THE VACCINE REACTION

"When it happens to you or your child, the risks are 100%"

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IS IT A SECRET BIRTH CONTROL VACCINE? -

A large Catholic human rights and pro-life organization, Human Life International (HLI) has raised questions about the possibility that the World Health Organization (WHO) is using millions of unsuspecting women in Mexico, the Philippines and Nicaragua as human guinea pigs in an experiment which injects them with an anti-fertility vaccine they were told was nothing more than a new tetanus vaccine. After becoming suspicious of protocols in what the WHO billed as a massive campaign to reduce the incidence of neonatal tetanus, pro-life groups in the Philippines had vials of the vaccine independently tested and discovered that they contained hCG (human chorionic gonadotrophin), a naturally occurring hormone essential for maintaining pregnancy.

Anti-Fertility Vaccine Under Development for Decades - The WHO, with the support of the United Nations, World Bank, the Rockefeller Foundation, the Population Council, the U.S. National Institutes of Health, Great Britain, Sweden, Norway, Denmark, Germany, and several universities including those at Helsinki, Uppsala and Ohio State, has been actively working for nearly 25 years on an anti-fertility vaccine using hCG tied to a tetanus toxoid and two decades of medical journal articles have detailed their progress. By injecting a woman with hCG using tetanus toxoid as the carrier, the woman's immune system not only produces antibodies against tetanus but also produces antibodies against hCG. When the woman subsequently becomes pregnant, the hCG antibodies will cause her to abort her baby because there will be too little hCG in her body to hold the pregnancy.

WHO Denies It All - According to James Miller, who reported on the controversy in the June 1995 HLI Reports newsletter, when the first reports surfaced in the Philippines, health officials at the WHO and Philippine health agencies categorically denied the vaccine contained hCG. But when confronted with lab test evidence showing the vaccine vials contained hCG as well as lab test evidence that there were high levels of hCG antibodies in 27 out of 30 women who had been vaccinated, WHO officials started to make excuses.

"First they said there was no hCG in the vaccine," said Miller. "Then they said there was, but it was in tiny amounts. Then they said hCG is part of the vaccine manufacturing process. And now they are saying the tests to detect hCG are flawed and produce a lot of 'false positives.' But there is one fact that cannot be disputed. There is no known way for the vaccinated women to have hCG antibodies in their blood unless hCG had been artificially introduced into their bodies."

What Protocols? - The WHO, which has grown into a multi-million dollar business staffed by physicians and scientists, including former Centers for Disease Control (CDC) health officials, has been promoting elimination of neonatal tetanus in the Third World. According to the CDC's Dec. 9, 1994 MMWR, hundreds of thousands of infants die from neonatal tetanus in mostly underdeveloped countries every year because they are born in unsanitary conditions and their umbilical cords become infected with tetanus bacteria. CDC protocols discuss the need for pregnant women to receive two injections of tetanus vaccine.

Official recommendations for eliminating neonatal tetanus published by Lederle Labs in 1994 calls for vaccination of a high risk pregnant woman with two doses of tetanus toxoid "preferably during the last two trimesters." The American Academy of Pediatrics in 1994 recommended vaccination of a pregnant woman with two doses at least four weeks apart, with the second dose being given at least two weeks before delivery. If a third dose of tetanus vaccine is given to an adult, whether pregnant or not, both the AAP and Lederle state it should be given six to 12 months after the second dose with subsequent boosters given every ten years.

The WHO tetanus vaccination campaign in the Philippines, Nicaragua and Mexico targeted all women of childbearng age and adult women and injected them with three doses of vaccine within a three month period, following up with two more doses (for a total of five). One Roman Catholic nun was quoted as saying that health officials "started vaccinating teenagers without their consent and were even going house to house." Human Life International is calling for a congressional investigation, which NVIC endorses, to explore possible human rights abuses connected with the mass vaccination campaign. THE VACCINE REACTION will keep you updated.

EBOLA VIRUS OUTBREAK CAUSES PANIC - An outbreak of deadly disease caused by the ebola virus hit Zaire in May, a replay of a similar outbreak in Zaire in 1976, when 274 people died, and in the Sudan in 1979. Like hepatitis and AIDS, the ebola virus is transmitted through direct contact with infected blood and other body fluids. An ebola virus infection causes high fever and bleeding from every orifice of the body as internal organs are liquefied. In both of the outbreaks in Africa in the 1970's and in the most recent one, up to 80 percent of those infected eventually died. The CDC reports in the June 30 MMWR that 296 persons have been diagnosed with ebola viral hemorrhagic fever in the most recent Zaire outbreak.

