

The following links and references has been compiled by Janice Moulds and Kathleen Borys to provide the pet owner with information regarding the possible adverse effects of vaccinations. Our intent is help pet owners make informed decisions regarding vaccinations.

Kathleen

I apologize for the order of these citations, links and other useful information on vaccines, vaccine protocols and over vaccination. Hope these items will help a pet owner to make careful decisions. Also, there are some interesting references to human vaccines that carry over into the animal world. And links that are important because research points to the parvo virus coming into being the same time as aids which appears to have occurred as a lab created virus. And finally some outrage over biased research in favor of pharmaceutical companies.

Jan @ Furbaby

A good first place start to inform oneself on the topic of vaccines is the book, **Vaccine Guide for Dogs and Cats, What Every Pet Lover Should Know, written by Catherine J.M. Diodati, MA.**

Some info about Catherine Diodati. She is a vaccine expert, legal consultant and biomedical ethicist. She began researching vaccines in 1985 following her daughter's near-fatal reaction to her third set of vaccinations.

Catherine Diodati attended Kings College, London and the University of Windsor where she receiver her Bachelors of Art, Honors degree in 1995. Catherine received her Masters Degree from the University of Windsor in 1998. Her postgraduate research focused on biomedical ethics and mass vaccination. Her Masters Thesis, Biomedical Ethics: The Ethics Implication of Mass Immunization was successfully defended before a team of experts in Biomedical Ethics Immunology Nursing and Laws. Catherine was selected as a candidate for the Governor Generals Medal. Selections for this award are limited to the top achieving student in each discipline.

Following graduation, Catherine published Immunization : History, Ethics Law and Health (1999). This publication was groundbreaking because it was the first to examine vaccination in-depth from a bioethical perspective. Her research culminated in an extensive review of mass vaccination in terms of non-malfeasance, beneficence, respect for autonomy (informed and voluntary consent), and justice. She examined the history of vaccine development, vaccine production, the safety of vaccine components (i.e. host tissues, chemicals, and antigens), the historical efficacy of vaccines, adverse events, compensation for vaccine injuries and new vaccines under development.

Catherine now travels internationally to provide professional often accredited and lay presentations on vaccination.

Catherine has been consulted when vaccination has become an issue in schools, for child custody, military transfers, immigration, social services and employment. Ongoing cases in which Catherine's expertise has been called upon include The State of Florida v. Alan Raymond Yurko (case no cr98-1730): Toronto Civic Employees Union, Local 416 v The Attorney General of Ontario and the City of Toronto (court file 156/2001) and Bill Kotsopoulos v. North Bay General Hospital (court file no 2316/02)

Diodati Writes:

DISTEMPER

Canine distemper is caused by a morbillivirus which is closely related to measles and rinderpest viruses. The virus is transmitted primarily via aerosol droplets (e.g. sneezing) but contaminated objects can also be sources of infection. The virus is fairly unstable outside the host and can be eliminated by most disinfectants. Although the virus is quite prevalent, and most dogs will be exposed to it, few will develop the clinical disease. Measles and distemper viruses are so closely related that, in many countries, measles virus vaccines have been used to vaccinate puppies against distemper.

Many outbreaks of distemper, including severe clinical disease have been reported in vaccinated populations. For example in 1994, Finland experienced a significant outbreak of distemper. Disease incidence was estimated to be in the range of 5,000 infected dogs with a 30% mortality rate. Of 865 confirmed cases, 620 71.7% were vaccinated, while 37 (4.3%) were un-vaccinated, vaccination status was unknown for 208 of the dogs.

Catherine goes on to say in her book there are many cases of vaccine induced distemper. Also she writes about the research which has been done regarding behavioral disorders in dogs which researchers believe is a direct connection to the distemper vaccination. Behavioral problems such as obsessive and destructive to the point of self injury, cowering without evident reason. Also other health issues such as bowel problems, vomiting bile and hypothyroid just to name a few.

<http://thinktwice.com/ani.htm> or Amazon. (If you buy 5 copies at ThinkTwice you'll get a 40% discount) It is the best book I have ever read on the pet vaccine issue and should be read by anyone who wants to know how vaccines affect our pets' health.

All of us and our pets have predispositions to various kinds of genetic defects/illnesses and if they're sub-clinical and we vaccinate those diseases may become full blown.

"...vaccinating during illness, no matter how mild the ailment may appear, is completely inadvisable because the animal's immune system is already addressing one challenge and should not be further challenged. Vaccination is well known to amplify what otherwise might have remained a sub-clinical or mild infection." (Diodati-pg 19.)

This article will make sense when you read the information following it on the ingredients in vaccine!

By Dr. Moira Drosdovech

www.pawsitivevet.com

The great news is that annual boosters are no longer considered necessary every year for pets by a growing number of veterinarians, veterinary researchers and over half of the veterinary colleges. The good news is that your pet can be protected for life by a small number of vaccines in its first year of life. The bad news is that many pet owners are not aware of this information. My object with this article is not to discuss whether vaccinations are effective in preventing disease. I believe they do work to prevent acute diseases most of the time. I also believe they are capable of

"grafting" on to the vaccinated individual a debilitating range of chronic problems while causing life-threatening reactions in others. Just as we cannot expect every human being to have the same degree of intelligence, so too can we not expect every individual pet to react smoothly to vaccinations. So, yes indeed, you do put your pet's health at risk each time it is given an unnecessary vaccination.

Although a direct causal relationship is yet to be discovered scientifically, there are now studies by veterinarians, such as Dr. Larry Glickman at the University of Purdue, that indicate an increase in auto-immunity following vaccination.

Dr. Mike Lappin of Colorado State University has shown that the antigens from Crandall Feline Kidney Cell Culture (which are used to produce feline viral vaccines) produce antibodies in cats that attack cat kidney cells. In his study, distemper vaccines given to kittens in a typical pediatric schedule produced these same antibodies and these anti-kidney antibodies persisted for at least six months. Whether these antibodies are involved in the development of chronic progressive renal failure in cats has yet to be determined, but it certainly raises a red flag.

The incidence of fibrosarcomas in cats (a life-threatening cancer definitively linked to vaccinations) is now as high as 1 in 400 cats in some parts of the U.S., possibly higher. Thus, it is the safety of vaccines that is at issue. No long-term safety studies of more than a couple weeks have ever been done, not just for pet vaccinations, but for human vaccinations as well. Yet, vaccinations have been embraced by the medical community as both safe and effective. Statements implying that vaccines are safe in the long term are without basis. When puppies and kittens are first born, the milk they consume from mom is loaded with antibodies in most cases that will protect them for the first 6-12 weeks of life. Vaccinations administered during this period will not result in antibody production in the majority of these young animals because the antibodies they received from the milk will "neutralize" the vaccine virus before it can create a response from the youngster's system.

Therefore, it makes little to no sense to be giving vaccines before 8 weeks and my opinion is that they should be delayed to 12 weeks. Prior to 12 weeks, there is minimal benefit, but the immature immune system is placed at risk for bad reactions. I advise my clients with puppies to still socialize them, but to use common sense regarding their out-of-home activities before 12 weeks. This strategy has proven perfectly fine for over 3 years now. After 12 weeks, giving puppies and kittens vaccinations will result in their own active immunity (antibodies they produce) over 90% of the time. It would be very rare for any animal to require a second booster for any one virus. I also recommend that the vaccines be separated out so they receive only one virus antigen at a time (eg. Parvo first followed by Distemper at 16 weeks), thereby minimizing risk of reactions. In this region, Distemper and Parvo are the only diseases I vaccinate for in dogs, other than Rabies for those requesting it.

In the case of kittens, if they will always be indoor cats, I do not administer any vaccinations. If they will go outside, I wait until 2-4 weeks before their first venture outside (usually after 4 months) and then administer one Distemper vaccine only. Studies from the early 1980's demonstrated that it was virtually impossible to infect cats over one year

old, under experimental conditions, with the feline leukemia virus, even by injection.

For all of these animals, the choice is the owner's as to which vaccines they want their pet to have or whether to vaccinate at all. I simply provide the information for them to make an educated decision. I have seen too many vaccine reactions to do anything less.

Blood tests can be done any time from a month following vaccines to measure circulating antibodies and will confirm that your pet's immune system is primed to take on exposure to these viruses. Any level of antibody indicates that memory cells of the immune system are active and boosting is unnecessary. These tests are by no means suggested every year, but can be a helpful tool to guide re-vaccination decisions. The likely outcome of giving a booster is that, once again, antibodies already "on board" will simply neutralize the vaccine virus and no benefit is gained whilst again risking harmful reactions.

A lot of pet owners are under the misconception that, because their pet goes outside, to the park, etc, where they might be "exposed" to diseases, their immune systems require a regular "reminder" in the form of a vaccine. This defies logic. On the contrary, regular "exposure" helps the immune system stay primed, making the annual vaccine even less needed.

Although I have stated this in previous articles, I cannot emphasize enough that any pet receiving a vaccination should be 100% healthy. This excludes vaccinating pets with any health problems whatsoever, including diseases in "remission" such as skin diseases, cancer, thyroid problems, to name a few, and especially not those with a history of autoimmune disease. Please understand that you are not benefiting your pet at all by vaccinating while unhealthy.

As the American Veterinary Medical Association states, "Veterinarians must promote the value of the exam and move away from their dependence on vaccine income." Unfortunately, veterinarians stand to lose big, according to Dr. Ron Schultz, leading immunologist and outspoken critic of annual vaccine practices, when the numbers of those requesting vaccines drops.

Annual checkups are important to maintain and will help pick up on health concerns before they become a big problem. If vaccines are recommended, don't forget to ask about safety issues and studies to show they are needed. Ask about the blood test mentioned earlier. Do your own research and come to your own conclusions. Remember, medicine is always in a state of change and change we must in regards to pet vaccinations.

Dr. Moira Drosdovech

For Immediate Release

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<http://www.universityofhealth.net/PR/3304PRUSNOMHearing.htm>

Experts Warn Officials -

Massive Mercury Exposure in Vaccines/Amalgam Fillings Linked To Epidemic Levels of Autism and Neurological Disease.

Allege Enormous Conflicts of Interest - Cover-up.

For Complete In-Depth Coverage and Stats of US National Academy of Sciences Continuing Investigation.

<http://www.universityofhealth.net/NAS/NAS%20Roster.htm> <=== Go here to see video of experts and Congressman Weldon's address about Dr. Wakefield.

UNINFORMED CONSENT, WA DC - Hot accusations of whom to blame swam amongst rumors that the US National Academy of Sciences nearly canceled their hearing because of threats. NAS staff carefully heeled media cameramen and a daylong pressure cooker of expert testimony began.

The Immunization Safety Review Committee, (ISRC), for the National Institute of Medicine, (NOM), under the US National Academy of Sciences, (NAS), heard testimony from 15 experts in a day long "Safety Review" on mercury levels in vaccines/dental amalgam and links to epidemic levels of autism.

<http://www.iom.edu/subpage.asp?id=18065>

Whether the CDC, (Centers for Disease Control), (and a fraternity of other government agencies charged with public safety oversight of pharmaceuticals and medical practices), have acted in the best interests of pharmaceutical cartels instead of the public is at the core.

This was the ninth and the latest in a series of hearings that began in January of 2001 on vaccine safety. Although in July of 2001, the ISRC called for the, "removal of thimerosal from vaccines as a precautionary step in the effort to minimize children's exposure to mercury", no action has been taken to heed their recommendation. (See recommendation)

<http://books.nap.edu/books/0309076366/html/75.html#pagetop> .

Fears that failure to act may have maimed an entire generation of children was clearly the primarily focus on the minds of most throughout the hearing.

While opening remarks from the IRSC Chair, Dr. Marie McCormick, defended the committee's knowledge and commitment by showing the audience a 6 inch binder of collected data stating the information was "copied on both sides and that the committee has read them. Believe me, they have read them."

<http://www.streamload.com/UIC/McCormick.rm> (See video of McCormick), an irascible US Congressman Dave Weldon, (R-FL), also a physician, chastised the CDC's lack of cooperation. Weldon stated the CDC have "erected excessive barriers and have imposed severe limits on access to this data"

to researchers and others in congressional investigations over the past two years, <http://www.streamload.com/UIC/weldon.rm> (See video of Weldon),

<http://www.autismcanada.org/News/Weldon.pdf> (Text of Weldon address)

The audience consisted of a virtual plethora of powerful interests, included media, journalists, world acclaimed experts, congressional representatives, representatives of the FDA, CDC, NIH, ADA, corporate pharmaceutical executives, a diverse infusion of the dental community and parents of autistic children, some of them physicians themselves.

Many of the presentations were of peer-reviewed studies presented by their own authors. Each were required to disclose any possible conflicts of interest in the way of outside funding that might be interpreted as influencing the outcome of their research and reflect on their credibility.

(See video clips of each expert and disclosures)

<http://www.universityofhealth.net/NAS/NAS%20Roster.htm>

Commonly connected were experts who had no conflicts of interest, all visibly shaken that current practices have exposed an entire generation to a dangerous level of the powerful neurotoxin mercury without consideration of the bio accumulative consequences. Some even chastised themselves for their own failure to act sooner when waves of parents of autistic children begged them to listen. (See video clips of each expert and disclosures)
<http://www.universityofhealth.net/NAS/NAS%20Roster.htm>

One expert, Dr. Marc Geier, a physician, board certified geneticist and vaccine researcher, has been doing research for over 30 years. Geier has published in over 30 different peer-reviewed publications has been investigating vaccine safety, including the CDC's own Vaccine Adverse Effects Reporting System, (VAERS), for Congress. Geier told the committee, "This society is going to be in big trouble - we cannot have a whole generation of people damaged the way this is happening." Geier went on to say vaccine manufacturers have begun to mislabel vaccines so that the thimerosal cannot be tracked. "I must say I'm a little bit embarrassed to stand here and listen to Verstraeten's work being presented after what they said at Simpsonwood," (referring to an ad hoc meeting at the Simpsonwood Meeting Center in Atlanta in 2000 discussing what to do about Verstraeten's original and alarming findings). **"This is NOT a scientific issue. This is about as proven issue as we're ever going to see. What's occurring here is a cover-up under the guise of protecting the vaccine program."**

After discussing various studies and presenting some compelling studies of his own, Dr. Boyd Haley, PhD, Chemistry Chair at the University of Kentucky stated he was "baffled how there can be such different results from people using the same database," To which one IRS committee member retorted, "Are you implying the epidemiologists lied?" Haley responded, "I'm implying that some epidemiologists lied, yes."

Only four of six of those with succinct conflicts of interest with funding from pharmaceutical interests could represent that they found no problem with the powerful additive, mercury. The remaining two had unclear but likely conflicts of interests and rescinded an opinion. (See video clips and stats of experts and disclosures)
<http://www.universityofhealth.net/NAS/NAS%20Roster.htm>

Media and for more in depth information on this developing story contact:
UnInformed Consent - 425 487 2358 - qci@oz.net or visit:
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FOR IMMEDIATE RELEASE CONTACT: Ronald D. Schultz, (608) 263-9888, ANNUAL DOG VACCINES MAY NOT BE NECESSARY, SAYS UW VETERINARY IMMUNOLOGIST MADISON - Once a year, Ronald Schultz checks the antibody levels in his dogs' blood. Why? He says for proof that most annual vaccines are unnecessary. Schultz, professor and chair of pathobiological sciences at the University of Wisconsin-Madison School of Veterinary Medicine, has been studying the effectiveness of canine vaccines since the 1970s; he's learned that immunity can last as long as a dog's lifetime, which suggests that our "best friends" are being over-vaccinated. Based on his findings, a community of canine vaccine experts has developed new veterinary recommendations that could eliminate a dog's need for annual shots. The guidelines appear in the March/April issue of Trends, the journal of the American Animal Hospital Association (AAHA). Every year, when we take our dogs to the veterinarian's office, they could receive up to

16 different vaccines, many of which are combined into a single shot. Four of these products protect against life-threatening diseases, including rabies, canine parvovirus type 2 (CPV-2), canine distemper virus (CDV) and canine adenovirus type 2 (CAV-2); the rest protect against milder diseases to which only some dogs are exposed, including Lyme disease. But, as many veterinarians are realizing, over-vaccination can actually jeopardize a dog's health and even life. Side effects can cause skin problems, allergic reactions and autoimmune disease. Though the case in cats, not dogs, tumors have been reported at the site of vaccine injections. "These adverse reactions have caused many veterinarians to rethink the issue of vaccination," says Schultz. "The idea that unnecessary vaccines can cause serious side effects is in direct conflict with sound medical practices." For 30 years, Schultz has been examining the need to vaccinate animals so often and for so many diseases.

