was both dangerous and useless.

Another GAO official, Sushil Sharma, revealed that the Defense Department's brochure about the vaccine was not true when it said that the vaccine had already been given to large numbers of "veterinarians, laboratory workers, and livestock handlers." It had actually been given to only a few.

Records missing. It was also discovered that there was no record of who received the anthrax shots in the Gulf War, yet the Pentagon had been claiming for years that the Desert Storm illnesses were not caused by the vaccine *(Hearing before the Subcommittee on National Security, Veterans Affairs, and International Relations of the Committee on Government Reform, 106th Cong., 1st sess., Apr. 29, 1999, pp. 10-20).*

Protecting BioPort. As if that was not bad enough, Zaid, the attorney, disclosed that he had come across documents which had been drafted earlier by the army in order to indemnify companies making the anthrax vaccine! BioPort in Michigan was so afraid of the dangers of the anthrax vaccine it was manufacturing, it wanted governmental protection against lawsuits that would pour in when Americans were injured by receiving it or when it proved ineffective in protecting against an anthrax attack!

Long-term study promised. The Pentagon replied that there really was nothing to worry about, but a month later it promised to begin "a long-term study" of the vaccine's safety. This was more than a year after large quantities of the shots began to be given and nine years after it had been given during the Gulf War. We are still waiting for that study to begin.

BioPort in trouble. More trouble erupted in the autumn of 1999, when BioPort, the Michigan company churning out the vaccine, was unable to meet FDA standards. So far, that plant never had met them. But this time, the FDA threatened to close down its operations.

There was danger that the firm might become financially insolvent. So, to help the company financially (not to improve the safety of the vaccine), the Pentagon agreed to raise the price of what it was paying the firm per anthrax dose, from $4.36 to $10.64.

This gave the company an additional $24 million; $18.7 million of this was immediately paid in advance. You will recall that it was BioPort which earlier spent millions on office furniture for its executives and bonuses for its executives.

Vaccine still flunking tests. Shortly after this, it was discovered that nearly 1.5 million vaccine doses, manufactured at BioPort, did not pass potency tests. Others were rejected by the FDA because it had not followed sterility procedures! A new inspection report found over 30 deficiencies, including the fact that batches did not uniformly meet the same specifications.

House report. The house committee investigating the anthrax vaccine issued a special report in April 2000: *"The Department of Defense Anthrax Vaccine Immunization Program: Unproven Force Protection."*

Strains not defendable against vaccine. The report included the very serious fact that gene splicing by an enemy could easily produce a strain of anthrax which would be completely resistant to our anthrax vaccine, making the program a "medical Maginot Line, a fixed fortification protecting against attack from only one direction." In other words, it was a waste of time to inject Americans—any Americans—with anthrax vaccine *(Committee on Government Reform, 106th Cong., 2d sess., House Report 106-556, April 3, 2000, p. 2).*

Could the same be true about the other biowarfare protection vaccines? One example should suffice:

Variant U. In the spring of 1988, Nikolai Ustinov had died at Vector, the Siberian smallpox research complex. He was a scientist who had accidentally infected himself with the Marburg virus, a hemorrhagic killer that he and his colleagues had been trying to perfect as a weapon. After his death, his colleagues at Vector had cultured the virus that killed him. They discovered that, inside his body the virus had changed slightly. The new variant, according to Ken Alibek, was particularly virulent and had been weaponized as a replacement for the original. In Ustinov's honor, it was named "Variant U." In addition, any vaccine prepared to defend against Marburg virus would be useless against Marburg-U virus.

It was not difficult to produce disease variants which vaccines could not protect against. We would have to have samples of the secret virus; and, even if we made a vaccine, which could take years, there was a good likelihood it would neither be safe nor protective. We were already discovering that with our anthrax and smallpox vaccines.

2000 AND A NEW CRISIS

"Unknown effects." A March 2000 study, released by the Institute of Medicine at the National Academy of Sciences, concluded that there was "inadequate/insufficient evidence" to determine whether the anthrax vaccine could cause "long-term adverse health outcomes." It added that there was a "paucity of published, peer-reviewed literature," and those few reports only described "a few short-term studies" *(NAS Institute of Medicine, "An assessment of the Safety of the Anthrax Vaccine, A Letter Report," Washington, D.C., March 30, 2000, pp. 5-6).* In other words, almost no research had ever been done about the safety or effectiveness of the strain of anthrax vaccine we had, and no long-term studies had ever been made!

No official clinical research had ever been done to prove anything. But, of course, there were thousands of service men and women known to have been damaged by the vaccine.

More pilots quit. By this time, hundreds of reserve pilots had quit the military. By the summer of 2000, over 400 servicemen had been disciplined for refusing to take the shots, and 51 had been court-martialed. A few served brief sentences in the brig.

Only the U.S. military. Because of the extreme dangers of these anti-attack vaccines, no other nation in the world required its troops to be vaccinated, not one! Britain made anthrax vaccinations for its troops voluntary, and France did not give them at all.

Mock bio-attacks. In the spring of 2000, 10-day mock bio-attacks were staged in Portsmouth, New Hampshire, and Denver, Colorado. Much of this was done on paper, some in practice sessions.

The exercise in Denver ended on May 23, as the make-believe "epidemic" spread out of control. Estimates of how many people would have gotten sick varied widely. Some said 3,700 plague cases with 950 deaths; others estimated more than 4,000 sick and 2,000 dead. Federal, state, and local officials quickly proclaimed the catastrophe a successful exercise. The entire operation cost $10 million.

Interesting question. One problem was whether scarce resources should be devoted to treating the sick who might die or trying to stop the spread of the epidemic. At least the government discovered that it had lots of unanswered questions.

How the money was spent. In the fall of 2000, Amy Smithson, an analyst at the Henry L. Stimson Center in Washington, conducted an 18-month investigation; and, among other things, he found that only $315 million of the $8.4 billion the government spent on counterterrorism in the year 2000 was devoted to training people in cities and states to respond to a covert bioterrorism attack. Less than 4% of that amount was being spent outside of Washington, D.C., and only 6% to strengthen public-health facilities, the heart of useful biodefense preparedness. The rest was spent on faulty detectors, special vehicles, and other marginal items *(Amy Smithson and Leslie-Anne Levy, Ataxia: The Chemical and Biological Terrorism Threat and the U.S. Response, Henry L. Stimson Center).* Lots of money was being misdirected to objectives which would not protect the public.

Teams set up. By January 2001, more than $143 million had been spent on rapid-reaction teams (renamed Civil Support Teams) within the National Guard. Each one was located on a military base, and many were long distances from the cities they were supposed to protect. (The closest one to Atlanta was 250 miles away in Florida.)

After the September 11 tragedy occurred, everything speeded up, but there was much confusion as to what should be done, how it should be done, who should be in charge, and how should they cooperate with one another.

Protecting another vaccine firm. In the fall of 2002, a last-minute addition was made in secret the night before the last major budget bill (the Homeland Defense Security Act) was passed by Congress. The addition released Eli Lilly & Co. from liability for damage from vaccines it sold to the public and to the military.

WHAT IS THE SOLUTION?

What is the answer? In this chapter, we have overviewed a massive problem, caused by production of dangerous biological weapons. What is the answer? Are there solutions, and what are they?

Treatment, not vaccination. *If rapid detection, diagnosis, and treatment methods are in place,* people exposed to anthrax can be cured of the disease. That is part of the solution. Not vaccination, but immediate treatment of the sick!

Vaccination cannot protect against multiple strains. In Sverdlovsk, Russia, when anthrax was accidentally released from a biowarfare facility in 1979, when the spore cloud passed directly over a nearby ceramics factor shop, only 10 out of 450 workers fell ill and died. This was a fatality rate of only 2% *(Redmond Handy, "Analysis of DOD's Anthrax Vaccine Immunization Program [AVIP]," report to Call for Amnesty Press Conference, Washington, D.C., February 12, 2001, p. 49).*

Later at the Los Alamos National Laboratory in New Mexico, autopsy studies were made of some of those 10 people. It revealed that they were infected by at least four different strains of anthrax. This means that no vaccine could have protected against such an attack!

One scientist, Paul Jackson, concluded, "The purpose of such a mixture might have been to overwhelm the American vaccine" *(Jackson, quoted in Nicholas Wade, "Tests with Anthrax Raise Fears that American Vaccine Can be Defeated," New York Times National, March 26, 1998).*

Vaccination cannot protect against genetically altered strains. The Russians had developed a special combined strain which would defy any vaccine we could make against it. It is known that they have also made gene-altered strains that could defeat their own vaccine, not only ours; this is much more powerful.

The experts agree. Testifying before Congress in the spring of 1998, Ken Alibek, the former deputy director of the Soviet biological warfare directorate (BioParat), said, "We need to stop deceiving people that vaccines are the most effective protection . . In the case of most military and all terrorist attacks with biological weapons, vaccines would be of little use" *(Dr. Ken Alibek, statement to Joint Economic Committee of Congress, May 20, 1998).*

Our leaders have known this for a long time. In a test done at Fort Detrick in 1986, guinea pigs were immunized with our U.S. anthrax vaccine and then given several different anthrax strains. Half of themdied.

In a separate Fort Detrick study, over 50% of the guinea pigs died.

Here is an intriguing statement by an expert at a major U.S. vaccine firm: "The great challenge was to manufacture a vaccine that will be effective against as many as possible of the more than 1,000 known anthrax strains."*—Care McNair, Dynport Vaccine Company, Maryland, quoted in Dave Eberhart, Anthrax, October 29, 2001.*

Here is the fourfold defense that is needed. Instead of stockpiling dangerous vaccines as an effective military strategy, military planners should emphasize rapid detection, decontamination, and medical treatment after exposure in the event of a confirmed attack. In addition, ways should be

PART TWO

The Childhood Vaccinations

Introduction

Routine vaccinations are given to many children. Physicians refer to them as the "baby shots." There are also special vaccinations for people in high-risk settings—such as travelers about to enplane to a hazardous country.

How should we relate to vaccinations for ourselves and our children? Here is some data which may provide help.

Because there are many questions about vaccinations, and because there is a strong movement on foot to require every child in the land to receive a complete series of them—this brief overview of the vaccination problem has been prepared.

However, the decision whether or not to vaccinate is a personal one. The author is a researcher and not a health practitioner. This is a decision you must make personally. It is hoped that this data will provide you with the basis for additional study on your own. Only in that way can you make an intelligent decision.

Vaccines primarily consist of dead or weakened ("attenuated") germs of the same type of disease, which are injected into the body in the hope that it will stimulate the organism to produce protein antibodies to protect it against disease.

There is growing pressure, from special interest groups, to require na-

tionwide vaccination of children. In view of that fact, there is an urgent need to examine the information available on this matter.

"There is a growing suspicion that immunization against relatively harmless childhood diseases may be responsible for the dramatic increase in autoimmune diseases since mass inoculations were introduced. These are fearful diseases such as cancer, leukemia, rheumatoid arthritis, multiple sclerosis, Lou Gehrig's disease, and the Guillain-Barré syndrome.

"An autoimmune disease can be explained simply as one in which the body's defense mechanisms cannot distinguish between foreign invaders and ordinary body tissues, with the consequence that the body begins to destroy itself. Have we traded mumps and measles for cancer and leukemia?"— *Robert Mendelsohn, How to Raise a Healthy Child, p. 211.*

Let us begin with the "mandatory" vaccinations. These are the ones which, in most states, your child is required to take in order to be admitted to public school.

Chapter Six

The Mandatory Vaccinations

MEASLES

"My name is Wendy Scholl. I reside in the State of Florida with my husband, Gary, and three daughters, Stacy, Holly, and Jackie. Let me stress that all three of our daughters were born healthy, normal babies. I am here to tell of Stacy's reaction to the measles vaccine . . where according to the medical profession, anything within 7 to 10 days after the vaccine to do with neurological sequelae or seizures or brain damage fits a measles reaction.

"At 16 months old, Stacy received her measles shot. She was a happy, healthy, normal baby, typical, curious, playful until the 10th day after her shot, when I walked into her room to find her lying in her crib, flat on her stomach, her head twisted to one side. Her eyes were glassy and affixed.

"She was panting, struggling to breathe. Her small head lay in a pool of blood that hung from her mouth. It was a terrifying sight, yet at that point I didn't realize that my happy, bouncing baby was never to be the same again.

"When we arrived at the emergency room, Stacy's temperature was 107 degrees. The first 4 days of Stacy's hospital stay she battled for life. She was in a coma and had kidney failure. Her lungs filled with fluid and she had ongoing seizures.

"Her diagnosis was *'post-vaccinal encephalitis'* and her prognosis was grave. She was paralyzed on her left side, prone to seizures, had visual problems. However, we were told by doctors we were extremely lucky. I didn't feel lucky.

"We were horrified that this vaccine, which was given only to ensure that she would have a safer childhood, almost killed her. I didn't know that the possibility of this type of reaction even existed. But now, it is our reality."—*Wendy Scholl, testimony given to Hearings Before the Subcommittee on Health and the Environment; 98th Congress, 2nd Session, December 19, 1984; in Vaccine Injury Compensation, p. 110.*

Most cases of measles (more rarely called *rubeola* or *English measles)* are not serious, when large numbers of the population have been exposed to the germ. The symptoms generally leave within two weeks. However, one case in 100,000 leads to *subacute sclerosing panencephalitis* (SSPE), which produces hardening of the brain and is generally fatal.

By 1955, there were .03 deaths per 100,000. Then, in 1963, a research team headed by J.F. Enders, developed the measles vaccine. Mass inoculations began.

According to a November 1969 *National Health Federation* report, a study conducted by the World Health Organization (WHO) disclosed that people who have been vaccinated for measles have a 14 times greater chance of contracting the disease than those who were not vaccinated. A 1985 study by the U.S. government noted that 80% of "non-preventable" cases of measles occurred in people who had been vaccinated *(20th Immunization Conference Proceedings, May 6-9, 1985, p. 21).*

> **"Measles transmission has been clearly documented among vaccinated persons. In some large outbreaks . . over 95% of the cases have a history of vaccination."— *Federal Drug Administration Workshop to Review Warnings, September 18, 1992, p. 27 (reported by Dr. Atkinson of the Centers for Disease Control [CDC]).***

> **"The World Health Organization did a study and found that while, in an unimmunized, measles-susceptible group of children, the normal rate of contraction of disease was 2.4%; in the control group that had been immunized, the rate of contraction rose to 33.5%."—*Paavo Airola, Ph.D., Every Woman's Book, 1979, p. 279.***

A survey of pediatricians in New York City reveals that only 3.2% of them were actually reporting measles cases to the health department.

A study of medical books reveals that measles vaccine may cause learning disability, retardation, ataxia, aseptic meningitis, seizure disorders, paralysis, and death.

Secondary complications associated with the vaccine include encephalitis, subacute sclerosing panencephalitis, multiple sclerosis, toxic epidermal necrolysis, anaphylactic shock, Reye's syndrome, Guillain-Barré syndrome, blood clotting disorders, juvenile-onset diabetes, and possibly Hodgkin's disease and cancer *(R.S. Mendelsohn, How to Raise a Healthy*

Child, p. 215).

"Although one of the reasons for giving measles vaccine is to prevent the known complications of encephalitis and pneumonia, the vaccine itself may cause encephalitis. Further, one-half of all the reported cases of measles in the last few years have been in vaccinated individuals."—*The Dangers of Immunization, 1987, p. 53.*

"Measles in former days was one of the more common childhood diseases. Although it can cause serious complications, it is a relatively minor illness in the vast majority of cases . . today's promotional campaigns for the vaccines seldom mention that the measles vaccine itself is known to be associated with serious complications including encephalitis with severe, permanent brain damage and mental retardation."—*Dr. Alan Hinman, Centers for Disease Control, quoted in The Dangers of Immunization, 1987, p. 56.*

For some reason, since measles vaccination began in 1963, adolescents and young adults have more frequently been getting measles. Yet they are at greater risk of pneumonia and liver abnormalities than children *(Infectious Diseases, January 1982, p. 21).*

The youngest children receiving the vaccine are especially at risk. For example, 15-month-old children are at greatest risk *(CDC: Measles Mumps, and Rubella, 1991, p. 1).* By 1993, children under a year constituted more than 25% of all measles cases, yet it was quite rare for such small children to contract measles before the vaccine was discovered in 1963. When asked about this strange situation, CDC officials said it was due to mothers who were themselves vaccinated as children. Here is a fact which the experts know: When a child is vaccinated, and does not therefore contract measles, he develops no natural immunity to the disease. Therefore immunity cannot be passed on to his children *(D.Q. Haney, "Wave of infant Measles* Stems *from '60s Vaccinations, "Albuquerque Journal, November* 23, *1992, p. B3).*

According to the *New England Journal of Medicine* (October 4, 1990), vitamin A helps protect the body of the child against serious complications, stemming from measles.

Strange, new forms of "measles" came into being with the advent of measles vaccinations. Similar results have followed the introduction of other vaccines. These are diseases with a startling new array of complications.

"The syndrome of *'atypical measles'—pneumonia,* petechiae [skin blotching], edema, and severe pain—is not only difficult to diagnose (as being "measles") but is often overlooked entirely. Likewise, symptoms of *atypical mumps*—anorexia, vomiting, and erythematous [red] rashes, without any parotid [near the ear] involvement—require extensive serological testing to rule out other concurrent diseases."—*W. James, Immunization: The Reality Behind the Myth, 1988, p. 34.*

A 1973 JAMA *(Journal of the American Medical Association)* article discussed 84 U.S. cases of neurologic disorders, each of which started within less than 30 days after live measles-virus vaccinations were given. Seventy-one of the 84 were clearly linked to the vaccine: 11 resulted from fevers brought on by the vaccinations, one case met diagnostic criteria for subacute sclerosing panencephalitis, and 59 showed clinical features of encephalitis or encephalopathy. Forty-five (76%) of the cases had onset

between 6 and 15 days after vaccination *("Neurological disorders Following Live Measles-Virus Vaccination," JAMA, March 1973).*

TETANUS

Here are several interesting statistics to compare: During the Second World War, there were 12 recorded cases of tetanus. Four of them occurred in military personnel vaccinated against the disease. There have been less than 100 cases of tetanus in the entire nation (U.S.) since 1976. The majority of those cases were over 50. During that time, no deaths occurred among any tetanus cases under 30 years of age. Tetanus vaccines are not responsible for the success, since they only immunize for 12 years or less, and most of the vaccines are given to children. Yet, in contrast, the tetanus vaccine itself results in a variety of serious complications, including recurrent abscesses, high fever, inner ear nerve damage, anaphylactic shock, loss of consciousness, and *demyelinating* neuropathy (progressive nerve degeneration). *(See U.S. Morbidity and Mortality Weekly Reports for additional information on these statistics.)* Why then are children vaccinated for tetanus?

Tetanus infection steadily decreased throughout the twentieth century because of better attention to wound hygiene. And that was before the tetanus vaccine was developed. Although 40% of the population is not now vaccinated against tetanus, the disease continues to decline.

Wounds should be cleansed well and not allowed to close until healing has occurred beneath the surface of the skin. Careful washing with soap and water, hydrogen peroxide, etc. are said to eliminate the danger of tetanus infection.

According to Issac Golden, Ph.D., in his *Vaccination: A Review of Risks and Alternatives* (1991, p. 31), there have been such severe reactions to tetanus shots, that the vaccine has been heavily diluted—causing it to be clinically ineffective in preventing the disease.

A *New England Journal of Medicine* study (November 26, 1981) revealed that tetanus booster vaccinations cause T lymphocyte blood count ratios to temporarily drop below normal—with the greatest decrease coming two weeks after the vaccination. If you have read articles about AIDS, you will recognize the danger here—since it is reduced T lymphocytes which bring on full-blown AIDS. The NEJM article went on to explain that these altered ratios are similar to those in AIDS patients.

DIPHTHERIA

Dennis Hillier was a healthy English boy who excelled in football, running, and other games. After the first vaccination, he had slightly confused speech, but no one had connected it with the injection. Two months after his second diphtheria inoculation, he died in October 1942 of a rare form of encephalitis. In later describing the case, Dr. W. Russell Brain said at a meeting of the Section of Neurology of the Royal Society of Medicine in

February 1943: "The patient, a boy of eleven, developed symptoms after anti-diphtheria inoculation." He then described several other cases of nervous disorders and poliomyelitis occurring within a few days after vaccination against diphtheria. Then he concluded, "The relation of the infection to the inoculation was at present unsettled."

Cases of diphtheria are rare. In America, only five cases were reported in 1980. From 1900 to 1930, a greater than 90% decline in diphtheria cases occurred. Later on, the diphtheria vaccine was developed. Scientists tell us the decline was due to better nutrition and sanitation.

The Bureau of Biologics, working with the FDA, came out with a 1975 report (November 20-21, 1975) which disclosed that diphtheria toxoid "is not as effective an immunizing agent as might be anticipated." Noting that diphtheria may occur in vaccinated individuals, they said that "the permanence of immunity induced by the toxoid . . is open to question."

On the average, 50% of the cases occur in those who have been vaccinated *(R.S. Mendelsohn, How to Raise a Healthy Child, p. 223).*

An interesting sequence of events occurred during World War II: The diphtheria rate throughout Europe was low by the late 1930s. But, after Germany began compulsory diphtheria vaccinations in 1939, 150,000 vaccinated cases of the disease developed within three years. France had refused it, but was forced to give compulsory diphtheria vaccinations after German occupation. By 1943, there were nearly 47,000 cases. But, in nearby Norway, which consistently refused to vaccinate for the disease, there were only 50 cases *(E. McBean, Ph.D., Vaccinations Do Not Protect, 1991, p. 8).* In Sweden, diphtheria virtually disappeared without any immunizations.

> **"In regard to the decline of diphtheria in Great Britain during 1943 and 1944, we are reminded that the 58 British physicians who signed a memorial in 1938 against compulsory immunizations in Guernsey were able to point to the virtual disappearance of diphtheria in Sweden without any immunization. On the other hand, if we turn to Germany, we find that after Dr. Frick's order for compulsory immunizations, [Germany] in 1945 had come to be regarded as the storm-center of diphtheria in Europe. From 40,000 there had been an increase to 250,000 cases.**
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> **"An article, March 1944, in a publication called *Pour Ia Famille* points out the rise in cases of diphtheria after compulsory immunization. For instance, the increase in Paris was as much as 30%. In Hungary where immunizations had been compulsory since 1938 the rise was 35 percent in two years. In the Canton of Geneva, where immunizations have been enforced since 1933, the number of cases trebled from 1941 to 1943."—*E.D. Hume, Bechamp or Pasteur? 1963, pp. 217-218.***
>
> **"During a 1969 outbreak of diphtheria in Chicago, four of the sixteen victims had been 'fully immunized against the disease,' according to the Chicago Board of Health. Five others had received one or more doses of the vaccine, and two of these people had tested at full immunity. In another report of diphtheria cases, three of which were fatal, one person who died and fourteen out of twenty-three carriers had been fully immunized."—*Robert Mendelsohn, M.D., Confessions of a Medical Heretic, 1979, p. 143.***

POLIO

Polio can result in severe paralysis; however, 90% of those who are exposed to it, even during an epidemic, produce no symptoms *(M. Burnet and D. White, Natural History of Infectious Disease, 1972, p. 16).* From 1923 to 1953, polio in the U.S. had declined by 47%. A similar decline occurred in Europe. Its steep rate of decline continued after the Salk vaccine was produced in 1955, and the Sabin oral vaccine came on the market in 1959. Today polio is almost non-existent. Many European countries refused to use the polio vaccines, yet their rate of decline continued at the same pace as in America.

Scientific studies have been made of areas in which mass polio vaccinations have occurred. Frequently, the rate of polio infection more than doubled afterward. Studies in half a dozen states are discussed in Allen Hannah, *Case Against Vaccinations,* 1985, p. 146. For example, during a one-year period from August 30, 1954 to August 30, 1955, Massachusetts had 273 cases before mass inoculations began, and 2,027 cases afterward. That was a 642% increase in the polio rate.

Dr. Jonas Salk developed the first polio vaccine in 1955. It used dead polio viruses. In 1976, he testified before a congressional committee that the live-virus (oral) vaccine (for practical purposes, the only kind used in America since the early 1960s) was "the principle, if not the sole cause" of all reported polio cases since 1961.

The next year Dr. Salk made this statement in Science magazine:

> **"The live polio virus vaccine has been the predominant cause of domestically arising cases of paralytic poliomyelitis in the United States since 1972. To avoid the occurrence of such cases, it would be necessary to discontinue the routine use of live polio vaccine."—*Dr. Jonas Salk, Science, April 4, 1977.***

In 1955, a new disease began being reported. It was named *"paralytic polio."* This new disease was entirely caused by polio vaccinations.

As the "wild" polio continued to lessen, the vaccine-induced type greatly increased. (Polio which has been contracted naturally—that is, not from polio vaccination—is so rare in the last several couple decades that medical experts have given it a special name: *"wild polio.")*

In an in-depth study of the ten-year period from 1973-1983, the Atlanta-based Centers for Disease Control (CDC) found that 87% of all polio cases were caused by polio vaccine. In 1992, the CDC officially stated that the oral polio vaccine was responsible for nearly all polio cases in the United States. Their conclusions, based on research covering the years 1982 to 1992, bore this significant title: *"Epidemiology of Polio in the U.S. One Decade after the Last Reported Case of Indigenous Wild Virus Associated Disease" (Stebel, et al., CDC, February 1992, pp. 568-579).* The report said that every case of polio in the United States (with the exception of imported cases) during those years was caused by the vaccine. The report also noted that five Americans contracted polio during that time while traveling overseas, and that three of them had previously received polio vaccine.

There is a special—very dangerous—problem associated with the oral

polio vaccine which you should be aware of: The vaccine can be injected into a child; then you can touch that child and contract paralytic polio! The son of a nurse who lives near the present writer had that experience several years ago. He was in medical school on the West Coast and, one evening, held a baby in his arms that had received the oral polio vaccine. The baby did not contract paralytic polio, but the young man which briefly held him did.

The primary cause is touching a minute amount of the baby's stool. Somehow, some of it must have been on the baby's blanket and the young man touched it. The polio virus from the vaccine, which is extremely contagious, passed through his skin. He was crippled for life because of the incident.

> **"The second anxiety about your unvaccinated child's exposure to others concerns polio. Children who are immunized early in life with the oral, live vaccine may shed the virus in their stools. Exposure of your child to recently vaccinated children is a potential hazard . . Parents should be vocal about their concerns. Ask whether playmates and other children in day care have recently received the oral polio vaccine."—*Randall Neustaedter, O.M.D., The Immunization Decision, 1990, p. 89.***
>
> **"The only likely means of exposure to polio are travel to a foreign country, and contact with the feces of a child who has been immunized with the oral vaccine within the previous 6 to 8 weeks."—*Op. cit., p. 41.***

The following abstract (summary) from a 1993 research study clearly testifies to this remarkable danger. As many as 80% of those babies can infect others! ("Revertant" means that the oral polio virus in the stool returned to its original, fully deadly nature.)

> **"*Abstract:* Fecal shedding of virulent revertant polioviruses was examined in isolates from infants previously immunized with >1 dose of orally administered live attenuated oral polio vaccine (OPV) alone, enhanced-potency inactivated polio vaccine (EPIV) alone, or a combination of both. After administration of OPV alone, vaccine poliovirus serotypes were recovered in feces within 1 week and for as long as 31-60 days in 30%-80% of subjects after 1 or 2 doses and in 30%-50% after immunization with >3 doses. No revertant poliovirus shedding was observed after OPV challenge in subjects immunized previously with >3 doses of OPV. However, fecal shedding of revertant poliovirus after OPV challenge was observed in 50%-100% of subjects previously immunized with >3 doses of the EPIV. These findings suggest that prior immunization with EPIV does not prevent fecal shedding of revertant polioviruses after subsequent reexposure to OPV."—*"Shedding of Virulent Poliovirus Revertants during Immunization with Oral Poliovirus Vaccine after Prior Immunization with Inactivated Polio Vaccine," Journal of Infectious Diseases 1993; 168.***

In 1948, Benjamin F. Sandler, a physician at the Oteen Veterans Hospital in North Carolina, published a book entitled, *Diet Prevents Polio.* Sandler had done careful research into nutrition and how the polio virus worked. The book revealed that when a person ate a sizeable amount of food containing processed sugar, that sugar leached the calcium from their bones, muscles, and nerves. The polio virus was able to attack the weakened nerves—and crippling polio was the result. Statistics showed that countries with the highest per capita sugar consumption had the most polio cases. Sandler noted that children eat the most sugar foods (soft drinks,

ice cream, candy, etc.) in hot weather, and it was well-known that polio especially strikes in the summer. (Processed sugar, taken into the body, absorbs calcium and other minerals from the body in order to be used. This is because the purified sugar has had the minerals naturally accompanying it removed. This leaching of minerals can result in polio.)

Sandler did not stop with the book; he went on the radio in the spring of 1949 and warned people throughout North Carolina not to eat sugar foods that summer. The newspapers picked up the story and carried it throughout the state. Alerted to the danger, people feared to eat high-sugar foods that summer. The North Carolina Department of Health later reported that there were 2,498 polio cases in 1948 and only 229 in 1949. ***(See pages 43 and 146 in the 1951 edition of Dr. Sandler's book.)***

> **"In the history of poliomyelitis, from the time of widespread epidemics in previous decades up to the present, there is another side of the story which has seldom been told. This is the relationship between polio and dietary sugar. When one considers that sugar in any form was rare or even unknown to the vast majority of people until relatively recent times, and when we realize that the consumption of sugar has risen precipitously since the turn of the century to the present level of 125 pounds per year for every man, woman, and child in America, then we should begin to suspect the harm that is being done to human health."—*The Dangers of Immunization, 1988, p. 59.***

In spite of the facts, efforts have continually been made to suggest that polio is being "stamped out" by polio vaccines. But, in a 1983 television interview, Dr. R.S. Mendelsohn said that polio disappeared in Europe during the 1940s and 1950s without mass vaccination, and that polio hardly exists in the Third World where only 10% of the people have been vaccinated against polio *(Phil Donahue Show, January 12, 1983).*

During Congressional hearings on bill 10541, these facts were brought out: In 1958, Israel carried out mass polio immunizations. Immediately, a major *"type I"* polio epidemic occurred. In 1961, Massachusetts had a *"type III"* polio outbreak after an earnest effort to inoculate the population.

"There were more paralytic cases in the triple vaccinates than in the unvaccinated.

> **"In 1957, a spokesman for the North Carolina Health Department made glowing claims for the efficacy of the Salk vaccine, showing how polio steadily decreased from 1953 to 1957. His figures were challenged by Dr. Fred Klenner who pointed out that it was not until 1955 that a single person in the state received a polio vaccine injection. (The polio vaccine was not invented until that year.) Even then, injections were administered on a very limited basis because of the number of polio cases resulting from the vaccine. It was not until 1956 'that polio vaccinations assumed inspiring proportions.' The 61% drop in polio cases in 1954 was credited to the Salk vaccine, when it wasn't even in the state! By 1957 polio was on the increase."—*W. James, Immunization: Reality Behind the Myth, 1988, p. 27.***

Polio vaccination began in the mid-1950s. Since then, there has been such a remarkable upturn in the number of polio cases that the trend has been to officially report polio cases as *"meningitis.*

> **"In a California Report of Communicable Disease, polio showed a 0 (zero) count,**

while an accompanying asterisk explained, 'All such cases are now reported as meningitis.'"—*Organic Consumer Report, March 11, 1975.*

"It is now seriously suggested that the slow virus may be the cause of a number of degenerative diseases—including rheumatoid arthritis, leukemia, diabetes, and multiple sclerosis. It is further possible that some of the attenuated [live, but chemically weakened] strains of vaccines that we advocate may be implicated with these diseases. Of polio immunization . . Fred Klenner (North Carolina) has stated, 'Many here voice a silent view that the Salk and Sabin vaccines, being made of monkey kidney tissue, have been directly responsible for the major increase of leukemia in this country."—*Glen C. Dettman, "Immunization, Ascorbate, and Death," Australian Nurses Journal, December 1977.*

A British researcher, Martin, was the first to point out the connection between polio and vaccinations against diphtheria or pertussis. He also noted that the paralysis tended to affect the arm which had received the injection:

"Concerning the subject of *'provocation poliomyelitis,'* Martin (1950) in London first drew attention to the relation between inoculation against diphtheria or pertussis and an attack of poliomyelitis when he described fifteen cases that he had seen between 1944 and 1949. Paralysis came on, as a rule, seven to twenty-one days after injection and affected the left arm, into which injections are commonly given, four times as often as the right. Interest in this relationship was greatly stimulated by the observations of McCloskey in Australia and Geffen in London. McCloskey (1950) investigated 375 cases of poliomyelitis during an epidemic in Victoria in 1949 and found that 31 of the patients had been inoculated against diphtheria or pertussis, alone or in combination, within five to thirty-two days.