New Viruses Emerging - The ebola virus, like the Marburg virus (discovered after scientists handled monkeys imported from Africa) is one of many new viruses emerging from the African continent. In 1989, a different strain of the ebola virus caused the death of infected African monkeys in a lab in Reston, Virginia. Fortunately, the monkeys were eventually found to be infected with a strain of ebola that was harmless to humans and the story of how public information about the monkeys' death in Reston was suppressed by officials at the CDC and at Fort Dietrick, MD served as the basis for the recent bestseller, "The Hot Zone."

Because the ebola virus is spread by humans coming into direct contact with infected blood or body fluids, it is more easily contained than outbreaks of viral or bacterial diseases spread by sneezing or coughing. Even though the incubation period for ebola is two to 21 days and flu-like symptoms precede the profuse bleeding, clinical symptoms of the final stage of the disease are so clear and severe that immediate steps can be taken to isolate those infected and, using highly controlled sanitary health care procedures, stop the spread.

However, there has been speculation in many media reports that a genetic change in a new virus such as ebola, which would enable it to spread rapidly by coughing or sneezing, would leave the whole world vulnerable to a deadly global epidemic. Already there are reports out of Fort Dietrick that scientists there have cloned ebola virus and are attaching those genes to the smallpox virus in an effort to create an ebola vaccine.

ORAL POLIO VACCINE MAY BE PHASED OUT - A Polio Vaccine Workshop sponsored by the Institute of Medicine's Vaccine Safety Forum June 7-8 in Washington, D.C. featured a spirited two-day discussion among U.S. and international public health officials, physician organization representatives, vaccine manufacturers, polio victims, parent groups and consumers about whether the U.S. should change its polio vaccine policies to reduce the incidence of

vaccine-associated polio (VAP) caused by mass, mandatory use of the Sabin oral polio vaccine (OPV). Focus of the debate centered on implications of the announcement this past spring by international public health officials that natural polio disease has been eradicated in the western hemisphere. Reportedly, OPV is now the only cause of polio in the U.S. today.

Unlike the Salk inactivated polio vaccine (IPV), which contains the killed polio virus and is injected, OPV contains a weakened form of the live polio virus. Public health officials in the U.S. and most of the world have used OPV to try to eradicate polio disease because, they maintain, the live virus vaccine is more effective and also has the ability to passively re-vaccinate a population every year when parents, siblings and babysitters are re-exposed to the live virus after coming into contact with the body fluids of recently vaccinated babies.

Every year in the U.S., OPV "officially" causes about 10 cases of vaccine-associated polio (VAP) in children and adults, especially those who are immune compromised, although many more cases VAP may occur and never be properly diagnosed and reported. Public health officials maintain there have been no cases of polio due to the natural disease reported in the U.S. for the past 15 years.

Parental Choice, No-Vaccine Options Debated - The nearly 200 people who attended the public workshop heard a sometimes contentious debate among speakers and attendees supporting five different polio vaccine policy options: (1) to continue to use OPV without a policy change; (2) to discontinue use of OPV and substitute it with use of IPV; (3) to use IPV for the first two or three doses and OPV for booster doses; (4) to allow informed parental choice; (5) to discontinue use of both IPV and OPV.

Jessica Sheer, Ph.D., Senior Research Associate, National Rehabilitation Hospital Research Center, and editor of the Polio Society Newsletter, defended the parental choice option and said, "More and more lives continue to be devastated by polio without good enough reasons. Safe vaccine protocols exist, but our society continues to claim reasons for not educating parents to make informed polio vaccine choices and deal with the consequences of their own choices. We continue to use an outmoded policy that guarantees a small number of human sacrifices every year."

Stephen Marini, Ph.D., D.C., professor of microbiology and immunology, Pennsylvania College of Chiropractic, argued the no-vaccine option, maintaining that it is "the only option which will result in no cases of vaccine associated polio and no damage to the immune and nervous systems of vaccine recipients or their contacts." Marini maintained that discontinuation of the polio vaccine would "contribute to the overall better health of children by eliminating the dangerous interference with the natural and optimal functioning of the human immune and nervous systems which occurs whenever vaccines are used to artificially manipulate the immune system."