"In the 1970s, I started thinking about our immune response to pathogens and how similar it is in other animals," says Schultz. "That's when I started to question veterinary vaccination practices." Just like ours, a canine's immune system fires up when a pathogen, like a virus, enters the body. The pathogen releases a protein called an antigen, which calls into action the immune system's special disease-fighting cells. Called B and T lymphocytes, these cells not only destroy the virus, but they remember what it looked like so they can fend it off in the future. It's this immunological memory that enables vaccines, which purposely contain live, weakened or dead pathogens, to protect against future disease. But, as Schultz points out, vaccines can keep people immune for a lifetime: we're usually inoculated for measles, mumps and rubella as children but never as adults. So, can dogs be vaccinated as pups and then never again? While evidence from Schultz's studies on both his own dogs and many other dogs from controlled studies suggests the answer is yes, Schultz recommends a more conservative plan based on duration of immunity and individual risk. Schultz says that core vaccines, or the ones that protect against life-threatening disease, are essential for all dogs, yet he does not recommend dogs receive these shots yearly. "With the exception of rabies, the vaccines for CDV, CPV-2 and CAV trigger an immunological memory of at least seven years," he explains. (Studies testing the duration of immunity for rabies shots show it lasts about three years.) For these reasons, Schultz suggests that dogs receive rabies shots every three years (as is required by law in most states) and the other core vaccines no more frequently than every three years. Some non-core vaccines, on the other hand, have a much shorter duration of immunity, lasting around one year. But, as Schultz points out, not every dog should get these types of vaccines, because not every dog is at risk for exposure. Today, many vaccinated dogs receive a shot for Lyme disease. However, Schultz says that the ticks carrying the Lyme disease pathogen can be found in only a few regions of the United States. More importantly, Schultz adds, "The vaccine can cause adverse effects such as mild arthritis, allergy or other immune diseases. Like all vaccines, it should only be used when the animal is at significant risk." He notes that the Veterinary Medical Teaching Hospital at the UW-Madison School of Veterinary Medicine rarely administers the Lyme disease vaccine. Another common vaccine that Schultz says is unnecessary protects against "kennel cough," an often mild and transient disease contracted during boarding or dog shows. "Most pet dogs that do not live in breeding kennels, are not boarded, do not go to dog shows and have only occasional contact with dogs outside their immediate family," Schultz recommends, "rarely need to be vaccinated or re-vaccinated for kennel cough." Schultz says that it's important for veterinarians to recognize an individual dog's risk for developing a particular disease when considering the benefits of a vaccine. "Vaccines have many exceptional benefits, but, like any drug,

they also have the potential to cause significant harm." Giving a vaccine that's not needed, he explains, creates an unnecessary risk to the animal. Recommending that dogs receive fewer vaccines, Schultz admits, may spark controversy, especially when veterinarians rely on annual vaccines to bring in clients, along with income. But, as he mentions, annual visits are important for many reasons other than shots. "Checking for heartworm, tumors, dermatological problems and tooth decay should be done on a yearly basis," he says. "Plus, some dogs, depending on their risk, may need certain vaccines annually." Rather than vaccinating on each visit, veterinarians can use a recently developed test which checks dogs' immunity against certain diseases. Schultz adds that veterinarians who have switched to the three-year, instead of annual, vaccination program have found no increase in the number of dogs with vaccine-preventable diseases. "Everyday, more and more people in the profession are embracing the change," notes Schultz. And, that the new vaccination guidelines supported by the AAHA, along with the task force members representing the American Colleges of Veterinary Internal Medicine, Veterinary Microbiology and the American Association of Veterinary Immunologists, is evidence of just that.

Pet Vaccination Article in Capital News

This is the URL to the web site of the paper and the two articles.

http://www.kelownacapnews.com/show_stories.html?category_id=52&latest_date=2003/

Canine Study Abstract

Fibrosarcomas at Presumed Sites of Injection in Dogs: Characteristics and Comparison with Non-vaccination Site Fibrosarcomas and Feline Post-vaccinal Fibrosarcomas. Vascellari M, Melchiotti E, Bozza MA, Mutinelli F. J Vet Med A Physiol Pathol Clin Med. 2003 Aug;50(6):286-91.

Fifteen fibrosarcomas, surgically excised from presumed sites of injection in dogs, and 10 canine fibrosarcomas excised from sites not used for injection were histologically and immunohistochemically compared with 20 feline post-vaccinal fibrosarcomas. Canine fibrosarcomas from presumed injection sites were of grade I (3), of grade II (4) and grade III (8). Two fibrosarcomas from non-injection sites were of grade I, four of grade II and four of grade III. Feline samples were classified as grade I (2), grade II (4) and grade III (14). All fibrosarcomas from presumed injection sites of both species showed lymphocytic inflammatory infiltration located at the tumour periphery, while two canine fibrosarcomas from non-injection sites showed perivascular inflammatory infiltration within the neoplasm. All samples were immunohistochemically examined for vimentin, smooth muscle actin, muscle specific actin and desmin expression.

All tumours were positive for vimentin. Ten canine fibrosarcomas from presumed injection sites and all feline samples contained cells consistent with a myofibroblastic immunophenotype.

Aluminium deposits were detected in eight canine fibrosarcomas from presumed injection sites and 11 feline post-vaccinal fibrosarcomas by the aurintricarboxylic acid method.

The present study identifies distinct similarities between canine fibrosarcomas from presumed injection sites and feline post-vaccinal fibrosarcomas, suggesting the possibility of the development of post-injection sarcomas not only in cats, but also in dogs.

As always, we hope this info helps and don't hesitate to call or email us Gulf Coast Veterinary Oncology!

Kevin A. Hahn, DVM, PhD, Diplomate ACVIM (Oncology), drhahn@gcvs.com Janet K. Carreras, VMD, Diplomate ACVIM (Oncology), drcarreras@gcvs.com Glen K. King, DVM, MS, Diplomate ACVR (Radiology & Radiation Therapy), drking@gcvs.com

Gulf Coast Veterinary Diagnostic Imaging & Oncology
1111 West Loop South, Suite 150, Houston, TX 77027
P: 713.693.1166 F: 713.693.1167 W: www.gcvs.com
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Immune system's memory does not need reminders

By Merritt McKinney

NEW YORK, Nov 11 (Reuters Health) -- The body's immune system has a better memory than previously thought, according to results of two new studies.

The discovery may have an impact on how vaccines are developed, a researcher involved with one of the studies told Reuters Health.

When immune system T cells are exposed to antigens, foreign proteins such as those found on the surface of a virus, they divide into two groups of cells. One group attacks the invading substance, while the other group becomes memory cells. The next time the antigen enters the body, these memory cells recognize it as an outside substance, and quickly direct immune cells to attack it.

According to Dr. Rafi Ahmed, of the Emory Vaccine Center at Emory University in Atlanta, Georgia, it has always been thought that the memory cells needed reminders. For a vaccine to offer the most protection against disease, it was believed that it had to refresh the memory of these cells by exposing them to an antigen repeatedly, he explained.

But the current research ``seriously questions that hypothesis,'' Ahmed said.

In their experiment, Ahmed and his colleagues vaccinated a group of normal mice against a common mouse virus. A few months later, they took T cells from the mice and transplanted them into two groups of genetically altered mice. None of the genetically altered mice had any T cells, and one group also lacked proteins that are involved in exposing an antigen to T cells.

According to the old theory, the memory cells should have forgotten how to respond to the mouse virus, since they had not been reminded. But when Ahmed's team re-exposed the mice to the virus, the immune system cells responded normally.

In the second report, Dr. Susan L. Swain and colleagues at the Trudeau Institute in Saranac Lake, New York, had similar results in their study of another type of immune system cell.

Swain's team exposed mouse cells to an antigen, and then transferred them to mice that did not have molecules that are needed to present an antigen to immune system cells. Nevertheless, memory cells developed. This shows that immune system cells do not have to be reminded to recognize an antigen, according to Swain and her colleagues.

Ahmed, the Emory researcher, said he thinks that the discovery may change the way vaccines are developed. Instead of focusing on developing immunizations that repeatedly expose the immune system to an antigen, it may be more effective to work on vaccines that produce a strong initial response, since memory cells seem to be able to do their job without being reminded, he said.

SOURCE: Science 1999;286:1377-1381, 1381-1383.

In the book "Pets at Risk" by Dr. Plechner on page 65 under Vaccination Problems- he states

"Reactions are not uncommon, although many veterinarians tend to downplay such events. Adverse effects have actually been increasing because of the use of multiple antigens and the hypersensitivity potential for reactions among genetically susceptible animals according to a 1995 article in the Journal of the American Veterinary Medical Association. Most easily identifiable reactions occur within twenty-four hours."

<http://www.trufax.org/vaccine/vaccgen.html>

**Vaccines and Production of Negative Genetic Changes in Humans
(c) 1996-1998 Leading Edge Research Group**

Vaccination and Genetic Change: Mobility of Genetic Material Between Life Forms:

One of the indications that vaccinations may in fact be changing the genetic structure of humans became evident in September of 1971, when scientists at the University of Geneva made the discovery that biological substances entering directly into the bloodstream could become part of human genetic structure. Originally, Japanese bacteriologists discovered that bacteria of one species transferred their own specific antibiotic resistance to bacteria of an entirely different species. Dr. Maurice Stroun and Dr. Philip Anker in the Department of Plant Physiology at the University of Geneva, began to accumulate evidence that the transfer of genetic information is not confined to bacteria, but can also occur between bacteria and higher plants and animals. According to an article in World Medicine on September 22, 1971, "Geneva scientists are convinced that normal animal and plant cells shed DNA, and that this DNA is taken up by other cells in the organism."

In one experiment, scientists in Geneva extracted the auricles of frog hearts and dipped them for several hours in a suspension of bacteria. Afterward, they found a high percentage of RNA-DNA hybridization between bacterial DNA extracted from bacteria of the same species as that used in the experiment and titrated DNA extracted from the auricles which had been dipped in the bacterial suspension. Bacterial DNA had been absorbed by the animal cells. This phenomenon has been dubbed transsession. There is evidence that this kind of phenomenon is happening all the time within the human body. It is conceivable, for example, that heart damage following rheumatic fever could be the result of the immune system reacting to its own cells producing a foreign RNA complex after absorption of foreign DNA.

In Science magazine, November 10, 1972, bacterial RNA was demonstrated in frog brain cells after a bacterial peritoneal infection. In the April 1973 issue of the Journal of Bacteriology, transcription of spontaneously released bacterial DNA was found to be incorporated into cellular nuclei of frog auricles. Studies by Phillippe Anker and Maurice Stroun have indicated spontaneous release of DNA material from mammalian cells, spontaneous

transfer of DNA from bacteria to higher organisms, spontaneous transfer of DNA between cells of higher organisms, release of RNA by mammalian cells, and biological activity of released complexes containing RNA.

Malignant Cellular Transformations Caused By Foreign DNA:

There is evidence that freely circulating foreign DNA can cause malignancy. In a 1977 issue of International Review of Cytology, Volume 51, Anker and Stroun discuss the possible effects of foreign DNA causing malignant cell transformations. When foreign DNA is transcribed into a cell of a different organism, "this general biological event is related to the uptake by cells of spontaneously released bacterial DNA, thus suggesting the existence of circulating DNA. In view of the malignant transformations obtained with DNA, the oncogenic (cancer-causing) role of circulating DNA is postulated."

The discovery in 1975 that viruses causing cancer in animals had a special enzyme called reverse transcriptase makes the problem even more interesting. These kind of viruses are called RNA viruses. When an RNA virus has the reverse transcriptase enzyme within its structure, it allows the virus to actually form strands of DNA which easily integrate with the DNA of the host cell which it infects. Studies by Dr. Robert Simpson of Rutgers University indicate that RNA viruses which do not cause cancer can also form DNA, even without the presence of reverse transcriptase. DNA formed in this way from an RNA virus is called a provirus. It is known that some non-cancerous viruses have a tendency to exist as proviruses for long periods of time in cells without causing any apparent disease. In other words, they remain latent. Some examples of common RNA viruses that do not cause cancer, per se, but have the capacity to form proviruses are influenza, measles, mumps and polio viruses. In the October 22, 1967 British Medical Journal, it was brought out by German scientists that multiple sclerosis seemed to be provoked by vaccinations against smallpox, typhoid, tetanus, polio, tuberculosis and diphtheria. Even earlier, in 1965, Zintchenko reported 12 cases in which MS became evident after a course of antirabies vaccinations. Remember that millions of people between 1950 and 1970 were injected with polio vaccines containing simian virus 40 (SV-40) transferred from contaminated monkey kidney cells used to culture the vaccine. It is impossible to remove animal viruses from vaccine cultures. You are reminded that SV-40, the 40th virus to be discovered in simian tissue, is a cancer-causing virus.

Immunization programs against influenza, measles, mumps and polio are in fact seeding humans with RNA and forming proviruses which become latent for long periods in throughout the body, only to re-awaken later on. Post-polio syndrome is a good example of this problem. Other examples may include the so-called mesenchymal and collagen diseases, such as rheumatoid arthritis, multiple sclerosis and lupus erythematosus, where antibodies are formed by the immune system against the person's own tissues - tissues which have been impregnated with foreign genetic material. According to a special issue of Postgraduate Medicine in May 1962, "although the body generally will not make antibodies against its own tissues, it appears that slight modification of the antigenic character of tissues may cause it to appear foreign to the immune system and thus a fair target for antibody production." Two years later in 1964, studies were conducted on the polyoma virus, a tumor-producing DNA virus.

It was discovered that the persistent genetic DNA material in the polyoma virus brought about malignant transformations in hamster embryo cell

cultures. This was reported in the November 23, 1964 issue of the Journal of the American Medical Association.

Even common non-tumor viruses, including those in smallpox vaccine and polio virus 2, can act as carcinogens. It was reported in Science on December 15, 1961 that these common viruses acted as catalysts in producing cancer when given to mice in combination with known organic carcinogens in amounts too small to induce tumors themselves. This means that some vaccinations will induce cancer, when combined with the growing problem of environmental pollution from toxic by-products of agriculture (pesticides on and in food) and industry. Of course, this information is hidden from the public, which is why the FDA, EPA and the agricultural industries can get away with "sanctioning" small amounts of pollutants in food, water and air. The connection has not been made public, much to the joy of the chemical industry, the National Cancer Institute and the growing cancer industry, which continues to fraudulently solicit public donations to justify its own existence. As an aside, it has already been admitted that polio vaccinations have caused 100% of all polio in the United States since 1980 and the predominant cases of all paralytic polio since 1972 (Science, April 4, 1977). It is suspected that the Salk and Sabin vaccines, made of monkey tissue culture, have also been responsible for the major increase in leukemia in the United States.

The use of viruses, bacteria and animal tissue cultures in mass immunization campaigns, considering that this information has been known for 20 years, constitutes an intentionally created hazard to humans. The global impact on the wide range of genotypes relative to human beings is difficult to assess, but the outcome is definitely negative, and permitting the seeding of latent pro-viruses in humans, knowingly, can have no other rationale other than future medical profiteering, and constitutes a criminal conspiracy of vast proportions which is tantamount to a genocidal policy against the population, further constituting crimes against humanity, which is internationally punishable by death. But, of course, especially in the United States, this fact is ignored and suppressed from public knowledge, despite a 1984 plea by some U.S. physicians to the United Nations in a report. The fact that this goes on with the full knowledge of the world medical community makes this an international conspiracy where the population has no recourse, given that vaccinations are becoming mandatory and a prerequisite for many social programs.

Persistence of long-term viruses and foreign proteins and their relationship to chronic and degenerative disease was also pointed out by Dr. Robert Simpson of Rutgers University in 1976, when he addressed science writers at an American Cancer Society seminar, saying "these pro-viruses could be molecules in search of a disease." Dr. Wendell Winters, a virologist at the University of California noted, "Immunizations may cause changes in slow viruses and changes in the DNA mechanism." Although host cells containing latent viral particles operate more or less normally, they begin to synthesize viral proteins under the guidance of the viral DNA, eventually creating the circumstances for various autoimmune diseases, including diseases of the central nervous system, which unfortunately add to the growing load of aberrant social behavior patterns.

CHEMICAL PROFILES AND DEFINITIONS:

Ammonium Sulfate: EDF Suspected - gastrointestinal or liver toxicant
neurotoxicant respiratory toxicant

Amphotericin B: MME definition - "a drug used to treat fungus infections. Known allergy to this drug prohibits use. Side effects include blood clots, blood defects, kidney problems, nausea and fever. When used on the skin, allergic reactions can occur."

Aluminum: EDF Suspected - cardiovascular or blood toxicant neurotoxicant respiratory toxicant more hazardous than most chemicals in 2 out of 6 ranking systems on at least 2 federal regulatory lists

Beta-Propiolactone: EDF Recognized - carcinogen
EDF Suspected - gastrointestinal or liver toxicant
respiratory toxicant skin or sense organ toxicant
More hazardous than most chemicals in 3 out of 3 ranking systems On at least 5 federal regulatory lists Ranked as one of the most hazardous compounds (worst 10%) to humans

Formaldehyde: EDF Recognized - carcinogen
Suspected gastrointestinal or liver toxicant
immunotoxicant
neurotoxicant
reproductive toxicant
respiratory toxicant
skin or sense organ toxicant
More hazardous than most chemicals in 5 out of 12 ranking systems On at least 8 federal regulatory lists Ranked as one of the most hazardous compounds (worst 10%) to ecosystems and human health

Gentamicin Sulfate: an antibiotic
Hydrolyzed Gelatin: obtained from selected pieces of calf and cattle skins, de-mineralized cattle bones (ossein) and porkskin

Neomycin: an antibiotic

Phenol : EDF Suspected - cardiovascular or blood toxicant aka Carboic Acid
developmental toxicant gastrointestinal or liver toxicant kidney toxicant
neurotoxicant respiratory toxicant skin or sense organ toxicant More
hazardous than most chemicals in 3 out of 10 ranking systems On at least 8
federal regulatory lists

Phenoxyethanol: EDF Suspected - developmental toxicant
aka Antifreeze
reproductive toxicant
Less hazardous than most chemicals in 3 ranking systems

Polyribosylribitol: a component of the Hib bacterium

Polymyxin: an antibiotic

Polysorbate: EDF Suspected - skin or sense organ toxicant

Sorbitol: EDF Suspected - gastrointestinal or liver toxicant
Less hazardous than most chemicals in 1 ranking system

Streptomycin: an antibiotic

Sucrose: refined sugar

Thimerosal: EDF Recognized - development toxicant
Suspected - skin or sense organ toxicant

Tri(n)butylphosphate: EDF Suspected - kidney toxicant neurotoxicant More hazardous than most chemicals in 2 out of 3 ranking systems On at least 1 federal regulatory list

<http://www.azavenue.com/kelly/organizations.htm>

Also from here.....

<http://www.whale.to/vaccines/ingredients.html>

"(Vaccine ingredients) 1. Micro-organisms, either bacteria or viruses, thought to be causing certain infectious diseases and which the vaccine is supposed to prevent. These are whole-cell proteins or just the broken-cell protein envelopes, and are called antigens. 2. Chemical substances which are supposed to enhance the immune response to the vaccine, called adjuvants. 3. Chemical substances which act as preservatives and tissue fixatives, which are supposed to halt any further chemical reactions and putrefaction (decomposition or multiplication) of the live or attenuated (or killed) biological constituents of the vaccine."--Viera Scheibner

adjuvants

Aluminium

Squalene

Freund's (FCA)

preservatives:

Alcohols

Neomycin

2-phenoxyethanol (2-PE)

Streptomycin

Polymyxin B

Mercury

Formaldehyde

Stabiliser/solvent:

Tween 80 Bovine

Human fetal cells

Gelatin

Methiolate

Monkey kidney cells

Msg

Phenol

Contaminants

Allergy reactions

Allergies

Anaphylaxis

Articles

Vaccine ingredients 1

Vaccine ingredients 2

Quotes Vaccines used to induce disease in animals

[Vaccines]

DPT, Polio, Haemophilus b

Pentacel

Acel-Immune

DTaP

Diphtheria and Tetanus Toxoids and Acellular Pertussis Vaccine Adsorbed

Lederle Laboratories

1-800-934-5556

produced using formaldehyde, thimerosal, aluminum hydroxide, aluminum phosphate, polysorbate 80, gelatin

Act HIB

Haemophilus Influenzae Type B (Hib) Tetanus Toxoid Conjugate Connaught Laboratories

1-800-822-2463

produced using ammonium sulfate, formalin, sucrose, thimerosal medium: semi-synthetic

Attenuvax

Measles Virus Vaccine Live

Merck & Co, Inc.