"In London, Geffen (1950) noted that in the 1949 epidemic, 30 out of 182 paralytic patients under five years of age had been immunized against diphtheria, pertussis, or both within four weeks of contracting polio. In all these cases the limb last injected was paralyzed.

"The conclusion drawn from these various reports was greatly strengthened by the statistical analysis carried out by Hill and Knowelden (1950) which showed an excess of poliomyelitis cases in children who had been inoculated within the previous twenty-eight days with pertussis vaccine or combinations of the triple *vaccine."—Randolph Society, The Dangers of Immunization, 1987, pp. 44-45.*

They then quote Wilson as saying:

" 'The mode of action of the injected vaccine is open to doubt. The most probable explanation is that it acts like a fixation abscess and allows viruses circulating in the bloodstream to settle down at the site of injection and thence proceed via the nerve fibers to the spinal cord. The greater the irritating effect of the vaccine, the more likely this is to happen."—*Op. cit., p. 45.*

MUMPS

Mumps is rarely harmful in childhood, and usually disappears within ten days after contracting it naturally. Lifelong immunity is the result. But it is dangerous for males after puberty to contract it. About 35% develop orchitis, or inflammation of the testes. This can result in sterility.

Because the mumps vaccine gives an immunity which is not lifelong—but gradually disappears, boys who have received the mumps vaccine can develop mumps later in life, with hazardous complications. Statistics reveal that mumps after childhood is becoming more frequent, as a result of

mumps vaccinations *(R.S. Mendelsohn, M.D., How to Raise a Healthy Child, pp. 29-30, 213-214).*

The mumps vaccine can also cause immediate and harmful reactions, including febrile seizures; rashes; unilateral nerve deafness; and, occasionally, encephalitis.

A recently developed mumps vaccine is said to produce a higher incidence of encephalitis *("Clinical and Epidemiological Features of Mumps Meningoencephalitis and Possible Vaccine-Related Disease," Pediatric Infectious Disease Journal, November 1989, pp. 751-754).*

> **"Use of the mumps vaccine, which has been associated with serious side effects, seems unjustifiable. Administering the vaccine during adolescence may just prolong the problem of wanning immunity and shift the disease and its complications to an even older population."—*Randall Neustaedter, O.M.D., The Immunization Decision, 1990, p. 60.***

It has been said that children should be inoculated against rubella in order to protect pregnant women from catching the disease from them. But a study by Dr. Stephen Schoenbaum and colleagues in 1975—specifically done to find out about that—revealed the surprising fact that adult women contract rubella from other adults, not from children *(S.C. Schoenbaum, et al., "Epidemiology of Congenital Rubella Syndrome: The Role of Material Parity," Journal of the American Medical Association, 1975, Vol. 233, pp. 151-155).*

The following was reported in the *American Journal of Diseases of Childhood:*

> **"A 20-month-old white boy was well until ten days after inoculation with the combined mumps-rubella vaccine. Initial complaints were the inability to stand on the left leg and pain in all extremities. The weakness progressed to include both legs and ascended to involve all extremities. Examination revealed an apprehensive child with a complete flaccid paralysis of all extremities and inability to hold his head up. The patient had marked soft tissue tenderness of all extremities. Neurologic evaluation revealed no muscle stretch reflexes."—*J.R. Gunderson, "Guillain-Barré Syndrome: Occurrence Following Combined Mumps-Rubella Vaccine," American Journal of Diseases of Childhood, 1973, Vol. 125, pp. 834-835.***

INFLUENZA (FLU)

Most people call influenza *"the flu."* The flu vaccines vary in type and effects, from year to year. New strains are constantly being developed in an effort to conquer the latest flu epidemic. Of course, this also means that last year's flu vaccination can do little to help a person the next year.

> **"In 1976 more than 500 people who received their flu shots were paralyzed with Guillain-Barré Syndrome. Thirty of them died. During that same year, the incidence of Guillain-Barré among flu-vaccinated U.S. Army personnel was 50% greater than among unvaccinated civilians. Dr. John Seal of the National Institute of Allergy and infectious Disease believes that 'any or all flu vaccines are capable of causing Guillain-Barré.' "—*N.Z. Miller, Vaccines: Are They Really Safe and Effective? 1992, p. 44.***

Medical records reveal that one of the effects of the swine influenza vaccine program was multiple sclerosis and Guillain-Barré Syndrome. Commenting on this relationship, Dr. Waisbren suggested that it may be that

the myelin coating on the outside of the nerves may have been damaged or destroyed by viruses in the swine-flu vaccine.

"Is it possible that antigen in the swine-influenza vaccine evokes in some patients an immune response to myelin basic proteins—those that surround the peripheral nerves in patients who developed Guillain-Barré Syndrome, and those around the central nerves in patients who developed a disorder similar to multiple sclerosis?"—*Burton A. Waisbren, M.D., "Swine influenza Vaccine," Annals of Internal Medicine, July 1982, p. 149.*

Dr. Robert Couch, Baylor University, Houston, Texas, testified before the U.S. Public Health Service Immunization Practices Advisory Committee in January 1982. He told them of various elderly individuals who had a history of chronic disorders. After they received influenza vaccination, some of their allergies and other problems worsened; some with hypertension had increased blood pressure; some with diabetes had higher blood sugar; some with gout got worse; some with Parkinson's disease had increased clumsiness.

"Reports linking immunizations to Reye's Syndrome continue to appear.

"In an epidemic affecting 22 children in Montreal, five had received vaccines (consisting of measles, rubella, DPT, and Sabin polio vaccines) within three weeks prior to their hospitalization.

"While the Center for Disease Control had been quick to suggest a relationship between Reye's Syndrome and certain flu outbreaks, they have not, to my knowledge, given equal time to a consideration of an association between this disease and the flu vaccine itself."—*Robert Mendelsohn, M.D., San Francisco Chronicle, May 22, 1978.*

GERMAN MEASLES (RUBELLA)

The other name for German Measles is *rubella.* When a child contracts it, the result is a mild disease with few problems. In fact, most of the time few recognize that they have it. The symptoms are a runny nose, sore throat, very slight fever, and somewhat enlarged, tender lymph nodes on the side of the neck. Pink, slightly raised spots appear on the skin.

But the situation is entirely different if a pregnant woman develops the disease within the first trimester (the first three months of pregnancy). Her baby may be born with birth defects such as limb defects, mental retardation, impaired vision, damaged hearing, or heart malformation.

Obviously, it is dangerous to inoculate a young girl against rubella! Later, when the immunity wears off, she has grown up—and then may contract rubella during early pregnancy. The result may be a defective child. For this reason alone, rubella vaccinations should never be indiscriminately given to children. Although it is a known fact in medical circles that approximately 25% of those vaccinated against rubella lose that immunity within five years *(R.S. Mendelsohn, The Risks of Immunizations, 1988, p. 4),* yet children—including girls—are routinely given their MMR shots—which includes rubella vaccine.

"Rubella vaccine is unnecessary to administer to boys, rubella illness being of little consequence for males. But the danger of infection of pregnant women by rubella virus is a very serious concern. J. Anthony Morris, Ph.D., former Food and Drug

Administration executive, pointed out in the *National Health Federation Bulletin* in 1977, 'No boy should be given rubella vaccine because in boys rubella is a relatively minor disease . . Rubella vaccination increases the chances that a pregnant mother can contract the vaccine virus from a son who has been recently vaccinated.' "—*The Dangers of Immunization, 1987, p. 53.*

"As much as 26% of children receiving rubella vaccination in national testing programs developed arthralgia and arthritis. Many had to seek medical attention, and some were hospitalized to test for rheumatic fever and rheumatoid arthritis."—*"Science Aftermath," Science, March 26, 1977.*

"It is clear that vaccination of children (for rubella), which has only been done for several years, is not very successful."—Dr. *Plotkin, professor of pediatrics at the University of Pennsylvania School of Medicine.*

A study made, during a Casper, Wyoming, German Measles epidemic, revealed that 73% of the children developing it were already immunized against it. In an outbreak in Melbourne, Australia, 80% of all army recruits who contracted the disease had received rubella vaccination four months earlier *(Australian Nurses Journal, May 1978).*

Negative side effects of rubella vaccinations include arthritis, arthralgia (painful joints), and polyneuritis (peripheral nerve pain, numbness, or paralysis).

You may know someone with Chronic Fatigue Syndrome, which the scientists call Epstein-Barr Virus. Before 1982, it did not exist in the United States. We are making new diseases all the time!

Researchers now know that the new rubella vaccine (first administered in America in 1979) produced it. Once a child receives that vaccine, the Epstein-Barr virus can remain in his body for years and, through casual contact, be transmitted to others *(A.B. Allen, M.D., "Is RA27/3 a Cause of Chronic Fatigue?" Medical Hypothesis, Vol. 27, 1988, pp. 217-220; and A.D. Lieberman, M.D., "The Role of Rubella Virus in the Chronic Fatigue Syndrome," Clinical Ecology, Vol. 7, No. 3, pp. 51-54.)*

In an article reviewing the statistical evidence of adverse effects of compulsory rubella vaccination in the State of New Jersey, the following comments were made:

"The HEW (the U.S. Department of Health, Education, and Welfare) reported in early 1970 that as much as 26 percent of children receiving rubella vaccination in national testing programs developed arthralgia and arthritis. Many had to seek medical attention and some were hospitalized to test for rheumatic fever and rheumatoid arthritis. In New Jersey this same testing program showed that 17% of all children vaccinated developed arthralgia and arthritis . . The HEW report indicated that in 1969 only 87 congenital rubella syndrome cases were reported in the entire U.S.; twelve cases were reported in New Jersey.

"These statistics hardly justify the crippling of an estimated 340,000 children in the state of New Jersey as a result of the rubella vaccine.

"Further, writing in the current *New England Journal of Medicine,* Nobel Prize Winner Dr. John Enders, of Harvard University, expressed the concern that young girls vaccinated today may be more likely to get the disease when they grow up and start having children than if they had gotten the disease naturally in their childhood. Findings indicate that vaccination may establish only partial resistance that is not as long lasting nor as protective as natural infection."—*Science, March 26, 1977, p. 9.*

It is a strange fact that two medical journals have reported that in many hospitals all employees are required to be vaccinated for rubella—but physicians (they are the ones who read the medical journals) refuse to take the rubella vaccine while the other hospital employees receive them *("Rubella Shots for Hospital Employees," The Doctor's People: A Medical Newsletter for Consumers, August 1991, pp. 1-2).* In a second research report, it was noted that 90% of the obstetricians and over two-thirds of the pediatricians refused to take the rubella vaccine *("Rubella Vaccine and Susceptible Hospital Employees: Poor Physician Participation;" Journal of the American Medical Association, February 20, 1981).* Those physicians are in the two medical specialties which are the most expert in the dangers of vaccines.

"On August 7, 1989, I had Rubella, Measles, and Varicella Zoster Titre IGG [chicken pox] vaccines. I am a nursing student. Within three weeks I began feeling weak, tired, and sluggish. This lead to numbness in both hands and feet. By November I developed Guillain-Barré Syndrome and was hospitalized for two months. I was unable to walk, had difficulty moving my upper extremities, suffered urinary and abdominal problems, partial facial paralysis, and I lost a substantial amount of weight. Previously, I was an active healthy woman, eager to finish my nursing program."—*Vaccine Reaction Report, National Vaccine Information Center, November 25, 1991, pp. 23-24.*

In the following statement, *"herd immunization"* is an Australian term for what we would call "mass *immunization":* It is not referring to animal vaccination.

"In October 1972, a seminar on rubella was held at the Department of Pathology, University Department, Austin Hospital in Melbourne, Australia. Dr. Beverly Allan, a medical virologist, gave overwhelming evidence against the effectiveness of the vaccine. So stunned was she with her investigations that it caused her, like a growing number of scientists, to question the whole area related to herd immunization."—*G. Dettman, Ph.D., and A. Kalokerinos, M.D., "Does Rubella Vaccine Protect?" Australian Nurses Journal, May 1978.*

When parents take their children to see the doctor for a routine checkup, it is standard procedure for the physician to give them the MMR shots. These are supposed to immunize them against mumps, measles, and rubella. Medical guidelines recommend that this shot be given at about 15 months of age.

WHOOPING COUGH (PERTUSSIS)

"We would like to enjoy reduction in disease at little or no cost. But this goal is difficult to achieve because the reason for immunity to pertussis is obscure; hence, we have little knowledge of the immunizing principle of the bacterium. To accomplish protection we find it necessary to give the entire bacterium and to allow the host to sort out the effective immunologic response. The cost of doing this is the inclusion of all components of the bacterium, including the toxic *ones."—Vincent Fulginiti, M.D., 1984, quoted in H.L. Coulter and B.L. Fisher, A Shot in the Dark, p. 205.*

The medical name for whooping cough is *"pertussis."* This can be a dangerous disease. The heavy coughing can so weaken the body that the individual dies from lack of oxygen. In most cases, the disease is not fatal, but is the most dangerous when infants under six months of age contract

it. No known antibiotics and cough suppressants seem to lessen the condition.

"Curiously, the United States appears to be the only major Western nation with compulsory pertussis immunization. It is not mandated in England, France, West Germany, Canada, Austria, Italy, Switzerland, Portugal, Spain, Denmark, Sweden, Belgium, Finland, Ireland, Norway, or the Netherlands. In fact, the only part of Europe where pertussis vaccination is universally imposed is the Soviet Union and the formerly 'iron curtain' countries of Poland, Hungary, and Czechoslovakia.

"Mass vaccination in our 'free society' is not voluntary. Since the repeal of the draft in the 1970s, mandatory vaccination remains the only law that requires a citizen to risk his life for his country."—*H.L. Coulter and B.L. Fisher, A Shot In the Dark, p. 204.*

Actually, the number of cases of whooping cough were declining in the years before the pertussis vaccine was introduced. From 1900 to 1935, the death rate from this disease declined 79 percent in the U.S. *(International Mortality Statistics, 1981, pp. 164-165).* Due to problems with the vaccine, since that vaccination began, the death rate has risen again.

"Reports in the medical literature of serious adverse consequences—shock and brain damage—in infant recipients of pertussis vaccine extend from the 1930s to the present *time."—The Randolph Society, The Dangers of Immunization, 1987, p. 56.*

The whooping cough vaccine has a high percentage of neurologic complications, including death. Several physicians I know do not give it at all."—*Robert Mendelsohn, "Vaccinations Pose Hazards," Idaho Statesman, December 19, 1977.*

"One case they described was that of an eight-month-old boy, whose first pertussis shot was given at seven months. That shot was followed by irritability and drowsiness, which cleared up in about three days. Three weeks later he was given a second shot and 'rapidly became irritable, restless, febrile (feverish), and held his right arm stiffly. About seventy-two hours after the inoculation, [he] had two severe generalized convulsions and was admitted to another hospital.' When he was seen by his family physician eight months later, 'he was blind, deaf, spastic and helpless.' "—*1948 research study by Randolph K. Byers and Frederick C. Moll of Harvard Medical School, as reported in H.L. Coulter and B.L. Fisher, A Shot In the Dark, pp. 22-23.*

Dr. Vincent A. Fulginiti, chairman of the American Academy of Pediatrics Committee on infectious Diseases, wrote a 1976 paper, *"Controversies in Current Immunization Practices: One Physician's Viewpoint."* It was included in a 1982 statement submitted by J. Anthony Morris, Ph.D., to a U.S. Senate subcommittee:

"To me, it is inconceivable that we can steadfastly recommend and employ pertussis vaccine without a parallel commitment to resolve the outstanding issues. It is my belief that the National Institutes of Health, the Food and Drug Administration, and CDC should constantly encourage competent authorities to investigate the unanswered questions and attempt definitive answers."—*V.A. Fulginiti, M.D., quoted in J.A. Morris, Ph.D., statement to U.S. Senate Subcommittee on Investigations and General Oversight, Committee on Labor and Human Relations, June 30, 1982.*

On those occasions when enough of the public learns about it, it is shocked at what pertussis inoculations are doing to the children. Storm waves keep arising over the matter, which state health departments try to quiet with words of peace and safety. But the outcry finally led, in 1986, to

a congressional law (NCVIA, discussed in some detail near the close of the present book).

> **"The vaccine controversy has reached its emotional and political zenith with the publicity generated by pertussis vaccine reactions. Public awareness was fueled by television documentaries, books in the popular press *(Coulter & Fisher, A Shot in the Dark, 1985),* and many magazine articles. Children in Great Britain and Sweden no longer receive the pertussis vaccine. Japan has postponed pertussis immunization until children are two years old, and the United States Congress passed the National Childhood Vaccine Injury Act [NCVIA] to provide compensation to parents of children injured by vaccines."—*Randall Neustaedter, O.M.D., The Immunization Decision, 1990, p. 43.***

The most comprehensive pertussis study was conducted in Los Angeles during 1978-1979 by UCLA (reported in *Pediatrics,* 1981, 68:650-660). In a large number of cases, reactions occurred within the first 48 hours after pertussis injection were recorded. Serious problems were found to exist with the pertussis vaccine. Unfortunately, the research only concerned the first 48 hours after inoculation. Dr. Coulter comments on the many cases of brain damage caused by the vaccine, which occur more than 48 hours after the injection:

> **"Severe neurologic sequelae [plural of *'sequela,'* an abnormal condition resulting directly or indirectly from a previous disease or vaccination] may also occur after vaccination in the absence of an acute reaction. When the baby reacts to a DPT shot with 'a slight fever and fussiness for a few days,' this may be, and often is, a case of encephalitis which is quite capable of causing quite severe long-term neurologic consequences . . Any researcher who ignores or rejects the possibility that a vaccination can cause the most serious neurologic disorders in the absence of a marked acute reaction will have to find grounds for distinguishing post-vaccinal encephalitis from encephalitis due to other causes."—*Randall Neustaedter, O.M.D., The Immunization Decision, 1990, p. 46.***

Although the study was restricted to only the initial 48 hours after a pertussis injection, the UCLA research still revealed that 50% of those receiving the vaccine developed fever, 36% had irritability, 35% had crying episodes, and 40% had localized inflammation. More significantly, 3% had persistent crying, and 31% had excessive sleepiness.

Three research studies were made on the relationship that the pertussis vaccine had to death. Each one specifically examined DPT vaccinations, and each found a decided relationship. In Waler's case-control study, the relative risk of the child having SIDS (sudden infant death syndrome) within 3 days after immunization was 7.3%! Did you hear that? That is almost one child out of every ten vaccinated with DPT (the diphtheria-pertussis-typhoid vaccine, a standard vaccination given to school children).

(The three studies were: Baraff, et al., 1983, reported in Pediatric Infectious Disease Journal, 1983, Vol. 2, pp. 7-11; Torch, 1982, reported in Neurology, 1982, Vol. 32, p. A 169; Waler, et al., 1987, reported in American Journal of Public Health, 1987, Vol. 77, pp. 945-951.)

In a research paper submitted to the Australian government, Drs. Dettman, Kalokerinos, and Ford have urged that something be done about the pertussis vaccine problem. Among other things, they noted evidence linking pertussis vaccine with the later appearance of asthma and hay fever

("A Supportive Submission," The Dangers of Immunization, Biological Research Institute, Warburton, Victoria, Australia, 1979, p. 74).

Not only is the pertussis vaccine about 40-45 percent effective *("Persistence of Pertussis in an Immunized Population," November 1989, pp. 686-693),* but its immunity is short-lived *(Vaccination Bulletin, February 1987, p. 11),* there is a 95% chance of infection, only 12 years after vaccination *("Diphtheria-Pertussis-Tetanus Vaccine," Pediatrics, February 1979, pp. 256-260).*

Edward B. Shaw, a physician teaching in the medical school at the University of California, said this:

> **"I doubt that the decrease in pertussis is due to the vaccine, which is a very poor antigen and an extremely dangerous one—with many serious complications."—*E.B. Shaw, M.D., Journal of the American Medical Association, March 10, 1975, p. 1026.***

Here are several additional comments on the pertussis vaccine:

> **"There is a natural tendency to under-report whooping cough when it occurs in a vaccinated population, and to over-report it when it appears to be occurring in an unvaccinated population."—*H.L. Coulter and B.L. Fisher, DPT: A Shot in the Dark.***

A new whooping cough vaccine, known as the *"acellular pertussis vaccine,"* was put on the market in 1981. Also known as *"Japanese whooping cough vaccine,"* Japanese scientists developed it to be "safer and more effective" than the pertussis vaccines in current use. But the new vaccine has brought death to some of those receiving it. The first U.S. test was made on Swedish children in 1988; five of the children died.

> **"In Japan, the replacement of whole-cell with acellular vaccine resulted in a 60% reduction of 'mild' side effects, particularly febrile seizures. But the rate of severe reactions did not differ significantly between the acellular and whole-cell vaccine *(Noble, et al., 1987).* The Japanese experience with acellular vaccine has included only children 24 months or older. There is no data that allows us to predict the rate of severe reactions for infants given the new vaccine."—*R. Neustaedter, The Immunization Decision, 1990, p. 80.***

> **"The pertussis vaccine is dangerous in all forms developed thus far . . Infants will continue to be severely damaged by these pertussis vaccines, and the true extent of undetected, long-term disease will probably never be discovered."—*Op. cit., p. 81.***

In 1987, 66 Japanese victims of the new shots won immense court awards from the government. The judge said the government was at fault and had victimized the people *(report of Marian Tompson, an investigative reporter, noted in R.S. Mendelsohn, M.D., Risks of Immunizations, 1988, p. 96).*

An outstanding book on the whooping cough (pertussis) vaccine has been written! It is entitled *A Shot in the Dark.* The subtitle is *Why the P in the DPT Vaccination May be Hazardous to Your Child's Health.* Authored by Harris L. Coulter and Barbara Loe Fisher, it is extremely comprehensive. Coulter is a medical historian, and Fisher is founding member and vice-president of Dissatisfied Parents Together, a Virginia-based organization which tries to help parents who have had problems—before or after—vaccinations. (See the section, *"For More Information,"* for the address.)

DPT VACCINE

DPT is a combination vaccine, composed of diphtheria, pertussis (whooping cough), and typhoid vaccines. It is probably the vaccine most commonly given to small children. It is also one of the most dangerous. The following account appeared in the distinguished journal, *Pediatrics:*

> **"A 16-month-old baby girl . . had been previously healthy and developmentally normal . . In September 1983, 14 days after measles, mumps, and rubella vaccination, she had subjective fever, cough, conjunctival infection, and a generalized macular erythematous rash. Two days later, the majority of these symptoms abated, but the conjunctival infection worsened, her pupils became dilated, and she began walking into objects . . On admission to the hospital, examination revealed a vigorous toddler who would not reach for objects and had only minimal light perception. Ophthalmologic examination showed a diffuse chorioretinitis with perivascular retinal edema, mild papilledema, and a stellate macular configuration . . Repeat Fundoscopic [eye] examination several days later demonstrated evolution into a 'salt and pepper' pigmentary pattern distributed radially along the retinal veins. These changes were most consistent with measles retinopathy. On follow-up examination *7* months later, her visual acuity had improved; she was able to ambulate freely but still sat close to the television set and held objects close to her face. Fundoscopic examination revealed macular scarring."—*G.S. Marshall, et al., "Diffuse retinopathy following measles, mumps, and rubella vaccination," Pediatrics, 1985, Vol. 76, pp. 989-991.***

Measles, normally "caught" the natural way, never causes such problems. But, when weakened measles viruses are given in injections, the result can be weird ("atypical") types of physical damage which would never occur if a child caught the disease naturally.

We have already viewed the dangers of measles, diphtheria, and pertussis vaccines. DPT combines them all into one package, which health department officials in every state routinely require every child to be injected with, in order to attend public school.

Diphtheria, pertussis, and tetanus vaccines are generally given in one dose, called the *"DPT vaccine."* Formaldehyde, thimerosal (a form of mercury), and aluminum phosphate—all strong poisons—are used to "stabilize" the germs in DPT, as well as a number of other vaccines.

Just for a moment, let us discuss this matter of "stabilized" and "attenuated" viruses: If you half-kill a plant or animal, it is in bad shape. It may become diseased, it may die, it might recover its full strength. The same applies to the half-killed ("attenuated") viruses in vaccines. The poisonous chemicals used to "stabilize" them have caused some to become diseased, some dead, and some to recover quite well. —*Then the whole mess is pumped into the arm of a small child.* And we wonder why he develops a strange sickness afterward.

One child will develop one kind of disease, another a different kind. It all depends on which direction a majority of the weakened viruses injected into that particular child happened to go—before and after being injected. It also depended on what other viruses happened to be in the bovine or monkey pus which the viruses came from. It also depended on the child's general health and diet at the time. It also depended on how many vaccines he received at one time. It also depended on whether this was the

first vaccination or the third or fourth in a series.

Another point should be mentioned:

After being injected, the fast-flowing bloodstream carries off the entire collection of chemicals and viruses in the vaccine—and quickly separates the viruses from the chemicals which kept them in a weakened condition. What happens to the viruses next, now that they are back in an ideal growth environment? What do the deadly chemicals do? Very likely, the chemicals weaken the body's immune system, as the foreign viruses set to work to grow and multiply.

A *60-Minute* documentary, entitled *"DPT: Vaccine Roulette,"* produced by reporter Lea Thompson, was aired over WRC-TV, Washington, D.C., in April 1982. It reviewed a shocking number of incidents of neurological damage to children following DPT vaccination.

> **"To health professionals, of course, the dangers of DPT are nothing new . . Almost from the inception of widespread DPT immunization, severe reactions have been reported, beginning with Byers' and Moll's study of vaccine-associated encephalopathy in 1948."—*Journal of the American Medical Association, July 2, 1982.***
>
> **"We have shown that triple antigen injections (DTP) given to scorbutic children [low in vitamin C] can result in massive immunological insults which may cause death *(as reported in Medical Journal of Australia, April 7, 1973).* Obliged to investigate this phenomenon, we were surprised to find the whole subject of herd [mass] immunization is controversial and not nearly so well authenticated as we would have our recipients believe.**
>
> **"It is now seriously suggested that the slow virus may be the cause of a number of degenerative diseases including rheumatoid arthritis, leukemia, diabetes, and multiple sclerosis. It is further possible that some of the attenuated [chemically weakened] strains of vaccines that we advocate may be implicated with these diseases. Of polio immunization . . Fred Klenner (North Carolina) has stated, 'Many here voice a silent view that the Salk and Sabin vaccines, being made of monkey kidney tissue, have been directly responsible for the major increase of leukemia in this country."—*Glen C. Dettman, "Immunization, Ascorbate, and Death," Australian Nurses Journal, December 1977.***

The packet insert for the DPT vaccine says that "symptomology related to neurological disorders" and "excessive screaming" can follow vaccination with DPT.

Dr. John Fox, of the University School of Medicine, issued a warning to the Australian government that the risk of paralytic complications from injecting certain vaccines is too great. He cited vaccines containing antigens for measles, polio, whooping cough, and tetanus *(Drs. A. Kalokerinos and G. Dettman, " 'Mumps' the word, but you have yet another vaccine deficiency, "Australian Nurses Journal, June 1981, p. 17).*

> **"[DPT can cause] fever over 103 degrees F., convulsions alterations of consciousness; focal neurologic signs, screaming episodes . . shock; collapse; thrombocytopenic purpura."—*Physician's Desk Reference, 1980, p. 1866.***

Edward Brandt, Jr., M.D. testified before a U.S. Senate Committee on May 3, 1985, and stated that every year 35,000 children suffer neurological reactions because of the DPT vaccination *(Health Freedom News, May 1985, p. 38).*

Under "Side Effects and Adverse Reactions" of DPT, you will find the following listed:

"1. Severe temperature elevations—105° or higher. 2. Collapse with rapid recovery. 3. Collapse followed by prolonged prostration and shock-like state. 4. Screaming episodes. 5. Isolated convulsions with or without fever. 6. Frank encephalopathy [brain damage] with changes in the level of consciousness, focal neurological signs, and convulsions with or without permanent neurological and/or mental deficit. 7. Thrombocytopenic purpura [blood and skin disorder]. The occurrence of sudden infant death syndrome [SIDS] has been reported following administration of DPT."—*Physicians Desk Reference, 1980, p. 1866.*

Reye's Syndrome often is a fatal disease, which may be caused by various vaccines:

"Reports linking immunizations to Reye's Syndrome continue to appear.

"In an epidemic affecting 22 children in Montreal, five had received vaccines (measles, rubella, DPT, and Sabin polio vaccines) within three weeks prior to their hospitalization. "While the Center for Disease Control has been quick to suggest a relationship between Reye's Syndrome and certain flu outbreaks, they have not, to my knowledge, given equal time to a consideration of an association between this disease and the flu vaccine."—*R.S. Mendelsohn, M.D., news column in San Francisco Chronicle, May 22, 1978.*

***Beware of the piercing cry!* Think of that cry BEFORE you decide to let your child receive the injection. Why? Because that cry can be a symptom that the child is suffering slight, partial, or major brain injury. The result in after years may be only a slight nervous condition or it may be strong excitability, slight or greater retardation, partial or complete paralysis.**

"The scientists studying the pertussis vaccine have little conclusive evidence of its side effects. For years, crying spells that develop on the day the shot is given were considered insignificant. Today, some doctors believe they are evidence of a neurologic reaction to the shot. And the manufacturers of the vaccine now recommend that children with such reactions do not receive the shot. [Yet that reaction comes after the shot, not before.]

"A study on DPT effects by researchers at the University of California, the first such study to be done in the U.S. in 25 years, found that one in 13 vaccinated children suffers persistent, piercing crying spells the day after receiving a DPT injection. Because the first three shots are given to children when they are still under one year old, they cannot explain the exact nature of their distress.

"However, the crying is usually accompanied by a fever and drowsiness. Some experts theorize the crying is due to slight damage to the nervous system, but the connection has not been proven."—*Michael D'Antonio, "School Shots: More Harm than Good?" Family Weekly Magazine, August 15, 1982.*

"Some interesting statistics emerged; however, these figures are very conservative because doctors don't report reactions, and what does get reported is the result of some special study commissioned by the government. A recent study at UCLA estimates that as many as one in every 13 children had persistent high-pitched crying after the DPT shot.

" 'This may be indicative of brain damage in the recipient child,' Dr. Bobbie Young said. Later on he said, 'You know, we start off with healthy infants, and we pop 'em not once, but three or four times with a vaccine . . The probability of causing damage is the same each time. My greatest fear is that very few of them escape some kind of neurological damage out of this.' One child in 700 has convulsions or goes into shock. These reactions sometimes cause learning disabilities or brain damage . . But these

figures represent only the reported effects occurring within 48 hours after the administration of the vaccine.

"An even more recent figure on the reaction to the DPT vaccine indicates that 1 in 100 children react with convulsions or collapse or high-pitched screaming. One out of 3 of these [screaming babies]—that is, 1 in 300—will remain permanently damaged."—*Walene James, Immunizations: The Reality Behind the Myth, 1988, pp. 13-14.*

The standard DPT vaccination schedule for infants is DPT-1 at 2 months, DPT-2 at 4 months, DPT-3 at 6 months, DPT-4 at 15 months, and DPT-5 at 4-6 years. The immunization schedule for children up to 7 years of age is DPT-1 at first visit, DPT-2 at 2 months later, DPT-3 at 4 months later, DPT-4 at 6-12 months after DPT-3, and DPT-5 at 4-6 years of age. Have you already started your child on his series of five DPT shots?