1-800-672-6372

produced using neomycin, sorbitol, hydrolyzed gelatin medium: chick embryo

DPT

Diphtheria and Tetanus Toxoids and Pertussis Vaccine Adsorbed SmithKline Beecham Pharmaceuticals 1-800-366-8900 ext. 5231 produced using aluminum phosphate, formaldehyde, ammonium sulfate, washed sheep red blood cells, glycerol, sodium chloride, thimerosal medium: porcine (pig) pancreatic hydrolysate of casein

Energix-B

Hepatitis B

SmithKline Beecham Pharmaceuticals

1-800-633-8900 ext. 5231

produced using aluminum hydroxide, thimerosal medium: yeast (possibly 5% residual)

Havrix

Hepatitis A

SmithKline Beecham Pharmaceuticals

1-800-633-8900 ext. 5231

produced using formalin, aluminum hydroxide, phenoxyethanol (antifreeze), polysorbate 20, residual MRC5 proteins (from medium) medium: human diploid cells (originating from human aborted fetal tissue)

Biavax

Rubella and Mumps Virus Vaccine Live

Merck & Co, Inc.

1-800-672-6372

produced using neomycin, sorbitol, hydrolyzed gelatin medium: human diploid cells (originating from human aborted fetal tissue)

HibTiter

Haemophilus Influenzae Type B (Hib)

Lederle Laboratories

1-800-934-5556

produced using polyribosylribitol, ammonium sulfate, thimerosal
medium: chemically defined, yeast based

Fluvirin

Influenza Virus Vaccine

Medeva Pharmaceuticals

1-888-MEDEVA

(716)274-5300

produced using embryonic fluid (chicken egg), neomycin, polymyxin,
thimerosal, betapropiolactone

medium: embryonic fluid (chicken egg)

FluShield

Influenza Virus Vaccine, Trivalent, Types A&B Wyeth-Ayerst

1-800-934-5556

produced using gentamicin sulfate, formaldehyde, polysorbate 80,
tri(n)butylphosphate, thimerosal

medium: chick embryos

IPOL

Inactivated Polio Vaccine

Connaught Laboratories

1-800-822-2463

produced using 3 types of polio virus, formaldehyde, phenoxyethanol
(antifreeze), neomycin, streptomycin, polymyxin B

medium: VERO cells, a continuous line of monkey kidney cells

MMR

Measles Mumps Rubella Live Virus Vaccine Merck & Co., Inc.

1-800-672-6372

produced using sorbitol, neomycin, hydrolyzed gelatin

mediums: M&M - chick embryo

Rubella - human diploid cells (originating from human aborted fetal tissue)

M-R-Vax

Measles and Rubella Virus Vaccine Live

Merck & Co., Inc.

1-800-672-6372

produced using neomycin, sorbitol, hydrolyzed gelatin

mediums: M - chick embryo

R - human diploid cells (originating from human aborted fetal tissue)

Menomune

Meningococcal Polysaccharide Vaccine

Connaught Laboratories

1-800-822-2463

produced using thimerosal, lactose

medium: freeze dried polysaccharide antigens from Neisseria Meningitidis

Meruvax II

Rubella Virus Vaccine Live

Merck & Co., Inc.

1-800-672-6372

produced using neomycin, sorbitol, hydrolyzed gelatin

medium: human diploid cells (originating from human aborted fetal tissue)

MumpsVax

Mumps Virus Vaccine Live

Merck & Co., Inc.

1-800-672-6372

produced using neomycin, sorbitol, hydrolyzed gelatin

medium: human diploid cells (originating from human aborted fetal tissue)

Orimune

Poliovirus Vaccine Live Oral Trivalent

Lederle Laboratories

1-800-934-5556

produced using 3 types of attenuated polioviruses, streptomycin, neomycin, calf serum, sorbitol

medium: monkey kidney cell culture

Pneumovax

Pneumococcal Vaccine Polyvalent

Merck & Co., Inc.

1-800-672-6372

produced using phenol and capsular polysaccharides from the 23 most prevalent pneumococcal types

Imovax

Rabies Vaccine Adsorbed

Connaught Laboratories

1-800-822-2463

produced using human albumin, neomycin sulfate, phenol red indicator

medium: human diploid cells (originating from human aborted fetal tissue)

Rabies Vaccine Adsorbed

SmithKline Beecham Pharmaceuticals

1-800-366-8900 ext. 5231

produced using betapropiolactone, aluminum phosphate, sodium, ethylmercurithiosalicylate (thimerosal), phenol red

medium: fetal rhesus monkey lung cells

Recombivax

Hepatitis B Vaccine Recombinant

Merck & Co., Inc.

1-800-672-6372

produced using thimerosal, aluminum hydroxide

medium: yeast (residual < 1% yeast protein)

RotaShield

Rotavirus Vaccine, Live, Oral, Tetravalent Wyeth-Ayerst Laboratories

1-800-934-5556

produced using 1 rhesus monkey rotavirus, 3 rhesus-human reassortant viruses, sucrose, monosodium glutamate (MSG), potassium monophosphate, potassium

diphosphate, fetal bovine serum, neomycin sulfate, amphotericin B

medium: fetal rhesus diploid cell line

Varivax

Varicella Virus Vaccine Live

Merck & Co., Inc.

1-800-672-6372

produced using sucrose, phosphate, glutamate, processed gelatin

medium: human diploid cells (originating from human aborted fetal tissue)

For: Chemical Profiles and Definitions, visit www.scorecard.org to
Sources: EDF (Environmental Defense Fund) & MME (Mosby's Medical Encyclopedia)

Ammonium Sulfate: EDF Suspected - gastrointestinal or liver toxicant
Neurotoxicant respiratory toxicant

Amphotericin B: MME definition - "a drug used to treat fungus infections.
Known allergy to this drug prohibits use. Side effects include blood clots,
blood defects, kidney problems, nausea and fever. When used on the skin,
allergic reactions can occur."

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respiratory toxicant

More hazardous than most chemicals in 2 out of 6 ranking systems
On at least 2 federal regulatory lists Beta-Propiolactone: EDF Recognized -
carcinogen

Information above supplied by Dawn Winkler

Dawn Winkler
Vice President
Concerned Parents for Vaccine Safety
(775)289-7928
noshots4me@yahoo.com
<http://home.sprynet.com/~noshots/index.htm>

Sources: EDF (Environmental Defense Fund) & MME (Mosby's Medical
Encyclopedia)

Vaccine long term studies (lack of)

"Safety studies on vaccinations are limited to short time periods only:
several days to several weeks. There are NO (NONE) long term (months or
years) safety studies on any vaccination or immunization. For this reason,
there are valid grounds for suspecting that many delayed-type vaccine
reactions may be taking place unrecognized as to their true nature."--Dr
Buttram MD

"A small but growing minority of physicians and scientists are becoming aware
that safety testings for the various vaccines have been woefully inadequate.
As one of many examples, in 1994, a special committee of the National Academy
of Sciences published a comprehensive review of the vaccine safety of the
hepatitis B vaccine. When the committee investigated 5 possible and plausible
adverse effects, they were unable to come to any conclusion for 4 of them
because, to their dismay, they found that relevant safety research had not
been done."--Harold Buttram MD

"He said the normal trials on a new vaccine were not possible in Britain
because of the relatively small numbers of people who contracted the disease.
Instead scientists had tested whether the vaccine produced sufficient
antibodies."--Media report on meningitis C vaccine

"One of the flaws in studies of vaccines is that there are no true placebo groups. The vaccine is tested in one group of immunized children and is compared to another group of immunized children."--Peter Baratosy

"To date there has never been an independent, controlled study which proves that their vaccines are safe or even effective."--Ingri Cassel

"While the myriad short-term hazards of most immunizations are known (but rarely explained), no one knows the long term consequences of injecting foreign proteins into the body of your child. Even more shocking is the fact that no one is making any structured effort to find out."--Dr Robert Mendelsohn MD

JABS has not been able to find any properly conducted trials where the safety of the vaccines has been monitored for more than a few weeks. JABS has not been able to find any studies of the long-term consequences of the use of the MMR vaccines. Why Does The MMR Vaccine Need To Be Suspended?
<http://www.argonet.co.uk/users/jabs/mmrsuspend.html>

"The CDC immunization policy is disgraceful from a scientific, medical, or public policy point of view. It is a scientific disgrace because vaccines only get short-term or epidemiological tests, and not controlled tests for long-term side effects"--Roger Schlafly, PhD

"There is a wider problem because of the failure to carry out long-term, randomised, controlled studies _ properly conducted scientific investigations which would monitor the effects of multiple, early vaccination versus non-vaccination into adulthood."--Dr Odent M.D.

"The central defect in the numerous, recent mandatory vaccination requirements is that the same people who are profiting from these vaccines are also in control of the research on[,] and publication of[,] the dangers of the vaccines. The fox is pretending to guard the henhouse. _foreign research has found problems with the Hepatitis B vaccine for children. Note that I said "foreign," because there is no independent US medical research on this. Incredibly, even industry safety studies on the MMR vaccine have not extended beyond three weeks following vaccination."---Laura Reude.

"We suspect financial ties between vaccine manufacturers and medical groups such as the American Medical Association and American Academy of Pediatrics (AAP) which endorse the (hep B) vaccine," says Dr. Orient, pointing to a substantial donation to AAP from Merck & Co. "And the federal government pays the state a bonus up to \$100 for every "fully" vaccinated child. What's their motive -- money or medicine?" Jane Orient M.D.

"I have minutes from a CDC Study Group Meeting on the Hepatitis B vaccine held in March, 1997. The minutes of the meeting show that it would take at least a 60 day study to show the onset of MS. Clinical studies done by the two manufacturers were four and five days in length, respectively. It should be noted that the afternoon session of this meeting was chaired by Dr. Robert Sharrar of Merck. This group was to decide how to identify various types of adverse reactions such as MS and demylenating disease and to plan meaningful studies. When Dr. Sharrar appeared on ABC's 20/20 in January he said that he honestly believed that the Hepatitis B vaccine had not caused any problems. Can an employee of a pharmaceutical company that manufactures the vaccine be objective in designing experiments to show fault in a product that generates close to a billion dollars in sales for his company?"---Betty Fluck

ABC NEWS Commentary On Vaccine Debate Written by Nicholas Regush

>From Pediatric News:

Don't Be First or Last to Use a Drug or Vaccine---Mike Bykowski, Senior Writer [Pediatric News 33(7):13, 1999. International Medical News Group] Hilton Head, S.C.

Don't be the first or the last in your community to use a new drug or vaccine, Dr. Jerome O. Klein advised at a meeting on clinical pediatrics sponsored by Boston Medical Center.

When a new drug comes on the market, it's typically based on 5,000-10,000 subjects who have received it because that's all you need for FDA approval, said Dr. Klein, director of pediatric infectious diseases at Boston Medical Center.

If there's an adverse event with an incidence of 1 in 20,000 associated with the drug or vaccine, it won't be detected right away. Unless the new drug or vaccine fills a critical void, Dr. Klein recommended staying away from it until the first 100,000 individuals have been treated. After that "you can feel a lot more comfortable that the adverse event profile is as it has been described."

Michael Belkin on "science based" vaccine information

Dr. Kwai Chan testified on 29 April 1999, "The long-term safety of the vaccine has not yet been studied."

Vexed over Vaccination

Veterinarians Debate Whether It's Safer to Vaccinate Older Pets or Not

By Jenette Restivo

Sept. 6 — If you're a pet owner, you've seen them in your mailbox — postcards from the neighborhood veterinarian reminding you that it's time for Fido's distemper vaccine or Fluffy's leukemia shots.

After all, vaccines are a standard in health care. We vaccinate our children against hepatitis, polio and influenza when they're infants and toddlers, giving up to two boosters of some vaccines until puberty. But then we stop.

Not with our pets, though. In fact, we continue bolstering the immunity of our pet! s u ntil they are well into their senior years. That has spawned a debate as fierce as any fighting pit bull: To vaccinate or not to vaccinate.

Many veterinarians believe the practice of annual vaccinations is an unnecessary evil, responsible for such diseases as allergy, seizures, anemia, even cancer. They say vaccinations make our animals vulnerable to some of the top diseases plaguing our pets, and that rather than building up immunity we are overwhelming their immune systems. Others would rather stick to tradition and say that vaccinating has warded off the most deadly animal diseases over the past 30 years, so why question it now.

Lack of Scientific Evidence

Dr. W. Jean Dodds, president of the nonprofit animal version of the Red Cross called Hemopet, was one of the pioneers of the vaccine debate, an issue she says has been percolating for the past 10 years. She says as the profession started looking into exactly how the recommendations for annual vaccines arose, they started realizing that they were just that — recommendations. And in fact, they were not based on scientific evidence.

Dodds says that after 20 years of following the United States Department of Agriculture and the drug manufacturer's recommendations to make annual vaccines a standard in veterinary care, professionals who first challenged the standard school of thought were considered rebels. Her arguments were challenged by other veterinary professionals whose belief in the duty to vaccinate was galvanized by episodes such as the deadly parvo virus epidemic in the late 1970s that killed thousands of dogs and was only halted by mass administration of the parvo vaccine.

But Dodds says an unfortunate observation led many vets to begin to reconsider current vaccination protocol. In 1991, three years after Pennsylvania issued a mandatory rabies vaccination requirement for cats, Dr. Mattie Hendrick's lab at the University of Pennsylvania noted a connection between the surprising increase in the number of sarcomas, or cancerous tumors, and vaccination in cats. It seemed that in some cats, rabies vaccinations were leading to an inflammatory reaction under the skin.

Shortly after, researchers at the University of California at Davis showed that feline leukemia vaccines were also likely to cause sarcomas, and to an even greater degree than the rabies vaccine. Further investigating led researchers to estimate the prevalence of vaccine-induced sarcomas to be as much as one cat in 1,000, or up to 22,000 new cases of sarcoma a year.

Soon, veterinary professionals began to suspect vaccination as a risk factor in other serious autoimmune diseases. Researchers surmised that, in some animals, vaccines were stimulating the animal's immune system against his or her own tissues, leading to potentially fatal diseases such as auto-immune hemolytic anemia (AIHA) in dogs. Researchers began to suspect delayed vaccine reaction for the cause of such chronic conditions as thyroid disease, allergy, arthritis and seizures in cats and dogs.

Such observations led to a 1995 *Journal of the American Veterinary Medical Association* article that concluded there is "little scientific documentation that backs up label claims for annual administration of most vaccines," and that the only vaccine tested routinely for duration is the rabies vaccine. In addition, the article suggested that though some vaccines should be given annually, giving others only every few years would be sufficient because of potential risks associated with them.

Hesitation to Vaccinate

Dodds says that in her own practice, she only vaccinates when necessary. Rather than automatically giving boosters, Dodds gives annual titers, or tests, to check the level of antibodies (disease fighting cells) in the blood to determine if boosting is necessary. Though she expects that immunity would be conferred for life, she says that titers offer "an added measure of security."

Though many vets have in fact begun to change their vaccination habits, many continue to administer annual shots. Dodds believes that the resistance is not so much a financial issue since vets should still asks clients to come in for an annual check-up and titers. Rather, it's more about changing attitudes.

"For decades we were told that this is what we had to do," Dodds says. "The USDA put the recommendation on the label. Our confidence! was totally shaken up."

Non-Vaccination a Greater Danger?

Still, many vets believe it's too early to change procedure. They say that until more is known about the immunity conferred by some vaccines, it's best to take a conservative approach. They emphasize the fact that annual vaccinations have been effective at decimating the incidence of formerly common, potentially lethal viral diseases such as feline panleukopenia, rhinotracheitis, feline leukemia, canine distemper, hepatitis and canine parvo virus. And with the incidence of the deadly feline leukemia virus so high, it is too hard and too risky to determine which cats are at risk.

Dr. Donald Klingborg, former Chairman of the Council of Biologic and Therapeutic Agents of the American Veterinary Medical Association (AVMA) and Assistant Professor at the University of California at Davis, says that while the vaccination issue is a complicated one, nonvaccination is a major error.

"In most cases, the threat to the animals' health from nonvaccination is much greater than vaccination," he says. "The diseases are real, severe and common."

Klingborg says the vaccination debate could be settled by more information on the duration of immunity most vaccines impart.

Conclusive Answers Difficult

But while vaccine companies are under no legal obligation to demonstrate duration of immunity, that question may remain unanswered for some time.

Dr. Susan Wynn, a Georgia-based veterinarian and former board member of the American Holistic Veterinary Medical Association says that the problem with obtaining immunity duration information is monetary and political.

"This information would have to be gained by challenge studies in which you give viruses to animals inoculated over five to 10 years ago," she says. "You would have to keep those animals in a controlled environment for this time — only drug companies have that kind of money."

Wynn says that for the drug companies, the decision is based on priorities — it's either more products or immunity studies, not both.

Quotes Medical control ploys

<http://www.whale.to/m/quotes9.html>

1. Government vaccine regulators & spokesmen working for or funded by vaccine makers
2. Child medical doctor group funded by vaccine & baby milk companies
3. Politicians/government funded by vaccine/drug companies
4. Vaccine Experts bought up by vaccine companies (and used as expert witnesses)
5. Industry places its own men in disease charities
6. Industry funding disease charities

"It is hard to imagine a more stupid or more dangerous way of making decisions than by putting those decisions in the hands of people who pay no price for being wrong." --Thomas Sowell

"Parents be forewarned. The vaccine industry perpetuates the greatest conflict of interest in earth's history." --Dr Horowitz

"Indeed the modern physician now only represents an extension of these (medical) industries into the public." --Carl Reich, M.D.

"It is the great commercial manufacturing firms who are providing the brains for the medical man of to-day." ---Dr Hadwen 1925

"Study by the UK National Institute for Biological Standards and Control (NIBSC). This is a #300,000 study funded by the UK Department of Health. The study is being led by Dr. Muhammed Afzal, principal scientist at NIBSC, and Dr. Phil Minor. Dr. Minor also criticized the study by Dr. Vijendra Singh (reported elsewhere in this note) as "fundamentally flawed". On 23rd August 2002, the London Evening Standard newspaper reported that Dr. Minor was also being paid by Glaxo SmithKline, manufacturers of MMR, to act as an expert witness in the impending UK High Court MMR/autism cases. GSK is one of three UK companies that are the subject of this litigation, the other two being Aventis Pasteur MSD and Merck & Co. Campaigners described Dr. Minor's dual role as "disgraceful". --David Thrower

"The study, conducted by the UK charity Save the Children and the London School of Hygiene and Tropical Medicine, criticized the Global Alliance for Vaccines and Immunizations (GAVI) for including managers from pharmaceutical companies on its governing board, saying that this created a potential conflict of interest." --Media

"Still persisting in my inquiries, the issue came up that vaccine manufacturing was an essential component of industry, this country's (U.S.) protection against potential biological warfare. A number of companies had given up making vaccines. It's an economically risky business. If one criticizes, in this case, Lederle, too much and they stop production, then all the production will go to Switzerland. The Swiss would then be bought out by the Russians, and then there will be biological warfare...That stays as a memory of the way the government works... I have approached individuals to try and understand why that system would operate like that. The major explanation was that the regulatory authorities are controlled by and depend on the industry, and so, industry growth, if you want, calls the shots." --Dr Martin

"A scientist researching the controversial MMR jab for the Government is also being employed by a drug company that makes the vaccine, the Evening Standard

has learned. Campaigners who are concerned that there could be a link between MMR and autism in children said it was "disgraceful" that Dr Phil Minor was being paid by pharmaceutical giant Glaxo-SmithKline (GSK) while also being employed as an independent expert."--Media

MMR makers: MMR II. (Aventis Pasteur) or Priorix. (SmithKline Beecham)

1. Government vaccine regulators & spokesmen working for or funded by vaccine makers:

"Critics have long argued that patient information suffers because of a conflict between the MCA public health role and its role in promoting the UK pharmaceutical industry (it is totally funded by the industry)."--Media Feb 2003

"In the latest annual report for the "Medicines Act 1968 Advisory Bodies", she (Miller) lists five "non-personal" interests _ payments which benefit her department rather than herself personally. They are grants from Baxter Healthcare, Wyeth Lederle Vaccines, Chiron Biocine, and SmithKline Beecham and "CMI testing in adolescent sera", courtesy of Aventis Pasteur."--Private Eye

"Professor David Elliman, whose study said fears of a link between the MMR vaccine and autism were unfounded, admitted that he and Dr Helen Bedford had been given money by drugs giants SmithKline Beecham and Pasteur Merieux Merck Sharp & Dohme. Their report, MMR Vaccine - Worries Are Not Justified, is published in the current issue of the medical journal Archives of Disease in Childhood, and was used by the government to reiterate its view that the vaccine is safe."--Media

Dr Norman Begg, consultant epidemiologist of the Public Health Laboratory Service (1989), Director of Medical affairs, GlaxoSmith-Kline (2001).

"Asking the CDC to look into vaccine safety is like asking the fox to guard the chicken coop."--Dr Bernard Rimland Ph D
<http://autism.com/ari/editorials/explosion.html>

"Even though SV-40 was being screened out, scientists such as John Martin, a professor of pathology at the University of Southern California, warned that other monkey viruses could be dangerous. But government officials rebuffed Martin's attempt to research those risks back in 1978 and again in 1995 when he was denied federal funding and vaccine samples he needed to investigate the effects of simian cytomegalovirus (SCMV), an organism that his studies indicate causes neurological disorders in the human brain."--Money Magazine
http://www.whale.to/vaccines/money_mag.html

Neil Halsey MD

"You have a situation in which scientists working on vaccine research are also Government regulators."--Dr J Morris (former FDA)

"About six times a year, Merck and Co. pays Dr. Lawrence Frenkel as much as \$750 to give talks on vaccines, including the chickenpox vaccine that Merck makes. Frenkel is one of five members of the state Immunization Advisory Committee who have disclosed on reporting forms that they have financial interests in Merck."--Media

"Today we have a system in which vaccine production by the pharmaceutical companies is largely self-regulated. Of course these companies are interested in profits from their products which, in itself, is not wrong. However, when arbitrary decisions in the mandating of vaccines are made by the government bureaucracies, which are highly partisan to the pharmaceuticals, with no recourse open to parents, we have all the potential ingredients for a tragedy of historical proportions."--Harold Buttram MD

"Wyeth Lederle had paid Dr. Edwards \$255,023 per year from 1996 to 1998 for the study of pneumococcal vaccines (i.e. Prevnar). Edwards is also one of fifteen full-time members of FDA's Vaccines and Related Biological Products Advisory Committee, the committee that advises the FDA on the licensing of new vaccines.....Rennels was instrumental in getting RotaShield to market and is now involved in Prevnar. Her university receives a total of over \$2.5 million from various drug and vaccine companies including Wyeth Lederle, Prevnar's manufacturer. She is also one of the twelve members of the Committee on Infectious Diseases, the committee that makes vaccine recommendations as part of the American Academy of Pediatrics.....This doctor (Dr. Jerome Klein) has been employed by the major vaccine manufacturers to testify against vaccine injured children. He is also chief editor of pneumo.com the website paid for by Wyeth Lederle to sponsor Prevnar. Furthermore, Klein holds a position on the National Vaccine Advisory Committee, the committee that recommends products for universal vaccination."--Michael Horwin, MA"

"I have minutes from a CDC Study Group Meeting on the Hepatitis B vaccine held in March, 1997.It should be noted that the afternoon session of this meeting was chaired by Dr. Robert Sharrar of Merck."--Betty D. Fluck

"A Sunday Express investigation has found that nearly a third of the 181 experts who sit on the Medicines Control Agency (MCA) committees are linked to GlaxoSmithKline, Aventis Pasteur or Merck, Sharpe and Dohme."--Sunday Express

"Four of the medical experts advising the Government on whether the new meningitis C vaccine is safe have links to one or more of the drug companies that produce it.....Professor Janet Darbyshire, a member of the Government's Committee on Safety of Medicines, had received support for academic research from US firms Wyeth and Chiron, who produce the two main meningitis products being used on children in Britain....three members of the Joint Committee on Vaccination and Immunisation had declared interests in vaccine manufacturers...Dr David Goldblatt of the Institute of Child Health, has served on an expert advisory panel for Wyeth and received research grants from Wyeth and North American Vaccines, which produces a third meningitis C drug to be introduced this year. Another, Professor Keith Cartwright of the University of Bristol, received funding from the drug industry to 'evaluate candidate meningococcal vaccines'. "--Martin Bright and Tracy McVeigh, Sunday Observer, UK September 3, 2000

"Currently, 37 members of the CSM have a total of 188 separate financial links with the pharmaceuticals industry, inc the vacc manufacturers, including 82 separate personal declared links. These include shares, fees, consultancies, research grants and non-executive directorships. Also further 106 non-personal declared links. Source: Neill Committee on Standards in Public Life). Vaccine companies directly linked to members of CSM through personal declared financial links include SmithKline Beecham (NB), Merck Sharpe Dohme (NB), Lilly Industries, Pfizer, Glaxo Wellcome (NB), Bayer,

Proctor 7 Gamble, British Biotech, Medeva Pharma. Members with personal financial links with MMR manufacturers are Messrs Blenkinsopp, Dargie, Donaghy, Evans, Forfar, MacGowan, Smyth, Wilkie. (Source: Neill Committee on Standards in Public Life)."--David Thrower Flawed UK Regulatory and Monitoring Systems (2001)

"A Parliamentary Written Question by Mrs. Ann Winterton MP in May 1999 confirmed the following declared interests within the JCVI membership (NB - the PWQ related only to a limited range of pharmaceuticals companies, so the full list will be greater than this): Professor Lewis Ritchie (Glaxo Wellcome), Dr. Barbara Bannister (Glaxo Wellcome and SmithKline Beecham), Dr. David Goldblatt (SmithKline Beecham), Dr. Diana Walford (Glaxo Wellcome and SmithKline Beecham), Professor Roy Anderson (Glaxo Wellcome and SmithKline Beecham), Dr. Karl Nicholson (Glaxo Wellcome)"--David Thrower Flawed UK Regulatory and Monitoring Systems (2001)

"The MCA is of course headed by a former top executive at SmithKline, Dr Ian Hudson."--Private Eye

"The inquiry into the safety of the widely prescribed antidepressant drugs Seroxat and Prozac, and others of their class, has been halted by the medicines control agency after the revelation that two of its members have drug company shareholdings."--Media March 2003

"Public policy regarding vaccines is fundamentally flawed. It is permeated by conflicts of interest. It is based on poor scientific methodology (including studies that are too small, too short, and too limited in populations represented), which is, moreover, insulated from independent criticism."--Jane Orient MD <http://www.haciendapub.com/article25.html>

"The Committee's investigation has determined that conflict of interest rules employed by the FDA and the CDC have been weak, enforcement has been lax, and committee members with substantial ties to pharmaceutical companies have been given waivers to participate in committee proceedings."--Committee staff report

"5 out of 6 members of the (UK) Joint Committee on Vaccination and Immunisation had interests with Glaxo Wellcome, 4 with SmithKline Beecham (ref: May 1999 Secretary of State for Health)

"The (Illinois) department followed the recommendation of a panel of experts, its Immunization Advisory Committee, while rejecting the advice of others who thought the decision should be left to parents and pediatricians. But in what critics consider a conflict of interest, 5 of the committee's 18 members have financial ties to Merck, which makes the chickenpox vaccine. Two members of the committee have given talks for Merck, receiving up to \$750 per speech. A third member directs a nonprofit group that has received \$20,000 in grant money from the company. And two other members own stock in Merck, including one who has owned as much as \$16,000 worth."--Media Jan 2002

2. Child medical doctor group funded by vaccine & baby milk companies:

CASE No. 82-1232, Cossette Krause, vs F.K. Abbousy, MD et al (State of Ohio), transcript of videotape deposition of Dr Edward Mortimer September 6, 1984.. On page 11 reads the following:

"Several years ago, because of the increasing amount of litigations over DTP, members of the so-called Red Book Committee of the American Academy of Pediatrics agreed in a sense that we would sort of divide up the cases to try to help the manufacturers in these lawsuits, and therefore I and a number of my colleagues agreed to serve as expert witnesses."

"We suspect financial ties between vaccine manufacturers and medical groups such as the American Medical Association and American Academy of Pediatrics (AAP) which endorse the (hep B) vaccine," says Dr. Orient, pointing to a substantial donation to AAP from Merck & Co. "And the federal government pays the state a bonus up to \$100 for every "fully" vaccinated child. What's their motive -- money or medicine?" Jane Orient M.D.

AMERICAN ACADEMY OF PEDIATRICS

http://www.cspinet.org/integrity/corp_funding.html

"Friends of Children Fund" Annual Report, July 1, 1996 - June 30, 1997, indicates \$2.085 million in funding from corporations. Donors include Procter & Gamble, Gerber, Infant Formula Council, McNeil Consumer Products Company, National Cattlemen's Beef Association, Johnson & Johnson Consumer Products, Abbott Laboratories, Wyeth-Lederle Vaccine & Pediatrics, Mead Johnson Nutritionals, SmithKline Beecham Pharmaceuticals, Schering Corp., Rhone-Poulenc Rorer, Food Marketing Institute, Sugar Association, International Food Information Council, Merck Vaccine Division, and others. Also gets foundation support (RWJ, Pew, etc.).

Formula manufacturers "donate \$1 million annually to the American Academy of Pediatrics in the form of a renewable grant that has already netted the AAP \$8 million. The formula industry also contributed at least \$3 million toward the building costs of the AAP headquarters." (Mothering magazine, July-August, p.60; refers to a book Milk, Money and Madness by Naomi Baumslag and Dia L. Michels (Westport, Conn.: Bergin and Garvey, 1995, p. 172))

"We suspect financial ties between vaccine manufacturers and medical groups such as the American Medical Association and American Academy of Pediatrics (AAP) which endorse the (hep B) vaccine," says Dr. Orient, pointing to a substantial donation to AAP from Merck & Co. "And the federal government pays the state a bonus up to \$100 for every "fully" vaccinated child. What's their motive -- money or medicine?" Jane Orient M.D.

"I have copies of letters to the AAP from three vaccine manufacturers discussing the almost \$1 million they donated to the AAP during a five-year period alone!"--Sandy Mintz <http://www.alaskawellness.com/jul-aug01/evidence.htm>

"Take this classic sequence from the Senate hearing on April 6th this year about MMR and autism. Professor O'Leary from Ireland was confirming that his evidence proved that Dr Andrew Wakefield was right. Our friendly Dr Paul Offit showed his true colours with this response: "He cannot have found something that suggests a link between autism and vaccines, because of the possible consequences of such a finding." Consequences to what? Paul Offit's cushy job flying around the world teaching doctors vaccines are safe? __ Paul Offit's pharmaceutical shares? Paul Offit's professional reputation? Paul Offit's self-esteem? Paul Offit's vaccine patent? What is worse, he, and most others representing the pharmaceutical companies which keep their families well heeled, have no knowledge or interest in the hundreds of vaccine disasters previously written up in their own skeleton ridden history

books. If you showed them, they either wouldn't believe it, or they would laugh and say "But that was then. We know everything now."---Hilary Butler

"Asking the public health community to investigate the role of vaccines in the development of autism is like asking the tobacco industry to investigate the link between lung cancer and smoking," Rick Rollens

"No infectious disease specialist will be able to serve on this committee -- we all take money from pharmaceutical companies! "---ILLINOIS IMMUNIZATION ADVISORY COMMITTEE PLAN TO CONTINUE "CONFLICTS OF INTEREST" THWARTED

3. Politicians/government funded by vaccine/drug companies:

An example of why Congressman Henry Waxman supports vaccines.

"A leading Labour MSP.....Dr Richard Simpson is paid up to #5000 a year by a trust funded by the company which makes the measles, mumps and rubella vaccine.....Dr Richard Simpson is paid up to #5000 a year by a trust funded by the company which makes the measles, mumps and rubella vaccine."--Daily Mail

"Three months ago we announced a partnership with the Wellcome Trust to invest over #1 billion to re-equip university science in Britain, the largest ever investment in Britain's science base. Having received an overwhelming response from universities to our new University Challenge Fund we are now inviting further private sector involvement." Chancellor's statement Nov 4, 1998

"THE boss of Britain's biggest vaccines company made a #50,000 donation to Labour two months after winning a #17m NHS contract.... Powderject, the sixth largest vaccine company in the world, also produces the leading flu vaccine, Fluvirin, vaccines against yellow fever and tetanus, and the Diamorphine pain-killer.Drayson also congratulated the Department of Health on its vaccination programme during the flu epidemic last winter.....Ministers had been forced to halt the BCG schools immunisation programme in 1999 after their supplier, Medeva, ran into production problems.Powderject later took over the Merseyside-based company, renaming it Evans Vaccines. The Department of Health then negotiated the new BCG contract with Powderject, but at a price more than four times the original #2m a year."--Media

4. Vaccine Experts bought up by vaccine companies (and used as expert witnesses):

CASE No. 82-1232, Cossette Krause, vs F.K. Abbousy, MD et al (State of Ohio), transcript of videotape deposition of Dr Edward Mortimer September 6, 1984.. On page 11 reads the following:

"Several years ago, because of the increasing amount of litigations over DTP, members of the so-called Red Book Committee of the American Academy of Pediatrics agreed in a sense that we would sort of divide up the cases to try to help the manufacturers in these lawsuits, and therefore I and a number of my colleagues agreed to serve as expert witnesses."

"And then the industry started buying up the experts," he contends, citing the example of James Cherry, a widely recognized pertussis expert who has

served on both the ACIP and the AAP's vaccine advisory committee."-----
Congressional Quarterly Researcher

"Regarding Neal Halsey <http://www.vaccinesafety>: There were two meetings on vaccines and diabetes. There was no consensus reached in either meeting however people are misrepresenting the truth by claiming there was a consensus. Neal Halsey appeared to admit under oath that the people at the Johns Hopkins meeting told him they refused to sign a consensus statement refuting my findings. Neal Halsey continues to claim a consensus however. It was brought up under oath that Neal Halsey's vaccine organization was receiving in excess of \$100,000 from vaccine manufacturers and the conference was not an objective conference."--Bart Classen

Cherry, a physician and professor of pediatrics at the University of California at Los Angeles, is a widely recognized pertussis expert who has been a leader on advisory committees that help frame immunization policy for the American Academy of Pediatrics and the Centers for Disease Control. Back in 1979, at a symposium, he said, "All physicians are aware that pertussis vaccine occasionally produces severe reactions and that these may be associated with permanent sequelae (complications caused by the vaccine) or even death." But by 1990, Cherry had changed his mind, proclaiming in the Journal of the American Medical Association that severe brain damage caused by pertussis vaccine was nothing but "a myth." From 1980 through 1988, Cherry got about \$400,000 in unrestricted grants that he termed "gifts" from Lederle. From 1988 through 1993, he was given \$146,000 by Lederle for pertussis research, and from 1986 through 1992, UCLA received \$654,418 from Lederle for pertussis research. Additionally, drug manufacturers paid Cherry and UCLA \$34,058 for his testimony as an expert witness in 15 DPT lawsuits brought against the companies.