"Should they [the parents] continue with boosters once they have started? All those other shots might be wasted. If you have doubts at any point, you can stop giving the vaccines. Remember that vaccines often cause severe reactions only after the third or fourth shot."—*Randall Neustaedter, The Immunization Decision, 1990, p. 91.*

Here is an abstract (summary) of an in-depth research report, showing that, at whatever age the child received the DPT vaccine, a sizeable percentage experienced varying levels of sickness and/or physical damage:

"*Abstract:* 82 infants, aged 2-12 months, were prospectively studied for infectious episodes following DPT immunization. The occurrence of infectious episodes during the month following vaccination was compared to that during the month prior to its administration. The 3 days following vaccination were not included. In comparison to the month prior to immunization, during the month following there were significantly more infants with fever (6.1% vs. 24.4%, $p < 0.001$), with diarrhea (7.3% vs. 23.1, $p < 0.005$), and with cough (37.7% vs. 52.4%, p N.S.). After the first month of the study, there was an increase in morbidity in the region, so those cases were re-evaluated which had been seen during the latter 3 months. The same trend one month after immunization, there were significantly more infants with fever (53% vs. 25%, $p < 0.005$), with diarrhea (10.5% vs 28%, $p < 0.02$), and with cough (26% vs. 54%, $p < 0.01$). There was no correlation between the incidence of these episodes and the age at vaccination. In addition to reactive fever during the first 3 days following DPT immunization, an increase in infectious episodes seems to occur in infants during the month following administration of this vaccine."—*"Infectious Episodes Following Diphtheria Pertussis Tetanus Vaccination," Clinical Pediatrics, October 1988.*

In order, for legal reasons, to admit there is danger, without hardly admitting it, the two primary DPT manufacturers provide these carefully worded sentences in their DPT product insert:

"SIDS has occurred in infants following the administration of DPT. One study has showed no casual connection."—*Connaught Laboratories, DPT product insert, 1986.*

"The occurrence of SIDS has been reported following administration of DPT. The significance of these reports is unclear."—*Wyeth Laboratories, DPT product insert, 1984.*

In reality, there have been dozens of studies showing a very strong correlation (see *Bibliography* at the back of this book for a few samples).

DPT AND 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, p. 54.*

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.*

Monitors placed on infants who have been vaccinated show severe alterations in breathing patterns after the DPT (diphtheria/pertussis/tetanus) vaccine is injected. A precise breathing monitor, called "cotwatch," was used in a special study of SIDS. The children's breathing pattern was measured before and after DPT vaccination. The data clearly demonstrates that it was the vaccine which caused an extraordinary increase in episodes where breathing nearly ceased or actually stopped completely! Scheibner, the author of the study, concluded that "vaccination is the single most prevalent and most preventable cause of infant deaths."

On March 9, 1979, the Tennessee Department of Health reported to the CDC (Centers for Disease Control) that four sudden unexplained deaths occurred since November 1978, in infants who had been vaccinated during the 24 hour period prior to death. These four deaths were classified as SIDS and all had just received their first DPT vaccination and oral polio vaccine. Altogether, in Tennessee, between August 1977 and March 1978 and from August 1978 to March 1979, there were 52 recorded SIDS and/or "deaths resulting from unknown causes."

At the thirty-fourth Annual Meeting of the American Academy of Neurology in 1982, William C. Torch and other researchers discussed over 150 DPT postvaccinal deaths. About 50% of the deaths happened within 24 hours of DPT, 75% in 72 hours, 90% in 1 week, and the rest within 20

months following protracted reactions. About one-half were sudden (SIDS-like) or anaphylactic; about one-half followed neurotoxic or systemic symptoms (apnea, shock, seizures, dyspnea, irritability, lethargy, apathy, coma, paralysis, etc.; *Neurology, April 1986, pp. 148-149).*

Another study, this one in Los Angeles County, was undertaken to determine if there is a temporal association between SIDS and DPT vaccinations. Parents of 145 SIDS victims who died in that county between January 1, 1979 and August 23, 1980, were interviewed regarding their child's recent vaccination history. Fifty-three had received a DPT vaccine. Of these, 27 had received a DPT vaccination within 28 days of death. Six deaths occurred within 24 hours and 17 occurred within 1 week of DPT vaccination. These SIDS deaths were "significantly more than expected were there no association between DPT vaccination and SIDS." An additional 46 infants had a physical/clinic visit without DPT vaccination prior to death. Forty of these infants died within 28 days of this visit, 7 on the third day, and 22 within the first week following the visit. The report concluded that there was a definite relationship between the DPT vaccination and SIDs *(Pediatric Infectious Disease, January 1983, pp. 5-11).*

A research study by Alexander Walker stated, "We found the SIDS mortality rate in the period zero to three days following DPT to be 7.3 times that in the period beginning 30 days after immunization . . Only a small proportion of SIDS cases in infants with birth weights greater than 2,500 grams could be associated with DPT. Walker also noticed that these deaths were not associated with just the first shot, but with each additional shot *("Diphtheria-Tetanus-Pertussis Immunization and Sudden Infant Death Syndrome," American Journal of Public Health 77:8 [1987], pp. 945-951).*

The National Vaccine Information Center (NVIC) reports that the form of the vaccine used and sanctioned by the Centers for Disease Control kills as many as 900 children per year and leaves one of every 62,000 children immunized with permanent brain damage.

It is a horrifying fact; U.S. drug firms refuse to produce a purified vaccine which is available and virtually reaction-free. It has been produced and used in other countries for over 15 years, using technology the U.S. abandoned in the 1970s. The problem is that it costs $9 more per injection. While most parents would happily spend the additional nine dollars to ensure their children's safety, drug companies have lobbied Congress to delay the use of the purified (acellular) vaccine as long as possible, because it would reduce somewhat their immense 50% profit margins per vaccination.

Here is the story behind this: By 1972, six major U.S. pharmaceutical companies had developed a purified (acellular) form of the pertussis vaccine which was virtually reaction-free. Unfortunately, the purification process yielded less of the active component necessary to confer immunity, increasing the cost of production from cents to dollars per dosage. Acellular vaccine production was abandoned in America.

In 1977, British researcher Dr. Gordon T. Stewart, of the Department

of Community Medicine at the University of Glasgow, documented adverse reactions to DPT vaccine for children in the United Kingdom *(G.T. Stewart, "Vaccination against Whooping Cough: Efficacy vs. Risks," Lancet, January 29, 1977).*

His research demonstrated that a number of the children receiving the vaccine suffered encephalopathy (brain disfunction) with rare instances of mental retardation ensuing.

Other symptoms included fits of screaming, unresponsiveness, shock, vomiting, localized paralysis, and convulsions. Of the 160 adverse cases he examined, 40% demonstrated hyperkinesis (increased muscle movements accompanying brain dysfunction), infantile spasms, flaccid paralysis, and partial or complete amentia (severe mental retardation).

He determined that adverse events were severely under-reported or overlooked, that no protection from the disease was demonstrable in infants, and that claims by official bodies that risks of whooping cough exceeded those of vaccination were very questionable.

Sweden banned the pertussis vaccine from its vaccination program in 1979, related to concerns of safety and its questionable effectiveness. That country decided it would rather endure the disease as opposed to the vaccine.

In 1980, German researchers, Tonz and Bajc, compared incidences of seizures caused by the pertussis vaccine in Germany with those in America. German children suffered seizures at the rate of 1 per every 4,800 infants immunized. In America, children had one seizure for every 600 infants immunized; one child in 1,750 would collapse in shock from the dose.

Japan totally replaced the traditional whole-cell pertussis vaccine with the purified, acellular vaccine. By 1983, studies indicated that the efficacy of Japanese acellular vaccines was equal that of the whole-cell vaccines, and complication rates had been cut by 83%. But the average cost of each shot was a little more in Japan. So U.S. pharmaceutical firms wanted nothing to do with it, knowing it would reduce their profits a little. They would rather let your children and grandchildren experience brain damage, paralysis, blindness, and death *("Acellular and Whole Cell Pertussis Vaccines in Japan," JAMA, Vol. 257, No. 10, 1987).*

When the major U.S. vaccine manufacturers lobbied Congress in 1986 to pass the *National Childhood Vaccine Injury Act* (NCVIA) to absolve them of all liability related to adverse reactions caused by their products, they wanted to stop the flood of lawsuits against them. With this Act, the *National Vaccine Injury Fund* was established by levying a user tax against citizens for immunizing their children. Since its initiation, the fund has compensated 579 vaccine-induced deaths, adjudicated through the Federal Court of Claims in the amount of $700 million dollars. Forty percent of these vaccine-induced deaths (227 of the 579) were originally misdiagnosed as Sudden Infant Death Syndrome (SIDS).

What arrogance! The drug companies get American taxpayers to pay the cost of their children's vaccine tragedies—through vaccines which the drug

companies get the States to require children to receive!

The major manufacturer and supplier of DPT in the U.S., Wyeth-Lederle, watched its profits soar 300% since the passage of this Act. Wyeth-Lederle earned $350 million in sales of DPT last year.

In one 20 month period alone, the National Vaccine Information Center documented 54,000 adverse vaccine reactions which included 700 deaths. Dr. David Kessler, commissioner of the FDA (now retired), added that only 1 of every 10 adverse events associated with vaccines are reported.

MMR VACCINE

Along with DPT, the MMR vaccine combination is the other major inoculation given to children. It is composed of weakened viruses of measles, mumps, and rubella. This injection is generally given as a single shot at 15 months of age or older.

MMR will include all the problems discussed separately above, under measles, mumps, and rubella. In addition—as with DPT—because three shots are combined in one, there is added danger of placing too much of a load on the child's immunization system at one time.

> **"Mass immunization of children for mumps, measles, and rubella has resulted in a shift in the pattern of these diseases. The age distribution has changed significantly since the vaccinations were introduced in the 1960s. Now these are increasingly becoming diseases of adolescents and young adults. This is a problem since the diseases themselves cause more complications in this older population. Secondly, the vaccines seem to have caused atypical [peculiar] forms of the diseases to appear."—*Randall Neustaedter, O.M.D., The Immunization Decision, 1990, p. 52.***

> **"Despite the history of serious vaccine side effects, which includes polio caused by the oral vaccine, deaths and brain damage caused by DPT, and the many problems of live measles and mumps vaccines, drug companies and the medical profession persist in the development and rush to market of new vaccines. Few studies and little experience precede licensure of these new products. Haemophilus, chicken pox, and pneumococcal vaccines are the most recent experiments conducted on America's children."—*R. Neustaedter, The Immunization Decision, 1990, p. 73.***

MMR VACCINE AND AUTISM

There is a deadly link between MMR vaccine and autism.

One of the earliest vaccines introduced for general use in the U.S. was the pertussis vaccine for whooping cough in the 1940s. Autism, a form of childhood schizophrenia, characterized by mental retardation, muteness (inability to speak), and a lack of responsiveness to human contact, was not known or described until 1943, about the same time that vaccinations were introduced. Here are some of the latest facts on this:

The Wakefield/Walker-Smith Study. **In a 1998 study of twelve children in Britain, all twelve had intestinal problems and had suddenly lost language skills; and nine were diagnosed as definitely autistic. The significant part is that, in the case of eight of the children, parents or a doctor noticed the problems developed shortly after the child had received the measles, mumps, and rubella (MMR) vaccine!**

Serious problems can occur when children, especially small children, are vaccinated. Of these, the rubella (German measles) vaccine is especially dangerous. It is a standard part of the MMR (measles, mumps, and rubella) combination vaccine.

A 1998 research study, published in the British medical journal, *Lancet*, reveals that the MMR vaccine could be a cause of that terrible condition, known as *autism.*

Autism usually develops before the age of 30 months, when the sufferers lose their intellectual and higher brain functions. The children become withdrawn, self-absorbed, and unable to communicate.

Dr. Andy Wakefield (a specialist in gastroenterology) and Dr. John Walker-Smith led a research team at the Royal Free Hospital and school of Medicine in London, which discovered a new bowel disease in children which could be linked to autism and the MMR vaccination. They discovered that most of the children developed the bowel disease after the vaccination. This disclosure has aroused new fears about the safety of vaccines.

All twelve children had developed normally; but they suddenly lost skills, such as language, and developed a strange bowel problem.

Wakefield and Walker-Smith also studied 40 other patients, 39 of whom also had the same combination of intestinal and behavioral symptoms.

Wakefield said, "We were very, very surprised. We expected we might see one or two in the second group." Seven hundred more children are on the list at the Royal Free Hospital, to be assessed for the new bowel/autism syndrome.

The new bowel disease was given the name, *"ileal-lymphoid-nodular hyerplasia."*

The vaccine industry is big business; for, each year, it brings millions of dollars from sales into drug company coffers.

Rather quickly, medical authorities in the U.S. complained that the study was flawed, incomplete, etc. Robert Chen and Frank DeStefano, of the *Vaccine Safety and Development Activity National Immunization Program* at the Centers for Disease Control and Prevention (CDC) in Atlanta, said the research was not proof that MMR vaccine causes the bowel syndrome or autism.

In their rebuff in *Lancet*, Chen and DeStefano made the significant comment that autism first becomes noticeable at two years of age. That happens to be when the MMR vaccine is usually given. "Not surprisingly, therefore, some cases will follow MMR vaccination," they said.

But that reasoning could support a causal relationship rather than a coincidental one. Autism is first noticed at the age of two, *because* the MMR vaccine was given at that time.

Pasteur Merieux MSD, a French firm which makes the vaccine used in Britain, issued this statement: "It would be unfortunate if the results of controversial studies such as these resulted in a drop in public confidence in the vaccine, which the vast majority of the informed medical profession support totally."

Over the past 15 years, the number of routine shots has risen from five to 20 for children up to 2 years old, says Margaret Rennels, a pediatrics professor at the University of Maryland School of Medicine in Baltimore.

In a survey of 1,600 parents of young children last fall in the journal, *Pediatrics*, 25% worried that the sheer number of vaccines could overwhelm and weaken their child's immune system.

The Wakefield/O'Leary Study: **In a separate British study in the summer of 2001, scientists uncovered additional evidence that the MMR vaccine is primarily responsible for autism.**

Dr. Andrew Wakefield (the same one mentioned earlier) and pathologist John O'Leary found fragments of the measles virus from the MMR jab in the bowels of autistic children who also suffer a rare form of bowel disease. This establishes a possible link between the measles virus, autism, and a related bowel disorder.

The Singh Report on MMR and Autism: **In late September 2002, scientists at the Department of Biology and Biotechnology Center, Utah State University, Logan, Utah, reported finding a strong association between the MMR vaccine and the autoimmune reaction believed to pay an important role in autism.**

The research team, led by Dr. Vijendra K. Singh, analyzed blood samples from 125 autistic children and 92 children who did not have autism. (Associate members of the team were S.X. Lin, E. Newell, and C. Nelson.)

Ninety-two of the 125 autistic children had antibodies showing they had earlier had an abnormal reaction to the measles component of the MMR vaccine. Nine out of 10 of those children were also positive for antibodies thought to be involved in autism.

Dr. Singh believes that an abnormal immune response may be the underlying cause of many cases of autism. This is because, in reaction to the MMR vaccine, the child's body produces antibodies which attack the brain by dissolving myelin. Myelin is the coating on the nerve fibers, which serves to insulate it so nerve signals can pass through the body. It is like the plastic wrapping covering copper wires.

It is highly significant that none of the non-autistic children showed the production of those antibodies, the sign of an unusual anti-measles immune response. This is powerful evidence.

More information on the Singh's team research and findings will be found in the British *Journal of Biomedical Science, July/August 2002, pp. 359-364.* To date, the news of this astonishing finding, although made in Utah, has not been mentioned in the U.S. media.

> **"Stemming from this evidence, we suggest that an inappropriate antibody response to MMR, specifically the measles component thereof, might be related to pathogenesis of autism."—*Ibid.***

Both British government's chief medical officer and the British Medical Association continue to insist that there is scientific data supporting their position that the MMR vaccine is safe for children, and there is no contrary evidence. The U.S. medical establishment says the same thing.

Because this is so important, here is an abstract [research] summary of the Singh investigation:

"Abnormal measles-mumps-rubella antibodies and CNS autoimmunity in children with autism, a neurodevelopmental disorder.

"Because many autistic children harbor elevated levels of measles antibodies, we conducted a serological study of measles-mumps-rubella (MMR) and autoantibodies.

"Using serum samples of 125 autistic children and 92 control [non-autistic] children, antibodies were assayed by ELISA or immunoblotting methods. ELISA analysis showed a significant increase in the level of MMR antibodies in autistic children. Immunobolotting analysis revealed the presence of an unusual MMR antibody in 75 of 125 (60%) autistic sera [plural of "serum"], but not in control sera. This antibody specifically detected a protein of 73-75 kD of MMR.

"This protein band, as analyzed with monoclonal antibodies, was immunopositive for measles hemagglutinin (HA) protein, but not for measles nucleoprotein and rubella or mumps viral proteins. Thus the MMR antibody in autistic sera detected measles HA protein, which is unique to the measles subunit of the vaccine . .

"Stemming from this evidence, we suggest that an inappropriate antibody response to MMR, specifically the measles component thereof, might be related to pathogenesis of autism."—*Ibid., Medline abstract.*

Rep. Burton demands action. On Thursday, April 26, 2001, Rep. Dan Burton (R-Ind.), chairman of the House Government Reform Committee, confronted officials from the FDA, CDC, and NIH (National Institutes of Health).

Earlier that week, an Institute of Medicine (IOM) panel issued a report, that there was no causal connection between the combination MMR vaccine and an increased risk of autism in children.

Burton angrily wanted to know why these officials had not recalled the MMR vaccine, in view of the fact that it contains thimerosal, a preservative which uses the toxic element mercury as an active ingredient.

The officials replied that pulling MMR from the market would cause shortages in available vaccine and would send unjustified panic throughout the public about the safety of immunizations.

Burton told them his own grandson developed autism shortly after receiving the recommended vaccination shots. "If you at the federal health agencies think this issue is going to go away, you guys are blowing smoke," he said. "If the health agencies don't deal with this and deal with it quickly, you're going to have a big problem over here."

MMR puts measles virus in boy's brain. A child developed severe epilepsy after receiving the MMR vaccination. Careful investigation has revealed that measles virus from the vaccine went to his brain and caused his debilitating condition. The tragedy was reported in the *London Telegraph (January 21, 2001).*

Her son developed an allergic rash eight days after he received the MMR vaccination when he was 15 months old. Progressively, he began to have more and more seizures until he was having 10 to 12 every month. In the summer of 1998, he descended into *status epilepticus,* which is a state of continuous convulsions.

By this time he was 9 years old; and physicians at a London hospital decided that he needed emergency brain surgery in the hope of saving his

life. It was at this juncture that a brain biopsy was taken—and it was revealed that the cause of the problem was the MMR vaccine. The biopsy had been sent to a reputable laboratory for analysis, and the results revealed that some of the measles virus had entered his brain.

The woman (who prefers to remain anonymous), filed suit against the manufacturers of the MMR vaccine on behalf of her son.

Action by her attorney produced evidence from an earlier 1997 medical report that samples from her son's bowel, because he had digestive problems, showed that he tested positive for the vaccine-strain virus.

After the brain operation, her son had to relearn "virtually everything," she said. His personality changed and he was no longer able to attend school, although just prior to the operation his seizures had decreased.

> **"All these children—not just my son—need to be acknowledged [as having their condition caused by the MMR vaccine] rather than have the continuous stream of blanket denials that have been issued by the [British] Department of Health."—*Ibid.***

In the same *Telegraph* article, British specialists, said to be investigating MMR, were reluctant to comment publicly on the case.

273% increase in autism in California. On April 17, 1999, the California State Department of Developmental Services (DDS) issued a special report to the state legislature. The report, entitled, *"Changes in the Population of Persons with Autism and Pervasive Developmental Disorders in California's Developmental Services System, 1987-1998,* revealed a shocking increase in the number of children with autism.

State Senate President *pro tem* John Burton commented:

> **"In the past 10 years, California has had a 247% increase in the number of children with autism who enter the developmental services system, 1,685 new cases last year alone. What is generally considered a rare condition is increasing faster here than any other developmental disabilities. We need to find out why."—*Ibid.***

The report was produced after a law demanded by parents, human services professionals, and educators expressed concern that a dramatic increase in autistic children was occurring.

"The DDS is getting seven new kids with autism every day, seven days a week . . We need to get to the bottom of this, and we need to do it right," Burton said.

The complete report is available from the California State Department of Developmental Services, in Sacramento.

While the increase in other child disability problems has been 50%, for autism it has been 273%. This figure does not include data for the more than 13,000 children in the early start program, for 0 to 3 year olds.

In 1987, there were 2,778 cases of autism in California; in 1998, it was 10,360. That is a 272.93% increase.

Chapter Seven

The Other Vaccinations

In addition to the "mandatory" vaccinations, there are several other vaccinations which we should also consider. You might encounter one of them someday. These vaccines are less frequently administered: pneumonia, hepatitis B, Hib meningitis, and chicken pox (varicella).

RABIES (HYDROPHOBIA)

Also called *"hydrophobia,"* Rabies and the dangers of the vaccine given to stop it are discussed in more detail in the section, *"How Did Vaccinations Begin?"*

"The *Indiana State Medical Journal* (December 1950) reports the case of a man of 25 who received the Pasteur rabies treatment and became paralyzed from the waist down and died shortly thereafter. 'The authors say that no one knows what causes these paralytic reactions. However, it has been definitely established, they say, that they are not caused by the rabies virus. In other words, vaccination, not rabies is the danger here. The authors go on to quote Sellers, another authority, who believes that 'not hydrophobia but rather rabiophobia is what we have to fear most.' "—*Walene James, Immunizations: The Reality Behind the Myth, 1987, p. 71 (quoting J.I. Rodale, "Rabies: Fact or Fancy?" Prevention, August 1956, p. 52.*

At the worst, a person can receive an especially virulent form of rabies from a rabies shot. (See the section, *"How Did Vaccinations Begin?"* for more on that.) At the best, the rabies shot will accomplish essentially nothing:

"The U.S. Public Health Service Centers for Disease Control [CDC] recently presented findings that more than justify the warnings of immune system disorder following vaccine injection. In 1983 a Peace Corps volunteer died in Africa of serologically confirmed rabies after being bitten by a rabid dog. Prior to being bitten, but after arriving in Africa, this young woman had received the human diploid cell rabies vaccine (HDCV).

"Tests done by CDC showed that the vaccine had stimulated her immune system but only slightly, certainly not enough to protect her from rabies disease. CDC checked over 700 other Peace Corps volunteers who had also received HDCV and found that one-half responded in an immunologically weak way to the vaccine."—*The Immunization Trio, H.E. Buttram, M.D. and J.C. Hoffman, Ph.D., 1991, p. 58.*

SMALLPOX

Smallpox was the disease that got vaccinations started. Cowpox was a mild disease normally contracted by cows and the milkmaids who worked with them. Edward Jenner found that he could give inoculations of cowpox to people, and this appeared to give them immunity to smallpox. Oddly enough, that which he did was not as dangerous as the later vaccines—

which consisted of dead or weakened germs from the same dangerous disease!

Multiple vaccinations against smallpox were common. James Phipps, the eight-year-old boy initially vaccinated by Jenner in 1796, was later revaccinated. He died at the age of 20. Jenner's own son was also vaccinated, more than once, and died at 21. A study, published in 1980, overviewed many of these multiple vaccination cases—and showed that revaccinated children developed "chromosomal aberrations in their white blood cells" *(R.S. Mendelsohn, M.D., Risks of Immunizations, 1988, p. 90).*

As sanitation steadily improved, the incidence of smallpox kept lessening. Before England's first compulsory vaccination law of 1853, the most smallpox for any two successive years was only 2,000. Those were the most severe epidemics *(Boston Globe, June 11, 1991, p. 13).* In Jenner's own time, he himself admitted that the disease was rare; for, normally, at any one time there were only a few hundred cases in all England.

But, 17 years later, in 1870-1871, more than 23,000 people died from smallpox *(E. McBean, The Poisoned Needle, 1974, p. 13).* During that same two-year period, over 124,000 died of smallpox in Germany during the same epidemic. All had been vaccinated *(ibid.).*

It is an astonishing fact that 90% of all smallpox cases occur after the individual has been vaccinated *(ibid.).* In order to avoid malpractice suits, smallpox deaths that occur too quickly after vaccination are sometimes given another name: *pustular eczema.*

> **"Medical statisticians frequently try to avoid listing too many instances in which people die of the same disease they were vaccinated against. Instead, a different name is used. Apparently, this massive vaccine cover-up has been going on since the beginning of the century!**
>
> **"During the last considerable epidemic at the turn of the century, 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 revaccinated cases [of smallpox] as pustular eczema, varioloid or what not—except smallpox."—*George Bernard Shaw, quoted in E. McBean, The Poisoned Needle, p. 64.***
>
> **"In the thirty years ending in 1934, 3,112 people are stated to have died of *"chicken pox,"* and only 579 of smallpox in England and Wales. Yet all the authorities are agreed that chicken pox is a nonfatal disease."—*M. Beddow Bayly, Case Against Vaccination, London, June 1936, p. 5.***

We now have a new disease: *monkeypox.* An official 1979 report of the World Health Organization said this new disease afflicting man is clinically indistinguishable from smallpox *(World Health Organization, Weekly Epidemiological Record, 1979, 54:12-13).*

> **"Immunization against smallpox is more hazardous than the disease itself."—*Professor Arie Zuckerman, member of the World Health Organization's advisory panel on viruses.***
>
> **"For more than fifty years the populations of Australia and New Zealand (with the exception of the armed forces in time of war) have been practically unvaccinated, and they have been more free from smallpox than any other community.**
>
> **"The most thoroughly vaccinated countries are Italy, the Philippine Islands, and**

Mexico. And all of these have been scourged with smallpox epidemics."—*L. Loat, The Truth About Vaccination and Immunization, 1951, p. 28.*

"Our U.S. Government staged a compulsory vaccination campaign in the Philippines which brought on the largest smallpox epidemic in the history of that country with 162,503 cases and 71,453 deaths, all vaccinated. That was between 1917 and 1919."—*Harold Buttram, M.D., The Dangers of Immunization, 1979, p. 48.*

"From West Germany we read of more vaccination casualties. A reader writing to *Organic Consumer Report* (June 13, 1968) mentions an article which appeared in *Medical World* which stated that about 3,000 children each year suffer varying degrees of brain damage as the result of smallpox vaccination. This same writer mentions another medical journal in which Dr. G. Kittel, M.D., reported that in the previous year, smallpox vaccination damaged the hearing of 3,296 children in West Germany and 71 became totally deaf."—*W. James, Immunization: Reality Behind the Myth, 1988, p. 18.*

Before concluding this section on smallpox, the findings of Dr. Charles A.R. Campbell should be of interest. Recommended for the Nobel Prize around the turn of the century, Dr. Campbell carried out significant research into typhoid, malaria, and smallpox. He made an important discovery which could help eliminate smallpox. But his discovery was, for the most part, ignored. Dr. Campbell found that smallpox, like malaria, was carried by a blood-sucking insect, and that neither was infectious nor contagious. After careful experimentation, he found that smallpox was caused by the bite of *cimex lectularius,* a bedbug. These small creatures infested the straw-padded mattresses of that time. But more: Dr. Campbell went on to learn that the amount of pocking (marking) on the skin, from smallpox, was directly related to whether or not the person was eating fresh greens.

So smallpox is but one of several "filth diseases": smallpox and typhus, caused by body lice; Bubonic Plague; by lice on rats and rat manure; typhoid and cholera, and by contaminated water.

Obviously, the solution to smallpox is a cleaner environment and better nutrition, not vaccinations of weakened germs.

PNEUMONIA

Several pneumococcal vaccines are under investigation. In 1977 a pneumococcal vaccine was licensed which contained 14 types of *S pneumonia.* This was replaced in 1983 by a vaccine of 23 types. These polysaccharide vaccines have only had limited success; so researchers are now trying to make a conjugate form, in which the polysaccharide is bonded to a protein carrier. So far, they have been unsuccessful in producing it. Therefore the 1983 method is still being used. It is predicted that soon children will begin to be vaccinated for pneumonia.

A controlled study was made of 1,300 healthy Australian children. Some were given the pneumonia vaccine; others were not. The researchers concluded that the vaccine accomplished nothing beneficial:

"[Compared with the control group, vaccine recipients experienced] no fewer days of respiratory illness, no reduction in antibiotic consumption, hospitalization, visits to a physician, or incidence of ear infections."—*Journal of Infectious Diseases study, quoted in R.S. Mendelsohn, M.D., Risks of Immunizations, 1988, p. 75.*

Studies have not shown any appreciable effect in reducing ear infections in children by the vaccine. Instead of preventing the ear infection, the pneumonia vaccine only altered the types of microbes in the ear.

So little is known about the pneumonia vaccine, that it has not yet been approved for general administration to children. Only those "with increased risk of serious pneumococcal infections" are now receiving it.

> **"Approximately 50% of vaccines (30% to 40% in children) develop swelling and pain at the injection site. Fever, muscle pain, and severe swelling occur in less than one percent of those vaccinated. High fevers (over 102½) and severe allergic reactions have been reported."—*R. Neustaedter, The Immunization Decision, 1990, pp. 84-85.***

HEPATITIS B

Hepatitis B is a serious liver disease which hard drug users had, until it got into the blood banks—and was given to a wide range of people who were receiving transfusions.

When a vaccine for hepatitis B was developed in the 1970s, many doctors were concerned that it might be contaminated with an AIDS virus *(J.A. Finkbeiner, M.D., Medical World News, January 10, 1983).*

It is of interest that two-thirds of physicians with hepatitis B have refused to take the vaccine *(R.S. Mendelsohn, M.D., "Drive to Immunize Adults Is On," Herald of Health Newsletter, September-October, 1985).* Yet, in 1991, the CDC began work to mandate inoculation of all infants against hepatitis B! In fact, many doctors are already routinely giving multiple doses of it to very young infants *(Boston Globe, June 11, 1991).*

HIB MENINGITIS

The scientific name for this disease is *haemophilus influenzae b (Hib),* although it has no relationship to influenza. It is a bacterial disease which causes upper respiratory and ear infections, inflamed sinuses, pneumonia, swelling of the throat, and meningitis. And what is meningitis? It is an inflammation of membranes which cover the brain and spinal cord.

In 1985, a purified polysaccharide form of vaccine for meningitis was released. It was called PAP. Shortly afterward, a conjugate form of this vaccine (PRP-D or HbOC) was licensed. The conjugate form is now recommended and mostly given. In the United States, it is the only kind now used.

Researchers suspect that meningitis is especially caused by other vaccinations which have been given. So we have here a new vaccine being given to eliminate a serious disease frequently caused by other vaccines. It is known that central nervous system infections occur more frequently as a direct result of DPT and measles vaccine *(H.L. Coulter, M.D., Assault on the American Child: Vaccination, Sociopathy, and Criminality, 1990).*

Fifty percent of Hib meningitis cases occur in children 6 to 7 months of age—after or about the time they receive the other vaccinations. The attack rate decreases rapidly with increasing age. Fifty percent of the cases occur

in infants under one year of age. If no vaccines were given to children below 18 months of age, a large number (as many as 75%) of the meningitis cases might be avoided.