<http://www.geocities.com/Heartland/Flats/6997/money.html>

"Dr. Offit lists that he is a consultant to Merck. Dr. Offit shares the patent on the Rotavirus vaccine in development by Merck and lists a \$350,000 grant from Merck for Rotavirus vaccine development."--Committee of Government Reform

"Dr. Samuel Katz of Duke University has served as chair of both the ACIP and the Red Book committees. He co-chairs a group called the Vaccine Initiative, which is an information and advocacy group that benefited from start-up funds from at least six vaccine manufacturers. He is listed as an advisory board member to the Immunization Action Coalition (which includes the Coalition for Hepatitis B), an advocacy group that receives funding from several vaccine makers, including SmithKline Beecham, Merck and Wyeth-Lederle.....Dr. Neal Halsey of Johns Hopkins University <http://www.vaccinesafety>. Like Katz, he is a vaccine pioneer and served on ACIP and the Red Book committees. He, too, is an advisor to the Immunization Action Coalition and the Hepatitis B Coalition. Halsey is also director of the Institute for Vaccine Safety, which he founded at Johns Hopkins to provide a forum on vaccine safety, among other things. According to a Johns Hopkins' spokesperson, the institute receives funds from Merck, SmithKline Beecham, North American Vaccines, Connaught/Pasteur Merrieux and Wyeth-Lederle."-----Nicholas Regush ABCNEWS.com

In a May 8, 1991 letter to Secretary Sullivan, the National Vaccine Information Center had asked Secretary Sullivan to remove two prominent physicians from the Immunization Practices Advisory Committee (ACIP), the Department of Health and Human Services advisory committee which makes national vaccine policy and is responsible for creating the new DPT

guidelines. NVIC asked for the resignations of Dr. James Cherry of UCLA, and Dr. Edward Mortimer of Case Western University, citing their conflict of interest for receiving MORE than \$800,000 in expert witness, consulting fees, and research grants from DPT vaccine manufacturers. In the Department of Health and Human Services reply, Assistant Secretary Dr. James Mason gave no indication that DHHS would consider removing Cherry or Mortimer or any other doctor on the vaccine policy-making committee who has benefited financially from vaccine manufacturers. If this is not a conflict of interest, what is it?

There are only five doctors that reside on the policy-making committee and two of those had received financial assistance from the pharmaceutical companies. Is there something wrong with this picture?

Dr Cherry <http://consumerlawpage.com/article/vaccine.shtml>
<http://pages.prodigy.com/gval/conflict.htm>

Critique of government funded studies--Harris Coulter Ph.D.

"Medical Ethics and Financial Disclosures," Vaccine Information & Awareness (VIA), via@access1.net, July 15, 1998, 12:04:30.64; "Conflict of Interest May Taint Research Studies," (VIA), August 1, 1998, 11:09 a.m., <http://www.access1.net/via>.

Some of the pitfalls of relying on vaccine experts are described in a NY Times article on a military anthrax vaccine

"The vaccination lobby shamelessly takes all the children of this world as hostages to still their greed for money and power. They relentlessly abuse our compassion for the weaker and our concern about health to promote their giga-business. No matter what. No matter how many more vaccine victims will suffer death or side-effects. No matter how many financial resources this strategy devours at the expense of essential social investments like housing and employment. No matter what. Shocking! There is no excuse for this crime. Just as shocking is the observation that (health) policy is no longer under local, democratic control. Everything is set up and organised with scrutiny at the highest, international level by those who take profit from it: the pharmaceutical industry, the financial world, politicians."---Kris Gaublomme MD

Tedd Koren, D.C., quoted Barbara Fisher, who served 10 years on the National Vaccine Advisory Committee trying to reform the health care system herself, as revealing more than presidential election lobby monies: _We have bad science and bad medicine translated into law to ensure that vaccine manufacturers make big profits, that career bureaucrats at the Public Health Service meet the mass vaccination goals promised to politicians funding their budgets, and pediatricians have a steady flow of patients...As the drug companies have often stated in meetings I have attended, if a vaccine they produce is not mandated to be used on a mass basis, they do not recoup their R & D costs and don't make the profit they want...official studies of vaccine risk have been designed and conducted by physicians who sit on vaccine policy-making committees at the Centers for Disease Control...some of whom receive money from vaccine manufacturers for their universities and for testifying as expert witnesses in vaccine-injury cases. And others are federal employees with an eye on career advancement within HHS and a future job with a vaccine manufacturer after retirement from public service" (Well Mind Association October 1993).

"When I look at it," Fisher says, "what I see is allopathic medicine at war with the other modalities. Homeopathy, naturopathy, chiropractic are perceived as challenging the basic premise of allopathic medicine, which is that germs are the ultimate cause of illness and must be destroyed--in this case, by vaccines.....Both Fisher and Coulter agree that not only are vaccines the sacred cow of the public health system, they have also become the golden calf. What that means is money. Fisher points out that the Department of Health and Human Services (HHS), with an annual budget of around \$360 billion, is the most powerful and wealthiest federal agency in the country.

.....In the United States there are two main vaccine policy-making groups, the Advisory Committee of Immunization Practices (ACIP) and the Centers for Disease Control (CDC) under HHS. ACIP makes recommendations for vaccine policy. Fisher says these recommendations turn into mandates "because state health officials automatically turn them into state law. In most states," she says, "[when it comes to public health] you no longer even have a vote by the legislature. All the state health departments have to do is issue a regulation, and it automatically becomes a law."

Fisher says: "For 16 years I have sat in rooms with these officials, both at scientific conferences and government meetings. I was appointed to the Vaccine Advisory Committee for four years under HHS. I was the token consumer representative." What she observed was lack of oversight of this huge enterprise. "You have the highly funded HHS. You have the federal health infrastructure that funds the state public-health infrastructure. Together they have decided they are going to use vaccines to eradicate disease-causing microorganisms from Earth. Then there are the drug companies that manufacture the vaccines; they have a very profitable relationship with FDA and CDC. Everyone is committed to the same premise. What we are trying to make the public realize is that no money whatsoever has been portioned to independent researchers who work outside this very profitable, self-reinforcing loop."--- Franklin Cameron

"Lemon S, Thomas DL. Vaccines to prevent viral hepatitis. N Engl J Med 1997;336:196-204. Dr. Lemon received grants from SmithKline Beecham Pharmaceuticals."--NEJM

"Some of the ties to the pharmaceutical companies were revealed. The government reform committee has requested all records indicating travel expenses, honorariums paid, speaker fees paid, etc. to any FDA, CDC officials by pharmaceutical companies. The Advisory Committee on Childhood Vaccines, which makes recommendations regarding vaccine compensation, is made up of 9 voting members. Three are lawyers, three are doctors and three members of the general public. One of the lawyers is REQUIRED under the Compensation Act of 1986 to be a lawyer representing the PHARMACEUTICAL companies. Another Committee called the Immunization Practice Committee, which recommends which vaccines and when they should be given, is made up of 24 people. Eleven (11) of the 24 receive money from the pharmaceutical companies!"--Dawn Richardson <http://www.planetchiropractic.com/vaccine.htm>

5. Industry places its own men in disease charities:

"The National Foundation For Infantile Paralysis (NFIP) used the "The March Of Dimes" to fund its polio research which lead to the Salk vaccine field trials in 1954. The Director Of Polio Research was Dr. Henry Kumm. According to the brief sketch in American Journal of Digestive Diseases, May 1953, Dr. Kumm was born in Wiesbaden, Germany. He came to the U.S. via Britain and became an American citizen in 1945. He had spent 23 years on the staff of the Rockefeller Foundation for Medical Research before joining the NFIP in July,

1951. In May 1953, Dr. Kumm replaced Dr. Harry M. Weaver as Director Of Polio Research at NFIP. During World War II he had served as civilian consultant to the Surgeon General of the U.S. Army in Italy, directing field studies for the use of DDT against malarial mosquitoes in the marshes near Rome and Naples. This appears to be a conflict of interest for this key player in polio research."--Jim West http://www.geocities.com/harpub/pol_all.htm

6. Industry funding disease charities:

"Last night the National Meningitis Trust, sponsored by Wyeth, was drawn into the controversy when it refused to disclose how much money it received from the giant drug company."--Media report on meningitis C vaccine

"The major charities have close interlocking interests with the cancer drug, chemotherapy and gene therapy, industries. These charities receive substantial funding from the drug industries and operate as multimillion pound corporations fronting for these industries."--Samuel Epstein MD
<http://www.preventcancer.com/>

"You think that nonprofit organizations just give away their stamps of approval on products? Bristol-Myers Squibb paid \$600,000 to the American Heart Association for the right to display AHA's name and logo in ads for its cholesterol-lowering drug Pravachol. Smith Kline Beecham paid the American Cancer Society \$1 million for the right to use its logo in ads for Beecham's Nicoderm CQ and Nicorette anti-smoking ads."--Book

HEAL is the only not-for-profit AIDS organisation that does not accept grants or funding from the US Government or pharmaceutical companies.

"The Imperial Cancer Research Fund writes--"One of the biggest myths in recent years is that there is a cancer epidemic by exposure to radiation, pollution, pesticides and food additives. the truth is that these factors have very little to do with the majority of cancers in this country. In fact food additives may have a protective effect---particulary against stomach cancer." Decades ago they (cancer charities) were relatively independent from industry...Now they are all but departments of large pharaceutical companies. The Imperial Cancer Research Fund (ICRF)..is a case in point. While most lay people imagine that it is simply a worthy charity collecting money to research cancer, few will understand that it is itself a mutli-million pound corporation which hardly makes a move independently of professional science, or its industrial pharmaceutical patrons and backers. Through its council and its benefactors, the ICRF is run by, and mainly for, the profit of the pharmaceutical companies the very corporations whose products would have to be investigated for any wide-ranging investigation of cancer and the environment."--Martin Walker writing in the Ecologist vol 28 No 2. Matin Walker is the author of Dirty Medicine. (ICRF <http://www.icnet.uk/>)

"I wrote a chapter from our book I published (Toxic Metal Syndrome) in the Townsend Letter on aluminium and promptly a letter came from the aluminium industry of America and that they protested out statements and gave a lot of public relations nonsense in their letter, and they lied, they just outright lied. You don_t hear much about aluminium from, for instance, the Alzheimer_s Disease Association because that Association takes money from the aluminium industry.....Edward Truschke, the executive director of the Alzheimer's Association headquarters in Chicago, in response to our multiple inquiries, finally admitted that his organization has received unrestricted grant monies from the Aluminum Association of Canada (ALCAN) and from the Aluminum Company

of America (ALCOA). He did not acknowledge, but we are aware anyway, that the international Alzheimer's disease medical meeting held in July 1992, in Italy, was sponsored in part by the Aluminum Association of Canada."----Dr Casdorff, M.D. & Dr Morton Walker

"There is no direct disclosure of the interrelationships between NAAR and the Centers for Disease Control or the National Institutes for Health, who work closely with the drug industry, but in NAAR literature one observes references to NIH funding of NAAR projects and a workshop sponsored jointly by NAAR and CDC (<http://www.naar.org>). The relationship between NAAR and the drug industry is evidenced in the Winter 1998 issue of NAARRATIVE, which displays front-page coverage of the awarding of a "NAAR/Bristol-Myers Squibb Research Fellowship in Autism and Neuropharmacology." Laura Reude

Jon Rappoport (<http://home.earthlink.net/~alto/> <http://www.jonrappoport.com/>) reviews the Merrow Report (featured on P), which reveals that Ciba-Geigy funded CHADD (Children with Attention Deficit Disorder) with \$818,000, and that the U.S. Education also funded CHADD with \$750,000 to produce a video (Facing the Challenge of ADD) which promoted Ritalin. The CHADD video was circulated throughout the U.S. Educational system. The CHADD video devoted only 20 seconds to Ritalin's adverse effects. It included interviews of parents who were satisfied with the effects of Ritalin on their children, yet, amazingly, all of these interviewed parents were CHADD board members. <http://www3.bcity.com/harpub/>

Election Gives Drug Industry New Influence

Vaccine information/sites
Vaccine Critics Groups

Shirley_s Wellness Page <http://www.shirleys-wellness-cafe.com/vaccines.htm>
Sheri Nakken, R.N., MA
CCID (Dr John Martin) <http://www.ccid.org/> Pesticides and Polio
www.geocities.com/harpub Harris Coulter
<http://home.earthlink.net/~emptherapies/>
Leading Edge Research Group Vaccines
<http://www.trifax.org/nwcch/vaccines.html>
Health World_Vaccines
<http://www.healthy.net/clinic/familyhealthcenter/children/vaccination/>
Sumeria---Vaccines <http://www.sumeria.net/health.htm> Tetrahedron Research
(AIDS from vaccines) <http://www.tetrahedron.org/research.htm>
Jani Allen_Gambling with Rubella vaccine BAVA International Chiropractic
Pediatric Association Vaccination News <http://vaccinationnews.com/>
Vaccination files <http://home.iae.nl/users/lightnet/health/vaccination.htm>
ChronicIllnet <http://www.chronicillnet.org/> IVY links page
<http://www.egroups.com/docvault/i-v-y/Links>
Thinktwice (Neil Miller) <http://thinktwice.com/global.htm> Vaccines Prevent
Health <http://www.mercola.com/newpage134.htm>
Vaccine Policy Institute <http://vaccinepolicy.org/>
Vaccines: The Truth Revealed <http://www.odomnet.com/vaccines/> Vaccine
Information <http://www.geocities.com/~kasmom/vaccines.html>
Hospital vaccine damage bulletin board [http://neuro-
www.mgh.harvard.edu/forum/VaccineorDTPinjuriesMenu.html](http://neuro-
www.mgh.harvard.edu/forum/VaccineorDTPinjuriesMenu.html)
HealthWorld
<http://www.healthy.net/clinic/familyhealthcenter/children/vaccination/>
Be Informed About Vaccinations
<http://www.geocities.com/Heartland/8148/vac.html>

NIIH Natural Immunity Information <http://www.i-wayco.com/niin/index.html>
Polio Connection <http://village.ios.com/~wl066/> New Atlantean Immunisation Resources <http://www.new-atlantean.com/global/vaccine.html>
Do Vaccines Really Work and Are They Safe? <http://www.groupz.net/~CRSinc/vaccine.html>
Civitas <http://www.linkny.com/~civitas/page33.html>
Preventorium <http://www.odyssee.net/~expodome/vaccinat.htm>
International Chiropractic Pediatric Association <http://www.4icpa.org/>
Vaccine safety <http://vaccines.net/>
Anthrax Vaccine Links and Information <http://www.dallasnw.quik.com/cyberella/index.htm>
Informed Parents Against VAPP <http://www.ipav.org/> (pro-safe polio shots)
Nurturing Online <http://www.nurturing.ca/vaccine.htm>
The Chronic Rubella Viremia Support Group, South 20655 Brown Rd., Cataldo ID 83810, (208) 689-3925...
Rubella Net <http://www.rubella.net/>
Dangerous vaccines <http://members.aol.com/Tauwillow/index.htm>
Light Network <http://home.iae.nl/users/lightnet/health/vaccination.htm>

From Tunia Hyland...

Michael Dym, VMD, is one of my vets. Dee Blanco is a fine vet in Santa Fe. Dr. Pitcairn needs no introduction. They are all very concerned about the chronic illness (vaccinosis) they see arising from vaccination. Junebug started showing signs of illness after a rabies shot she received when she was 6 1/2 YO and the rest is history. She died of hemangiosarcoma the following year. Willie was due for a rabies shot at 7 YO but because of his high liver enzymes my homeopathic vet said he should never be vaccinated again and he won't! I know there are varying opinions on the vaccine issue and these vets relate one side. I have done a lot of reading on the vax issue and trust the information supplied by these holistic vets. I know some of these articles are long but PLEASE read them for your dog's sake.

<http://www.canineworld.com/drdym/rabiesalert.htm>
<http://www.angelfire.com/biz/froghollerfilas/VaccBlanco.html>
<http://www.bogartsdaddy.com/bouvier/health/vaccination-concernsuk.htm>
<http://www.bestfrisbeedogs.com/vaccinequestion.html>

CJ's polio page <http://pw1.netcom.com/~calabrec/index.html>

Jon Rappoport interview of ex-vaccine researcher

JON RAPPOPORT

Q: You were once certain that vaccines were the hallmark of good medicine.

A: Yes I was. I helped develop a few vaccines. I won't say which ones.

Q: Why not?

A: I want to preserve my privacy.

Q: So you think you could have problems if you came out into the open?

A: I believe I could lose my pension.

Q: On what grounds?

A: The grounds don't matter. These people have ways of causing you problems, when you were once part of the Club. I know one or two people who were put under surveillance, who were harassed.

Q: Harassed by whom?

A: The FBI.

Q: Really?

A: Sure. The FBI used other pretexts. And the IRS can come calling too.

Q: So much for free speech.

A: I was "part of the inner circle." If now I began to name names and make specific accusations against researchers, I could be in a world of trouble.

Q: What is at the bottom of these efforts at harassment?

A: Vaccines are the last defense of modern medicine. Vaccines are the ultimate justification for the overall "brilliance" of modern medicine.

Q: Do you believe that people should be allowed to choose whether they should get vaccines?

A: On a political level, yes. On a scientific level, people need information, so that they can choose well. It's one thing to say choice is good. But if the atmosphere is full of lies, how can you choose? Also, if the FDA were run by honorable people, these vaccines would not be granted licenses. They would be investigated to within an inch of their lives.

Q: There are medical historians who state that the overall decline of illnesses was not due to vaccines.

A: I know. For a long time, I ignored their work.

Q: Why?

A: Because I was afraid of what I would find out. I was in the business of developing vaccines. My livelihood depended on continuing that work.

Q: And then?

A: I did my own investigation.

Q: What conclusions did you come to?

A: The decline of disease is due to improved living conditions.

Q: What conditions?

A: Cleaner water. Advanced sewage systems. Nutrition. Fresher food. A decrease in poverty. Germs may be everywhere, but when you are healthy, you don't contract the diseases as easily.

Q: What did you feel when you completed your own investigation?

A: Despair. I realized I was working a sector based on a collection of lies.

Q: Are some vaccines more dangerous than others?

A: Yes. The DPT shot, for example. The MMR. But some lots of a vaccine are more dangerous than other lots of the same vaccine. As far as I'm concerned, all vaccines are dangerous.

Q: Why?

A: Several reasons. They involve the human immune system in a process that tends to compromise immunity. They can actually cause the disease they are supposed to prevent. They can cause other diseases than the ones they are supposed to prevent.

Q: Why are we quoted statistics which seem to prove that vaccines have been tremendously successful at wiping out diseases?

A: Why? To give the illusion that these vaccines are useful. If a vaccine suppresses visible symptoms of a disease like measles, everyone assumes that the vaccine is a success. But, under the surface, the vaccine can harm the immune system itself. And if it causes other diseases -- say, meningitis -- that fact is masked, because no one believes that the vaccine can do that. The connection is overlooked.

Q: It is said that the smallpox vaccine wiped out smallpox in England.

A: Yes. But when you study the available statistics, you get another picture.

Q: Which is?

A: There were cities in England where people who were not vaccinated did not get smallpox. There were places where people who were vaccinated experienced smallpox epidemics. And smallpox was already on the decline before the vaccine was introduced.

Q: So you're saying that we have been treated to a false history.

A: Yes. That's exactly what I'm saying. This is a history that has been cooked up to convince people that vaccines are invariably safe and effective.

Q: Now, you worked in labs. Where purity was an issue.

A: The public believes that these labs, these manufacturing facilities are the cleanest places in the world. That is not true. Contamination occurs all the time. You get all sorts of debris introduced into vaccines.

Q: For example, the SV40 monkey virus slips into the polio vaccine.

A: Well yes, that happened. But that's not what I mean. The SV40 got into the polio vaccine because the vaccine was made by using monkey kidneys. But I'm talking about something else. The actual lab conditions. The mistakes. The careless errors. SV40, which was later found in cancer tumors -- that was what I would call a structural problem. It was an accepted part of the manufacturing process. If you use monkey kidneys, you open the door to germs which you don't know are in those kidneys.

Q: Okay, but let's ignore that distinction between different types of contaminants for a moment. What contaminants did you find in your many years of work with vaccines?

A: All right. I'll give you some of what I came across, and I'll also give you what colleagues of mine found. Here's a partial list. In the Rimavex measles vaccine, we found various chicken viruses. In polio vaccine, we found acanthamoeba, which is a so-called "brain-eating" amoeba. Simian cytomegalovirus in polio vaccine. Simian foamy virus in the rotavirus vaccine. Bird-cancer viruses in the MMR vaccine. Various micro-organisms in the anthrax vaccine. I've found potentially dangerous enzyme inhibitors in several vaccines. Duck, dog, and rabbit viruses in the rubella vaccine. Avian leucosis virus in the flu vaccine. Pestivirus in the MMR vaccine.

Q: Let me get this straight. These are all contaminants which don't belong in the vaccines.

A: That's right. And if you try to calculate what damage these contaminants can cause, well, we don't really know, because no testing has been done, or very little testing. It's a game of roulette. You take your chances. Also, most people don't know that some polio vaccines, adenovirus vaccines, rubella and hep A and measles vaccines have been made with aborted human fetal tissue. I have found what I believed were bacterial fragments and poliovirus in these vaccines from time to time -- which may have come from that fetal tissue. When you look for contaminants in vaccines, you can come up with material that IS puzzling. You know it shouldn't be there, but you don't know exactly what you've got. I have found what I believed was a very small "fragment" of human hair and also human mucus. I have found what can only be called "foreign protein," which could mean almost anything. It could mean protein from viruses.

Q: Alarm bells are ringing all over the place.

A: How do you think I felt? Remember, this material is going into the bloodstream without passing through some of the ordinary immune defenses.

Q: How were your findings received?

A: Basically, it was, don't worry, this can't be helped. In making vaccines, you use various animals' tissue, and that's where this kind of contamination enters in. Of course, I'm not even mentioning the standard chemicals like formaldehyde, mercury, and aluminum which are purposely put into vaccines.

Q: This information is pretty staggering.

A: Yes. And I'm just mentioning some of the biological contaminants. Who knows how many others there are? Others we don't find because we don't think to look for them. If tissue from, say, a bird is used to make a vaccine, how many possible germs can be in that tissue? We have no idea. We have no idea what they might be, or what effects they could have on humans.

Q: And beyond the purity issue?

A: You are dealing with the basic faulty premise about vaccines.

That they intricately stimulate the immune system to create the conditions for immunity from disease. That is the bad premise. It doesn't work that way. A vaccine is supposed to "create" antibodies which, indirectly, offer protection against disease. However, the immune system is much larger and more involved than antibodies and their related "killer cells."

Q: The immune system is?

A: The entire body, really. Plus the mind. It's all immune system, you might say. That is why you can have, in the middle of an epidemic, those individuals who remain healthy.

Q: So the level of general health is important.

A: More than important. Vital.

Q: How are vaccine statistics falsely presented?

A: There are many ways. For example, suppose that 25 people who have received the hepatitis B vaccine come down with hepatitis. Well, hep B is a liver disease. But you can call liver disease many things. You can change the diagnosis. Then, you've concealed the root cause of the problem.

Q: And that happens?

A: All the time. It HAS to happen, if the doctors automatically assume that people who get vaccines DO NOT come down with the diseases they are now supposed to be protected from. And that is exactly what doctors assume. You see, it's circular reasoning. It's a closed system. It admits no fault. No possible fault. If a person who gets a vaccine against hepatitis gets hepatitis, or gets some other disease, the automatic assumption is, this had nothing to do with the disease.

Q: In your years working in the vaccine establishment, how many doctors did you encounter who admitted that vaccines were a problem?

A: None. There were a few who privately questioned what they were doing. But they would never go public, even within their companies.

Q: What was the turning point for you?

A: I had a friend whose baby died after a DPT shot.

Q: Did you investigate?

A: Yes, informally. I found that this baby was completely healthy before the vaccination. There was no reason for his death, except the vaccine. That started my doubts. Of course, I wanted to believe that the baby had gotten a bad shot from a bad lot. But as I looked into this further, I found that was not the case in this instance. I was being drawn into a spiral of doubt that increased over time. I continued to investigate. I found that, contrary to what I thought, vaccines are not tested in a scientific way.

Q: What do you mean?

A: For example, no long-term studies are done on any vaccines.

Long-term follow-up is not done in any careful way. Why? Because, again, the assumption is made that vaccines do not cause problems. So why should anyone check? On top of that, a vaccine reaction is defined so that all bad reactions are said to occur very soon after the shot is given. But that does not make sense.

Q: Why doesn't it make sense?

A: Because the vaccine obviously acts in the body for a long period of time after it is given. A reaction can be gradual. Deterioration can be gradual. Neurological problems can develop over time. They do in various conditions, even according to a conventional analysis. So why couldn't that be the case with vaccines? If chemical poisoning can occur gradually, why couldn't that be the case with a vaccine which contains mercury?

Q: And that is what you found?

A: Yes. You are dealing with correlations, most of the time. Correlations are not perfect. But if you get 500 parents whose children have suffered neurological damage during a one-year period after having a vaccine, this should be sufficient to spark off an intense investigation.

Q: Has it been enough?

A: No. Never. This tells you something right away.

Q: Which is?

A: The people doing the investigation are not really interested in looking at the facts. They assume that the vaccines are safe. So, when they do investigate, they invariably come up with exonerations of the vaccines. They say, "This vaccine is safe." But what do they base those judgments on? They base them on definitions and ideas which automatically rule out a condemnation of the vaccine.

Q: There are numerous cases where a vaccine campaign has failed. Where people have come down with the disease against which they were vaccinated.

A: Yes, there are many such instances. And there the evidence is simply ignored. It's discounted. The experts say, if they say anything at all, that this is just an isolated situation, but overall the vaccine has been shown to be safe. But if you add up all the vaccine campaigns where damage and disease have occurred, you realize that these are NOT isolated situations.

Q: Did you ever discuss what we are talking about here with colleagues, when you were still working in the vaccine establishment?

A: Yes I did.

Q: What happened?

A: Several times I was told to keep quiet. It was made clear that I should go back to work and forget my misgivings. On a few occasions, I encountered fear. Colleagues tried to avoid me. They felt they could be labeled with "guilt by association." All in all, though, I behaved myself. I made sure I didn't create problems for myself.

Q: If vaccines actually do harm, why are they given?

A: First of all, there is no "if." They do harm. It becomes a more difficult question to decide whether they do harm in those people who seem to show no harm. Then you are dealing with the kind of research which should be done, but isn't. Researchers should be probing to discover a kind of map, or flow chart, which shows exactly what vaccines do in the body from the moment they enter. This research has not been done. As to why they are given, we could sit here for two days and discuss all the reasons. As you've said many times, at different layers of the system people have their motives. Money, fear of losing a job, the desire to win brownie points, prestige, awards, promotion, misguided idealism, unthinking habit, and so on. But, at the highest levels of the medical cartel, vaccines are a top priority because they cause a weakening of the immune system. I know that may be hard to accept, but it's true. The medical cartel, at the highest level, is not out to help people, it is out to harm them, to weaken them.

To kill them. At one point in my career, I had a long conversation with a man who occupied a high government position in an African nation. He told me that he was well aware of this. He told me that WHO is a front for these depopulation interests. There is an underground, shall we say, in Africa, made up of various officials who are earnestly trying to change the lot of the poor. This network of people knows what is going on. They know that vaccines have been used, and are being used, to destroy their countries, to make them ripe for takeover by globalist powers. I have had the opportunity to speak with several of these people from this network.

Q: Is Thabo Mbeki, the president of South Africa, aware of the situation?

A: I would say he is partially aware. Perhaps he is not utterly convinced, but he is on the way to realizing the whole truth. He already knows that HIV is a hoax. He knows that the AIDS drugs are poisons which destroy the immune system. He also knows that if he speaks out, in any way, about the vaccine issue, he will be branded a lunatic. He has enough trouble after his stand on the AIDS issue.

Q: This network you speak of.

A: It has accumulated a huge amount of information about vaccines. The question is, how is a successful strategy going to be mounted? For these people, that is a difficult issue.

Q: And in the industrialized nations?

A: The medical cartel has a stranglehold, but it is diminishing. Mainly because people have the freedom to question medicines. However, if the choice issue [the right to take or reject any medicine] does not gather steam, these coming mandates about vaccines against biowarefare germs are going to win out. This is an important time.

Q: The furor over the hepatitis B vaccine seems one good avenue.

A: I think so, yes. To say that babies must have the vaccine--and then in the next breath, admitting that a person gets hep B from sexual contacts and shared needles -- is a ridiculous juxtaposition. Medical authorities try to cover themselves by saying that 20,000 or so children in the US get hep B every year from "unknown causes," and that's why every baby must have the

vaccine. I dispute that 20,00 figure and the so-called studies that back it up.

Q: Andrew Wakefield, the British MD who uncovered the link between the MMR vaccine and autism, has just been fired from his job in a London hospital.

A: Yes. Wakefield performed a great service. His correlations between the vaccine and autism are stunning. Perhaps you know that Tony Blair's wife is involved with alternative health. There is the possibility that their child has not been given the MMR. Blair recently side-stepped the question in press interviews, and made it seem that he was simply objecting to invasive questioning of his "personal and family life." In any event, I believe his wife has been muzzled. I think, if given the chance, she would at least say she is sympathetic to all the families who have come forward and stated that their children were severely damaged by the MMR.

Q: British reporters should try to get through to her.

A: They have been trying. But I think she has made a deal with her husband to keep quiet, no matter what. She could do a great deal of good if she breaks her promise. I have been told she is under pressure, and not just from her husband. At the level she occupies, MI6 and British health authorities get into the act. It is thought of as a matter of national security.

Q: Well, it is national security, once you understand the medical cartel.

A: It is global security. The cartel operates in every nation. It zealously guards the sanctity of vaccines. Questioning these vaccines is on the same level as a Vatican bishop questioning the sanctity of the sacrament of the Eucharist in the Catholic Church.

Q: I know that a Hollywood celebrity stating publicly that he will not take a vaccine is committing career suicide.

A: Hollywood is linked very powerfully to the medical cartel. There are several reasons, but one of them is simply that an actor who is famous can draw a huge amount of publicity if he says ANYTHING. In 1992, I was present at your demonstration against the FDA in downtown Los Angeles. One or two actors spoke against the FDA. Since that time, you would be hard pressed to find an actor who has spoken out in any way against the medical cartel.

Q: Within the National Institutes of Health, what is the mood, what is the basic frame of mind?

A: People are competing for research monies. The last thing they think about is challenging the status quo. They are already in an intramural war for that money. They don't need more trouble. This is a very insulated system. It depends on the idea that, by and large, modern medicine is very successful on every frontier. To admit systemic problems in any area is to cast doubt on the whole enterprise. You might therefore think that NIH is the last place one should think about holding demonstrations. But just the reverse is true. If five thousand people showed up there demanding an accounting of the actual benefits of that research system, demanding to know what real health benefits have been conferred on the public from the billions of wasted dollars funneled to that facility, something might start.

A spark might go off. You might get, with further demonstrations, all sorts of fall-out. Researchers -- a few -- might start leaking information.

Q: A good idea.

A: People in suits standing as close to the buildings as the police will allow. People in business suits, in jogging suits, mothers and babies. Well-off people. Poor people. All sorts of people.

Q: What about the combined destructive power of a number of vaccines given to babies these days?

A: It is a travesty and a crime. There are no real studies of any depth which have been done on that. Again, the assumption is made that vaccines are safe, and therefore any number of vaccines given together are safe as well. But the truth is, vaccines are not safe. Therefore the potential damage increases when you give many of them in a short time period.

Q: Then we have the fall flu season.

A: Yes. As if only in the autumn do these germs float in to the US from Asia. The public swallows that premise. If it happens in April, it is a bad cold. If it happens in October, it is the flu.

Q: Do you regret having worked all those years in the vaccine field?

A: Yes. But after this interview, I'll regret it a little less. And I work in other ways. I give out information to certain people, when I think they will use it well.

Q: What is one thing you want the public to understand?

A: That the burden of proof in establishing the safety and efficacy of vaccines is on the people who manufacture and license them for public use. Just that. The burden of proof is not on you or me. And for proof you need well-designed long-term studies. You need extensive follow-up. You need to interview mothers and pay attention to what mothers say about their babies and what happens to them after vaccination. You need all these things. The things that are not there.

Q: The things that are not there.

A: Yes.

Q: To avoid any confusion, I'd like you to review, once more, the disease problems that vaccines can cause. Which diseases, how that happens.

A: We are basically talking about two potential harmful outcomes. One, the person gets the disease from the vaccine. He gets the disease which the vaccine is supposed to protect him from. Because, some version of the disease is in the vaccine to begin with. Or two, he doesn't get THAT disease, but at some later time, maybe right away, maybe not, he develops another condition which is caused by the vaccine. That condition could be autism, what's called autism, or it could be some other disease like meningitis. He could become mentally disabled.

Q: Is there any way to compare the relative frequency of these different outcomes?

A: No. Because the follow-up is poor. We can only guess. If you ask, out of a population of a hundred thousand children who get a measles vaccine, how many get the measles, and how many develop other problems from the vaccine, there is a no reliable answer. That is what I'm saying.

Vaccines are superstitions. And with superstitions, you don't get facts you can use. You only get stories, most of which are designed to enforce the superstition. But, from many vaccine campaigns, we can piece together a narrative that does reveal some very disturbing things. People have been harmed. The harm is real, and it can be deep and it can mean death. The harm is NOT limited to a few cases, as we have been led to believe. In the US, there are groups of mothers who are testifying about autism and childhood vaccines. They are coming forward and standing up at meetings. They are essentially trying to fill in the gap that has been created by the researchers and doctors who turn their backs on the whole thing.

Q: Let me ask you this. If you took a child in, say, Boston and you raised that child with good nutritious food and he exercised every day and he was loved by his parents, and he didn't get the measles vaccine, what would be his health status compared with the average child in Boston who eats poorly and watches five hours of TV a day and gets the measles vaccine?

A: Of course there are many factors involved, but I would bet on the better health status for the first child. If he gets measles, if he gets it when he is nine, the chances are it will be much lighter than the measles the second child might get. I would bet on the first child every time.

Q: How long did you work with vaccines?

A: A long time. Longer than ten years.

Q: Looking back now, can you recall any good reason to say that vaccines are successful?

A: No, I can't. If I had a child now, the last thing I would allow is vaccination. I would move out of the state if I had to. I would change the family name. I would disappear. With my family. I'm not saying it would come to that. There are ways to sidestep the system with grace, if you know how to act. There are exemptions you can declare, in every state, based on religious and/or philosophic views. But if push came to shove, I would go on the move.

Q: And yet there are children everywhere who do get vaccines and appear to be healthy.

A: The operative word is "appear." What about all the children who can't focus on their studies? What about the children who have tantrums from time to time? What about the children who are not quite in possession of all their mental faculties? I know there are many causes for these things, but vaccines are one cause. I would not take the chance. I see no reason to take the chance. And frankly, I see no reason to allow the government to have the last word. Government medicine is, from my experience, often a contradiction in terms. You get one or the other, but not both.

Q: So we come to the level playing field.

A: Yes. Allow those who want the vaccines to take them. Allow the dissidents to decline to take them. But, as I said earlier, there is no level playing field if the field is strewn with lies. And when babies are involved, you

have parents making all the decisions. Those parents need a heavy dose of truth. What about the child I spoke of who died from the DPT shot? What information did his parents act on? I can tell you it was heavily weighted. It was not real information.

Q: Medical PR people, in concert with the press, scare the hell out of parents with dire scenarios about what will happen if their kids don't get shots.

A: They make it seem a crime to refuse the vaccine. They equate it with bad parenting. You fight that with better information. It is always a challenge to buck the authorities. And only you can decide whether to do it. It is every person's responsibility to make up his mind. The medical cartel likes that bet. It is betting that the fear will win.

Dr. Mark Randall is the pseudonym of a vaccine researcher who worked for many years in the labs of major pharmaceutical houses and the US government's National Institutes of Health.

Mark retired during the last decade. He says he was "disgusted with what he discovered about vaccines."

As you know, since the beginning of nomorefakenews, I have been launching an attack against non-scientific and dangerous assertions about the safety and efficacy of vaccines.

Mark has been one of my sources.