The original polysaccharide form of the vaccine was not very effective. So the conjugate form is now used. Here is part of what the conjugate form accomplishes:

> **"The *haemophilus* vaccine is associated with many reactions. Dr. Julie Milstien and colleagues reviewed 152 spontaneous reports of vaccine reactions submitted to the FDA during the first year of vaccine availability, 1985-1986 (Milstien, *et al.,* 1987). Serious reactions included convulsions (with and without fever), anaphylactoid allergic reactions, serum sickness-like reactions (joint pain, rashes, and edema), and one death within 4 hours of vaccination. In addition to the reported reactions, there were 63 reports of proven H influenzae type b invasive disease that occurred soon after the immunization."—*Randall Neustaedter, O.M.D., The Immunization Decision, 1990, p. 70.***

Although the Hib vaccine is often called the "meningitis vaccine," it really provides little protection against the Hib form of meningitis—and, aside from Hib, there are also several other causes of meningitis (pneumococcus, meningococcus germs, and some viruses). In addition, the Hib germs may also cause upper respiratory infections, ear infections, and sinusitis; yet the Hib vaccine is no help in resisting those infections.

In summary, it could be said:

> **"The vaccine for meningitis has too many unclear aspects. Efficacy is questionable, the frequency of side effects is unknown, and long-term side effects have not yet been discovered for this vaccine only recently licensed in 1985. Parents need to decide whether they are willing to risk the possible side effects of a vaccine which is questionably effective, experimental, and not targeted at the population of children under 18 months who are most at risk."—*Randall Neustaedter, O.M.D., The Immunization Decision, 1990, pp. 70-71.***

CHICKEN POX (VARICELLA)

Chicken pox is one of the mildest diseases of childhood. Almost all children are infected, and as a result develop permanent immunity. A chicken pox vaccine was developed in 1973. To date, it is generally used only with children with cancer and leukemia.

> **"It is relatively certain that the chicken pox vaccine will soon be added to those routinely administered to children. The MMRV (measles, mumps, rubella, and varicella) vaccine will replace MMR."—*Op. cit., pp. 75-76.***

Such an action would result in great profit to the manufacturers, and would probably result in an increase of adult chicken pox cases. As with measles and mumps vaccines, chicken pox vaccines—widely given—would have more likelihood of serious disease and resulting complications. Unusual cases of varicella zoster illness may also occur, as they now do after measles and mumps vaccinations. Varicella zoster virus can be stored in nerve cells after natural chicken pox infection, and erupt in later years as herpes zoster ("shingles"). That is a very painful skin eruption which can last for several weeks. Plotkin says that varicella vaccine has caused zoster in normal children *(S. Plotkin, New England Journal of Medicine, 1988,*

Vol. 318, pp. 573-575).

What is the future for us, if chicken pox vaccine becomes another required inoculation?

"Chicken pox, which is relatively mild in childhood, [if given in vaccines to children] might increase in frequency during adulthood when it is much more severe."—*P.A. Brunell "Where Are* We?" *Pediatrics, 1986, Vol. 78 (supplement), pp. 721-722.*

"One would not, however, want to vaccinate against varicella routinely in childhood if immunity wanes and thereby creates a population of varicella-susceptible adults."—*A.A. Gershon, "Live Attenuated Varicella Vaccine," Annual Review of Medicine, 1987, Vol. 38, pp. 41-50.*

"Varicella zoster virus may be a cause of cancer. This association has never been proven, though varicella-zoster infected human cells have transformed mouse cells to cancerous cells in a laboratory setting."—*R. Neustaedter, Immunization Decision, 1990, p. 78.*

Chapter Eight

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 pockmarks 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 revaccinated 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, p. 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 bloodstream!

Viruses are animals also, although very small ones. It is viruses which are injected into the bloodstream during a vaccination. As you might al-

ready 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 sizeable 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!

But there is also more in that mixture.

2 - 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. 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—become paralyzed. There were other germs in that vaccine, beside the pertussis viruses.

But there is still more in that mixture.

3 - 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 to later fully extract the toxic chemicals used to kill them. 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.

WHEN THE VACCINE ENTERS THE BODY

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 Representatives, 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%. But when it comes through vaccination, the reinfection rate is 80% *(Marian Tompson, "Another View," The People's Doctor, Vol. 6, No. 12, p. 8).*

"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 been successfully acquired 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.

Does all this remind you of AIDS? If you have followed research studies on AIDS and the T-cells, you will recognize that the similarities are frightening. That point needs discussing.

AIDS FROM SV-40 VIRUS FROM MONKEYS

An ongoing controversy surrounds the AIDS virus. How did it get into humans—when they never before had it? Well, some believe you need look no farther than the polio vaccine.

Scientists call it SV-40. That is the innocent-sounding code name for an extremely dangerous virus which is found in monkeys. In 1955, Dr. Jonas Salk developed a killed-virus polio vaccine. That means, he found a way to place dead polio viruses in humans. Then, in 1959, Dr. Albert Sabin devised a way to place weakened polio viruses in people. He called it the "live-virus (oral) vaccine against polio."

As soon as the Sabin vaccine came on the market, it was pushed to the front and Salk's vaccine was set aside. Governments urged that everyone take the oral vaccine. Millions of people swallowed the weakened polio virus. But they also swallowed something else.

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, which were in the monkey kidney cell cultures used in making the vaccines. 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.

Researchers in the 1980s—confronted with the new disease, HIV, reexamined SV-40—and found it was clinically indistinguishable from fully matured HIV, which is AIDS.

Because of these facts, there are scientists today who believe that the placing of the SV-40 virus in people, from 1960 onward, laid the foundation for a terrible scourge we now have: *Human Immunodeficiency Syndrome (HIV),* the precursor to full-blown AIDS. SV-40 not only begins the weakening process of the immune system, which HIV builds upon, but SV-40 appears to act as a trigger to get HIV started.

First, however, the HIV virus has to enter the body. That requires certain activities which only certain people care to do. But once in the body, the weakening effect of the SV-40 virus enables HIV to set to work—without being quickly destroyed by the body's natural defenses. This virus, in its function as a powerful immunosuppressor and trigger for HIV, was the virus which introduced AIDS into humans.

Does this mean that only polio-vaccinated people can get HIV? Apparently not. 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. It has also been found in people with HIV.

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 embryonated 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.

W.S. Kyle, in the British medical journal, *Lancet* (March 7, 1992), mentioned two significant points: First, the oral polio vaccine was used experimentally in the mid-1970s, to treat recurrent herpes. Second, the vaccine could have been contaminated by a number of retroviruses (slow-acting viruses). HIV is a retrovirus. Such treatment could easily place the SV-40 virus and the HIV virus in the general population, where it could then be transferred most easily by the two groups in America who, by their practices, keep their bodies in a continually weakened state: homosexuals and drug pushers.

Prominent AIDS researchers are not ignorant of these facts. In fact, some of them go beyond the polio vaccine—and implicate other vaccines as causal agencies of AIDS. Dr. Robert Gallo is the leading AIDS researcher at the National Cancer Institute. He was the co-discoverer of the AIDS virus. On May 11, 1987, the *London Times* quoted him as implicating the smallpox vaccine as an AIDS trigger: "The use of live vaccines, such as that used for smallpox, can activate a dormant infection such as HIV." That statement is worth remembering; it was made by the most knowledgeable AIDS researcher in America.

Although much research has been done on the close similarity of SV-40 to HIV, it appears that 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 Hungary, 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 move-

ments. 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.

"Foremost virologists studying AIDS, including Dr. Gallo of the U.S.A. and Montaignard of France, agree that SV-40 is closely related to the AIDS virus. The SV-40 has been extensively studied since 1960 and its clinical manifestations in laboratory animals are similar to the so-called AIDS virus. It has also been linked to tumor growth and birth defects.

"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 Hungary, 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," Science, March 17, 1972. Walter S. Kyle, "Simian Retroviruses, Poliovaccine, and Origin of AIDS," Lancet, March 7, 1992, pp. 600-601. W.C. Douglass, M.D., "Who Murdered Africa?" Health Freedom News, September 1987, p. 42. Tom Curtis, "Origin of AIDS," Rolling Stone, March 19, 1992, pp. 54-56.)

THE GENETIC MUTATION FACTOR

There is yet another factor which should be considered, as we note possible links between vaccines and HIV: the genetic mutation factor.

Because vaccines contain a variety of foreign viruses, when these enter the entire human body (by being injected directly into the bloodstream), they have the ability to interact with, and become, part of human tissue. Viruses are so small, that they do not compete with human cells—they enter them! Viruses have the ability to transfer genetic imprints from one host to another. Because they contain pure genetic material (RNA and DNA), they can transfer it to invaded cells of the new host.

For example, the polio virus contains monkey kidney cells and calf serum. The combination of measles, mumps, and rubella vaccine is prepared in chick embryo. Monkey kidney, calf serum and chick embryo are all foreign protein cellular material. Instead of passing through the stomach, they are injected directly into the bloodstream in their raw state. Because of this, they are able to change our genetic structure.

"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 *(Ponte, 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.*

It is well-known that it generally takes several years (usually five) before a person with HIV comes down with full-blown AIDS. But the *New England Journal of Medicine* cites an incident in which it occurred with extreme rapidity. Physicians at Walter Reed Army Medical Center in Washington, D.C., prepared the report, which was then discussed in the May-June 1987 issue of *Infectious Diseases Capsule & Comment.*

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!

The later report decided he was asymptomatically infected when he entered the service (because of prior contacts with prostitutes). But he did not have HIV until after the vaccinations—and then that changed into AIDS within a few weeks.

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!"

(For additional information on genetic changes possible through viruses, read S. Kumar, et al., "Effects of Serial Passage of Autographa California Nuclear Polyhedrosis Virus in Cell Culture," Virus Research, 7 (1987), pp. 335-349. H.E. Buttram, M.D., "Live Vaccines and Genetic Mutation, "Health Consciousness, April 1990, pp. 44-45. G. Blanck, et al., "Multiple Insertions and Tandem Repeats of Origin-Mins Simian Virus 40 DNA in Transformed Rat and Mouse Cells, "Journal of Virology, May 1988, pp. 1520-1523.)

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 (homosexuality, drug abuse, hemophilia, or blood transfusions) *(Moskowitz, "Unusual Causes of Death in Haitians Residing in Miami," New England Journal of Medicine, 150:1187, 1983).* In 1984, a similar report appeared concerning eighteen previously healthy Africans who developed AIDS while residing in Belgium *(Clumeck, "Acquired Immunodeficiency Syndrome in African Patients, "New England Journal of Medicine, 310:492, 1984).*

"These persons also lacked a history for the risk factors of AIDS. However, both groups did have two things in common: AIDS appeared or was diagnosed following international travel, which presumably required multiple vaccines (there is no mention of vaccines in the articles). Both groups were, relatively speaking, given to 'virgin soil populations.' "*—The Immunization Trio; H.E. Buttram, M.D.; and J.C. Hoffman, Ph. D., 1991, pp. 58-59.*

VACCINATIONS 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. Research studies on this topic include the following: *T.J. Crow, "Is Schizophrenia an Infectious Disease?" Lancet, 1983, p. 17. D. Steinberg, et al., "Influenza Infection Causing Manic Psychosis," British Journal of Psychiatry, 1972, pp. 531-535. Halonen, et al., "Antibody Levels to HSV-1, Measles, and Rubella Virus in Psychiatric Patients," British Journal of Psychiatry, 1974, pp. 461-465. H.E. Buttram, M.D., "Live Virus Vaccines and Genetic Mutation," Health Consciousness, April 1990, p. 45.*

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 not only can 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, p. 49.*

"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 TO PREVENT 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 preventatives 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. (Very likely, the vaccine helped them not one bit; and, if a third group, given no special treatment, had been tested also, it probably would have recovered as quickly—or quicker—than the vaccine group.)

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. (As you may recall, in the polio vaccine section of the present book, 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 Preventative 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.*

The best way to build natural immunity is to keep the body healthy by a proper diet and lifestyle. Eat a diet of fruits, grains, vegetables, seeds and nuts. The food should preferably be organically grown, preservative-free, and in a natural unprocessed state as close to nature as possible. Eliminate all refined sugar, white flour products, all animal products including meat, poultry, fish, eggs and dairy products. Fresh air, exercise, plenty of rest and trust in God are essential for good health. This is the only effective way to build good immunity and resist disease. Bacteria and viruses do not attack a healthy body, just as insects and plant diseases do not attack healthy plants.

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 breast milk), 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.*

Chapter Nine

When the Crisis Arrives

That which we have read so far may appear grim. But it becomes a crisis—when the vaccination decision is suddenly thrust upon your home or the home of a loved one. Here is information that will be needed when that time comes.

AN ONGOING CONTROVERSY

In 1982, an hour-long television documentary, *"DPT: Vaccine Roulette,"* was shown to the public. The documentary showed children who had been permanently brain damaged following DPT vaccinations. Their little bodies were twisted, contorted. Anguished parents were standing nearby.

"Many children have suffered horrible and permanent side effects from this vaccine."—*Lea Thompson, investigative reporter, TV show, Today, April 20, 1982.*

But, during the television documentary, officials were also interviewed who gave the standard statements urging the importance of continued vaccination:

"The benefits of the vaccine, in my view, far outweigh the risks."—*Edward Mortimer, M.D., of the American Academy of Pediatrics, ibid.*

"Much more is to be gained by immunizing the children with the current vaccines with its limitations, than by allowing our children to be exposed to contracting Pertussis."—*John Robbins, Food and Drug Administration, Bureau of Biologics, ibid.*

But, elsewhere on that same documentary, Dr. Robbins made this remarkable statement:

"I think if you as a parent brought your child to a doctor for a DPT shot and the doctor said to you initially, 'Well, I have to tell you that some children who get this vaccine get brain damaged, there's no question as to what your reaction would be. As a responsible parent you would say, I wish not to take this vaccine."—*Ibid.*

Sir Graham S. Wilson, M.D., knew a lot about the subject of vaccina-

tion, since he formerly had been director of the British Public Health Laboratory Services. He said this:

"The risks attendant on the use of vaccines and sera (plural of serum) are not as well recognized as they should be. Indeed, our knowledge of them is still too small and the incomplete knowledge we have is not widely disseminated . . The late Dr. J. Hutchinson of the [U.K.] Ministry of Health collected records of fatal immunological accidents during the war years and was kind enough to show them to us. We were surprised to learn of the large number of persons in the civil and military populations that died apparently as the result of attempted immunization against some disease or other. Yet only a few of these are referred to in the medical journals.

"When one considers that Dr. Hutchinson's records covered only four or five years and were limited to Great Britain, and that in other countries in Europe, Asia, Africa, America, and Australia, probably much the same proportion of accidents were occurring—and further that such accidents have been going on for sixty or seventy years—one realizes that a very small proportion can ever have been described in the medical literature of the world."—*Sir S.G. Graham, M.D., quoted in The Hazards of Immunizations, 1967.*

An Australian news magazine *(The Age, April 12, 1975)* interviewed Dr. Ronald Penny, associate professor of medicine at St. Vincent's Hospital in Sydney. In the interview, Penny stated that a number of children were regularly harmed or killed by vaccinations, and that they were most likely to be children who had deficiencies in their immune systems.

According to Dr. Penny, measles, rubella, and polio inoculations were the most dangerous because they involved "live" viruses. He explained that weakened viruses are in the vaccines; but, placed in a person with a weak immune system, they are as dangerous as a vigorous set of germs placed in a healthy person.

According to Sir Graham Wilson, former director of Public Health Laboratory Services of England, all it takes to get a disease in a vaccine—is to get yourself run down enough before you receive the vaccination:

"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 such as tuberculosis and rickettsial infections.

"Numerous factors such as exposure to cold and wet, excessive fatigue, overindulgence of various sorts and certain chemo-therapeutic agents, are credited with playing a similar role by lowering the resistance of the host to the causative bacterium or virus in question. Certain vaccines appear to have a similar effect, though probably more specific."—*Sir Graham Wilson, M.D., The Hazards of Health, 1967.*

The result, according to Sir Wilson, is a "provocation disease"—a disease you contracted from the vaccine injected to prevent you from getting it! In a letter to the *British Medical Journal,* Rosemary Fox, secretary of Parents of Vaccine Damaged Children, said this:

"Two years ago, we started to collect details from parents of serious reactions, suffered by their children to immunizations of all kinds. In 65% of the cases referred to by us, reactions followed 'triple' vaccinations (tetanus-diphtheria-pertussis). The chil-

dren in this group total 182 to date; all are severely brain damaged, some are also paralyzed, and 5 have died during the past 18 months. Approximately 605 of reactions (major convulsions, intense screaming, collapse, etc.) occurred within 24 hours of vaccination, 80% within 3 days, and all within 12 days. During the period 1969-1974, when 64 deaths resulted from whooping cough, 56 cases of severe brain damage followed vaccination.

"These cases have been referred to the DHSS (British Department of Health and Social Services over the past two years. As the figures steadily increased and we discovered that there were doubts about the safety of whooping cough vaccines, we asked the DHSS if current vaccines were available . . The department insists, however, that the incidence of severe reactions to whooping cough vaccines is low and states that there are no plans to study our cases at present."—*Rosemary Fox, letter to the British Medical Journal, dated February 21, 1976.*

The plan under consideration at the present time is for the federal government to fund the cost of giving wide-spectrum vaccinations to every child in the nation. Those injections will, of course, be given on a mandatory basis.

At the 1982 Forum of the American Academy of Pediatrics (AAP), the adoption of the following resolution was urged by a concerned member:

"The AAP [will] make available in clear, concise language information which a reasonable parent would want to know about the benefits and risks of routine immunizations, the risks of vaccine preventable diseases and the management of common adverse reactions to immunizations."—*Resolution presented to American Academy of Pediatrics, 1982 Forum.*

After careful deliberation, the resolution was rejected. Therefore, parents continue to not be told of the risks of vaccination.

"Margaret Ann, the only daughter of Mr. and Mrs. Donald W. Gooding, of Wolsey, Essex, England, was pronounced a perfect baby by the doctor when she was born. This beautiful and healthy infant was vaccinated at the age of 4 months. The first two injections didn't take, so a third was given, after which inflammation of the brain developed within 5 days. She was taken to the hospital where she remained for many weeks. At the age of 13 months she was blind and could not learn to walk. She also developed digestive disturbances and convulsions."—*E. McBean, The Poisoned Needle, p. 78.*

The fact stands out—loud and clear—that immunizations are doing nothing to reduce disease. According to Volume 2 of *World Health Statistics Annual, 1973-1974,* there has been a steady decline of infectious diseases "in most 'developing' countries regardless of the percentage of immunizations administered in these countries. It appears that generally improved conditions of sanitation are largely responsible for preventing 'infectious' diseases.

"The biologist, Rene Dubos, said the improvement was due to better sanitation and public water supplies. Other scientists have said it was due to improved personal hygiene, better food distribution, and the eating of fresh fruit and vegetables *(cf., among others, W.J. McCormick, M.D., The Changing Incidence and Mortality of Infectious Disease in Relation to Changed Trends in Nutrition, Medical Record, September 1947).* Jonathan Miller, M.D., believes the reduced death rate is due to better nutrition, and improved ventilation and drainage *(interview on Dick Cavett Show, February 4, 1981).* Yet, in spite of these facts, that which appears to be a massive cover-up of facts continues. Why then does the vaccination fetish persist? We must find the answer in eco-

nomics—in the billion-dollar serum industry."—*Cash Asher, Bacteria, Inc., 1949, p. 42.*

Any business which controls such large sums of money, is in a position to influence legislation—in order to protect its sales. Dr. Milton Silverman, a University of California pharmacologist, said the pharmaceutical industry "is now grossing sales in the tens of billions of dollars a year" *(quoted in television documentary, "Pesticides and Pills," on Public Television, in the fall of 1981).*

In Australia, Glen Dettman, Ph.D., and Archie Kalokerinos, M.D., had seen all too well the terrible results accruing year after year from vaccinations. So they teamed up and began a nationwide campaign to stop vaccinations. They appeared on television and radio talk shows, wrote articles, gave interviews, and wrote a book. They said this:

"Even the World Health Organization has conceded that the best vaccine against common infectious diseases is an adequate diet. Despite this, they made it perfectly clear to us that they still intended to promote mass immunization campaigns. Do we take this as an admission that we cannot or do not wish to provide an adequate diet? More likely it would seem, there is no profit in the constituents of an adequate diet for the pharmaceutical companies."—*A. Kalokerinos and G. Dettman, "A Supportive Submission," The Dangers of Immunization, Biological Research Institute, Australia, 1979, p. 68.*

"Remaining unimmunized for childhood diseases is a risk no child should face. Health experts warn that unless more young children are immunized, widespread epidemics could take place again."—*Virginia State Department of Health folder.*

"Expanded immunization, using newly improved vaccines . . will prevent the six main immunizable diseases from killing an estimated 5 million children a year and disabling 5 million more."—*James Grant, executive director of UNICEF, In Shift in the wind, 18, May 1984, p. 7.*

"Any person who dies within 15 minutes to a day after taking the vaccine could be suffering from a personal sensitivity, an allergy of the vaccine which is unrelated to the 'dead' viruses therein, most researchers concede."—*Official statement regarding a swine flue vaccine, quoted in Let's Live, December 1976, p. 58.*

The British Medical Journal mentioned that multiple sclerosis can be caused by one or the other of seven different vaccines!

"German authors have described the apparent provocation of multiple sclerosis by . . vaccination against smallpox, typhoid, tetanus, polio, and tuberculosis and after injections of antidiphtheria serum. Zintchenko (1965) reported 12 patients in whom multiple sclerosis first became evident after a course of anti-rabies vaccinations."—*British Medical Journal, October 22, 1967.*

Actually, mass vaccine programs are medically unethical:

"Current mass vaccine programs represent two major departures from the ethics and traditions of medical practice: (a) The programs diverge from the time-honored tradition that all treatments should be individualized, particularly when dealing with substances which carry the potential for adverse side effects. (b) Vaccines have been made compulsory."—*Harold E. Buttram, M.D., and John C. Hoffman, Vaccinations and Immune Malfunction, 1987, p. 45.*

Yet mass vaccinations are also crucial to the ongoing success, not of conquering disease, but getting people inoculated. Without the coercion aspect, vaccinations would disappear.

"The principle of compulsory mass medication is an established and accepted fact in American society today. Its cornerstone rests upon the compulsory mass vaccination programs which are being enforced with ever greater stringency throughout the country. The enforcement of these programs is taking place in a number of areas in our society, but its primary impact is on our children, who are required to take their quota of vaccines before acceptance and admission into school, the attendance of which is mandated."—*Ibid.*

"One wonders why the vaccine-damaged children issue is soft-pedaled—if it isn't an issue, why have we in Australia, an Association for the Prevention of Vaccine-Damaged Children, and in the U.K., the Association of Parents of Vaccine Damaged Children?"—*Editorial, Australasian Nurses Journal, June 1978.*

"The best vaccine against common infectious diseases is an adequate diet."—*Statement by the World Health Organization, quoted in H.E. Buttram, M.D., and J.C. Hoffman, Ph.D., The Immunization Trio, p. 10.*

"The children, kicking and screaming, were taken away from the parents and given smallpox vaccinations."—*"Opposing Compulsory Immunizations," Health Freedom News, April 1985, p. 21.*

"No shots, no school. Students who can't prove they have been immunized against contagious childhood diseases shouldn't expect to start school Monday."—*Lisa Hogberg, "No Shots, No School," Virginia Beach Beacon, August 28, 1983.*

"My name is Ann Andrex. I am from Mount Rainier, Maryland, and I am not associated with any of the groups here. I am a parent of a two-year-old and expecting another child soon. My two-year-old has received all legally required vaccinations to attend nursery school, but I feel it is wrong to force parents to have children vaccinated to attend school. There are too many unknowns about the threats from the effects of the vaccination compared to the threat of contracting and suffering through the various diseases, especially in the case of pertussis, and it is also wrong to legally mandate vaccinations when there are no legally mandated programs of keeping track of the vaccination effects by private as well as public M.D.s

"There should be freely available information on the disease and on the vaccinations so parents can make informed decisions. Instead of current scientific studies and statistics, today's parents have legal requirements based on no documented information upon which to base their personal decisions about their children's future health and health risks, and I just wanted—maybe it is out of place here, but I wanted to say that."—*Ann Andrex, Open Meeting on Pertussis and Pertussis Vaccines, Rockville, MD, April 26, 1983.*

Citizens in a given state can unite their efforts to fight compulsory vaccinations. In Wisconsin, they did just that. The people formed *Citizens for Free Choice in Immunization* and worked until, in 1980, they clarified the Wisconsin State statute that discusses exemptions from mandated vaccination. They had included into it a statement that persons who have a decided conviction against a vaccination procedure can choose not to receive it, and can also keep their children from receiving it. These modified provisions were signed into Wisconsin law on May 7, 1980 *(1979 Wisconsin Assembly Bill 767),* and now can be found in the Wisconsin State Statute *(Section 140.05(16)).*

"Since God placed the welfare of the children in the hands of the parents or guardians, it is only they who should have the right to make the final decision, since it is they who must assume full responsibility for the consequences."—*Gerald E. Poesnecker, N.D., D.C., "No Shots, No School?" For You, Naturally, January 1983.*

"Even in those states [requiring mandatory immunizations], you may be able to persuade your pediatrician to eliminate the pertussis component from the DPT vaccine. This immunization is the subject of so much controversy that many doctors are becoming nervous about giving it, fearing malpractice suits. They should be nervous, because in a Chicago case a child damaged by the pertussis inoculation received a $5.5 million settlement award."—*Robert Mendelsohn, How to Raise a Healthy Child, p. 210.*

ARE VACCINES MANDATORY?

In 1962 a compulsory immunization bill was before Congress which, if enacted, would have required vaccination of every person in America.

"It is hard to convince the public that something is good. Consequently, the best way to push forward a new program is to decide on what you think the best decision is and not to question it thereafter, and further, not to raise questions before the public or expose the public to open discussion of the issues."—*Paul Meier, M.D., speaking on a panel before a Congressional hearing on Intensive Immunization Programs, 1962.*

But the compulsory immunization bill was defeated by the efforts of such groups as the National Health Federation, the Christian Scientists, the Natural Hygienists, and others. So the organizations, determined to sell vaccines in large quantities, focused on getting one state after another to mandate immunization.

At the present time, all states have some type of compulsory immunization law requiring children to be immunized against certain childhood diseases: diphtheria, pertussis, tetanus, measles, mumps, rubella, and polio. Failure to comply with the law can prevent your child from attending school and expose you to possible criminal penalties.

In recent years, there has been a trend toward greater strictness in the enforcement of childhood vaccination programs by schools. Legislatures in all fifty states have passed laws requiring vaccinations for admission to schools, although most states have provided exemptions.

For example, a tougher new vaccination law went into effect in Virginia in 1983, which required private schools and day care centers to also comply, and mandated that records be checked for exact dates of immunizations. Each school principal was told he would be fined $10,000 if he admitted even one student without vaccination papers.

More and more colleges are requiring new students to be fully vaccinated before entrance. In 1991, the federal government was considering adding a vaccination requirement for anyone applying for welfare or food stamps *(New York Times, March 17, 1991).*

But the battle is being fought the most vigorously at the elementary school level. Physicians, schools, and local and state health departments tell parents that state laws and school regulations absolutely require that the children be vaccinated, in order to attend school. In the process, these authorities convey the distinct impression that vaccination is mandatory and there are no exceptions. Why the battle? Parents recognize their children are young and lack the robust strength of a 20-year-old. They also may have heard something about the fact that live disease viruses are in those vaccines. So they try to avoid the vaccinations. Yet their concerns are

met with threats of court hearings and the loss of their children.

But is it true that vaccinations are mandatory "with no exceptions"? In reality, each state provides waivers permitting parents to object to mandated vaccines for one or more of the following reasons: medical, religious, personal, parental objection, etc.

> **"Legal requirements concerning immunization vary from state to state. All fifty states have compulsory vaccination laws, though the specific requirements differ. This means that parents who decide not to give the vaccines to their children will need to seek a legal exemption. All fifty states also have a medical exemption."—*Randall Neustaedter, The Immunization Decision, 1990, p. 20.***

TYPES OF EXEMPTION

All fifty states have a medical exemption. All states, except West Virginia and Mississippi have legal exemptions from vaccination on the basis of the parents' religious beliefs. Twenty-two states have the option of personal or philosophical belief exemptions—more on that below.

Children cannot be refused admission to public schools if their parents have a legal exemption. (Private schools are able to set their own requirements for admission. Day care centers, preschools, nursery schools and private elementary schools can refuse admission to any child for any reason they choose. Yet, although they do not need to, most of them go along with the recommendations of their state health department.)

> **"Refusal to admit a child on the basis of 'inadequate' immunization could create a legal liability for a private school in a state where religious or philosophical exemptions exist. That is, parents could take a school to court."—*Randall Neustaedter, The Immunization Decision, 1990, p. 21.***

Where should parents begin, when confronted with such a situation? The first thing to be done is to read the law. Specifically, what is the wording of the compulsory vaccination law in your state? (For information on how to get that data, see *"Sources of information,"* later in this chapter.)

Most states have *medical* and *religious* exemptions. Some also have *personal conviction (belief)* exemptions.

1 - For the *medical exemption,* you must provide medical reasons why you or your child should not be vaccinated. The child can be exempted if the parents can obtain a written statement or certificate of waiver from a physician licensed in that state, stating that the vaccine would be harmful to the child's health. But doctors generally fear to cooperate, lest they get in trouble with their state licensing boards. So such statements are not often issued.

In this letter, it is generally necessary to state the reason for the requested waiver and the length of time it should extend. Many laws limit all such letters to a school year, and they must be renewed each fall.

There are two medical reasons which, on medical grounds, are the most valid: (1) "The fear of allergic reaction in a sensitive child," and (2) "to prevent possible damage to a weakened immune system." Both of these can occur in a child who has been immunized; and, since no one but the physician and parent will be held responsible for such consequences, it is

their responsibility to protect the child.

Some states require that the letter be signed by an M.D. or D.O.; but, if courteously and properly written, some allow an exemption letter from a chiropractor.

So although medical exemptions are valid, when written to fit each state law, they usually must be renewed yearly. That latter point is a major weakness to medical exemptions, even when they can be obtained.

2 - The *religious exemption* is generally better than a medical one. But often it is not satisfied by your merely stating that you are religious or have personal religious beliefs. You must show evidence that you have membership in a church which does not believe in vaccinations. There are not many such churches around. (The only recognized denomination which is legally opposed to vaccination is the Christian Science Church. Many years ago, they took the matter to court and obtained a legal ruling of exemption. Other denominations could have done the same, but they did not do so.)

In some states, the parent or guardian need only sign a notarized affidavit stating that immunizations conflict with the parent's (or child's) religious beliefs, in order to qualify for the religious exemption. While, in other states, an official letter from a church authority is required before exemption. In still others, it is only necessary to submit a notarized letter that the individual adheres to religious tenets which hold vaccination to be against God's laws.

> **"Recent legal precedents have established that religious belief may be personal, and parents need not be associated with a religious institution opposed to vaccination."—*Randall Neustaedter, The Immunization Decision, 1990, p. 20.***

3 - A third exemption is exemption due to *personal conviction (or personal belief).* You are personally convinced that you or your loved one should not be vaccinated. This, obviously, is a much better exemption, and one which is easier for the court to accept. If your state has the personal belief exemption, simply write on a piece of paper that immunizations are contrary to your belief.

Twenty-two states have liberal exemptions based on "conscience, *parental objection, personal beliefs, philosophical, or other objections." These states are Arizona, California, Colorado, Idaho, Indiana, Iowa, Louisiana, Maine, Michigan, Minnesota, Missouri, Montana, Nebraska, North Dakota, Ohio, Oklahoma, Pennsylvania, Rhode Island, Utah, Vermont, Washington, and Wisconsin. However, it's possible that, when you read this, changes might have been made and, more or less, states have those exemptions.*

According to Carol Horowitz, there is yet another category: that of conscientious objector status. In a 1983 magazine article she said, "It is possible for parents to file as *conscientious objectors* with the state health department, although this choice is not advertised" or widely known. She says that several people she knows who are conscientious objectors state that it is their "God-given right to refuse to immunize my child." Any lesser statement, she says, is legally unacceptable. You cannot, for example, say that you have read 15 articles in newspapers and 8 articles in medical

journals, or that you have seen some documentary on television. It must be a personal, solid conviction, not an acquaintance with hearsay *(Carol Horowitz, "Immunizations and Informed Consent," Mothering, Winter 1983, p. 38).*

THE PRESSURE TO COMPLY

The general pattern is for county or state authorities to place heavy pressure on the parents to comply with the vaccination code as soon as possible. They are threatened with court action and the loss of their children. The parents are thrown into a panic. But the authorities are in their own state of panic. They must get the recalcitrant family to yield right away, lest others follow their example. Across the nation, there are to be found vaccine-damaged children and it is only by strong-arm, police-state tactics that the states can maintain their "compulsory vaccination laws."