He is a little reluctant to speak out, even under the cover of anonymity, but with the current push to make vaccines mandatory -- with penalties like quarantine lurking in the wings -- he has decided to break his silence.

He lives comfortably in retirement, but like many of my long-time sources, he has developed a conscience about his former work. Mark is well aware of the scope of the medical cartel and its goals of depopulation, mind control, and general debilitation of populations.

Genocide & vaccination

Covert vaccine agendas Population Control

Articles

'Our Polio Test Was Conclusive' - DR Haruna Kaita Ugandan Kids Die By 1,000s
---A Transcript of a talk given by Kihura Nkuba (Nov 2002)

Update: Letter from Kihura Nkuba October 20th, 2003.

Genocide via vaccination against First Nations aboriginal people in Canada
Why Vaccination Continues by Guylaine Lanctot, M.D.

The March 1999 "Vaccines" feature in Parenting magazine provided all propaganda one would expect from a subsidiary of Time, Inc. Time-Warner, Inc., the parent company, is a corporate member of the Council on Foreign Relations (CFR). Time's president, Richard D. Parsons, and the Editor-in-Chief of TIME, Norman Pearlstine, are longstanding CFR members. One CFR published policy objective is substantial worldwide depopulation including half of the current U.S. population being targeted. This population reduction program is largely funded by the Rockefeller Foundation and the Merck Fund, both financially and administratively linked to the Merck pharmaceutical

company--the world's leading vaccine manufacturer. Parenting with Deadly
Timely Propaganda --Dr. Len Horowitz

Society is being weeded out right now, as minority species are being
eliminated very specifically by biological germ warfare and other tactics
meant to insure the elimination of those less genetically favourable...Our
food is being tampered with, by the insertion of food additives and
substances like aspartame.They view this as a massive genetic cleanup."-
-Thanks for the Memories: The Memoirs of Bob Hope's and Henry Kissinger's
mind control slave by Brice Taylor p281

Smoking guns:

OPV--meningitis or polio?

1. AIDS from vaccines:

Hepatitis B vaccine & AIDS

Polio vaccines & AIDS

2. Oral polio vaccine contra-indicated for immune deficient or HIV people
according to CDC and package inserts:

"OPV must never be given to patients who are immunodeficient including
persons known to be HIV infected."---POLIOVIRUS VACCINE LIVE ORAL TRIVALENT
Connaught (package Insert)

"When I looked at the contra-indications it stated that inactivated polio
vaccine and not oral polio vaccine should be used in situations where
families had HIV - where there was a history of HIV in the family. And when I
got this information I was really shocked because since 1984 Uganda has had a
very difficult HIV and AIDS problem. In fact it says that if a child is
inadvertently given the oral polio vaccine, that that child should be
quarantined for four to seven weeks because oral polio vaccine is "live" and
they keep shedding it between that period, and they could contaminate other
people.....It (CDC) says that persons who have congenitally acquired
immune deficiency disease -e.g. combined immune deficiency, blah, blah -
should not be given oral polio vaccine because of their substantially
increased risk for vaccine associated disease. Now, they continue: they say
"inactivated polio vaccine and not oral polio vaccine should be used to
vaccinate immunodeficient persons and their household contacts."I rang
the Centers for Disease Control and they have a line of experts that you can
ask different questions. And I said 'I am living in America and I want to go
to Uganda, and my children have not received oral polio vaccination. And they
said 'No, they can't receive oral polio vaccination in this country.' I said
'Why not ?' and they said 'Well, you can get polio from oral polio
vaccination.'So I said 'What if I have a history of HIV and I receive
oral polio ?' They said 'That would be really pretty dangerous. It could be a
death sentence.' Kihura Nkuba (Nov 2002)

3. Polio vaccination a killer:

"I was told by this preacher that when the government introduced the National
Immunization Days in 1997, most of the children after vaccination started
dying. The preacher told me that they had so much death that his cassock,
that he wears to go and conduct the burial ceremony, got old. He said "I
buried the children and my cassock got old." In the same room there was one
mother who had four children, and she hid one and took three other children
for vaccination, and three children died and that one survived. Now when I

went to do my presentation and I asked most of the people who were there - about two, three thousand people - each person had the same story.

.....At the main hospital in Mbarara during that month of 1977 more than 600 children had died following polio vaccination. 600 children ! So even some of the timid medical practitioners who were initially afraid to come out, started coming out giving information and saying 'Oh, we knew this oral polio vaccine was trouble because as soon as the child receives it, they get a temperature and their health goes downhill and there is nothing that you could do.' "----Kihura Nkuba (Nov 2002)

4. Money spent on vaccines when clean water and other diseases mostly ignored (45% of UNESCO funds is spent on vaccines):

NB: About 1.2 billion people still have no access to safe drinking water, and 2.4 billion do not have adequate sanitation services. Some 2 million children die every year from water-related diseases. (Ref)

"The forcing of them to take a vaccine against a disease they know to be harmless and which they know how to cure in its harmful state was seen as government hell bent on killing its own population for the benefit of commanding white world.....Uganda spent nine million of its meager resources marketing this European product (the money spent would have build 120,000 protected water springs giving 30% of the country access to clean water, it would have built ten ultra modern research centers looking at, for example, pests that are threatening the banana crop, but government chose European impose priorities." "--Kihura Nkuba 2003

"The army and the police move house to house looking for children to vaccinate. At the same time, things that kill children like malaria, cholera, issues of stunted growth, sanitation, are completely untackled."--- Kihura Nkuba (Nov 2002)

Around 1.5 million third world babies die every year due to dirty water used to make baby milk http://www.whale.to/w/baby_milk2.html

[2002 Bangladesh] Basic Sanitation
Sanitation and disease quotes
Sanitation vs. Vaccination

5. Hying of disease threat to sell vaccine:

"According to government, measles was a threat to national interest, claiming more than 40,000 lives every year (a statistic which is laughable since most people who get measles stay at home and treat it and the majority of sick people go to private clinics that do not keep records this figure was of course trumped up). This of course is a questionable statistic since the majority of deaths in Uganda are not registered and few parents remember any measles death. No point in registering a person once he has died. Forty thousand people are far much less than those killed in Uganda annually due to the civil war, dwarfs the figure for malaria, which kills a child every five second and for which governments is happy to ignore.....The forcing of them to take a vaccine against a disease they know to be harmless and which they know how to cure in its harmful state was seen as government hell bent on killing its own population for the benefit of commanding whiteworld. All village people know that once you have recovered from measles you will never catch it again, but here they were telling people to vaccinate even those who have recovered from measles." --Kihura Nkuba 2003

"And according to the information I had, there was really no polio in Uganda. There had been no polio. I grew up to be twenty five. I didn't see anybody with polio. I started seeing polio when I went to the cities where polio vaccination had taken place.Other people started throwing their own questions: In Africa polio does not kill anybody and they say it's very rare to catch. It's really very rare to get paralytic polio. They say it's in very rare circumstances, so what is it that is killing people in Africa ? Malaria. Every five seconds a child is dying of malaria in Africa. Now to get the dose of life-saving anti-malaria is about \$5 but there is no government to give anti-malaria. When somebody gets malaria, if they have no money they even die. So the question I was asking and many people were asking was 'If you really want to help children, why begin with a disease that they don't have ? (applause) Why not look for something that is killing them and save them from what is killing them ?'...

But you don't begin with the rarest disease and spend all the government's meagre resources fighting polio, which is not a threat to most people, and then ignore something that is killing them in large numbers like malaria, like AIDS, like cholera, issues to do with sanitation, stunted growth - all the main things that matter to people the government was not fightingAnd then I started asking myself - humanity has lived in Africa for 5.5 million years from the stage of Australopithecines to Homo sapiens. Polio vaccination in Uganda started in 1963. So if we were all to die of polio like the Minister of Health was telling us, we would have died by 1963 and it would have been 'case closed'. Kihura Nkuba (Nov 2002)

6. Dirty needles still in use 40 years after invention of disposable ones (impossible to completely sterilise re-usable needles):

"Get the picture? A moron whose brain has been lifted right out of his head could piece this whole depopulation operation together. Since 1960, there have been more plastic syringes available than anyone could need. And yet, for the decades since then, WHO has done NOTHING to stop the spread of vicious diseases that result from the mass re-use of dirty needles. "--Jon rappoport

[Dec 2001] Over One Million Die Every Year World Wide By Injections

7. Unsafe to vaccinate ill and/or malnourished children:

"My final conclusion after forty years or more in this business [medicine] is that the unofficial policy of the World Health Organization and the unofficial policy of the 'Save the Children's Fund' and ... [other vaccine promoting] organizations is one of murder and genocide. . . . I cannot see any other possible explanation. . . . You cannot immunize sick children, malnourished children, and expect to get away with it. You'll kill far more children than would have died from natural infection."--Dr Kalokerinos (International Vaccine Newsletter June 1995)

"It was similar with the measles vaccination. They went through Africa, South America and elsewhere, and vaccinated sick and starving children...They thought they were wiping out measles, but most of those susceptible to measles died from some other disease that they developed as a result of being vaccinated. The vaccination reduced their immune levels and acted like an infection. Many got septicaemia, gastro-enteritis, etcetera, or made their nutritional status worse and they died from malnutrition. So there were very few susceptible infants left alive to get measles. It's one way to get good statistics, kill all those that are susceptible, which is what they literally did." --Dr Kalokerinos, M.D.

"We know the cause of AIDS. We can and have prevented them. It's all done with a compound called ascorbate. Not to use it means deaths will continue. There is no other answer. There never will be. For our findings are based on scientific facts. Not medical opinion."---Dr Kalokerinos

"But, at the highest levels of the medical cartel, vaccines are a top priority because they cause a weakening of the immune system. I know that may be hard to accept, but it's true. The medical cartel, at the highest level, is not out to help people, it is out to harm them, to weaken them. To kill them. At one point in my career, I had a long conversation with a man who occupied a high government position in an African nation. He told me that he was well aware of this. He told me that WHO is a front for these depopulation interests."--Jon Rappoport interview

Nutrition & infection quotes

8. OPV still knowingly contaminated with cancer causing SV40 virus:

"Stanley Kops...has produced proof positive that the oral polio vaccine has always been contaminated with SV-40, a monkey virus which has been linked by the FDA and other organisations with cancers such as mesothelioma and medulloblastoma. Since 1963, we have been assured that polio vaccines have not contained this deadly contaminant. Stanley Kops shows that not only is this not the case, but that the vaccine regulators who are charged with keeping our families safe, have known all along that SV-40 was never removed from vaccines."----Meryl W. Dorey

9. Complete disregard for children:

"Using kids as guinea pigs in potentially harmful vaccine experiments is every parents' worst nightmare. This actually happened in 1989-1991 when Kaiser Permanente of Southern California and the Centers for Disease Control (CDC) jointly conducted a measles vaccine experiment. Without proper parental disclosure, the Yugoslavian-made "high titre" Edmonston-Zagreb measles vaccine was tested on 1,500 poor, primarily black and Latino, inner city children in Los Angeles. Highly recommended by the World Health Organization (WHO), the high-potency experimental vaccine was previously injected into infants in Mexico, Haiti, and Africa. It was discontinued in these countries when it was discovered that the children were dying in large numbers."--Dr Alan Cantwell MD

CDC Genocidal Measles Vaccine Experiments on Minority Children Turn Deadly In an experiment to find out if they could give high-potency Edmonston Zagreb (EZ) measles vaccine to babies as young as four months old [completing disregarding developmental neurology and lack of myelination in the nervous system of babies] in order to overwhelm their natural maternal antibodies and replace them with vaccine-induced antibodies, medical "researchers" at the CDC and Johns Hopkins University injected thousands of babies in the Third World with the experimental vaccine that reportedly caused chronic immune suppression and the deaths of an unknown number of babies. Also, in the United States, with the help of Kaiser Permanente, more than 1500 six-month old black and Hispanic babies in inner city Los Angeles were "enrolled" in the experiment starting in June 1990. [During the administration of president and ex-CIA director George Bush.] The study was halted in October 1991, after more than one year of genocidal activity, after repeated reports from vaccine trial sites in Africa that girl babies were dying in higher than expected numbers six months to three years after injection. [A less-than-admirable population control effort.]

<http://www.cco.net/~trufax/vaccine/0696.html>

"From 1989 to 1991, Kaiser Permanent along with the L.A. County Department of Health and the Centers for Disease Control and Prevention (CDC), injected over 700 "mostly minority" babies with unlicensed experimental vaccines with fraudulently-obtained consent from the parents. One of the vaccines used, Edmonston-Zagreb high-titer, had already obtained a notorious reputation overseas for killing almost one out of every 13 babies in closely controlled studies in the Third World. In particular, use of the vaccine had been closely associated with an increased death rate among infants in Senegal, Guinea Bissau and Haiti before their second birthday. At least one baby in the L.A. County experiment died within this same two year window. When the final story is told, this will likely be one of the most scandalous affairs in the history of human experimentation to rival or exceed that of the German Nazis, the Tuskegee Syphilis Study or the DOE radiation exposure experiments."---Keidi Obi Awadu (Outrage, The Conscious Rasta Report, Aug 1996) <http://www.7mac.com/catalog/reports2.htm>

Imminent anthropological scandal
Scientist 'killed Amazon indians to test race theory'
Dr. Samuel L. Katz, Edmonston B vaccine and Ethics Scandal over experiment on Isolated Indians

Edmonston measles vaccines

"In 1995, a Catholic human rights organization called Human Life International accused the WHO of promoting a Canadian-made tetanus vaccine laced with a pregnancy hormone called human chorionic gonadotropin (HCG). Suspicions were aroused when the tetanus vaccine was prescribed in the unusual dose of five multiple injections over a three month period, and recommended only to women of reproductive age. When an unusual number of women experienced vaginal bleeding and miscarriages after the shots, a hormone additive was uncovered as the cause.

Apparently the WHO has been developing and testing anti-fertility vaccines for over two decades. Women receiving the laced tetanus shot not only developed antibodies to tetanus, but they also developed dangerous antibodies to the pregnancy hormone as well. Without this HCG hormone the growth of the fetus is impaired. Consequently, the laced vaccine served as a covert contraceptive device. Commissioned to analyze the vaccine, the Philippines Medical Association found that 20 percent of the WHO tetanus vaccines were contaminated with the hormone. Not surprisingly, the WHO has denied all accusations as "completely false and without basis," and the major media have never reported on the controversy. For further details on this issue, consult the Human Life International website (www.hli.org).--- Dr Alan Cantwell MD

"But, at the highest levels of the medical cartel, vaccines are a top priority because they cause a weakening of the immune system. I know that may be hard to accept, but it's true. The medical cartel, at the highest level, is not out to help people, it is out to harm them, to weaken them. To kill them. At one point in my career, I had a long conversation with a man who occupied a high government position in an African nation. He told me that he was well aware of this. He told me that WHO is a front for these depopulation interests."--Jon Rappoport interview

Nutrition:

"1935 The Pellagra Incident. After millions of individuals die from Pellagra over a span of two decades, the U.S. Public Health Service finally acts to

stem the disease. The director of the agency admits it had known for at least 20 years that Pellagra is caused by a niacin deficiency but failed to act since most of the deaths occurred within poverty-stricken black populations."--
-A History Of US Secret Human Experimentation

AIDS created and spread through vaccines:

"In laboratories throughout the United States and in a certain number in Canada including at the University of Alberta. the US Government provided the leadership for the development of AIDS for the purpose of population control. After the scientists had perfected it, the government sent medical teams from the Centers for Disease Control-under the direction of Dr Donald A. Henderson, their investigator into the 1957 chronic fatigue epidemic in Punta Gorda_during 1969 to 1971 to Africa and some countries such as India, Nepal and Pakistan where they thought the population was becoming too large.13 They gave them all a free vaccination against smallpox; but five years after receiving this vaccination, 60% of those inoculated were suffering from AIDS. They tried to blame it on a monkey, which is nonsense."--Donald W. Scott MA, MSc.

"Vaccination enables the selection of populations to be decimated. It facilitates targeted genocide. It permits one to kill people of a certain race, a certain group, a certain country. And to leave others untouched. In the name of health and well-being, of course."--Dr Lanctot MD

"To determine the effect of different amounts of the vaccines, researchers at the hospital inoculated newborns from mostly lower-income black families with doses ranging up to more than 100 times the dose recommended for adults."--
Media

"At a conference in Christchurch, New Zealand, Dr. William Jordon, director of Infectious Diseases, stated, that virtually all field trials of new vaccines in the United States are done amongst indigenous tribes in Alaska and various other parts of the country."---Harry V. Martin Was the AIDS Virus tested on Expendable People By Harry V. Martin

"Deliberate attempts have been made to allow (Aboriginal) infants under my care to die. The real authorities don't want these infants to live. The real intention on the part of the authorities is genocide."--Dr Kalokerinos MD
Was the AIDS Virus tested on Expendable People By Harry V. Martin

I learned about - for example - the Marburg virus which appeared in Germany in 1967 [unintelligible] from a [unintelligible] laboratory that they were developing oral polio vaccine, and actually the monkeys had come from Uganda. So the monkey viruses had jumped from - had been - some of the viruses that lie dormant in some of these species for a long time - if you take these viruses and put them in the human body, they could do anything. And one of the things they did was to give Marburg, which is a cousin to ebola. In fact, after reading that information I predicted [what year ? N.S.] that there would be ebola in Uganda because of these vaccinations, and there WAS ebola in Uganda a year after ! So they started saying I was a prophet!

But the government was ready for them - not really the government - the minister of health, the World Health Organization and the UNICEF. They mobilized the army, and the police and moved from house to house. They had asked the local authorities to do a list of people who had children, so they moved from house to house grabbing children at gunpoint and vaccinating them.

<http://www.whale.to/v/aids2.html>

AIDS & polio vaccines

AIDS Polio vaccine contamination

These links are important because research points to the parvo virus coming into being the same time as aids which appears to have occurred as a lab created virus.

AIDS & polio vaccine connection--Hooper

Hilary Koprowski

[Media 14 jan 2001] Quest for the Origin of AIDS [Media Jan 2001] Did Modern Medicine Spread an Epidemic

Tom Curtis, 1992 letter to Science (not published)

Interview

Emerging Viruses: AIDS & Ebola. Nature, Accident or Intentional? Interview of Leonard G. Horowitz, D.M.D., M.A., M.P.H. by Gary Null 1995.