"Other parents may be anxious about the effects of vaccines on their child, but they are [still] concerned that if enough people avoid the shot then the diseases will begin to reappear. The vaccines may have bad side effects, yet if I avoid them for my child then the vaccine campaign will not work for the general population. But this is a sacrificial philosophy. Risk the side effects in my child for the good of the whole society. The stakes of this game may be exceedingly high if the vaccines are capable of causing a covert encephalitis syndrome. If that is true, then we are trading one disease for another. This sacrifice is hardly worth the cost."—*R. Neustaedter, The Immunization Decision, 1990, pp. 87-88.*

It is claimed that the parents are "neglecting their children" by not vaccinating them. Yet there is a sizeable amount of evidence of vaccine-caused damage—indicating they would be neglecting their responsibility to permit their children to be inoculated.

Another argument is that communities must require that all children be vaccinated "in order to protect the other children." Well, the "other children" are the ones who have been vaccinated; are they not already "immunized"—fully protected—against those particular diseases? If the vaccines offered true immunity, only the unvaccinated would become ill.

"If vaccination does what its advocates claim for it, the person who is vaccinated ought to be safe no matter whether anybody else is vaccinated or not."—*Clarence Darrow, quoted in W. James, Immunization: The Reality Behind the Myth, 1987, p. 151.*

"The State Health Commissioner presented overwhelming evidence that a voluntary immunization program would not be successful or worthwhile to maintain, and therefore he could not support our position (to relax the mandatory restriction in the state vaccination law). When I read that letter I couldn't help thinking, 'What an admission! So the program can't stand on its own 'merits'; it has to be forced.' "—*W. James, Immunization: The Reality Behind the Myth, 1987, p. 152.*

One angry medical professional wrote this:

"The so-called compulsory vaccination laws are a complete travesty of the American Constitution and of God's law of free will. Surprisingly, the Land of the Free is one of the few civilized countries that inflicts this dictatorial rule on its people. Countries like England, Ireland, West Germany, Austria, Switzerland, the Netherlands, and Spain did away with it long ago.

"I use the prefix 'so-called' in front of these laws because, while they are entitled 'compulsory,' they all have exclusions of which you can take advantage if you so desire. These exclusions were placed there not for your benefit but, like so much small-print in contracts, to protect the establishment. If a law were truly mandatory and without exclusions, the framers of that law and the executors thereof could be legally held responsible for all adverse consequences that might stem from its implementation.

"Since it is a well-known fact that all vaccines are potentially dangerous, no doctor, drug firm, or health official will ever accept this responsibility. Therefore, all laws have waivers or exclusions, and should your child be injured or killed by a vaccine, the officials will look at you with that bland smile they wear so well, and say, 'Well, you should have exempted him if you thought there would be any trouble.' Of course, they never tell you about these waivers ahead of time, for this does not fit in with their emphatic *'No Shots, No School'* dogma.

"Nowhere, and at no time, in our great country has the government the right to give you or yours a 'shot' against your own will. If someone should attempt to do so, you have a *prima facie* (immediately obvious) case of 'attempted assault with a deadly weapon,' and I would let them know this if they try.

"Those in the establishment who would force their opinions and views down our throats (or rather, stick them into our arms) have two major weapons to use against you: your ignorance of your rights and their use of intimidation. Once you become informed on this matter you will be able to withstand this intimidation through the realization that these 'servants of society' are but 'paper tigers' who stand on very shaky legal ground.

"With the increasing proliferation of vaccines and strong efforts toward compulsory immunization on the one hand, and the possibility of a generation of immune-deficient, weakened Americans on the other, it behooves everyone in charge of children to investigate thoroughly the claims and counterclaims made concerning the immunization procedures.

"Since God placed the welfare of the children in the hands of the parents or guardians, it is only they who should have the right to make the final decision, since it is they who must assume full responsibility for the consequences."—*Gerald E. Poesnecker, D.C., "No Shots, No School?" For You Naturally, January 1983, pp. 1-3.*

Because of this obsession to force all children to be vaccinated, even in "free states" (the nine states listed earlier which have more liberal exemptions), attempts will be made to override or ignore the state statutes permitting those more enlightened exemptions. In Arizona, for example, parents were told "no shots, no school," and efforts were made to intimidate them into having their children vaccinated. Yet the exemption procedures were there—for those determined enough to use them.

"By definition, the enforcement of vaccine programs is a police action by the state. Police powers are necessary in certain areas of modern society, but are they appropriate with the vaccine programs?"—*H.E. Buttram, M.D., and J.C. Hoffman, Ph.D., The Immunization Trio, 1987, p. 79.*

But the pressure generally succeeds, as one public official said:

"A spokeswoman for the health department said . . one-half of one percent of the children eligible for vaccinations are granted exemptions on medical or religious grounds each year."—*Virginia State county health department official, quoted in Immunization: The Reality Behind the Myth, 1987, p. 143.*

A special method used with remarkable frequency in scattered loca-

tions to whip up business, frighten the public, fight anti-vaccination groups, and get more vaccinations is "the epidemic." When the public becomes apathetic or suspicious of vaccines, announcements are sent out that an epidemic is in progress.

In Placitas, New Mexico, not enough people were being vaccinated, so the local newspaper was told that a dangerous whooping cough (pertussis) epidemic was in progress. Headlines blared out the frightening message. But only three cases of whooping cough were discovered in the entire area—and all of them in children who had been vaccinated for whooping cough.

When one way does not work, it is time to try another. When television programs in the mid-1980s focused, for a change, on the *dangers* of pertussis vaccinations and said that it was they which were responsible for cases of whooping cough, the Maryland Health Department countered with the argument that the epidemic of pertussis was caused by the television shows *(R.S. Mendelsohn, Risks of Immunizations, 1987, p. 34).*

WHAT IF YOU DO NOT WANT VACCINATION?

"Many of the vaccines have significant side effects. These can be separated into two groups: (a) immediate reactions, and (b) delayed reactions and permanent disabilities. Immediate reactions include fevers, allergic reactions and convulsions. With some vaccines, these can be quite severe. Delayed and permanent reactions include epilepsy, mental retardation, learning disabilities, and paralysis."—*R. Neustaedter, O.M.D., The Immunization Decision, 1990, p. 8.*

When faced with required vaccination for your child, there are several alternatives. Here are three primary ones:

1 - You can go ahead and have your child vaccinated. Thousands of others have done this; you can also. Vaccinations are somewhat like Russian roulette: The parents never know if it will be their child which will be stricken down by the germs in the vaccine. Perhaps nothing will happen.

2 - You can move out of the state to one with more liberal exemption laws. This is a possibility rarely mentioned in books of this nature. Everyone is very concerned about winning the war against vaccination laws. But there is also the possibility that your own family might lose the war—and either your child will be forced to have the vaccination any way or it might be taken from you and placed in a foster home. Prayer is needed, not only mere determination.

If you do decide to flee, you might do well to pack and then leave in the night. An alternative is to have the mother leave with the children and go to another state. Most laws of this nature are not enforced on the same day that notification of the violation is served. Two or three days are generally given for compliance.

Keep in mind that, if one parent—or both parents—leaves with the children, the local authorities will try to find out where they are and then contact that state to go after them. Therefore, it would be best to have learned in advance which states are the safest to move to. Those will be the

ones with the most relaxed regulations on the vaccination. In this way, the family can do some advance planning in case of trouble, which is always better than last-minute decisions. (See *"Sources of Information"* for a list of some states with more liberal vaccination exemptions. But, remember, the list might have changed by the time you have to make a decision, so get current information.)

In one instance, the mother refused to let the children be taken from their home school and placed in public school. But the father was wavering, unwilling to face the battle. So she left with them during the day while he was at work, merely telling him that she had gone with the children. When the judge learned of it, he ordered the man jailed until the children were returned to that state and placed in the public school. Then, by someone's wise decision, the media was given the story. They spread it everywhere. In this instance, it produced such a public outcry, that the judge released the man. He then wound up his affairs, left the state, and rejoined the mother and children—who were in a state with liberal home school provisions.

3 - You can try to get a waiver, on the basis of an exemption stated in the state vaccination law. This will be easier to do if you are in one of the 22 states (listed above) with more liberal exemption laws.

If you decide to go this route, quickly obtain more information. You need to know your state law, and you would do well to contact one or more of the following sources.

SOURCES OF INFORMATION

In addition to those listed just below, an abundant supply of additional sources will be given later in this book.

1 - For further information on vaccine regulations in your state, you can call one or more of the following: your *State or County Health Department;* your *State Board of Education; or your local school district Superintendent of Schools* office. Request a copy of your state's *Immunization Laws.* It will contain, in print, the requirements and exemptions.

2 - Still another source is the *reference section of your local public library.* Look in the *State Statute Revised Law Book,* under "Public Health Law" or "Communicable Disease" sections. You should there find the list of immunization requirements, followed by the exemptions. Usually one or two provisions will be listed—either on religious or medical grounds.

3 - You may call or write *your state legislature representative* and ask for a copy of the immunization law in your state. Making this available is part of his job, and he will usually send it promptly.

4 - If you wish to know about vaccine regulations in *another state,* you can obtain this information by contacting its *State Department of Health* or *State Department of Education.* (1) If you do not already know it, from a map learn the capital city of that state. (2) Call the operator for the area code of that city. (3) During office hours in that state, dial 1-area code-555-1212 and ask for the phone number of the State Department of Health

or the State Department of Education. (4) Dial the number and ask the entering switchboard to be transferred to the department which can give you the state vaccination and immunization requirements. (5) When you are transferred to that office, ask for a written copy of the state compulsory immunization law and its exemptions. Give a name and address for it to be sent to. An alternate source of information would be one or more of the next three listings (items 5, 6, and 7).

5 - A valuable source of information about legalities concerning vaccinations is the *American Natural Hygiene Society, Inc., 12816 Race Track Road, Tampa, Florida 33625.* This society has available abstracts of state laws from most of the fifty states concerning immunization law exemptions. They try to keep the information up to date.

6 - Another source is *Dissatisfied Parents Together (DPT): geocities.com and sprynet.com.* It was started by concerned lay people and professionals. They promote information about vaccines, assist parents in their legal battles to avoid immunization or obtain compensation from vaccine injuries or death, and urge legislation for safer vaccinations. Members receive an ongoing newsletter. This organization was prominent in the battle to get the NCVIA enacted by Congress (discussed later in this chapter). *(Also see the next paragraph.)*

7 - If your doctor or local authorities are unrelenting in their efforts to vaccinate your child against your will, you are invited to contact the *National Vaccine Information Center (NV1C), 512 W. Maple Avenue, Apt. 206, Vienna, Virginia 22180 (703-938-DPT3; FAX 938-0342).*

8 - For information on financial compensation, due to death or injury to a child from a mandated vaccine, see *"The Compensation System and How it Works,"* published by The National Vaccine Information Center.

9 - Another source is *The Dangers of Compulsory Immunizations: How to Avoid Them,* by Thomas Finn, an attorney residing in Florida. His book is available from Family Fitness Press, Box 1658, New Port Richey, Florida 33552.

10 - A helpful source is the booklet, *How to Avoid Unwanted Immunizations of All Kinds,* published by Humanitarian Publishing Company, Rural Route 3, Clymer Road, Quakertown, Pennsylvania 18951.

11 - For additional information on immunizations, and how to obtain attorneys in your area, etc., contact *National Health Federation, P.O. Box 688, Monrovia, California 91016 (818-357-2181).*

12 - If you are being asked to have your child given the standard DPT (diphtheria-pertussis-typhoid) vaccination, you will find a wealth of additional information on the dangers of pertussis vaccines in the book, *A Shot in the Dark, by Harris L. Coulter and Barbara Loe Fisher.*

13 - *Concerned Parents for Vaccine Safety, 8216 192nd Street, Ct E, Spanaway, WA.*

PRINCIPLES TO KEEP IN MIND

Many facts and principles are given in this chapter. Here are several

more:

In all your contacts with authorities (school, public health, legal, etc.) remain calm, courteous, and humbly respectful toward their position. You are only asking of them that which duty binds them to give you. Nothing is gained by unnecessarily antagonizing them. If they are overstepping the law, then you must diplomatically bring the true facts to their attention. Do this without belittling them. What you want is a waiver; so help them help you get it, with as little embarrassment on their part as possible.

In theory, the State must provide you with the possibility of exemption waivers, in order to protect itself from responsibility for what might happen if your child is injured as a result of a mandatory vaccination. If a State allows no exceptions, then it must take full responsibility for forcing the citizens to do a certain action which might result in injury. If waivers are placed in the law, the responsibility is placed back on the parent: Why did he not sign one?

Thus, all "compulsory" vaccination laws are, in fact, voluntary. The problem is that the officials do not want you to know that.

While all immunization laws have exceptions which you can use, it is important that you know the wording of the law—since it differs from state to state.

Many health officials wish to exert as much control as possible while assuming as little responsibility as possible. Therefore, if you place them in a position in which they must either give you the waiver or, themselves, assume more responsibility, you will usually get your waiver.

When working with school officials and attorneys, it is important that you use the right legal terminology. The correct terminology (some of it is given in this chapter) has worked before and should again. Many of these principles are stated in this book; but, if in doubt, contact item 5, 6, or 7 in the section, *"Sources of Information,"* just above. (Important: Also read the next section, *"When the School Requires Immunization.")*

It is important that you state your written objections, so they comply with your state's exemption provisions. According to Grace Girdwain (a researcher into the subject), "they must then accept your request; if they do not, they are breaking their own law." Therefore it is essential that you know your particular state law, word for word, before you submit your written objection.

Most state and county officials like an easy-going, unstressful job. When you send in your written statement of objections, you disturb them and make their life less pleasant for a time. There are only two ways to solve the problem: either coerce you into submission or give you what you want. In order to successfully obtain an early waiver, you want to make the giving of that waiver the easiest path for them.

Because it so frequently succeeds with parents, they will first try to intimidate you. In response, you politely, calmly, but with certainty tell them that you understand your rights under the law and will not accept evasions of those rights. Once they discover that you are adamant and

acquainted with the state law, it is likely that your waiver will be rapidly forthcoming.

But success cannot easily be guaranteed: There seems to be a hidden power behind the throne. The county is answerable to the state. The state receives federal funds. Major industries with big money contribute heavily to federal and state election campaigns. Then people like you come along and threaten the high volume of vaccine sales. It is recognized that if you succeed in avoiding a vaccination, others may try also.

WHEN THE SCHOOL REQUIRES IMMUNIZATION

What can you do when your local school requires immunization? Here are several things to keep in mind.

You can do one of two things: Let your child be immunized or do not let him be immunized. That will be your choice. Make it thoughtfully and carefully. It will be totally your decision.

Because the second of these decisions is the most complicated, we will consider that one here:

Although waivers and exemptions are written into all immunization laws, most public health officials and physicians prefer not to discuss their existence—even when questioned. So, to start with, they do not want you to know that such a waiver exists.

If you hesitate or refuse vaccination, you will then face strong intimidation. They are likely to threaten to keep your child out of school, take him from you, or send you to jail. But, according to a research study by Grace Girdwain, of Burbank, Illinois, the officials cannot legally do any of those things if you will take the following five steps:

"1. You must send a letter to the school to inform the education officials of your stand. A phone call is not legal. It can be a note from your doctor, minister, or a notarized letter from you stating your sincere objections to the immunization. If you do not do this and fail to have your child immunized, it could be construed as negligence on your part and in some states there is a possibility of legal action against you.

"2. If the school should refuse to honor your letter, request that they give you a statement in writing outlining their reasons for refusal. If they won't, their refusal is legally invalid, and your letter stands; they must enroll your child. If they do (they rarely will), they take the risk of incriminating themselves, especially if they are acting contrary (as is common) to what is specified in the law concerning your rights for exemption. Remember they are on tenuous ground, not you. They are your servants, not you theirs.

"If worse comes to worst and you have a very knowledgeable official who writes you a refusal and states accurately the lawful reasons for his refusal, he will also be required to tell you what the accepted exemptions are. Then you can go about meeting them, using the information available here and elsewhere.

"3. Child neglect is the one legal point you want to avoid at all costs. No legal parent or guardian can be charged with neglect unless he shows complete lack of concern or action to be more informed. Stripped of legal jargon, this simply means that if you can show that you have investigated the situation, have come to a specific decision concerning immunizations, and have informed the authorities of the same, no neglect

charge can be brought. Neglect can be brought only when it can be shown that you have failed to have your children immunized, not out of respect for their medical or spiritual integrity, but only because you were too concerned with other matters.

"4. At times there may be a question of whether you have given or withdrawn 'legal consent.' Legal consent is dependent upon being properly informed on both the advantages and the risks in any choice or decision you make. In other words, if a physician were to tell you that vaccination is perfectly safe and effective to obtain your consent, such consent would not be legal because he lied and you have not been properly informed.

"Conversely, it could be argued that nonconsent is not legal if you are not fully informed about the risks and advantages of immunizations. Toward this end, the information in Parts I and II of this book should be sufficient to make your consent or nonconsent fully legal.

"5. What I do if everyone refuses to give me a waiver?

"This would be an extremely rare circumstance, but should it happen, you are not left without resources. Here is where we pull out one of our big guns. Send notarized letters by certified mail to the vaccine laboratory which makes the shot (ask your doctor for the address), the doctor who is to administer the shot, your school principal, the school board, and your local health department. In these letters make it clear that, since they have refused to give you a duly requested waiver, you can no longer be held responsible for what may happen to your child, if they force these shots upon him. You then state that you will allow immunization if each will present you with a written signed guarantee of safety and effectiveness of the vaccine and that they will consent to assume full responsibility for any and all adverse reactions that your child may develop from the required shots.

"Of course none will give you such a guarantee. They cannot do so because all vaccines are considered potentially highly toxic. We have yet to hear of an instance of further harassment of parents after such letters have been sent.

"That's about all that is needed to obtain the necessary exemptions for your children."—Grace *Girdwain, "How to Legally Avoid Unwanted Immunizations of All Kinds," reprinted in Harold E. Buttram, M.D., and John C. Hoffman, Ph.D., The Immunization Trio, 1991, pp. 108-109.*

Keep in mind that many states only require mandatory vaccination of children in public schools—not private or parochial schools. Carefully read your state's vaccination law. The principle of a private school may tell you that your child must be vaccinated, when, in fact, the state does not require it of children in private schools.

Some individuals are able to move to a different state and may wish to learn which states are the least strict in their vaccination requirements. (See the section, *"Sources of Information,"* for where to write to obtain those facts.)

IF YOU ARE TAKEN TO COURT

What if you are taken to court? You may be brought before the judge—or, what is also likely, you may be asked to appear before a "kangaroo" court of school and health department officials. (This other "court" will be convened to see how determined you are, how much you know, and how likely they can browbeat you into submission.)

A variety of information relating to this probability is given elsewhere in

this chapter. Here is more. Among other things, during the hearing, explain in a humble but firm matter the following:

1 - No vaccine carries any guarantee of protection from the laboratory that produced it or the doctor who administered it. Therefore, if a person refuses a given vaccination, the responsibility would totally rest on the public health department requiring it.

2 - The U.S. military allows no-nonsense "immunization waivers." So other U.S. citizens should be able to receive them also.

3 - There is *no federal law* on immunizations. They do not dare to enact one. Their attorneys know what the consequences would be.

4 - My rights have been infringed upon by officials attempting to use *force* against my will.

In addition, you may wish to bring in some of the data contained in the next several sections, immediately below.

A helpful tip: Write *brief phrases* of points you might wish to make on one or more 3 x 5-inch cards. Hold them unobtrusively in your hand, and refer to them when needed. Beforehand, practice speaking the points, referring from time to time to the notes.

A FEDERAL LAW YOU SHOULD KNOW ABOUT

In 1986, Congress enacted a special law. Entitled, *The National Childhood Vaccine Injury Act of 1986 (Public Law 99-660)* (NCVIA), it was passed to officially recognize the reality of vaccine-caused injuries and deaths.

> **"Shortly after, the television documentary *'DPT: Vaccine* Roulette' was first shown in Washington, D.C., in April, 1982, a group of parents in the area banded together and formed the national organization known as *Dissatisfied Parents Together (DPT).* This nonprofit, educational, and charitable foundation operates the National Vaccine Information Center and has distributed information to thousands of parents across the nation, as well as having collected data on many hundreds of cases of vaccine damage.**
>
> **"Dissatisfied Parents Together was instrumental in educating Congress and the public about the need for a no-fault compensation system alternative to a lawsuit, which resulted in passage of the *National Childhood Vaccine Injury Act of 1986 (Public Law 99-660; 42 USC 300aa 1 et seq.).* The vaccine injury compensation and safety legislation was supported by more than fifty major health organizations and drug companies."—*H.L. Coulter and B.L. Fisher, A Shot in the Dark, p. 213.***

The reason the law was enacted was because parents were happy that it provided a means of financial payment to those families damaged by vaccinations, and it provided protection to the drug companies against those receiving those payments. (In order to receive the payments, they could not additionally sue the physicians, hospitals, drug firms, etc.) However, provision was made for those who wished to sue rather than receive the compensation:

> **"During the five years it took to pass the bill, DPT participated in negotiations with the American Academy of Pediatrics, vaccine manufacturers, and legislative staffs to create the first no-fault compensation bill of its kind in America. During that time, the vaccine manufacturers and the American Medical Association pressed for passage of**

an exclusive remedy compensation bill that would have cut off all vaccine injury lawsuits in the courts. The exclusive remedy bill was also supported by HHS [the Department of Health and Human Services] and the Justice Department, but the bill that was passed preserved the parents' right to choose between the compensation system and accessing the court system to sue negligent doctors and manufacturers."—*H.L. Coulter and B.L. Fisher, A Shot in the Dark, p. 214.*

"The United States Government was compelled to step in and rescue drug companies from the ruinous lawsuits brought against them by dismayed and angry parents of children damaged by the pertussis vaccine. Financial investments of drug companies and the vaccine industry dictate the direction of research on immunization policy. Their interests lie in promotion of vaccines, not investigation of side effects."—*R. Neustaedter, The Immunization Decision, 1990, p. 73.*

All aspects of the law will prove most helpful if, after the vaccination is given, your child is damaged. *We hope you will never need to* use *it!* However, its safety provisions can provide some assistance in your efforts to avoid "mandatory" vaccinations. It specifies that the physician is required by law to notify each vaccinee of all the dangers, prior to injecting the vaccine. This is an important law, yet your state and county officials will never introduce it in their conversations with you—and many would prefer to believe it does not exist.

Therefore it is your responsibility to know about this law. You may need that information later.

This law has two main aspects: safety provisions and a no-fault federal compensation program. (For further information on this second aspect, see *"The Compensation System and How it Works,"* listed in this book under the section, *"Sources of Information").*

SAFETY PROVISIONS OF THE NCVIA

The safety reform portion of NCVIA is as follows:

1 - *The NCVIA requires that doctors provide parents with information about childhood diseases and vaccines prior to vaccination.* This information must include vaccine risks; that is, the possible dangers that could result from taking each vaccine the physician offers you.

This, of course, is a very important proviso. Yet very few doctors inform parents about vaccine risks, even though vaccine manufacturers place written warning information in every package of vaccine they sell. So the information is there, in hand, when the box is opened.

" 'According to the CDC (Centers for Disease Control, the federal agency in Atlanta which oversees such matters), physicians are required to *first* inform their patients of the risks involved before they consent to vaccines.' If they do not do so, it is *prima fade* evidence of deceit or negligence on the part of the physician. This regulation by the federal government would also seem to assume that the patient has the right to refuse if he feels that the risks are too great. If that is so, is not the federal government on record as supporting voluntary immunization and, by obvious implication, against state-enforced compulsory immunization?"—*H.E. Buttram, M.D., and J.C. Hoffman, Ph.D., The Immunization Trio, 1991, p. 110. [The initial quotation is from the writings of Grace Girdwain.]*

2 - *The NCVIA requires that all doctors who administer vaccines report*

vaccine reactions to federal health officials. **Barbara Loe Fisher, executive vice-president of the National Vaccine Information Center (NVIC), said this:**

"The will and intent of Congress in enacting the National Vaccine Injury Act of 1986 is being subverted. This subversion is resulting in an appalling under reporting of vaccine reactions and deaths by both private and public physicians [there is also] a lack of record keeping and/or willingness on the part of physicians to divulge the manufacturer's name and lot number when a reaction occurs."—*Barbara L. Fisher, National Vaccine Information Center [See "Sources of Information" for the NVIC address].*

"According to NVIC, doctors often justify their refusal to report vaccine reactions by merely claiming the shot had nothing to do with the child's injury or death. Some pediatricians may actually believe this, because they quote vaccine policymakers in the AAP and CDC who tell them that the vaccine is completely safe. However, the fear of being sued for failing to warn parents of the potential dangers and contraindications may also be a consideration."—*Neil Z. Miller, Vaccinations: Are They Really Safe and Effective? 1992, p. 59.*

"Doctors and pediatricians are not the only instruments to the Medical-Industrial Complex who are likely to deny the existence of vaccine reactions and cover up the truth. The medically trained coroners are also members of this elite group . . Rarely is the vaccination ever listed as the cause of death. Instead, they use impressive terms to falsify the death certificate: cardiac arrest; possible myocarditis; bronchial bilateral pneumonia; septicemia due to septic tonsillitis; lymphatic leukemia; streptococcal cellulitis; tubercular meningitis; infantile paralysis; and sudden infant death syndrome, to name a few."—*Op. cit., p. 61.*

3 - The NCVIA requires doctors to record vaccine reactions in an individual's permanent record.

The problem here is similar to that discussed under the second requirement, above. Just as vaccine reactions are not being reported, so they are not being properly recorded. The reason for both is the same: to avoid the possibility of a malpractice lawsuit—by eliminating the evidence in advance.

4 - The NCVIA requires doctors to keep a record **of the date that each vaccine was given, the manufacturer's name and lot number, where the vaccine was administered, and the professional title (M.D., R.N., etc.) of the person administering the vaccine. This requirement is closely related to those preceding it. Obviously, such regulations, as the above four—which can be so time-consuming to doctors, hospitals, and public officials—indicate that vaccines can be dangerous!**

5 - The NCVIA mandates that the federal government begin urging manufacturers to improve existing vaccines and develop new, safer vaccines.

As a result of the passage of NCVIA, the Department of Health and Human Services (HHS) started the National Vaccine Advisory Committee (NVAC). The NVAC was assigned the task of getting the universities and vaccine manufacturers to develop and disseminate vaccine information materials for distribution by health care providers.

This information was to include negative reactions, contraindications,

etc. That information was also to tell the general public that a federal no-fault compensation program was now available for those who are injured or die from a mandated vaccine. (No, you have never heard of this before.) It is obvious that, according to NCVIA, Congress wanted the public to be told about the dangers of vaccines, and to be told about the available financial compensation when vaccines injured those receiving them under mandatory vaccination laws.

But that was as far as it went. The entire matter essentially went nowhere. It is a national law, but no teeth have ever been set in action to require getting the information out to the public. Barbara Loe Fisher, who chairs the subcommittee on adverse reactions for the National Vaccine Advisory Committee gives her comment:

> **"Even though Congress gave NVAC a dual mission: 'to achieve optimal prevention of human infectious disease through immunization' and 'to achieve optimal prevention against adverse reactions to vaccines,' I had observed that the majority of NVAC time was spent discussing how to promote vaccination. The equally important goal of identifying ways to prevent vaccine reactions appears to be a subject that causes discomfort among many committee members, is viewed as an obstacle to promoting vaccination and is generally given little time or in-depth treatment *(in a September 16, 1990, letter written by Barbara Loe Fisher to Donald A. Henderson, chairman of the National Vaccine Advisory Committee, p. 1).***
>
> **"Not only is there a lack of concern about the subject of vaccine reactions on the part of some committee members, but there is a deliberate attempt to deny the reality of vaccine reactions, deaths, and injuries . . (Committee members need] to spend more time trying to find ways to solve problems associated with preventing vaccine reactions rather than trying to find ways to reword subcommittee reports to deny the existence of [children who were injured or killed during] a vaccine reaction."—*Barbara Loe Fisher, letter dated September 16, 1990, to Donald A. Henderson, chairman of the National Vaccine Advisory Committee, pp. 1-2.***

As usual, the underlying problem is that there are powerful organizations in America that do not want people to know that there is anything wrong with vaccines. If the public learned that, it might stop mass vaccinations.

> **"HHS was to satisfy this legal requirement by no later than December 22, 1988. However, by March 4, 1991, this matter was still unsettled, and notice was provided to Louis W. Sullivan, M.D., secretary of HHS, of the intent to bring a lawsuit against Sullivan and the Department for failure to perform an 'act or duty' as required by law. This notice was submitted by NVIC on behalf of several parents of vaccination-aged children *(NVIC Mini News, Vienna, VA., March 1991, p. 1).***
>
> **"Because HHS has failed to publish the required information, high risk children who should not receive one or more of the vaccines may suffer from avoidable brain damage, permanent disabilities, and even death. And parents whose children were injured or died from one or more of the vaccines during the past few years may still be unaware of their right to seek compensation.**
>
> **"It should be noted that vaccine guidelines were eventually submitted by the advisory committee (after the December 22, 1988, deadline) but were rejected by NVIC on the grounds that they 'failed to meet even minimal standards of scientific rigor, candor, and fairness.' Vaccine risks were systematically understated or ignored. For example, the proposed guidelines stated that 'a few people will have a serious problem,' but they do not mention that a 'serious problem' could be permanent brain damage or**

death. The guidelines also reveal a selective use of scientific data, downplay the true rates of adverse reactions, and give inconsistent, incomplete, inaccurate, and potentially dangerous information regarding contraindications."—*Neil Z. Miller, Vaccinations: Are They Really Safe and Effective? 1992, p. 62.*

But how can it be otherwise, when such powerful lobbies and pressure groups are so influential in Washington, D.C.? For example, James Cherry and Edward Mortimer, two prominent physicians who were "impartial" advisers to the Department of Health and Human Services (the federal agency responsible for developing and promoting vaccine safety guidelines) were found to have been paid $800,000 by pertussis vaccine manufacturers for expert witness and consulting fees and research grants *(National Vaccine Information Center press release, dated May 9, 1991).*

In America, medical schools are subsidized by the foundations and grants of the multi-billion dollar drug industry. That same industry spends an average of $6,000 a year on every physician in America—to get him to prescribe their drugs.

In England, in order to drum up more business, the National Health Service pays a 'bonus' to doctors with documented vaccination rates greater than specified percentages *(Richard Moskowitz, M. D., "Vaccination: A Sacrament of Modern Medicine," speech in Manchester, England, September 1991).*

America now spends many times more money on medical care than does England, Canada, or Japan. In fact, our total medical bill is now around $400 billion a year and growing at a rate close to 15% annually.

Medical care is a terrific success story in the United States: More than two-thirds of all Americans suffer from chronic illness; 132 million workdays are lost to illness at a cost to industry of $25 billion a year; 36 million suffer from arthritis, 250,000 of these are children; 12 million Americans have diabetes; 43.5 million have heart or blood vessel disease; 550,000 die each year of a heart attack; 525,600 new cases of cancer are diagnosed yearly; 420,000 die of cancer each year. On and on it goes.

COMPENSATION PROVISIONS OF THE NCVIA

The compensation portion of NCVIA is as follows:

1 - *The NCVIA would provide this financial compensation as an alternative to suing vaccine manufacturers and physicians,* when children or adults are injured or die because of reactions to mandated vaccines.

2 - *The NCVIA would provide for awards up to $250,000, per case,* if the individual dies or to compensate for pain and suffering if the child survived but was brain damaged. Awards were also to be given for permanent injuries involving learning disabilities, seizure disorders, mental retardation, and paralysis.

In official physician's reports, vaccine-caused injury and death to children are often attributed to some cause other than the vaccine. In addition, the public is not widely told about this federal compensation law, lest they start fearing to have their children vaccinated—or overwhelm it with

claims. Yet, in spite of these drawbacks, it is highly significant that, by July 1992 (less than four years from the time that the NCVIA was enacted), more than $249 million had been awarded for vaccine-caused injuries or death. Thousands of cases are still pending *("On Vaccination Safety," Washington Post, November 2, 1992; for further documentation, see U.S. Claims Court records.).* At the rate it is going, the number of claims may eventually bankrupt the U.S. Treasury. But that will be no problem, as long as vaccine sales continue. Nothing must stand in the way of "protecting the children."

In connection with these filings for claims, the Food and Drug Administration released a mid-1992 report, which said that more than 17,000 injuries and 350 deaths from vaccines had occurred in the 20-month period from November 31, 1990, to July 31, 1992 *("On Vaccination Safety," Washington Post, November* 2, *1992).* If you know someone who believes that vaccinations hardly ever hurt anyone, read them this paragraph.

It is also of interest that many of the awards given for pertussis (whooping cough vaccine) deaths were complicated by the fact that physicians had initially recorded them as "sudden infant death syndrome" *(NVIC Mini News, November 1990, p. 2).*

The intriguing question is who pays for these awards? The answer is the general public.

Congress voted a special tax on all mandated vaccines sold after October 1, 1988. In some cases, this tax is several dollars per injection. (DPT [diphtheria, pertussis, and tetanus] and MMR [mumps, measles, and rubella] have the heaviest tax; apparently they cause the most death and damage. Remember that fact; it is based on detailed federal statistics—which you and I do not have access to.) This tax is passed on to consumers who are, in effect, paying vaccine insurance to pay for the damage which may be received from the vaccine.

In ancient times, people sacrificed their children to Molech; now they are required to offer them to vaccines.

VACCINATIONS WHEN TRAVELING ABROAD

What about traveling to other countries? Can you go around the world without vaccinations? The World Health Organization (WHO) based in Geneva, Switzerland, grants American visitors and tourists the right to refuse shots when traveling internationally. You simply declare exemption under Clause 83 of the International Sanitary Code, issued by WHO and adopted by all its members.

Exceptions built into Clause 83: (1) If you come from an infected area, vaccinations are necessary OR you might be quarantined (detained in one place) for up to 14 days from the time you left the infected area IF the health department of the nation you arrive in thinks it necessary. If you come from an area where there has been an epidemic, you will probably be put under surveillance. This means that, together with the local health department, you must keep watch for suspicious signs or symptoms. You

will probably be required to report periodically to the local health officer for a period up to 14 days, from the time of your departure from the infected area. If symptoms occur, you must immediately turn yourself in and submit to quarantine or isolation. (2) If an area you wish to enter is infected, you may be detained until the public health official permits you to continue on.

In actual practice, all this is quite remote. Even if it did happen, it would not matter whether you had taken your shots before leaving your home nation; you would be quarantined for 14 days along with those who had refused the vaccines.

Every year thousands travel abroad without taking vaccinations, and with little or no inconvenience. They simply sign a waiver before they start their overseas travel. When you receive your passport, request a copy of *Foreign Rules and Regulations, Part 71, Title 42,* on immunizations. That is the sheet that spells out your right to not be inoculated in your travels. Keep a copy in the bottom of your suitcase.

VACCINATIONS IN THE ARMED FORCES

Can a person in the U.S. Armed Forces obtain a waiver, so he will not have to take an inoculation? Yes, all branches of the Service provide "immunization waivers." If they did not, they could be sued for millions of dollars if a reaction occurred from their immunizations. Because waivers are available, the person accepting vaccination thereby takes responsibility for what happens thereafter.

The procedure goes this way: When a person first enlists, he must state his objection to the vaccinations and tell whether it is "religious conscience" or medical reasons, such as allergies or a low tolerance to medications of any kind. But, if that person does not initially sign that written vaccination waiver statement, he cannot thereafter be exempted from receiving inoculations. Henceforth, the military has the right to do what it wants to with that person.

The underlying point is that a person did not give up basic rights when he enlisted. Even though he may be in the Service, no one has the right to immunize him against his will.

GETTING STATE VACCINATION LAWS MODIFIED

> **"Parents often need booster doses of vaccine education. They should keep in mind three points of information: (1) Vaccines have immediate, sometimes drastic, side effects. (2) Vaccines have unknown long-term side effects which may include post-encephalitis brain damage. (3) Vaccine efficacy may decrease as adults when the diseases are more serious."—*R. Neustaedter, The Immunization Decision, 1990, p. 89.***

When enough people set to work to accomplish something good, they can succeed. The public needs to be educated and the laws changed. Frankly, in this work women are frequently much more influential than men. They are the mothers of America. They are the ones who bear and raise the children. Nothing is more ferocious than a mother protecting her young.

Working together toward a common goal unites people and, in the process, gets a lot of publicity in the newspapers and on local and statewide television.

There are individuals out there who actually set to work to change state vaccination laws—and make them more liberal. Here is one example:

> **"It was now time [for our group] to contact legislators and formally open an area chapter of the National Health Federation.**
>
> **"On January 4, 1982, I mailed letters to the five House of Delegates and the three state senators of our district, requesting that Section D of Article 3, Chapter 2 of the Code of Virginia (the compulsory immunization law) be amended to include an exemption based upon personal beliefs. I cited the unconstitutionality of the present law. Three delegates replied saying they would investigate the matter, and our senator from this area, Joe Canada, said he would send my letter to legislative services to have a bill drafted.**
>
> **"On May 13, 1982, the Tidewater chapter of the National Health Federation had its first meeting. Our first project was getting a petition signed which requested that the Compulsory Immunization Laws of Virginia be amended to provide for an exemption based upon personal conviction. The petition mentioned that there were 19 states that already had this exemption. An accompanying sheet listed, with references, some of the diseases and disabilities that have been linked to immunizations and pointed out that there are natural and harmless ways of preventing and treating so-called dread diseases for which vaccines are given."—*Walene James, Immunization: The Reality Behind the Myth, 1988, p. 149.***

Well, in this book we have discussed a serious problem. It does not affect everyone who receives a vaccine. But it affects a significant percentage of them. Many of the viruses injected into people during vaccinations are "attenuated"; that means they are sick live viruses. Because these organisms are so small, hundreds of millions are pumped into an arm with a single squeeze on the syringe. Would you like to place millions of sick germs in the bloodstream of someone you loved?

What should you do about this to protect others? What should you do to protect your own family? Personal decisions must be made. An abundance of data has been given to you in this book. It is our prayer that your decision will be a wise one.

DISCLAIMER

Since neither the author and researcher of this book, nor the publisher, is an attorney at law, they cannot attest to the ultimate legal status of any of the data and suggestions made in this book, in reference to vaccines, vaccinations, or vaccination laws.

The information given was factual, to the best of their knowledge. The methods of obtaining waivers have been successfully used by others, but that does not prove they will always be successful, nor in all states.

We therefore recommend that, if in doubt, before any action is taken—that you consult a reputable attorney in your own state and carefully consider his recommendations.

Nothing in this book is to be construed as suggesting that anyone should, or should not, receive immunizations of various kinds. This is the sole

decision of each individual. Our objective is to present, to those who desire them, their legal rights as American citizens regarding this matter.

Chapter Ten

New 2003 Data

LIST OF TOXIC MATERIALS IN VACCINES

There is an astonishing collection of poisons, toxic metals, chemical binders, and animal parts and juices in vaccines. You would not want to give this to your dog, yet it is routinely given to precious, little children.

Among these many toxic and contaminated ingredients is the infamous *thimerosal,* which contains mercury. Casein and gelatin are bovine products, and cattle are increasingly suspected of having CJD (mad cow disease). Keep in mind that we are here dealing with raw meat. It cannot be "cooked," or the deadly viruses will be damaged. There are "washed sheep red blood cells" in DPT. Sheep in Britain and the U.S. have "mad sheep disease (scrapie). Reading the section on anthrax in the following list, it is little wonder that our troops in the Gulf War got "Gulf War Illness."

The diseases in vaccines are grown in the laboratory in monkey kidney cells, in human cells which may be cancerous, in chick embryo and in guinea pig cells. The cells are nourished with the blood serum from calves, which may be contaminated with numerous diseases such as bovine leukemia virus, bovine AIDS virus, or other animal diseases. Chemicals such as aluminum, formaldehyde (a human carcinogen) and MSG are used in processing of the vaccines. Thimerosal, a derivate of mercury and a deadly poison, is used as a preservative. These chemicals and potential diseases are all injected into your child's body or your body as part of the vaccine.

Acel-Immune **DTaP Diphtheria and Tetanus Toxoids Acellular Pertussis Vaccine adsorbed Lederle Laboratories. Produced using formaldehyde, thimerosal, aluminum hydroxide, aluminum phosphate, polysorbate 80, gelatin.**

Act HIB **Haemophilus Influenzae Type B (HIB) Tetanus Toxoid Conjugate Connaught Laboratories. Produced using ammonium sulfate, formalin, sucrose, thimerosal Medium: semi-synthetic.**

Attenuvax **Measles Virus Vaccine Live Merck & Co, Inc. Produced using neomycin, sorbitol, hydrolized gelatin Medium: chick embryo.**

DPT Diphtheria and Tetanus Toxoids and Pertussis Vaccine Adsorbed SmithKline Beecham Pharmaceuticals. **Produced using aluminum phosphate, formaldehyde, ammonium sulfate, washed sheep red blood cells, glycerol, sodium chloride, thimerosal. Medium: porcine (pig) pancreatic hydrolysate of casein.**

Hepatitis B SmithKline Beecham Pharmaceuticals. **Produced using aluminum hydroxide, thimerosal. Medium: yeast (possibly 5% residual).**

IPOL Inactivated Polio Vaccine Connought Laboratories. **Produced using 3 types of polio virus, formaldehyde, phenoxyethanol (antifreeze), neomycin, streptomycin, polymyixin B. Medium: VERO cells, a continuous line of Monkey kidney cells.**

MMR Measles Mumps Rubella Live Viruse Vaccine Merck & Co., Inc. **Produced using sorbitol, neomycin, hydrolized gelatin. Mediums: M&M - chick embryo. Rubella - Human diploid cells (originating from human aborted fetal tissue).**

Orimune Poliovirus Vaccine Live Oral Trivalent Lederle Laboratories. **Produced using 3 types of attenuated polioviruses, streptomycin, neomycin, calf serum, sorbitol. Meduim: monkey kidney cell culture**

Varivax Varicella Virus Vaccine Live (chicken pox Vaccine) Merck & Co., Inc. **Produced using sucrose, phosphate, glutamate, processed gelatin medium: Human Diploid Cells (originating from human aborted fetal tissue)**

Vaccines grown in aborted fetal cell cultures:
Chicken pox **(Varivax): Merck**
Hepatitis A **(Vaqta): Merck**
Polio **(oral) Poliovac, Canada: Connaught**
Polio **(Imovax): Connaught**
Rabies **(Imovax): Pasteur Merieux**
Rubella **(Meruvax): Merck**

Vaccines with live virus
Chicken pox **(Varivax): Merck**
Measles **(Attenuvax): Merck**
Measles and Mumps **(M-M-Vax): Merck**
Measles, Mumps and Rubella **(M-M-RII): Merck**
Measles and Rubella **(M-R-VaxII): Merck**
Mumps **(Mumpsvax): Merck**
Rubella **(Meruvax): Merck**
Rubella and Mumps: **BIAVAX**

Vaccines which are genetically engineered
Hepatitis B: **Merck**
Hepatitis B: **SmithKline Beecham**
Lyme **(Lymerix): SmithKline Beecham**
RSV, Synapis: **(MedImmune)**

Vaccines with animal and cattle parts
Chicken pox **(Varivax): fetal bovine serum: Merck**
Diphtheria, **Tetanus, acellular Pertussis, Acel-immune, beef heart infusion: Lederle**
Diphtheria **(Infanrix), bovine extract: SmithKline Beecham**
Flu **(Flushfield): chick embryos: Wyeth:**
Flu **(Fluzone): chicken embryos: Connaught**
Measles **(Attenuvax): hydrolyzed gelatin: Merck**
Measles, Mumps and Rubella **(M-M-RII), hydrolyzed gelatin: Merck**
Mumps **(MuMpsvax): hydrolyzed gelatin: Merck**
Polio **(Ipol): calf serum, monkey kidney cells: Pasteur Merieux**
Polio, oral **(Orimune): kidney cells, calf serum: Lederle**
Rubella **(Meruvax): hydrolyzed gelatin: Merck**
Rubella and Mumps **(Biavax): hydrolyzed gelatin: Merck**

Vaccines using cattle material - (blood, fetal calf serum, meat broth) carry a risk of mad cow disease. In the list below, the asterisk (*) means that the cattle parts which are in the product are (illegally) NOT LISTED on the vaccine package insert.

Polio: **DPT contains: DPT - Diphtheria and Tetanus Toxoids and Pertussis Vaccine Adsorbed** SmithKline Beecham Pharmaceuticals. **Produced using aluminum phosphate, formaldehyde, ammonium sulfate, washed sheep red blood cells, glycerol, sodium chloride, thimerosal medium: porcine (PIG) pancreatic hydrolysate of casein.**
Anthrax: ***BioPort DPT**
Certiva, **Anthrax: *BioPort DPT**
Certiva, **diphtheria, pertussis, tetanus: North American/Baxter International**
DPT **(Infanrix): diphtheria, pertussis, tetanus: GlaxoSmithKline Beecham**
Hep A **(*Havrix): hepatitis A: GlaxoSmithKline Beecham**
Hib **(*ActHIB): haemophilus influenzae Type B: Aventis Pasteur**
Hib **(*OmniHIB): haemophilus influenzae Type B: GlaxoSmithKline Beecham**
Pneumonia **(*PNU-IMUNE 23): Lederle/American Home Products**
Polio **(IPOL): Aventis Pasteur**

A SAMPLE LETTER FOR A "PERSONAL" RELIGIOUS EXEMPTION FROM IMMUNIZATION

Disclaimer: **The following letter is for educational purposes only. It is not intended to serve as legal advice, nor is it intended to take the place of appropriate legal counsel. As with any legal matter, you should consult a qualified lawyer for your specific needs.**

Religious exemptions are acceptable in most U.S. states, but specific vaccination laws vary from state to state (and were listed in the previous section of this book). Be sure to check with the state dept. of epidemiology, vaccinations, immunizations, or whatever it is called in your state, to find out the laws for your state.

Some require that you file for an exemption certificate, others require only a properly written letter. **In any case, the following may help you with this process.**

Reproduced below, is a copy of a letter from an attorney to an immunization nurse, regarding a religious exemption from vaccinations for his North Carolina clients' children. This letter was accepted by health officials for a religious exemption in two different North Carolina counties. (You may have noticed that, in the previous section of this book, North Carolina and Mississippi were the only two States requiring only medical exemptions.) In one instance, the parents modified this letter to be from themselves instead of from the lawyer. You may not need to have the letter come from a lawyer if you cannot find or afford one (but having a lawyer write or review your letter may be the only way to guarantee that your letter conforms to state legal requirements).

You will note that the letter mentions earlier "personal" religious exemption court cases. They establish that it may not be necessary to belong to a religious organization that specifically states opposition to vaccination in its official doctrine, in order to have an acceptable religious exemption from immunizations.

If you choose to handwrite (or type) this letter, you may wish to modify it somewhat to reflect your own personal religious beliefs, and make other changes where appropriate.

When you have finished writing this, your own *Religious Exemption for Vaccination Letter,* in order to make it more official, you would do well to have it notarized before submitting it to the appropriate authorities. You may also wish to send it by registered mail, to get confirmation of its arrival and receipt by the appropriate official.

You will notice that this letter is written as coming from an attorney. If you hire an attorney to send it, he can modify it slightly. Otherwise, you would need to omit the portion that indicates that it is being sent by an attorney.

Here is the sample letter:

———————

[June 1996]

County Health Dept. [address]

Attention: [Immunization nurse's name]

RE: [first child's name, date of birth. Second child's name, date of birth, etc.]

Dear Nurse [name]:

This office has been retained as counsel to represent [parents' names], individually, on behalf of their children, [children's names], with regard to my clients' rights for an exemption from immunizations as provided by North Carolina Statutes 130A-157.

The present situation stems from my clients' refusal to have their children, [children's names], submit to immunizations and inoculations as perscribed by *North Carolina Statutes 130A-152.* My clients have the right to refuse to have their children receive these injections pursuant to North Carolina Statutes 130A-137, since they have sincere religious beliefs which prohibit them from having their children receive immunizations and inoculations.

Recent court decisions have upheld the rights of individuals seeking exemptions from immunizations based upon "personal" religious beliefs *(Sherr and Levy vs. Northport East-Northport Union Free School District, 672 F. Supp. 81, (E.D.N.Y., 1987); (Allanson vs. Clinton Central School District, U.S. District Court, Northern District Court, Northern District of New York (84 CV 174), 1984; Campain vs. Marlboro Central School District, Supreme Court Ulster County Special Term, November 15, 1985; Brown vs. City School District, 429 NYS2d 355; Maier vs. Besser, 73 Misc.2d 241).*

My clients' religious beliefs include the following:

[Note: Modify the beliefs, stated below, as needed to have them apply to you; what you put here is up to you. Should your exemption be challenged, it will be up to the challenger to prove that what you state here is not your bona fide religious belief, a generally difficult thing for him to prove. Your statement should mention that you believe it morally wrong

and against your religious belief to receive a vaccination for you or your children.]

"We believe in God, and that God has created us in His image. In being created in God's image, we were given bodies which He commanded us in the Holy Bible to keep clean and pure. We are required to keep this wonderful gift, our human bodies, in good condition, and not to swallow or inject anything into it that would be unclean or diseased. We believe it is sacrilegious and a violation of our sacred religious beliefs to violate what God has given us by showing a lack of faith in God. Immunizations are a lack of faith in God and His plan for the care of our bodies. We believe it is morally wrong, and against our religious beliefs to receive a vaccination either for ourselves or for our children.

"We believe in Jesus' many promises of protection for us, and that He loves us, and will take care of us if we place our trust in Him. I believe that immunizations show no faith in God's promises of protection for us, saying to God that you trust man more than His holy words of protection for us.

"God desires us to love Him and our neighbors first and foremost. This is His first command. By loving Him, we are to fully trust on Him for all things. He is our Lord Father. He is our Rock, our fortress and our Saviour.

"Our faith is in God and in the Holy Word, being the Holy Bible which is authored by God. This is the instruction book for living that He has left us; and, in it, He tells us He is our protector and we stand firm on His promise. Our faith is in Him!"

My clients' religious beliefs are also based upon the understanding of what God requires of them as provided for in the Bible.

[Note: add or delete quotations which agree with your personal beliefs.]

"And hearing this, Jesus said to them, 'It is not those who are healthy who need a physician, but those who are sick; I did not come to call the righteous, but sinners' " (Mark 2:17).

"Know ye not that your body is the temple of the Holy Ghost which is in you, which ye have of God and ye are not your own?" (1 Corinthians 6:19).

"That your faith should not stand in the wisdom of men, but in the power of God" (1 Corinthians 2:5).

"You must know that your body is a temple of the Holy Spirit, who is within the spirit you have received from God. You are not your own" (1 Corinthians 6:19).

"As a consequence, your faith rests not on the wisdom of men but on the power of God" (1 Corinthians 2:5).

"I know with certainly on the authority of Lord Jesus that nothing is unclean in itself: it is only when a man thinks something unclean that it becomes so for him" (Romans 14:14).

"If anyone destroys God's temple, God will destroy him. For the temple of God is holy, and you are that temple" (1 Corinthians 3:17).

"To his angels He has given command about you, that they guard you in all your ways" (Psalm 91:11).

"Follow God your Lord, remain in awe of Him, keep His command-

ments, obey and serve Him and you will then be able to cling to Him" (Leviticus 19:1-2)."

I anticipate a prompt response from you or the appropriate official.

Very truly yours,

[lawyer's name]

cc: [parents' names]

———————

[End of the letter.]

PHYSICIAN'S CONSENT FORM

Someone developed the following Consent Form. It is self-explanatory. Rarely will a physician be willing to sign it, for he regularly reads the medical journals and is well-aware of the dangers inherent in vaccines.

In some instances, parents have used the form to avoid vaccinations for their child.

However, it could happen that if you were to press the issue (that the form be first signed), instead of doing so, in desperation the health department might sidestep the problem by issuing an order for the police to seize your child and place him in a foster home, declaring that you have refused permission for the vaccination to be done and, therefore, are an unfit parent. You, of course, could maintain before the judge that you are very willing for the vaccination to occur; all you are requesting is that the form be signed first. But by that time you would be involved in an expensive legal hassle which could require months before your child was returned to you.

Here is the form. If you wish to use it, you would want to retype it to fit a single-column 8½ x 11-size sheet. Be sure to type it double-spaced between lines.

[On the next page, the Physicians Statement is printed by itself, so you can easily make photocopies to use and share with others. May God bless you in your efforts to save your child. Note the cautions in the above paragraphs. —*vf*]

Florida Statutes
Georgia Statutes
Hawaii Revised Statutes
Idaho Statutes

Consent for Administration of Vaccination

Dear Doctor:

If you will be administering a vaccination to me or my child today, I will need for you to complete the following consent form. Thank you.

Physician Statement

I (physician name) _____

do hereby state that I have advised my patient (patient or child name)

_____

and/or parent of my patient (parent's name) _____ that in my professional opinion this patient/child should be given the vaccination, drug, or other (name of vaccination/drug/other):

_____ , Manufacturer's name: _____ ,

Serial Number: _____, Batch number: _____.

I have on this (day) _____ (month) _____ (year) _____ administered this vaccination/medication/drug AFTER advising the above named patient/parent of minor patient that there is little or no risk involved with this vaccination/medication/drug therapy or treatment. I hereby do agree that should this patient/child at any time suffer or develop any permanent condition deleterious or injurious to his/her health as a result of this treatment, I will pay for any and all costs involved related to the care and treatment necessary for this patient/child for the rest of his/her natural life. I further agree that if my earnings are insufficient to meet these costs, I will sell my home, my business and all material possessions and put those proceeds towards meeting the patient-involved expenses.

Signature of responsible Physician: _____

Date of signature: _____

Signature of responsible person administering vaccination/medication/drug:

_____

Occupational title of person administering it:

_____

Date of signature: _____

Witness: Parent or other person: _____

Date of signature: _____

Illinois Compiled Statutes
Indiana Code
Iowa Code

THERE ARE STATE LEGAL EXCEPTIONS PERMITTING YOUR CHILD TO AVOID VACCINATION

What does the legal code of each State say regarding possible exemptions on religious grounds?

There are many serious health risks associated with any immunization, especially those given to infants and young children. These dangers have been well-documented.

Some states require that parents belong to a religion that has a written tenet opposing vaccination (several state high courts have found this requirement unconstitutional). Some 16 states provide for philosophical or "personal belief" exemption, but most parents are unaware of these exemptions and fewer than one percent in most states exercise them.

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.

Demand to be fully informed as to the possible side effects. Ask to see the manufacture's warning label. As a parent, you may decide against vaccinating your child. This is your legal right.

School officials often resort to "scare tactics" to intimidate parents into submission. How many time have you heard "Children won't be permitted in school without being fully immunized." School administrators are only referring to part of the law and only rarely mention the exemptions. Some administrators may not know they exist.

Basically, in order to get an exemption, simply write your local school official and tell them it is against your religious belief to have your children vaccinated, as allowed for by law and (optionally) cite the particular section of the law. You need not explain your religious belief or go into any details. Describing you religious beliefs is not required by law.

Frequently, the local school administrator has never heard of an exemption letter and you might have to provide a copy of the appropriate section of the State law to educate them.

Although some may not share your belief, under Federal Law, "religious practices" is defined by law to include moral or ethical beliefs about what is right and wrong that are sincerely held with the strength of traditional views.

If anyone tries to pry, say, "Surely you're not discriminating against my family based on my religion, are you? That's a major Federal Civil Rights violation."

Examine and read the laws of your State about what they actually say about exemptions. Most of them say something like this: Immunization of a person shall not be required for admission to a school . . if the parent files a letter or affidavit stating that the immunization is contrary to his or her

beliefs.

Kansas Statutes
Kentucky Revised Statutes
Lousiana Administrative Code
Maine Statutes
Maryland Statutes

LEGAL EXEMPTION STATUTES IN THE UNITED STATES

These exemptions are written into most U.S. State government codes, which enable you to write a statement which will exempt your child from receiving required immunizations.

Read and follow the law regarding what needs to be done to obtain an exemption. Key sections are in bold print.

Most states permit you to submit a written statement that, because of your religious or conscientious principles, you do not want the vaccinations. Some states say that the exemption must be based on the religious beliefs of your church. A few states say that you must obtain a physician's statement. (All states permit you to obtain an exception based on a physician's statement.)

In some states, siblings (brothers and sisters) of a child already damaged by the pertussis vaccine do not have to receive vaccination. —You want to take precautions in advance, and you will not have to apply under that provision!

In many states, the exemption granted you does not apply in times of an epidemic (an occurrence which is extremely unlikely to occur).

We have listed below the section and sub-section numbers, and the paragraph(s) stating the possible exemption by personal statement (or physician's statement, if personal statement is not permitted).

***These listings were accurate as of January 2003. For a copy of the entire immunization section, which would be up-to-date, phone your state capital*; ask for the immunization section of the medical department, and request that a copy of the entire law covering mandatory childhood immunizations by mailed to you. They will send it free of charge.**

ALABAMA GOVERNMENT CODE

Section 16-30-1 Immunizations . .

Section 16-30-3: Exceptions to chapter. The provisions of this chapter shall not apply if:

(1) In the absence of an epidemic or immediate threat thereof, the parent or guardian of the child shall object thereto in writing on grounds that such immunization or testing conflicts with his religious tenets and practices.

(Acts 1973, No. 1269, p. 2113, §3)

ALASKA ADMINISTRATIVE CODE

4 AAC 06.055 Immunizations . .

(b) This section does not apply if the child

(3) has an affidavit signed by his parent or guardian affirming that immunization conflicts with the tenets and practices of the church or religious denomination of which the applicant is a member.

ARIZONA REVISED STATUTES

Massachusetts
General Laws
Michigan Statutes
Annotated
Minnesota Statutes
Mississippi Code

15-872 . .

15-873 Exemptions:

A. Documentary proof is not required for a pupil to be admitted to school if one of the following occurs:

1. The parent or guardian of the pupil submits a signed statement to the school administrator, stating that the parent or guardian has received information about immunizations provided by the department of health services, understands the risks and benefits of immunizations and the potential risks of nonimmunization and that due to personal beliefs, the parent or guardian does not consent to the immunization of the pupil.

ARKANSAS STATUTES

TITLE 6 - Education

Subtitle 2 Elementary and Secondary Education Generally.

Chapter 18 Students

Subchapter 7 Health

§ 6-18-702 Immunization . .

(f) The provisions of this section shall not apply if the parents or legal guardian of that child object thereto on the grounds that such immunization conflicts with the religious tenets and practices of a recognized church or religious denomination of which the parent or guardian is an adherent or member.

CALIFORNIA HEALTH AND SAFETY CODES

[Note: Section 120365 is the key section regarding exemptions.]

120365. Immunization of a person shall not be required for admission to a school or other institution listed in Section 120335 if the parent or guardian or adult who has assumed responsibility for his or her care and custody in the case of a minor, or the person seeking admission if an emancipated minor, files with the governing authority a letter or affidavit stating that the immunization is contrary to his or her beliefs.

COLORADO STATUTES

TITLE 25 - Health.

25-4-903 - Exemptions from immunization

(1) (Deleted by amendment, L. 97, p. 409, § 2, effective July 1, 1997.)

(2) It is the responsibility of the parent or legal guardian to have his or her child immunized unless the child is exempted pursuant to this section. A student shall be exempted from receiving the required immunizations in the following manner:

(b) By submitting to the student's school a statement of exemption signed by one parent or guardian or the emancipated student or student eighteen years of age or older that the parent, guardian, or student is an adherent to a religious belief whose teachings are opposed to immunizations or that the parent or guardian or the emancipated student or student eighteen years of age or older has a personal belief that is opposed to immunizations.

CONNECTICUT STATUTES

Missouri Statutes
Montana Code Annotated
Nebraska Statutes
Nevada Revised Statutes

Sec. 10-204. Vaccination . .

(3) presents a statement from the parents or guardian of such child that such immunization would be contrary to the religious beliefs of such child . . or (5) in the case of haemophilus influenzae type B has passed his fifth birthday or (6) in the case of pertussis, has passed his sixth birthday, shall be exempt from the appropriate provisions of this section.

Sec. 10-208. Exemption from examination or treatment.

No provision of section 10-206 or 10-214 shall be construed to require any pupil to undergo a physical or medical examination or treatment, or to be compelled to receive medical instruction, if the parent or legal guardian of such pupil or the pupil, if such pupil is an emancipated minor or is eighteen years of age or older, in writing, notifies the teacher or principal or other person in charge of such pupil that such parent or guardian or pupil objects, on religious grounds, to such physical or medical examination or treatment or medical instruction.

DELAWARE STATUTES

TITLE 14 Department of Education

Subchapter II. Powers and Duties

§ 131. Public school enrollees' immunization program; exemptions . .

(6) Provision for exemption from the immunization program for an enrollee whose parents or legal guardian, because of individual religious beliefs, reject the concept of immunization. Such a request for exemption shall be supported by the affidavit herein set forth:

AFFIDAVIT OF RELIGIOUS BELIEF

STATE OF DELAWARE

..... COUNTY

1. (I) (We) (am) (are) the (parent(s)) (legal guardian(s)) of

.....

Name of Child

2. (I) (We) hereby (swear) (affirm) that (I) (we) subscribe to a belief in a relation to a Supreme Being involving duties superior to those arising from any human relation.

3. (I) (We) further (swear) (affirm) that our belief is sincere and meaningful and occupies a place in (my) (our) life parallel to that filled by the orthodox belief in God.

4. This belief is not a political, sociological or philosophical view of a merely personal moral code.

5. This belief causes (me) (us) to request an exemption from the mandatory school vaccination program for

.....

Name of Child

.....

Signature of Parent(s) or Legal Guardian(s)

SWORN TO AND SUBSCRIBED before me, a registered Notary Public, this

..... day of ....., 198 .....

.....(Seal)
Notary Public
My commission expires:

.....

FLORIDA STATUTES (1998)

232.032 Immunization against communicable diseases; school attendance requirements; **exemptions—**

(1) The Department of Health may adopt rules necessary to administer and enforce this section. The Department of Health, after consultation with the Department of Education, shall adopt rules governing the immunization of children against, the testing for, and the control of preventable communicable diseases. **The rules must include procedures for exempting a child from immunization requirements . .**

(3) The provisions of this section shall not apply if:

(a) **The parent or guardian of the child objects in writing that the administration of immunizing agents conflicts with his or her religious tenets or practices;**

GEORGIA STATUTES

CODE SECTION 20-2-771 G
12/31/98
20-2-771 . .

(e) This Code section shall not apply to a child whose parent or legal guardian objects to immunization of the child on the grounds that the immunization conflicts with the religious beliefs of the parent or guardian; however, the immunization may be required in cases when such disease is in epidemic stages. **For a child to be exempt from immunization on religious grounds, the parent or guardian must first furnish the responsible official of the school or facility an affidavit in which the parent or guardian swears or affirms that the immunization required conflicts with the religious beliefs of the parent or guardian.**

HAWAII REVISED STATUTES (HRS)

§302A-1154 Immunization upon entering school . . §302A-1156] **Exemptions. A child may be exempted from the required immunizations:**

(1) If a licensed physician certifies that the physical condition of the child is such that immunizations would endanger the child's life or health; or

(2) **If any parent, custodian, guardian, or any other person in loco parentis to a child objects to immunization in writing on the grounds that the immunization conflicts with that person's bona fide religious tenets and practices.** Upon showing the appropriate school official satisfactory

evidence of the exemption, no certificate or other evidence of immunization shall be required for entry into school [L 1996, c 89, pt of §2].