Stunning Admissions on Contaminated Vaccines and AIDS. Interview with Vaccine Developer Dr. Sweet

VACCINES & AIDS: Interview of Dr Eva Snead by Laura Lee on September 19th 1992.

Articles:

What Happens When Science Goes Bad: The Corruption of Science and the Origin of AIDS: A Study in Spontaneous Generation----Louis Pascal

THE ORIGIN OF AIDS By Tom Curtis---Rolling Stone Magazine, March 19th, 1992

There is no vaccine stored at the Wistar Institute

Polio vaccines and AIDS origins

<http://www.uow.edu.au/arts/sts/bmartin/dissent/documents/AIDS/>

Dr Martin & Dr Robert Strecker

<http://www.inx.net/~carolynv/jmartin/lecture.htm>

Stealth Virus Research <http://www.inx.net/~carolynv/stealth.htm>

http://www.mercola.com/2001/mar/7/vaccine_ingredients.htm

Vaccine Fillers and Ingredients

In addition to the viral and bacterial RNA or DNA that is part of the vaccines, here are the fillers:

aluminum hydroxide

aluminum phosphate

ammonium sulfate

amphotericin B
animal tissues: pig blood, horse blood, rabbit brain, dog kidney, monkey
kidney, chick embryo, chicken egg, duck egg calf (bovine) serum
betapropiolactone fetal bovine serum formaldehyde formalin gelatin glycerol
human diploid cells (originating from human aborted fetal tissue) hydrolized
gelatin monosodium glutamate (MSG) neomycin neomycin sulfate phenol red
indicator phenoxyethanol (antifreeze) potassium diphosphate potassium
monophosphate polymyxin B polysorbate 20 polysorbate 80 porcine (pig)
pancreatic hydrolysate of casein residual MRC5 proteins sorbitol sucrose
thimerosal (mercury) tri(n)butylphosphate, VERO cells, a continuous line of
monkey kidney cells washed sheep red blood cells

Dr. Mercola's Comment:

And you thought you were just getting a viral vaccine. In many cases the vaccine additives are far more toxic than the viral component. This is particularly true for thimerosal which is mercury.

Many will say that thimerosal is not in the vaccines any more. Well last summer Congress "strongly recommended" that the Pharmaceutical Company take the thimerosal out of vaccines....it was not mandated; simply recommended. The drug companies were not told to take the existing lots off the market. The recommendations only applies to new product line manufacture. An unknown amount of vaccine was/is still on the shelves.

Now the twist:

Yes, the new vaccines are supposed to be thimerosal-free, but I'm not sure that they are. In addition, it is unknown when you get a vaccination if you are getting a "new lot" or an "old lot." It is unknown exactly when the new thimerosal-free vaccines went into effect and were available in the market. In addition, if you were vaccinated with an old lot, or vaccinated previous to last summer, you got a dose of the mercury.

NOW the 'big marketing push" for vaccines, in 6 color glossy is "this vaccine is THIMEROSAL-FREE!!!!"....as if they had no idea before last summer that mercury was a problem. And, in response to "YOUR CONCERNS (even tho unfounded), oh faithful followers, we are making a new, and safe vaccine."

Related Articles:

Dr. Mercola's Favorite Vaccine Links Page

<http://cyberpet.com/cyberdog/articles/health/vaccin.htm>

Vaccinosis

Dr. Richard Pitcairn Discusses Chronic Disease Caused By Vaccines By Laura Wallingford

In this article we begin to address the subject of vaccinosis, the general name for chronic dis-ease caused by vaccines. For some readers the very idea

that vaccines are anything but wonderful and life-saving may come as a surprise, and it's not a very pleasant one. After all, the general population pictures vaccines as one of modern medicine's best and brightest moments, saving literally millions from the scourge of diseases like poliomyelitis and smallpox.

However, there is a great deal of statistical evidence to show that the incidence of these and other major communicable diseases was on the decline before the vaccine programs were enforced. Improvements in sanitation as well as nutritional teachings seem to be the obvious reason for the decline, since other communicable diseases, for which no vaccines were available, were declining, and continued to decline, at the same time.

There are many different aspects of the subject of vaccinosis which we will explore on a regular basis in Wolf Clan, such as how vaccines work, whether they're safe, whether they're even effective, and what evidence there is for the growing belief that what vaccines have done is actually convert what is in nature an acute viral disease into a chronic disease never before seen.

Richard H. Pitcairn, D.V.M., Ph.D., author of *Dr. Pictorial's Complete Guide to Natural Health for Dogs & Cats*, is a renowned homeopathic veterinarian practicing in Eugene, Oregon. Dr. Pitcairn received his Ph.D. when he returned to school after becoming a veterinarian in order to study veterinary immunology, virology and biochemistry. This return to school was prompted by his search for basic answers about the body's ability to defend and heal itself.

While Dr. Pitcairn began homeopathic practice without considering vaccination as a factor of any special importance, he found a troubling number of cases in which the appropriately chosen homeopathic remedy, based on the symptoms presented, would improve but not cure the case. After being frustrated by the lack of a definitive cure in these cases for some period of time, he began to believe that the cases represented a chronic state of illness induced by vaccination. His intuition proved to be correct when a remedy selected solely on the rubric (symptom) "Vaccination, effects of," rather than the seemingly correct remedy based on the total symptom picture, would in fact cure or greatly improve the case. The remedy Thuja, one of about forty remedies listed under that rubric, has proven to be one of the most important remedies for vaccine related disease.

Wolf Clan spoke with Dr. Pitcairn this past October about the question of vaccinosis. Some of his comments, from both that interview as well as the text of his address on this question in 1993 before the American Holistic Veterinary Medical Association, follow.

"My understanding of the importance of vaccination in animal diseases gradually developed over several years. In case after case, progress was dependent on the use of Thuja, the anti-vaccine remedy. Though this was not necessarily the final remedy for these patients, it seemed to be a necessary prescription. It is as if vaccinations have the ability to block response to a constitutional remedy, an obstacle that must be dealt with before cure can be underway. Sometimes, when the picture is muddled, perhaps because of prior treatment with allopathic drugs, Thuja can bring clarity into the situation.

"This does not mean that in every case of previously vaccinated animals (which is nearly all animals, since vaccine an equal indicator of effectiveness. There is not really a system for tabulating the incidence of the common diseases of dogs and cats. There are figures for some of the reportable

diseases of livestock, but the rapid turnover of these animals makes long-term studies almost impossible. However, since there are statistics for the common human diseases, we can reverse the process we usually find ourselves using as veterinarians: instead of using animals to study human disease, we can use human disease to answer our questions about animals.

"Looking at the statistics available for smallpox, polio, measles, and pertussis (whooping cough), we find that besides the fact that the incidence of these diseases was already declining before vaccination programs were enforced, the incidence actually increased once these programs were instituted. Some countries, looking at statistics showing this lack of efficacy and increase in disease incidence, together with deaths resulting from reactions to the vaccination, have terminated compulsory vaccination. When Australia did so in the case of the smallpox vaccine, smallpox virtually disappeared in that country (three cases in fifteen years). In the case of the polio vaccine, many European countries refused to systematically inoculate their citizens, yet polio epidemics also ended in these countries as well.

"Measles is an especially interesting disease to look at because of its close similarity to canine distemper. The measles vaccine was introduced in 1963, even though in the United States and England a greater than 95% decline in the measles death rate had already occurred between 1915 and 1958. Also, the death rate from measles in the mid-1970s (post-vaccine) was exactly the same as it was in the early 1960s (pre-vaccine). A study by the World Health Organization concludes that chances are 14 times greater that measles will be contracted by those vaccinated against the disease than by those who have not been vaccinated. The federal government reported in 1985 that 80% of the 1,984 cases of measles occurred in people who had been properly vaccinated. More recently, outbreaks have continued to occur throughout the country, sometimes among 100% vaccinated populations.

"One particularly harmful effect of this continued use of a useless vaccine is that the disease now affects primarily a different age group. The peak incidence of measles no longer occurs in children, but in adolescents and young adults. As a result the risk of complications of pneumonia and liver abnormality have increased. Also, before the vaccine was introduced, it was extremely rare for an infant to contract measles. However, by 1993 more than 25% of all measles cases were occurring in babies under one year of age. The Centers for Disease Control anticipates a worsening of this situation and attributes it to the growing number of mothers who were vaccinated during the last 30 years, therefore passing on no natural immunity to their children.

"In the process of training as a doctor or veterinarian, one goes in as a relatively naive young person. The conditioning is heavy; it costs a lot of money, and of course you want to do well. Students are told how wonderful vaccines are, and they don't really question it; they accept as a fact that they're these great boons to health, are never harmful, and have saved a lot of lives_it's black and white. The companies making the vaccines have great amounts of money and influence to campaign and advertise. You have a situation on the one hand where doctors are conditioned to accept, and on the other hand companies powerful enough to squelch negative comment.

"I realize the topic is a controversial one, but I have observed that if one can look at the question with an open mind, one will be surprised at the amount of evidence that is actually there. I believe that the attitudes and feelings people now have about vaccinations are the same ones people used to

have about bleedings. The prominent doctors, all the most important authorities, agreed they were absolutely beneficial. Anyone who dared to question that assumption was ridiculed. Now we look back on that practice with amazement that so many people bought into the idea for so long that bleedings were helpful and good. I trust we will be doing the same thing someday when we look back at the practice of vaccination.

Interesting item from Texas. Texas Vets To be Sued for Over Vaccinating pets

TX Vet sues due to over vaccination of dogs and cats
Critter Fixer Pet Hospital
Bob Rogers, DVM
5703 Louetta
Spring, Texas 77379
281-370-3262
April 17, 2002

Office of the Attorney General
Consumer Protection Division
Box 12548
Austin, Texas 78711-2548

Dear Sirs,

I hereby file a complaint against all licensed Veterinarians engaged in companion animal practice in the State of Texas for violation of the Rules of Professional Conduct, rule 573.26 which states: Licensed veterinarians shall conduct their practice with honesty, integrity, and fair dealing to clients in time and services rendered, and in the amount charged for services, facilities, appliances and drugs. I assert that the present practice of marketing of vaccinations for companion animals constitutes fraud by misrepresentation, fraud by silence, theft by deception, and undue influence by all Veterinarians engaged in companion animal practice in this state.

Recommending, administering, and charging for CANINE CORONA vaccinations for adult dogs is fraud by misrepresentation, fraud by silence, theft by deception, and undue influence given the literature that states:

1. Dogs over eight weeks of age are not susceptible to canine corona virus disease. Disease produced by canine corona virus has never been demonstrated in adult dogs. Dogs over eight weeks of age that are immunized against canine parvovirus will not develop symptoms of canine corona virus disease. Addition of an unnecessary antigen to the vaccination protocol will result in a lesser immunity to the important diseases like parvovirus and distemper and increase the risk of adverse reactions.

2. Immunologists doubt that Canine corona virus vaccine works, as it would require secretory mucosal IgA antibodies to protect against Corona virus and a parenteral vaccine does not accomplish this very well. Twenty-two Schools of Veterinary Medicine including Texas A&M University do not recommend canine corona virus vaccine.

3. Gastroenterologists at Schools of Veterinary Medicine including Dr

Michael Willard at Texas A&M University have stated that they have only seen one case of corona virus disease in a dog in ten years. On several occasions large numbers of dogs have died from adverse reactions to corona virus vaccine. A reasonable client would not elect corona virus vaccination for an adult dog if presented this information.

Recommending, administering, and charging for re-administration of modified live vaccines like CANINE DISTEMPER, CANINE PARVOVIRUS, FELINE PANLEUKOPENIA INJECTABLE FELINE RHINOTRACHEITIS, and INJECTABLE FELINE CALICIVIRUS on an semi-annual, annual, bi-annual or tri-annual basis is theft by deception, fraud by misrepresentation, misrepresentation by silence, and undue influence given the literature that states:

1. The USDA Center for Biologic and Therapeutic Agents asserts that there is no scientific data to support label claims for annual re-administration of modified live vaccines, and label claims must be backed by scientific data.
2. It is the consensus of immunologist that a modified live virus vaccine must replicate in order to stimulate the immune system, and antibodies from a previous vaccination will block the replication of the new vaccinate virus. The immune status of the patient is not enhanced in any way. There is no benefit to the patient. The client is paying for something with insignificant or no effect, except that the patient is being exposed to unnecessary risk of an adverse reaction.
3. A temporal association has been demonstrated between vaccinations and the development of Immune Mediated Hemolytic Anemia.
4. It has been demonstrated that the duration of immunity for Canine Distemper virus is 7 years by challenge, and 15 years by serology; for Canine Parvovirus is 7 years by challenge, for Feline Panleukopenia, Rhinotracheitis, and Feline Calicivirus is 7.5 years by challenge.

A reasonable client would not elect re-administration of any of the above stated vaccinations for a previously immunized pet if provided with the above information.

The recommendation for administration of LEPTOSPIROSIS vaccination in Texas is theft by deception, fraud by misrepresentation, misrepresentation by silence and undue influence given the fact that:

1. Although Leptospirosis is re-emerging as an endemic disease for dogs in some areas of the country, Leptospirosis in dogs in Texas is a very rare disease. According to the Texas Veterinary Medical Diagnostic Lab there are only an average of twelve cases of Leptospirosis documented in dogs in Texas per year. Factors to identify those dogs that are at risk have not been identified. Given that there are over 6 million dogs in Texas, the risk of Leptospirosis disease to a dog is less than 2 in a million.
2. The commonly used vaccine only contains serovars Lepto. canicola, and Lepto icterohaemorrhagiae, and no cross protection is provided against the other three serovars diagnosed in Texas. Newer vaccines containing Lepto pomona, and Lepto rippotyphosa are available but the duration of immunity is less than one year. To provide protection for a dog against Leptospirosis would require two vaccines with four serovars twice per year.

The recommendation of LYME DISEASE vaccine for dogs residing in Texas is

fraud by misrepresentation, misrepresentation by silence and undue influence given the literature that states:

1. The Texas Department of Health only reports an average of 70 cases of Human Lyme disease per year. Recommendation for rabies is at four months, one year later, and then every three years subsequently. This recommendation has been proven effective in 33 States in the United States.

The recommendation of BLOOD TESTS FOR ANTIBODY TITERS on dogs and cats in order to determine if re-administration of vaccine is indicated is fraud by misrepresentation, misrepresentation by silence, and undue influence given the literature that states:

1. The duration of immunity to infectious disease agents is controlled by memory cells, B & T lymphocytes. Once programmed, memory cells persist for life. The presence of memory cells is not taken into effect when testing for antibody titers.

2. Even in the absence of an antibody titer, memory cells are capable of mounting an adequate immune response in an immunized patient. A negative titer does not indicate lack of immunity, or the ability of a vaccine to significantly enhance the immune status of a patient.

3. A positive titer has not been demonstrated by challenge studies to indicate immunity.

4. The client is paying for a test when a Veterinarian can make no claims about the test results.

5. It has been proven that the re-administration of modified live vaccines has no effect, and that duration of immunity is 7 years or more. A reasonable client would not elect this test if given this information. I have brought these deceptive trade practices to the attention of this Board by writing six letters to the board, and appearing before the Board at three Board meetings. The Board members have demonstrated, by the questions that they have asked me, that they are uninformed on these issues, that they have not read the literature that I have sent to support my assertions, and that they have not read the letters I have written. On every occasion the Board members have refused to take any action on these matters.

The Board has also ignored my request to deny approval of Continuing Education credit for seminars on Vaccination of Companion Animals provided by Pfizer Animal Health drug company which are fraudulent by omission of material facts, a conflict of interest, and thereby influence Veterinarians to continue deceptive trade practice in the marketing of vaccines.

The people of the State of Texas have paid over \$360 million dollars per year for vaccinations that are unnecessary and potentially harmful to their pets. Over 600,000 pets suffer every year from adverse reactions to unnecessary vaccinations. Many of them die.

A survey by the American Animal Hospital Association shows that less than 7% of Veterinarians have updated their vaccination recommendations, in spite of the fact that these new recommendations have been published twice in every major Veterinary Medical Journal since 1995.

Given that it is the compact of this Board with the State of Texas to protect the people of Texas, and whereby it is provided in the Texas Administrative Code Title 22, Part 24, Chapter 577, Subchapter B, Rule 577.16:

Responsibilities of the Board (a) The Texas Board of Veterinary Medical Examiners is responsible for establishing policies and promulgating rules to establish and maintain a high standard of integrity, skills, and practice in the profession of Veterinary medicine in accordance with the Veterinary Licensing Act, I hereby assert that the Texas State Board of Veterinary Medical Examiners must take demonstrated and thorough action to stop the deceptive trade practices and fraud in the marketing of vaccinations for companion animals.

A reasonable solution would be for the Texas State Board of Veterinary Medical Examiners to request an opinion from the Attorney General on these issues, and for the Texas State Board to issue a policy statement in the Board Notes indicating a Board policy prohibiting each of the practices I have outlined above.

An alternative solution would be to notify every Veterinarian engaged in companion animal practice in this state of the complaint that has been filed against them, and prosecute each and every complaint.

If demonstrated and thorough action to stop the deceptive trade practices has not been taken by this Board within ninety days of receipt of this letter I will file a class action suit against the Texas State Board of Veterinary Medical Examiners on behalf of the people of Texas, for negligence in the execution of their responsibilities, and I will request a Court order to instruct the Board to perform their duties.

Sincerely, Dr Robert L Rogers

The above statements are true and accurate to the best of my knowledge

MORE TO COME

Jan @ Furbaby Rescue

--

Janice L. Moulds

Representative of Furbaby Rescue of Washington Palouse WA

Furbaby Rescue is a not for profit rescue organization founded by Eleni Naslund, Blaine, WA which is responsible for the rescues of more than 300 dogs a year. With several representatives in the state, Furbaby Rescue is dedicated to the rescue of mainly Shih Tzu and Lhasa Apsos; however, if space is available all small dogs are welcomed.

Please visit www.furbabyrescue.com for more information.

"Until he extends the circle of his compassion to all living things, man will not himself find peace." -- Albert Schweitzer