IDAHO STATUTES

TITLE 39 - Health & Safety

CHAPTER 48 - Immunization . .

39-4801. IMMUNIZATION REQUIRED. Except as provided in section 39-4802, Idaho Code, any child in Idaho of school age may attend grades preschool and kindergarten through twelve of any public, private or parochial school operating in this state if otherwise eligible, provided that upon admission, the parent or guardian shall provide a statement to the school authorities regarding the child's immunity to certain childhood diseases.

39-4802. EXEMPTIONS. (1) Any minor child whose parent or guardian has submitted to school officials a certificate signed by a physician licensed by the state board of medicine stating that the physical condition of the child is such that all or any of the required immunizations would endanger the life or health of the child shall be exempt from the provisions of this chapter.

(2) Any minor child whose parent or guardian has submitted a signed statement to school officials stating their objections on religious or other grounds shall be exempt from the provisions of this chapter.

ILLINOIS COMPILED STATUTES (ILCS)

(410 ILCS 315/0.01)

Sec. 0.01. Short title. This Act may be cited as the Communicable Disease Prevention Act.

(410 ILCS 315/2)

The provisions of this Act shall not apply if:

1. The parent or guardian of the child objects thereto on the grounds that the administration of immunizing agents conflicts with his religious tenets or practices or . .

INDIANA CODE

TITLE 20 - EDUCATION

Article 8.1 ELEMENTARY AND SECONDARY SCHOOL PUPILS

Chapter 7 Health Measures . .

Section IC 20-8.1-7-2 Sec. 2. (a) Except as other wise provided, a school child may not be required to undergo any testing, examination, immunization, or treatment required under this chapter when the child's parent objects on religious grounds. A religious objection does not exempt a child from any testing, examination, immunization, or treatment required under this chapter unless the objection is:

(1) made in writing;

(2) signed by the child's parent; and

(3) delivered to the child's teacher or to the individual who might order a test, an exam, an immunization, or a treatment.

IOWA CODE

CHAPTER 139 - COMMUNICABLE AND REPORTABLE DISEASES AND POI-

Oklahoma Statutes
Oregon Revised Statutes
Pennsylvania Statutes
Rhode Island Statutes

SONINGS139.9 Immunization of children . .

4. Immunization is not required for a person's enrollment in any elementary or secondary school or licensed child care center if that person submits to the admitting official either of the following:

b. An affidavit signed by the applicant or, if a minor, by a legally authorized representative, stating that the immunization conflicts with the tenets and practice of a recognized religious denomination of which the applicant is an adherent or member; however, this exemption does not apply in times of emergency or epidemic as determined by the state board of health and as declared by the director of public health.

KANSAS STATUTES

Chapter 72—SCHOOLS

Article 52—HEALTH PROGRAMS

72-5209 . .

(b) As an alternative to the certification required under subsection (a), a pupil shall present:

(2) a written statement signed by one parent or guardian that the child is an adherent of a religious denomination whose religious teachings are opposed to such tests or inoculations.

KENTUCKY REVISED STATUTES (KRS)

TITLE XIII EDUCATION 158.035 Certificate of immunization . .

[Note: The exemption is listed in a entirely different section, which is reprinted here:]

TITLE XVIII PUBLIC HEALTH 214.036 Exceptions to testing or immunization requirement. Nothing contained in KRS 158.035, 214.010, 214.020, 214.032 to 214.036, and 214.990 shall be construed to require the testing for tuberculosis or the immunization of any child at a time when, in the written opinion of his attending physician, such testing or immunization would be injurious to the child's health.

Nor shall KRS 158.035, 214.010, 214.020, 214.032 to 214.036, and 214.990 be construed to require the immunization of any child whose parents are opposed to medical immunization against disease, and who object by a written sworn statement to the immunization of such child on religious grounds.

LOUISIANA ADMINISTRATIVE CODE

TITLE 20 - Education Code

[Note: Check current statute, by phoning the state capital and requesting a copy.]

MAINE STATUTES

§ 6355. Enrollment in school. No superintendent may permit any child to be enrolled in or to attend school without a certificate of immunization for each disease or other acceptable evidence of required immunization or

South Carolina Code
South Dakota Statutes

immunity against the disease, except as follows.

3. Moral, philosophical or personal reasons. The parent states in writing a sincere religious belief which is contrary to the immunization requirement of this subchapter or an opposition to the immunization for moral, philosophical or other personal reasons [1983, c. 661, § 8].

MARYLAND STATUTES

TITLE 7 - PUBLIC SCHOOLS SUBTITLE 4. HEALTH AND SAFETY OF STUDENTS - 403 - Immunizations (a) Rules and regulations . .

(b) Exception. - (1) Unless the Secretary of Health and Mental Hygiene declares an emergency or an epidemic of disease, a child whose parent or guardian objects to immunization on the ground that it conflicts with the parent's or guardian's bona fide religious beliefs and practices may not be required to present a physician's certification of immunization in order to be admitted to school. (2) The Secretary of Health and Mental Hygiene shall adopt rules and regulations for religious exemptions under this subsection.

[Note: You should go to a library and obtain a copy of the Maryland State Regulations, to find the specific things you need to do to fully comply with the exemption requirements.]

MASSACHUSETTS GENERAL LAWS

Chapter 76: Section 15. Vaccination and immunization . .

Section 15 . . In the absence of an emergency or epidemic of disease declared by the department of public health, no child whose parent or guardian states in writing that vaccination or immunization conflicts with his sincere religious beliefs shall be required to present said physician's certificate in order to be admitted to school.

MICHIGAN STATUTES ANNOTATED

333.9205 Immunization of child required.

Sec. 9205 . .

333.9215 Exemptions.

Sec. 9215. (1) A child is exempt from the requirements of this part as to a specific immunization for any period of time as to which a physician certifies that a specific immunization is or may be detrimental to the child's health or is not appropriate.

(2) A child is exempt from this part if a parent, guardian, or person in loco parentis of the child presents a written statement to the administrator of the child's school or operator of the group program to the effect that the requirements of this part cannot be met because of religious convictions or other objection to immunization.

MINNESOTA STATUTES

Education Code

Chapter Title: STUDENT RIGHTS, RESPONSIBILITIES, AND BEHAVIOR

Section: 121A.15 Health standards; immunizations; school children . .

Texas Education Code
Utah Health Code
Vermont Statutes
Virginia Statutes

Subd. 3. Exemptions from immunizations . .

(d) If a notarized statement signed by the minor child's parent or guardian or by the emancipated person is submitted to the administrator or other person having general control and supervision of the school or child care facility stating that the person has not been immunized as prescribed in subdivision 1 because of the conscientiously held beliefs of the parent or guardian of the minor child or of the emancipated person, the immunizations specified in the statement shall not be required. This statement must also be forwarded to the commissioner of the department of health.

***MISSISSIPPI CODE OF 1972** (As Amended)*

Public Health

[Note: Unfortunately Mississippi is one of the few states which permit exemption only due to medical reasons. A pursuasive parent should be able to convince a doctor of the medical dangers by reviewing the warnings which are already supplied with the vaccine. Another such state is North Carolina].

SEC. 41-23-37 . .

A certificate of exemption from vaccination for medical reasons may be offered on behalf of a child by a duly licensed physician and may be accepted by the local health officer when, in his opinion, such exemption will not cause undue risk to the community.

MISSOURI STATUTES

Immunization of School Children

167.181. Immunization of pupils . .

3. This section shall not apply to any child if one parent or guardian objects in writing to his school administrator against the immunization of the child, because of religious beliefs or medical contraindications. In cases where any such objection is for reasons of medical contraindications, a statement from a duly licensed physician must also be provided to the school administrator.

MONTANA CODE ANNOTATED

TITLE 20 - Education Code

20-5-403 . .

20-5-405. Medical or religious exemption.

(1) When a parent, guardian, or adult who has the responsibility for the care and custody of a minor seeking to attend school or the person seeking to attend school, if an adult, signs and files with the governing authority, prior to the commencement of attendance each school year, a notarized affidavit on a form [1] prescribed by the department stating that immunization is contrary to the religious tenets and practices of the signer, immunization of the person seeking to attend the school may not be required prior to attendance at the school. The statement must be maintained as part of the person's immunization records. A person who falsely claims a religious exemption is subject to the penalty for false swearing provided in 45-7-

Revised Code of Washington
District of Columbia Code

202.

NEBRASKA STATUTES

LAW 79-217 . .

LAW 79-221 Immunization shall not be required for a student's enrollment in any school in this state if he or she submits to the admitting official either of the following: . .

(2) An affidavit signed by the student or, if he or she is a minor, by a legally authorized representative of the student, stating that the immunization conflicts with the tenets and practice of a recognized religious denomination of which the student is an adherent or member or that immunization conflicts with the personal and sincerely followed religious beliefs of the student.

NEVADA REVISED STATUTES

NRS 392.435 . .

NRS 392.437 Immunization of pupils: Exemption if prohibited by religious belief. A public school shall not refuse to enroll a child as a pupil because the child has not been immunized pursuant to NRS 392.435 if the parents or guardian of the child has submitted to the board of trustees of the school district or the governing body of a charter school in which the child has been accepted for enrollment a written statement indicating that their religious belief prohibits immunization of such child or ward.

NEW HAMPSHIRE STATUTES

TITLE 10 Public Health

CHAPTER 141C

Communicable Disease

SECTION 141-C:20-a

§ 141-C:20-a Immunization . .

§ 141-C:20-c Exemptions. - A child shall be exempt from immunization if: . .

II. A parent or legal guardian objects to immunization because of religious beliefs. The parent or legal guardian shall sign a notarized form stating that the child has not been immunized because of religious beliefs.

NEW JERSEY PERMANENT STATUTES

26:1A-7. State Sanitary Code

HEALTH AND VITAL STATISTICS

Title 26 . .

26:1A-9.1. Exemption for pupils from mandatory immunization; interference with religious rights; suspension

Provisions in the State Sanitary Code in implementation of this act shall provide for exemption for pupils from mandatory immunization if the parent or guardian of the pupil objects thereto in a written statement signed by the parent or guardian upon the ground that the proposed immunization interferes with the free exercise of the pupil's religious rights. This exemption may be suspended by the State Commissioner of Health

during the existence of an emergency as determined by the State Commissioner of Health.

NEW MEXICO STATUTES

CHAPTER 24 - Health & Safety

24-5-2 . .

24-5-3 Exemption from immunization.

A. Any minor child through his parent or guardian may file with the health authority charged with the duty of enforcing the immunization laws: . .

(1) a certificate of a duly licensed physician stating that the physical condition of the child is such that immunization would seriously endanger the life or health of the child; or

(2) affidavits or written affirmation from an officer of a recognized religious denomination that such child's parents or guardians are bona fide members of a denomination whose religious teaching requires reliance upon prayer or spiritual means alone for healing; or

(3) affidavits or written affirmation from his parent or legal guardian that his religious beliefs, held either individually or jointly with others, do not permit the administration of vaccine or other immunizing agent.

B. Upon filing and approval of such certificate, affidavits or affirmation, the child is exempt from the legal requirement of immunization for a period not to exceed nine months on the basis of any one certificate, affidavits or affirmation.

NEW YORK STATE STATUTES

[Note: There are two relevant sections, Education Code and Public Health. The exemption is found at the end of the Public Health Statute.]

Education

§ 914. Immunization of children . .

9. This section shall not apply to children whose parent, parents, or guardian hold genuine and sincere religious beliefs which are contrary to the practices herein required, and no certificate shall be required as a prerequisite to such children being admitted or received into school or attending school.

NORTH CAROLINA STATUTES

Elementary and Secondary Education.

Article 39

§ 115C-547 Policy . .

In conformity with the Constitutions of the United States and of North Carolina, it is the public policy of the State in matters of education that "No human authority shall, in any case whatever, control or interfere with the rights of conscience," or with religious liberty and that "religion, morality and knowledge being necessary to good government and the happiness of mankind . . the means of education shall forever be encouraged" . .

(3) Exemptions from the immunization requirements where medical practice suggests that immunization would not be in the best health inter-

ests of a specific category of children.

[Note: Unfortunately North Carolina is one of the few states which permit exemption only due to medical reasons. (Mississippi is another one.) A pursuasive parent should be able to convince an doctor of the medical dangers by reviewing the warnings which are already supplied with the vaccine. Pointing out the first paragraph, quoted above (which is not next to the exemption paragraph), could only help.]

NORTH DAKOTA CENTURY CODE

TITLE 23 - Health & Safety

23-07-17 Vaccination or inoculation not required for admission to any school or for the exercise of a right. Repealed by S.L. 1975, ch. 224, § 2.

3. Any minor child, through the child's parent or guardian, may submit to the institution authorities either a certificate from a licensed physician stating that the physical condition of the child is such that immunization would endanger the life or health of the child or a certificate signed by the child's parent or guardian whose religious, philosophical, or moral beliefs are opposed to such immunization. The minor child is then exempt from the provisions of this section.

OHIO REVISED STATUTES

TITLE 33 Education — Libraries

[§ 3313.67.1] § 3313.671 Required immunizations; exceptions . .

(3) A pupil who presents a written statement of the pupil's parent or guardian in which the parent or guardian objects to the immunization for good cause, including religious convictions, is not required to be immunized.

OKLAHOMA STATUTES

§70-1210.191 . .

§70-1210.192 Exemptions.

Any minor child, through the parent, guardian, or legal custodian of the child, may submit to the health authority charged with the enforcement of the immunization laws of this state: . .

2. A written statement by the parent, guardian or legal custodian of the child objecting to immunization of the child; whereupon the child shall be exempt from the immunization laws of this state.

OREGON REVISED STATUTES

433.267 . .

(c) A statement signed by the parent that the child has not been immunized as described in paragraph (a) of this subsection because the child is being reared as an adherent to a religion, the teachings of which are opposed to such immunization.

PENNSYLVANIA STATUTES

Title 28 Health & Safety

§ 23.83 Immunization requirements . .

§ 23.84 Exemption from immunization . .

(b) Religious exemption. **Children need not be immunized if the parent, guardian or emancipated child objects in writing to the immunization on religious grounds or on the basis of a strong moral or ethical conviction similar to a religious belief.**

RHODE ISLAND STATUTES
TITLE 16 - Education Code
Chapter 16-38
Offenses Pertaining to Schools
SECTION 16-38-2 Immunization . .

(a) Every person upon entering any public or private school including any college or university in this state as a pupil shall furnish to the administrative head of the school evidence that the person has been immunized against such diseases as may from time to time be prescribed by regulation of the director of health and tested for tuberculosis, or a certificate from a licensed physician stating that the person is not a fit subject for immunization for medical reasons, or a certificate signed by the pupil, if over eighteen (18) years of age, or by the parent or guardian stating that immunization and/or testing for communicable diseases is contrary to that person's religious beliefs. It shall be the responsibility of the administrative head of the school to secure compliance with these regulations.

SOUTH CAROLINA CODE
TITLE 44 HEALTH
CHAPTER 29 CONTAGIOUS AND INFECTIOUS DISEASES
SECTION 44-29-40 . .

(D) A South Carolina Certificate of Special Exemption signed by the school principal, authorized representative, or day care director may be issued to transfer students while awaiting arrival of medical records from their former area of residence or to other students who have been unable to secure immunizations or documentation of immunizations already received. A South Carolina Certificate of Special Exemption may be issued only once and is valid for only thirty calendar days from date of enrollment. At the expiration of this special exemption, the student must present a valid South Carolina Certificate of Immunization, a valid South Carolina Certificate of Medical Exemption, or a valid South Carolina Certificate of Religious Exemption.

[Here is the second section on this, located later in the legal code:]
CODE of REGULATIONS
CHAPTER 61. DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
61-8 Vaccination, Screening and Immunization Regarding Contagious Diseases . .

2. Religious Exemption. A South Carolina Certificate of Religious Exemption may be granted to any student whose parents, parent, guardian, or person in loco parentis signs the appropriate section of the South Carolina Certificate of Religious Exemption stating they are members of a recognized religious denomination in which the tenets and practices of the reli-

gious denomination conflict with immunizations.

3. Special Exemptions . . A South Carolina Certificate of Special Exemption may be issued only once and shall be valid for only thirty (30) calendar days from date of enrollment. At the expiration of this special exemption, the student must present a valid South Carolina Certificate of Immunization, or a valid South Carolina Certificate of Medical Exemption, or a valid South Carolina Certificate of Religious Exemption.

B. Blank forms for the South Carolina Certificate of Medical Exemption, South Carolina Certificate of Religious Exemption, and South Carolina Certificate of Special Exemption will be provided by the Department of Health and Environmental Control.

[Note: As does Texas, South Carolina only gives the religious exemption to those belonging to a "recognized" church or denomination which does not believe in vaccinations.]

SOUTH DAKOTA STATUTES

TITLE 13 Education

§ 13-28-7.1 . .

(2) A written statement signed by one parent or guardian that the child is an adherent to a religious doctrine whose teachings are opposed to such test and immunization.

TEXAS EDUCATION CODE

Sec. 38.001 . .

(c) Immunization is not required for a person's admission to any elementary or secondary school if the person applying for admission:

(1) submits to the admitting official:

(B) an affidavit signed by the applicant or, if a minor, by the applicant's parent or guardian stating that the immunization conflicts with the tenets and practice of a recognized church or religious denomination of which the applicant is an adherent or member.

[Note: Mississippi, South Carolina, and Texas require membership in a "recognized" church or denomination not believing in vaccination.]

UTAH HEALTH CODE

53A-11-301 Certificate of immunization required . .

(1) Unless exempted for personal, medical, or religious objections as provided in Section 53A-11-302, a student may not attend [school without having received immunization] . .

53A-11-3025. Personal belief immunization exemption. (1) The Department of Health shall provide to all local health departments a form to be used by persons claiming an exemption from immunization requirements based on a personal belief opposed to immunization. The form shall include a statement printed on the form and drafted by the Department of Health stating the department's position regarding the benefits of immunization. The form shall require, at a minimum:

(a) a statement claiming exemption from immunizations required under Section 53A-11-302, signed by a person listed under Subsection 53A-

11-302(3)(c);

(b) the name and address of the person who signs the form;

(c) the name of the student exempted from immunizations; and

(d) the school at which the student is enrolling.

VERMONT STATUTES

TITLE 18 - Health Code

Subchapter IV

§ 1121 . .

§ 1122 Exemptions.

(3) If the person, or in the case of a minor the person's parent or guardian states in writing that the person, parent or guardian has religious beliefs or moral convictions opposed to immunization.

VIRGINIA STATUTES

HEALTH CODE

§ 32.1-46 . .

D. The provisions of this section shall not apply if:

1. The parent or guardian of the child objects thereto on the grounds that the administration of immunizing agents conflicts with his religious tenets or practices, unless an emergency or epidemic of disease has been declared by the Board.

REVISED CODE OF WASHINGTON (RCW)

TITLE 28A RCW COMMON SCHOOL PROVISIONS

CHAPTER 28A.210 RCW HEALTH—SCREENING AND REQUIREMENTS

RCW 28A.210.090 Immunization program . .

Exemptions from on presentation of alternative certifications.

Any child shall be exempt in whole or in part from the immunization measures required by RCW 28A.210.060 through 28A.210.170 upon the presentation of any one or more of the following, on a form prescribed by the department of health: . .

(2) **A written certification signed by any parent or legal guardian of the child** or any adult *in loco parentis* [in place of the parent] to the child **that the religious beliefs of the *signator* [the one who signed it] are contrary to the required immunization measures**; and

(3) **A written certification signed by any parent or legal guardian of the child** or any adult *in loco parentis* to the child **that the signator has either a philosophical or personal objection to the immunization of the child.**

[**Note:** Here is a significant separate portion of the code, requiring the local county superintendent to inform parents of their legal rights:]

RCW 28A.210.130 Immunization program— **Superintendent of public instruction to provide information.**

The superintendent of public instruction shall provide for information about the immunization program and requirements under RCW 28A.210.060 through 28A.210.170 to be widely available throughout the state in order to promote full use of the program.

[Another separate portion of the legal code:]

Smallpox Vaccine
Pertussis Vaccine
DPT Vaccine

RCW 28A.330.100 Additional powers of board: . . (12) To appoint a practicing physician, resident of the school district, who shall be known as the school district medical inspector and whose duty it shall be to decide for the board of directors all questions of sanitation and health affecting the safety and welfare of the public schools of the district who shall serve at the board's pleasure: PROVIDED, that children shall not be required to submit to vaccination against the will of their parents or guardian.

DISTRICT OF COLUMBIA CODE

TITLE 31 Education & Cultural Institutions

§ 31-502 . .

§ 31-506 Exemption from certification.

No certification of immunization shall be required for the admission to a school of a student:

(1) For whom the responsible person objects in good faith and in writing, to the chief official of the school, that immunization would violate his or her religious beliefs; or

(2) For whom the school has written certification by a private physician, his or her representative, or the public health authorities that immunization is medically inadvisable.

WEST VIRGINIA STATUTES

TITLE 20 - Public Health

§16-3-4.

Any parent or guardian who refuses to permit his or her child to be immunized against . . [many diseases] . . showing that immunization for any or all is impossible or improper, or sufficient reason why any or all immunizations should not be done, shall be guilty of a misdemeanor, and except as herein otherwise provided, shall, upon conviction, be punished by a fine of not less than ten nor more than fifty dollars for each offense.

[Note: The above, one sentence, provides for three outcomes. Rephrased, it reads as follows:

Any parent who refuses to permit the child to be immunized, who cannot give proof of these immunizations OR provides a doctor's certificate OR sufficient reason, may be fined.

These are very similar to other state's requirements, although phrased differently. "Sufficient reason" is that it is against your religious belief.

WISCONSIN STATUTES

120.12(16) (16) Immunization of children . .

252.04 Immunization program . .

252.04(3) The immunization requirement is waived if the student, if an adult, or the student's parent, guardian or legal custodian submits a written statement to the school, day care center or nursery school objecting to the immunization for reasons of health, religion or personal conviction. At the time any school, day care center, or nursery school notifies a student, parent, guardian or legal custodian of the immunization requirements, it shall inform the person in writing of the person's right to a waiver under

this subsection.

WYOMING STATUTES
Title 21 Education
21-4-309 . .

Waivers shall be authorized by the state or county health officer upon submission of written evidence of religious objection or medical contraindication to the administration of any vaccine.

OUTSTANDING ONLINE SOURCES

Here are several excellent sources for additional information. Flip back and forth through the various pages on each one, and you will discover a lot.

Concerned Parents for Vaccine Safety Home Page sprynet.com
Global Vaccine Awareness League gval.com
Informed Parents Vaccination Home Page unc.ed
Massachusetts Citizens for Vaccination Choice vaccinechoice.org
National Vaccine Information Center 909shot.com
Natural Immunity Information Network members/xoom.com
New Atlantean Immunization Resources newatlantean.com
PROVE (Parents Requesting Open Vaccine Education) swbell.net
Stealth Virus Web Site ccid.org
The Kidz Are People Too Page geocities.com
Thinktwice Global Vaccine Institute thinktwice.com
Vaccine Articles healthy.net
Vaccination Awareness Network ozemail.com
Vaccine Information and Awareness access1.net
Vaccines: The Truth Revealed odomnet.com

BOOKS ON CHILDHOOD VACCINATION

If you want to do more research on the vaccine issue, here are 22 books to select from. They will prove invaluable.

Buttram, Harold E., M.D., *Vaccination and Immune Malfunction* [He shows the many correlations between vaccinations and immunological disorders; also how to legally avoid immunizations.]

Chaitow, Leon, *Vaccination and Immunisation: Dangers, Delusions, and Alternatives* [History of vaccines, long-term effects, and linkage to AIDS]

Coulter, Harris L. Coulter, and Barbara Loe Fisher, *A Shot in the Dark: Why the P in the DPT Vaccination May Be Hazardous to Your Child's Health* [About the DPT vaccine]

Coulter, Harris L., *Vaccination, Social Violence and Criminality* [Connection between childhood shots and autism, hyperactivity, and learning disabilities]

Cournoyer, Cynthia, *What About Immunisations? Exposing the Vaccine Philosophy*

DeLatte, Yves, *Vaccinations: The Untold Truth*

Elben, Peter, *Vaccination Condemned*

Gunn, Trevor, *Mass Vaccination: A Point in Question*

Horowitz, Leonard G., *Emerging Viruses: AIDS and EBOLA: Nature, Accident or Intentional*

James, Walene, *Immunisation - The Reality Behind the Myth*

Kalokerinos, A., M.D., *Every Second Child* [Correlates vaccinations, malnutrition, and reactions]

Mendelsohn, Robert S., M.D., *Immunizations: The Terrible Risks Your Children Face That Your Doctor Won't Reveal* [Author is an experienced pediatrician.]

Mendelsohn, Robert S., M.D., *How to Raise a Healthy Child in Spite of Your Doctor* [Outstanding book]

Miller, Neil Z., Vaccines: *Are They Really Safe and Effective? A Parent's Guide to Childhood Shots* [In all his books, Miller does quality work.]

Miller, Neil Z., *Immunization Theory vs. Reality: Exposé on Vaccinations*

Miller, Neil Z., *Immunizations: The People Speak! Questions, Comments, and Concerns About Vaccinations*

Mothering Magazine, *Vaccinations: The Rest of the Story* [a collection of vaccine articles, which you can get by e-mail: mother@ni.net]

Mullins, Eustace, *Murder by Injection*

Murphy, Jamie, *What Every Parent Should Know about Childhood Immunization* [How vaccines are made, true cause of lower disease rates in the twentieth century, plus many other topics]

Snead, Eva Lee, M.D., *Some Call it AIDS, I Call it Murder!!* [The long term effects of vaccines, which include chronic fatigue, cancer, leukemia, lymphoma, birth defects, immunosuppression, etc.]

Scheibner, Viera, Ph.D., *Vaccination: 100 Years of Orthodox Research Shows that Vaccines Represent a Medical Assault on the Immune System* [Information connecting SIDS and DPT and other vaccines]

Sinclair, Ian, *Vaccination: The Hidden Facts*

MEDICAL JOURNAL ARTICLES

Here are 188 authoritative medical research articles in professional journals, which establish in gory details the dangers and ineffectiveness of vaccines. Think not that this ongoing tragedy is unknown to medical science. Hundreds of research reports have been made on the subject. The titles of the research reports have been placed in bold print. Just scan down through them and see for yourself! The proof is here!

MMR VACCINE:

***"Optic Neuritis Complicating Measles, Mumps and Rubella Vaccination,"* American Journal of Opthalmology 1978:86 [4 pp.]**

***"Mumps Meningitis Following Measles, Mumps and Rubella Immunization,"* Lancet July 1989 [1 p.]**

***"Pancreatis Caused by Measles, Mumps, and Rubella Vaccine,"* Pancreas Vol. 6 No. 4 1991 [2 p.]**

***"A Prefecture-wide Survey of Mumps Meningitis Associated with Measles, Mumps and Rubella Vaccine,"* Infec Dis J 1991 Vol. 10 pp. 204-209**

"Risk of Aseptic Meningitis after Measles Mumps and Rubella Vaccine in UK

Tetanus Vaccine
Diphtheria
Vaccine
HIB B Vaccine

Children," **Lancet April 93 P. 979**

"A Prefecture-Wide Survey of Mumps Meningitis Associated with Measles, Mumps, and Rubella Vaccine," **Pediatr Infect Dis J 1991;10 [6 pp.]**

"Guillain-Barré syndrome after measles, mumps, and rubella vaccine," **Lancet Jan 1 1994 Vol. 343 [1 p.]**

"Bilateral Hearing Loss after Measles and Rubella Vaccination in an Adult," **New England Journal of Medicine, July 11 1991 p. 134 [1 p.] (9 cases of hearing loss after MMR vaccination)**

"Arthritis after Mumps and Measles Vaccination," **Arch Dis Child 1995;72 [2 pp.]**

RUBELLA VACCINE: [also see MMR]

"Rubella Vaccination of Hospital Employees," **JAMA Feb. 20, 1981 Vol. 245 No 7 [2 pp.] (Physicians rarely take the vaccines themselves!)**

"Two Syndromes Following Rubella Immunization," **AMA 1970 Vol. 214 No. 13 [5 pp.]**

"Chronic Arthritis after Rubella Vaccination," **Clinical Infec Dis. 1992 15;307-12 [6 pp.]**

"Acute Arthritis Complicating Rubella Vaccination," **Arthritis and Rheumatism 1971 41 [4 pp.]**

"Joint Symptoms Following an Area Wide Rubella Immunization Campaign Report of a Survey," **Am J of Public Health Vol. 62 No. 5 [4 pp.]**

"Polyneuropathy Following Rubella Immunization," **Am J Dis Child 1974 Vol. 127 [5 pp.]**

"Postpartum Rubella Immunization: Association with Development of Prolonged Arthritis, Neurological Sequelae, and Chronic Rubella Viremia," **Journal of Infectious Diseases 1985 Vol. 152 No. 3 [7 pp.]**

"Serological Evidence of Reinfection among Vaccinees during Rubella Outbreak," **Lancet Vol. 336 p. 1071 [1 p.]**

"Diffuse Myelitis Associated with Rubella Vaccination," **BMJ Oct. 1976 [2 pp.]**

MEASLES VACCINE: [also see MMR]

"Neurological disorders Following Live Measles-Virus Vaccination." **JAMA March 1973, Vol. 223 No. 13 [4 pp.] (A research study of measles vaccines causing neurologic damage over a 12-year period [1961-1973] estimated that one child in every thousand receiving the vaccine will develop severe neurologic damage)**

"Guillain-Barré Syndrome Following Administration of Live Measles Vaccine." **Amer J of Med 1976 Vol. 60 [3 pp.]**

"Thrombocytopenic Purpura Following Vaccination with Attenuated Measles Virus," **Amer J Dis Child Jan. 1968 Vol. 115 [3 pp.]**

"Investigation of a measles outbreak in a fully vaccinated school population including serum studies before and after revaccination," **Pediatr Infec Dis J 1993 12 [8 pp.]**

"Risk of Aseptic Meningitis after Measles, Mumps, and Rubella Vaccine in UK Children," **Lancet 1993 Vol. 341 [4 pp.]**

"Failure of Measles Vaccine Sprayed into the Oropharynx of Infants," **Lancet**

May 1983 [1 p.] (This is on an inhaled vaccine, using the E-Z strain, not a shot vaccine.)

"High Titre Measles Vaccine Dropped," **Lancet 1992 Vol. 340 [1 p.] (Using the Experimental E-Z Measles vaccine)**

"Failure to Reach the Goal of Measles Elimination," **Arch Intern Med 1994 Vol. 154 [6 pp.]**

"A Measles Outbreak at a College with Rematriculation Immunization Requirements," **Am J of Pub Health Vol. 81 No. 3 [4 pp.]**

"An explosive point-source measles outbreak in a highly vaccinated population," **American Journal of Epidemiology 1989 Vol. 129 No. 1 [p. 10]**

"Atypical measles in children previously immunized with attenuated measles virus vaccines," **Pediatrics, Vol. 50 No. 5 [6 pp.]**

"A Persistent Outbreak of Measles Despite Appropriate Prevention and Control Measures," **American Journal of Epidemiology Vol. 126 No. 3 [13 pp.]**

"Exaggerated Natural Measles Following Attenuated Virus Immunization," **Pediatrics, 1976 Vol. 57 No. 1 [3 pp.]**

"Child Mortality After High-Titre Measles Vaccines." **Lancet Vol. 338 1991 [4 pp.]**

"Thrombocytopenia after Immunization with Measles Vaccines, Review of the Vaccine Adverse Events Reporting System (1990 to 1994)," **Ped Infect Dis J Vol. 15 No. 1 Jan. 1996 [3 pp.]**

"Measles, Vaccine, and Crohn's Disease," **Gastroenterology Vol. 108 No. 3 1995 [3 pp.]**

"Severe Hypersensitivity or Intolerance Reactions to Measles Vaccine in Six Children," **Allergy 1980 35 [7 pp.]**

"Pathogenesis of Encephalitis Occurring with Vaccination , Variola, and Measles," **Arch of Neurology and Psychiatry 1938 Vol. 39 [8 pp.]**

"Aseptic Meningitis after Vaccination Against Measles and Mumps." **Pediatr Infec Dis J 1989 8 pp. 302-308 [7 pp.]**

"Measles Vaccine Associated Encephalitis in Canada," **Lancet Sept. 1983 [2 pp.]**

"Pancreatitis Caused by Measles, Mumps, and Rubella Vaccine," **Pancreas Vol. 6 No. 4 [2 pp.]**

"Measles, Vaccine, and Neurological Events," **Lancet May 1997 [2 pp.]**

"Measles Vaccine Failures: Lack of Sustained Measles-Specific Immunoglobulin G Responses in Revaccinated Adolescents and Young Adults," **Pediatr Infect Dis J 1994; 13 [4 pp.]**

MUMPS VACCINE: [also see MMR]

"Mumps Outbreak in a Highly Vaccinated School Population/evidence for large scale vaccination failure," **Arch Pediatr Adolesc Med 1995 Vol. 149 [5 pp.] (54 students developed mumps; 53 of them had been fully immunized against mumps.)**

"Aseptic Meningitis as a Complication of Mumps Vaccination," **Ped Infec Dis J 1991 Vol. 10 No. 3 [5 pp.]**

"A Large Outbreak of Mumps in the Postvaccine Era," **J of Infect Dis Vol. 158 No. 6 1988 [8 pp.]**

"Guillain-Barré Syndrome occurrence following combined mumps-rubella

vaccine," **Am J Dis Child Vol. 125 1973 [2 pp.]**

"Mumps, Vaccines, and Meningitis/ Heterogeneous Mumps Vaccine," **Lancet Vol. 340 1992 [2 pp.] (Urabe strain vaccine)**

"Mumps Vaccine and Nerve Deafness," **Amer J Dis Child Vol. 123 1972 [1 p.]**

Flu Vaccine: Neuropathy after Influenza Vaccination," **The Lancet Jan. 29, 1977 [2 pp.] (Swine flu vaccine)**

"Isolated Hypoglossal Nerve Paralysis Following Influenza Vaccination," **Am J Dis Child 1976 Vol. 130 [2 pp.]**

"Guillain-Barré Syndrome," **Lancet Sept. 1978 [1 p.]**

"Relapsing Encephalomyelitis Following the use of Influenza Vaccine," **Arch Neurol Vol. 27 1972 [2 pp.]**

"Anaphylactoid allergic reactions to influenza and poliomyelitis vaccines," **Annals of Allergy Vol. 18 1960 [4 pp.]**

"A Neurological Note on Vaccination against Influenza," **British Med J Sept 1971 [2 pp.]**

"Optic Atrophy Following Swine Flu Vaccination," **Annals of Opthalmology July 1980 [3 pp.]**

"Meningoecephalitis Following an Influenza Vaccination," **Medical Intelligence Vol. 283 No. 22 [1 p.]**

POLIO VACCINE:

"Shedding of Virulent Poliovirus Revertants during Immunization with Oral Poliovirus **Vaccine after Prior Immunization with Inactivated Polio Vaccine,"** **J of Infect Dis 1993; 168 [5 pp.] (As many as 80% of the babies can infect those who touch their stools with polio)**

"Anaphylactoid allergic reactions to influenza and poliomylitis vaccines," **Annals of Allergy Vol. 18 1960 [4 pp.]**

"Vaccine Associated Poliomyelitis," **Lancet March 1994 Vol. 343 [3 pp.]**

"Vaccine Associated Paralytic Poliomyelitis," **New England J of Med 1993 [1 p.]**

"Cluster of Childhood Guillain-Barré Cases after an Oral Poliovaccine Campaign," **Lancet Aug. 1989 [2 pp.]**

"Poliomyelitis and Prophylactic Inoculation against Diphtheria, Whooping Couch and Smallpox," **Lancet Dec 1956 pp. 6955 [9 pp.] (DPT and smallpox vaccines increase the likelihood of contracting polio.)**

"Residual Paralysis after Poliomyelitis Following Recent Inoculation," **Lancet June 1952 pp. 1187 [3 pp.] (Increase in polio after DPT shots)**

"Preparation of Poliovirus in a Human Fetal Diploid Cell Strain," **Am J Hyg 1962 Vol. 75 [10 pp.]**

"Outbreak of Paralytic Poliomyelitis in Finland; Widespread Circulation of Antigenically Altered Poliovirus Type 3 in a Vaccinated Population," **Lancet June 1986 [6 pp.] (A polio outbreak in a vaccinated population. Many who contracted polio had earlier received injections of IVP; some even had up to 5 doses of the vaccine.)**

"The Relation of Prophylactic Inoculations to the Onset of Poliomyelitis," **Lancet April 5, 1950 [5 pp.]**

"More on Vaccine Associated Paralytic Poliomyelitis," **New England Journal**

of Medicine Dec. 23, 1993 [2 pp.]

"Intramuscular Injections within 30 Days of Immunization with Oral Poliovirus Vaccine. A Risk Factor for Vaccine associated with Paralytic Poliomyelitis," **New England Journal of Medicine Feb. 1995 [7 pp.]**

"Neurologic Complications in Oral Polio Vaccine Recipients," **J of Ped June 1986 [4 pp.]**

"Outbreak of Paralytic Poliomyelitis in Oman: Evidence for Widespread Transmission among Fully Vaccinated Children," **Lancet 1991 Vol. 338 [6 pp.]**

"Immune Response of Infants in Tropics to Injectable Polio Vaccine," **BMJ Jan. 1982 [1 p.] (About injected polio vaccine. This article mentions that oral polio vaccine in a series of 3 shots is only about 78% effective and vaccine failure is common.)**

"Vaccine Associated Paralytic Poliomyelitis," **New England J of Med Sept. 193 Vol. 329 [1 p.]**

SMALLPOX VACCINE:

"Re-emergence of human monkeypox in Zaire in 1996," **Lancet May 1997 [1 p.]**

PERTUSSIS VACCINE: [also see DPT]

"Hell's Fire and Varicella Vaccine Safety," **New England j of Med 1988 Vol. 318 [3 pp.]**

DPT VACCINE:

"Infectious Episodes Following Diphtheria Pertussis Tetanus Vaccination," **Clinical Pediatrics Oct. 1988 [8 pp.] (Regardless of the age at which the children received the DPT vaccine, a sizeable percentage of them experienced sickness and/or physical damage.)**

"Encephalopathy Following Diphtheria Pertussis Inoculation," **Arch Dis Childhood Vol. 28 1953 [1 p.]**

"Fatal Anaphylactic Shock occurrence in identical twins following second injection of diphtheria toxoid and pertussis antigen," **JAMA June 1946 [6 pp.]**

"Pertussis Vaccination and Asthma: is there a link?" **JAMA 1994 Vol. 272 No. 8 [1 p.]**

"Further Contributions to the Pertussis Vaccine Debate," **Lancet May 16 1981 pp. 1113 [2 pp.]**

"The Whooping Cough Immunization Controversy," **Arch Dis Child 1981 Vol. 56 [4 pp.]**

"Workshop on Neurologic Complications of Pertussis and Pertussis Vaccination," **Neuropediatrics 1990 Vol. 21 [6 pp.] (This article mentions that, in evaluating side-reactions to the vaccine, researchers should keep four facts in mind: [1] Vaccines are not standardized between manufacturers. [2] For a given manufacturer, vaccines are not standard from one batch to the next. [3] Unless the vaccine is properly prepared and refrigerated, its potency and reactivity varies with shelf life. [4] The entire question of vaccine detoxification has never been systematically investigated.)**

"Encephalopathy Following Pertussis Vaccine Prophylaxis," **JAMA Vol. 141 [3 pp.]**

"Encephalopathy Following Diphtheria Pertussis Inoculation," **Arch of Dis Child Vol. 28 1953 [2 pp.]**

"Mortality and Morbidity from Invasive Bacterial Infections during a Clinical Trial of acellular Pertussis Vaccines in Sweden," **Pediatri Infect Dis J 1988 7 [8 pp.]**

"Adverse reactions after injection of absorbed diphtheria-pertussis-tetanus (DPT) vaccine are not due only to pertussis organisms or pertussis components in the vaccine," **Vaccine Vol. 9 1991 [4 pp.]**

"Pertussis Encephalopathy with a Normal Brain Biopsy and Elevated Lymphocytosis Promoting Factor Antibodies," **Pediatric Infectious Disease 1984 Vol. 3 No. 5 [4 pp.] (A vaccinated child against whooping cough, in addition to developing encephalopathy)**

"Neurological Complications of Pertussis Inoculation," **Arch Dis in Childhood 1974; 49 [4 pp.]**

"Encephalopathies Following Prophylactic Pertussis Vaccine," **Pediatrics Vol. 1 1948 [20 pp.]**

"Bordetella Parapertussis," **Am J Dis Child 1977 Vol. 131 [4 pp.] A discussion about another type of pertussis, which the vaccine does not cover, but which has the same symptoms of whooping cough. The article explains how, during pertussis outbreaks, many cases were actually parapertussis instead.)**

"Pertussis Vaccine Encephalopathy," **JAMA 1990 Vol. 264 [4 pp.]**

"Recurrent Seizures after Diphtheria, Tetanus, and Pertussis Vaccine Immunization," **AJDC Oct. 1984 Vol. 138 [3 pp.]**

"DTP-Associated Reactions: An Analysis by injection Site, Manufacturer, Prior Reactions, and Dose," **Pediatrics Vol. 73 No. 1 [3 pp.]**

"Nature and Rates of Adverse Reactions Associated with DTP and DT Immunizations in Infants and Children," **Pediatrics Vol. 68 No. 5 [10 pp.]**

"Anaphylaxis Due to Vaccination in the Office," **Can Med Assoc J Vol. 134 Feb. 1986 [2 pp.]**

"Encephalopathy after Combined Diphtheria Pertussis Inoculation," **Lancet 1950 [3 pp.]**

"Increased Intercranial Pressure after Diphtheria, Tetanus, and Pertussis Immunization," **American J of Disease of Childhood Vol. 133 Feb. 1979 [2 pp.]**

"Reactions to Pertussis Vaccine," **Lancet May 28 1983 [2 pp.]**

"Reactions to Combined Vaccines Containing Killed Bordetella Pertussis," **The Medical Officer Feb. 1967 [4 pp.]**

"Abscesses Complicating DTP Vaccination," **Am J Dis Child Vol. 135 Sept 1981 [3 pp.]**

"Acellular and Whole Cell Pertussis Vaccines in Japan," **JAMA Vol. 257 No. 10 1987 [6 pp.]**

"Infectious Episodes Following Diphtheria Pertussis Tetanus Vaccination," **Clinical Pediatrics Oct. 1988 [4 pp.] (At whatever age the child received the DPT vaccine, a sizeable percentage experienced varying levels of sickness and/or physical damage).**

"Seizures Following Childhood Immunizations," **J of Pediatrics Vol. 102 No. 1 [7 pp.]**

"Bulging Anterior Fontanel after DPT Vaccination," **The Indian J of Ped 1994 Vol.. 61 No. 1 [2 pp.]**

"Illness after Whooping Cough Vaccination," **The Medical Officer Oct. 1961 pp. 241 [4 pp.] (I think this is an excellent article to have on hand.)**

"Encephalopathy Following Pertussis Vaccine Prophylaxis," **JAMA Vol. 141 No. 8 [3 pp.]**

"Vaccination Against Whooping-Cough," **Lancet Jan. 1977 [4 pp.]**

"Rectal Temperature of Normal Babies the Night after First Diphtheria, Pertussis, and Tetanus Immunization," **Arch Dis in Childhood 1990; 65 [3 pp.]**

"Is Universal Vaccination against Pertussis Always Justified?" **BMJ Oct. 22, 1960 [3 pp.]**

"Complication of Pertussis Immunization," **BMJ Aug. 30, 1958 [1 p.]**

"Reactions after Pertussis Vaccine: A Manufacturer's Experiences and Difficulties Since 1964," **BMJ April 1978 [7 pp.]**

"Idiosyncrasy to Whooping-Cough Vaccine," **BMJ Dec. 1949 [1 p.]**

"Frequent Symptoms after DTPP Vaccinations" **(Arch Dis in Child 1991 Vol. 66 [5 pp.]**

"Rectal Temperature of Normal Babies the Night after Diphtheria, Pertussis, and Tetanus Immunization," **Arch Dis in Childhood 1990; 65 [3 pp.]**

"The 1993 Epidemic of Pertussis in Cincinnati Resurgence of Disease in a Highly Immunized Population of Children," **New England J of Med July 7, 1994 [6 pp.]**

"Neurological Complications of Pertussis Immunization," **BMJ July 5, 1958 [3 pp.]**

"History of Convulsions and Use of Pertussis Vaccine," **Jof Peds Aug. 1985 [5 pp.]**

"Pertussis Immunisation and Serious Acute Neurological Illness in Children," **BMJ Vol. 282; 1981 [5 pp.]**

"Toxic and Reactogenic Properties of Pertussis Bacteria," **Journal of Hygiene, Epidemiology, Microbiology, and Immunology 1975 No. 3 [12 pp.]**

"Relationship of Pertussis Immunization to the Onset of Neurological Disorders: A Retrospective Epidemiologic Study," **J Pediatr 1988; 113 [5 pp.]**

"Further Experience of Reactions, Especially of a Cerebral Nature in conjunction with Triple Vaccination: A Study Based on Vaccinations in Sweden 1959-1965," **BMJ 1967 [4 pp.]**

TETANUS VACCINE: [also see DPT]

"Acute Transverse Mylelitis after Tetanus Toxoid Vaccination," **Lancet May 1992 Vol. 339 [2 pp.]**

"Adverse Reactions to Tetanus Toxoid," **JAMA may 1994 Vol. 271 [1 p.]**

"Unusual Neurological Complications Following Tetanus Toxoid Administration," **J Neurology 1977; 215 [2 pp.]**

"Guillain-Barré Syndrome after Combined Tetanus-Diphtheria Toxoid Vaccination," **J Neurological Sciences 1997 147 [2 pp.]**

"Abnormal T-Lymphocyte Subpopulations in Healthy Subjects After Tetanus

Booster Immunization," **New England Journal of Medicine Jan. 1984 [2 pp.]**

"Relapsing Neuropathy Due to Tetanus Toxoid," **Journal of the Neurological Sciences 1978; 37 [13 pp.]**

DIPHTHERIA VACCINE: [also see DPT]

"Molecular Epidemiology of the 1984-1986 Outbreak of Diphtheria in Sweden," **New England J of Med Jan 1988 Vol. 318 [3 pp.]**

HEP B VACCINE (Hepatitis B Vaccine):

"Acute Hepatitis B Infection after Vaccination," **Lancet Vol. 345 Jan. 1995**

"Multiple Evanescent White Dot Syndrome after Hepatitis B Vaccine," **American J of Ophthalmology Vol. 122 No. 3 [2 pp.]**

"Systemic Lupus Erythematosus and Vaccination against Hepatitis B," **Nephron 1992; 62 [1 p.]**

"Hepatitis B Vaccines: Reported Reactions," **WHO Drug Info Vol. 4 1990 [1 p.]**

"Postmarketing Surveillance for Neurologic Adverse Events Reported after Hepatitis B Vaccination," **American J of Epidemiology Vol. 127 No. 2 [16 pp.]**

"Severe Acute Hepatitis B Infection after Vaccination," **Liver Dysfunction and DNA Antibodies after Hepatitis B Vaccination**

"Thrombocytopenic Purpura after Recombinant Hepatitis B Vaccine," **Lancet Vol. 344 [2 pp.]**

"Central Nervous System Demyelination after Immunization with Recombinant Hepatitis B Vaccine," **lancet Vol. 338 1991 [2 pp.]**

"Pulmonary and Cutaneous Vasculitis Following Hepatitis B Vaccination," **Thorax 1993 Vol. 48 [2 pp.]**

"Reactions to Thimerosal in Hepatitis B Vaccines," **Dermatologic Clinics Vol. 8 No. 1 Jan. 1990 [4 pp.]**

"Acute Posterior Multifocal Placoid Pigment Epitheliopathy after Hepatitis B Vaccine," **Arch Ophthalmology Vol. 113 March 1995 [4 pp.]**

"Gullian-Barré Syndrome Following Immunization with Synthetic Hepatitis B Vaccine," **New Zealand Med J March 1989 [2 pp.]**

"Hypersensitivity to Thiomersal in Hepatitis B Vaccine," **Lancet Vol. 338 1991 [1 p.]**

"Polyneuropathy Associated with Administration of Hepatitis B Vaccine," **New England J of Med Sept. 1983 [1 p.]**

"Evans' Syndrome Triggered by Recombinant Hepatitis B Vaccine," **Clinical Infect Dis 1992; 15 [1 p.]**

"Polyneuropathy Associated with Administration of Hepatitis B Vaccine," **New England J of Med Sept 1983 [1 p.]**

HIB VACCINE (Haemophilus Influenzae):

Note: HIB is a type of meningitis; it is not variant form of influenza.

"Acute Inflammatory Demyelinating Polyradiculoneuropathy (Guillain-Barré Syndrome) after Immunization with Haemophilus Influenzae Type b Conjugate Vaccine," **Journal of Pediatrics 1986 Vol. 115 [4 pp.]**

"Lack of Efficacy of Haemophilus b Polysaccharide Vaccine in Minnesota," **JAMA 1988 Vol. 260 No. 10 [6 pp.]**

"b-CAPSA I Haemophilus Influenzae, Type b, Capsular Polysaccharide Vaccine Safety," **Pediatrics Vol. 79 No. 3 1987 [5 pp.]**

MENINGOCOCCAL VACCINE:

"Adverse Events Temporally Associated with Meningococcal Vaccines," **Can Med Ass J Feb. 1996 Vol. 154 [3 pp.]**

PNEUMOCOCCAL VACCINE:

"A Reassessment of Pneumococcal Vaccine," **New England J of Med 1984 Vol. 310 No. 10 [3 pp.]**

AIDS VACCINE:

"AIDS Vaccine Conference," **Science Vol. 266 Nov. 94 [1 p.]**

MISCELLANEOUS ON VACCINES:

"Myocardial Complications of Immunizations," **Annals of Clinical Research 1978 Vol. 10 [8 pp.]**

"Adverse Events Associated with Childhood Vaccines Other Than Pertussis and Rubella," **JAMA Vol. 271 No. 20 [4 pp.]**

"Seizures following Childhood Immunizations," **Journal of Ped Vol. 102 No. 1 [5 pp.]**

"Vaccine Damage," **Lancet Jan. 1997 [1 p.]**

"Sudden Death amoung Finnish Conscripts," **British Med J 1976 [3 pp.] (About vaccines which cause death due to damage to heart)**

"Childhood Immunization and Diabetes Mellitus," **New Zealand Medical Journal May 1996 [1 p.]**

"Allergic Reaction Associated with Viral Vaccines," **Progr Med Virol Vol. 13 pp. 239-270 [17 pp.]**

"Immunization Practices of Primary Care Practitioners and Their Relationship to Immunization Levels," **Arch Pediatr Adolesc med/Vol 148 Feb. 1994 [9 pp.]**

"Regression of Hodgkin's Disease after Measles," **Lancet May 1981 [1 p.]**

"Depression of Tuberculin Sensitivity Following Measles Vaccination," **American Review of Respiratory Diseases 1964 Vol. 90 [5 pp.]**

"Incentive for Measles Mumps, and Rubella Vaccination," **Lancet March 1989 p. 496 [1 p.] (Suggests a pilot program which will pay parents to get them to bring children for immunization)**

"Frequent Symptoms after DTPP Vaccination," **Arch Dis in Child Oct.-Dec. 1991 Vol. 66 [5 pp.] (DPT combined with Polio vaccine)**

"Risk of Virus Transmission by Jet Injection," **Lancet Jan. 1988 [1 p.] (Dangers of using jet injectors to vaccinate)**

"Dermatomyositis and Vaccination," **Lancet May 1978 [2 pp.]**

***"Litigation Causes Huge Price Increases in* Childhood Vaccines,"** **Lancet June 1986 pp. 1339 [1 p.]**

"Allergic Reactions to Tetanus, Diptheria, Influenza and Poliomyelitis Immunizations," **Annals of Allergy Vol. 20 1962 [5 pp.]**

"Malignant Tumors as a Late Complication of Vaccination," **Arch Derm Vol. 98 1968 [4 pp.]**

"Vaccine-Induced Autoimmunity," **Journal of Autoimmunity 1996 Vol. 9 [5**

pp.]

"Depressed Lymphocyte Function after MMR Vaccination," Journal of Infec Dis.Vol. 132 No. 1 1975 [4 pp.]

"Vaccines and Antiviral Drugs," Epidemiology of Viral Infect. Vol. 86 (Has a small paragraph on the use of human aborted fetal tissue)

"Complications of Immunization," Ped in Review Vol. 18 No. 2 1997 [2 pp.] (lists some risk factors)

"Repeated Immunizations: Possible Adverse Effects," Annals of Intern. Med 1974 81; 594-600 [6 pp.]

"Neurological Complications of Immunization," Annals of Neurology Aug. 1982 [10 pp.]

"Multiple Sclerosis and Vaccination," BMJ April 1967 [4 pp.]

"Increase in Asthma Correlates with Less Childhood Infection," Lancet Jan.1997 [1 p.]

"Multiple Sclerosis and Vaccination," BMJ April 1967 [4 pp.]

"Ileal-lymphoid-nodular Hyperplasia, Non-specific Colitis and Pervasive Developmental Disorder in Children," Lancet Vol. 351 Feb. 1998 [5 pp.]

"Vaccines," BMJ July 1967 [1 p.]

"Inoculation and Poliomyelitis," BMJ July 1950 [6 pp.]

"Vitamin A Supplements: Too Good Not To Be True," New England J of Med 323 No. 14 [2 pp.] (The use of vitamin A to help fight natural measles infection)

THE SIDS-VACCINE CONNECTION:

"Possible Temporal Association Between Diphtheria-Tetanus-Toxoid-Pertussis Vaccination and Sudden Infant Death Syndrome," Pediatric Infectious Disease 1983 Vol. 2 No. 1 [5 pp.]

"DTP Vaccination and Sudden Infant Deaths—Tennessee," MMWR March 23,1979 [2 pp.]

"Characteristics of Diphtheria-Pertussis- Tetanus (DPT) Post-vaccinal Deaths and DPT-Caused Sudden Infant Death Syndrome (SIDS): A Review," Neurology April 1986 [2 pp.]

ABORTED FETAL TISSUE IN VACCINES:

The following research studies are about vaccines which use tissue (flesh or organs) taken from aborted human babies.

"Studies of Immunization with Living Rubella Virus," Amer J Dis Child Vol. 110 Oct. 1965 [7 pp.] (More on aborted fetal tissue. The article states: "This fetus was from a 25 year old mother exposed to rubella 8 days after last menstrual period. 16 days later she developed rubella. The fetus was surgically aborted 17 days after maternal illness and dissected immediately. *Explants* from several organs were cultured and successful cell growth was achieved from lung, skin, and kidney. It was then grown on WI-38. This new vaccine was tested on orphans in Philadelphia." ***Special note by present author:*** An "explant" is "*living tissue* transferred from an organ to an artificial medium for culture" ***[Stedman's Medical Dictionary, p. 550].*** Therefore the baby was still alive when part of its tissue was placed in the culture, where those cells continued to live. The next citation, immediately below, reveals that the explants are cut off while the baby is still living.)

"Attenuation of RA 27/3 Rubella virus in WI-38 Human Diploid Cells," **Amer J Dis Child Vol. 118 1969 [7 pp.] (More on use of aborted fetal tissue. The report states: *"Explant* cultures were made of the dissected organs of a fetus aborted because of rubella, the 27th in our series of fetuses aborted during the 1964 epidemic.")**

"Gamma Globulin Prophylaxis; Inactivated Rubella Virus; Production and Biologics Control of Live Attenuated Rubella Virus Vaccines," **Amer J Dis Child 1969 Vol. 118 [10 pp.] (This contains information on the use of human aborted fetal tissue cells in rubella vaccine. Mentions the danger of human genetic material passing over into the vaccine.)**

"Economical Multiple-site Intradermal Immunization with Human Diploid-Cell-Strain Vaccine Is Effective for Post Rabies Prophylaxis," **Lancet May 1985 [4 pp.]**

"The Serial Cultivation of Human Diploid Cell Strains," **Experimental Cell Research Vol. 26 1961 [19 pp.]**

"Production and Testing of Rubella Virus Vaccine," **Amer J Dis Child 1969 Vol. 118 pp. 367 [5 pp.] (More on the use of aborted fetal tissue cells)**

"The in vitro growth of rubella virus in human embryo cells," **Am J of Epidemiology Vol. 81 No. 1 [7 pp.] (More on aborted fetal tissue)**

CAN THE KILLING AND MAIMING BE STOPPED?

There is an ever-growing army of U.S. citizens who, due to the injury, paralysis, or death of their children or grandchildren, are becoming increasingly aware of the ongoing tragedy of childhood vaccinations. Is there some way it can be stopped?

Or the question could be phrased this way: Why is it not stopped? Much of what you have read in this book consists of common sense, combined with scientific facts well-known to the medical community. Why do the states continue to require little children to receive injections of DPT, MMR, and the other horrors? Why does Congress not stop this evil practice?

For the answer to the problem, we must look away from vaccines to the bigger issue.

State and federal legislators must obtain hundreds of thousands, even millions, of dollars in order to get reelected every few years. In addition, it is nice to be able to pocket the extras given them, which enable most of them to eventually retire with fat bank accounts.

The problem is that, unfortunately, a few mammoth cartels are able to get most anything that they want enacted into law while only rarely can the rest of us stop it or get it repealed. I am referring to the pharmaceutical industry, the medical association, the gambling industry, the abortion industry, the tobacco industry, the liquor industry, the entertainment industry, the labor unions, big business, as well as some others. Under current conditions in our wonderful nation (the best one in the world), any time an organization or cartel gets enough money, it can start or stop anything that State or Federal legislators may enact.

The solution is to stop the money flow.

• Enact laws making legislative lobbies illegal.

• Legislators cannot receive any gifts, without exception. If they do, they will be put out of office and prosecuted.

• Require all for-profit television and radio stations in America to provide free time for local, state, and federal candidates. This would not merely be free spot ad time, for they do not provide enough information. The stations must provide free half-hour and one-hour debate time, and enough of it so voters will clearly size up the candidates and understand the issues.

The above are starters. Some other changes are also needed. Two-term limits for legislators, governors, and congressmen would also help. Men in office get to thinking that staying in office is more important than what the people and the nation need.

Think not that all this could not be done. If enough people would demand them, changes could be made.

But, until that happens, you and I had better take steps to personally protect our children! Learn the facts and act on them.

Unvaccinated children are not permitted to enter public school, because "they will put all the other children at risk for those diseases." But if all the other children are vaccinated and vaccination gives immunity to the disease, how could an unvaccinated child put any of these other children at risk? Only the child himself could be at risk for the disease, and that should be the business of that particular child and his parents.

Mandatory childhood vaccination laws are keyed to public school attendance. Children taught at home are not required to receive them. Take your children out of the public schools and teach them at home! Move to a state where you can do it without interference. Go online and find support groups which can encourage and help you.

— vf

ANOTHER WAY TO AVOID CHILDHOOD VACCINATIONS

Post Script: **On January 14, 2003, the *New York Times* reported on a way that 5,520 people, all across America, have used to protect their children from receiving childhood vaccinations.**

We are not condoning the method, but we will tell you about it. Thousands of Americans have sent a dollar to a chiropractor in northeast U.S., in order "to join his church." However, according to the following article, doing so does not mean they have to stop belonging to another church, or that they have to agree in their application letter to accept his teachings or practice them. In fact, in their application letter, accompanying the enclosed dollar, some of them tell him just that: They agree with none of his teachings. His concerns are solely to oppose vaccinations.

Here are a few quotations from the *New York Times* article:

"Once the families have confirmed that they "will aspire to live by" the tenets and have paid at least $1 of the $75 'customary donation' as a sign

of commitment, they receive their membership certificates. **Dr. Schilling does not require that applicants give up other religions, and he is not too exacting about wording: he accepted a vague letter saying an applicant could follow the tenets if he chose to . .**

"Dr. Schilling's church was founded in 1975 to defend 'straight chiropractors' like himself, who regard Western medicine as paganism or Satanism. Now he claims 5,520 members, mostly families wanting to avoid vaccination, in 28 states.

"Forty-seven states—all but Arkansas, Mississippi and West Virginia—offer religious exemptions to vaccination; only 17 offer 'philosophical' exemptions, available virtually on demand. Parents opposing vaccination often apply for religious exemptions when they cannot get philosophical or medical ones, public health officials say . .

"Although more than 90 percent of all American children have had their vaccinations, exemptions appear to be increasing, and to concentate in pockets where higher numbers of parents object . .

"National data do not distinguish between exemption types, said Daniel A. Salmon, a vaccination expert at the Johns Hopkins School of Public Health. But in Massachusetts, which he has studied and which does not offer philosophical exemptions, religous exemptions are on the rise. The American Medical Assoction opposes both types, saying they increase the risk of epidemics.

"In many states, just what constitutes 'religious exemption' is hazy. A study in The *American Journal of Public Health* in 2000 showed that only 21 of the 47 statres had ever denied one [to anyone seeking it]. 'A lot of states call their exemptions religous, but anyone who wants it, gets it,' Mr. Salmon said.

"The issue has never come before the Supreme Court, but state laws that have listed exempt faiths (Christian Science, for example) have been struck down in courts on the basis of the First Amendment. [This paragraph means the courts consistently forbid states from restricting the giving of a religious exemption only to those who belong to certain churches, but not to others.] . .

"One of the toughest places to get an exemption is New York City . . Applicants must write letters detailing their personal beliefs . .

"In interviews, Dr. Schilling (Brother Schilling in correspondence) seems a polite, gentle man with pacifist and environmentalist beliefs and a sincere passion for his religion . . He adopts greyhounds facing euthanasia when their dog-track careers are over. He doesn't own a gun and is religiously opposed to war, but joined the National Rifle Association because it fights government restrictions.

"He doesn't smoke or drink and as a chiropractor, even shuns X-rays because he considers them irreligiously invasive . .

"Dr. Schilling says, 'what other people see as Western medicine, we see as a state-imposed pagan religion. We're constantly intimidated by the system. Now, when we're intimidated, we intimidate back."—*"Worship Op-*

tional: Joining a Church to Evade Vaccination," New York Times, January 14, 2003.

"Here is a sample letter issued by Dr. Schilling:

" 'This is to certify that the family of Donald McNeil is enrolled as members of this religous order and is subject to the tenets and beliefs of this order. No member of the Congregation shall have injected, ingested or infused into the body any foreign materials of unhealthy or unnatural compositon. No member of the Congregation shall have surgical instruments cutting or piercing the tissues of the body.'

"It is not hard to get a religous exemption to childhood immunization laws. To join the Congregation of Universal Wisdom, all it takes is a letter to this neat house in the Pine Barrens with 'Don't Tread on Me' flag above the mailbox."—*Ibid.*

Apparently, the only "tenets and beliefs" of the organization are not to take toxic materials into the body; something many today are discovering to be a helpful way to live. Membership in any other group or church is not forbidden, and Schilling does not even care if a person, when sending in his dollar, says he will only obey those teachings he believes in.

Especially significant was the fact that *there are three states you should not move to* if you want to protect your children from vaccination: Arkansas, West Virginia, and Mississippi.