OPV Contamination with Monkey Retroviruses? - During public discussion periods, Walter Kyle, a Massachusetts plaintiff's attorney who has represented OPV victims, charged that OPV should be discontinued because it is contaminated with monkey retroviruses including SIV (simian immunodeficiency virus) that may have played a role in the origin of HIV (human immunodeficiency virus) in humans. The live polio virus used in OPV is grown on the kidney tissues of the African green monkey and both Kyle and NVIC have called on the U.S. Department of Health and Human Services to make archived samples of OPV available for independent testing for the presence of SIV and HIV. To date, HHS has not released any information on the results of any testing.

NVIC Helps Give Voice to "The Other Side" - NVIC president Barbara Loe Fisher is a member of the IOM Vaccine Safety Forum which coordinated the workshop. Parents at the workshop who gave presentations included Kathi Williams, NVIC Director, who stated, "The National Vaccine Information Center believes that every life is sacred and that if only one child or mother could be

saved by making vaccine policy changes that more accurately reflect the epidemiologic reality of polio disease today, then those changes should be made without delay. To do anything less in the U.S. is, in our view, morally unacceptable."

Lenita Schafer, a mother who came down with polio after her infant daughter was given OPV, described the severe limitations that polio disease has placed on her life. And John Salamone, whose son, David, contracted polio from OPV as an infant, said, "Our government needs to ensure that the very program designed to keep our children healthy does not cripple them. We cannot simply conclude that for the sake of a universal vaccination program, a small percentage of victims is acceptable - we must strive to do better." Salamone went on to ask the assembled policymakers, "I recently read that some European countries such as France never use the "live" oral polio vaccine.... apparently in these countries, vaccine-related polio cases an non-existent. If these countries are unwilling to play Russian roulette with a "live" polio vaccine, why do we so readily embrace this path for our children?"

ACIP May Make Policy Change - Representatives from the American Academy of Pediatrics Redbook Committee and the Centers for Disease Control Advisory Committee on Immunization Practices (ACIP) attended the workshop to consider the information presented before making any policy changes. At a meeting of the ACIP in Atlanta on June 28-29, the ACIP reportedly formed a study committee with a tentative agreement to "enhance" the role of IPV in any polio vaccine policy change.

CHILD DEVELOPMENTAL DELAY STUDY NOTES ROLE OF VACCINE REACTIONS

- Results of a survey conducted by the Developmental Delay Registry, a non-profit organization of parents and clinicians who suspect there may be a relationship between increasing immune problems, antibiotic use and developmental delays in children, noted that children with developmental delays were four times more likely to have had a negative reaction to a vaccination than children who were not developmentally delayed.

The multinational survey of 696 children included 449 delayed and 247 normally developing children. An introduction to the survey describes the alarming rise in developmental delays among U.S. children: 7.5 million American children now have developmental delays according to the U.S. Select Committee on Children, Youth and Families while 4.8 million were considered delayed in 1991. The survey's authors go on to say, "concurrently, ear infections, allergies and other health problems in young children are also on the rise."

Many Are Autistic - Medical diagnosis of the delayed children confirmed that 30% are diagnosed as autistic and the authors pointed out that the "disturbing trend" of the rise in autism cases can be illustrated by the fact that in one school system in Illinois there were only two cases of autism ten years ago - while today there are 70 even though the district's overall population has not grown.

Children with developmental delays in the survey were 27% more likely than unaffected children to have had more than three ear infections and 50% more likely to have been on continuing, prophylactic rounds of antibiotics. The Developmental Delay Registry is calling for a scientific investigation into the relationship between immune system deficiencies, antibiotics and developmental delays.

MOTHER FIGHTS FOR RECOGNITION OF VACCINE & AUTISM LINK

- After her bright, happy 13-month old son received his MMR shot and, within two weeks, began exhibiting autistic behavior, California mother Cindy Goldenberg didn't know what was happening to her son. During the next few years Cindy embarked on a journey that would take her to 55 doctors and into an exhaustive search of the medical literature that led her to

conclude that her son, Garrett, was made autistic by a reaction to the rubella vaccine in the MMR shot. Since her son's complete recovery after human immune globulin intravenous infusions (IGIV), Cindy has been on a crusade to warn the public about the connection between autism and vaccination and, by sharing her story on television shows such as "The Susan Powter Show," has offered hope to parents that IGIV therapy may help alleviate their children's autistic behavior.

Rubella Titers Sky High - After Garrett lost eye contact and language skills shortly after his MMR shot and then became much worse after he received a HIB vaccination at 18 months, Cindy began taking him to one doctor after another in search of an answer to the question: why? All Garrett's lab tests came back normal except for one: he was found to have an extremely high rubella titer. So Cindy started digging into the medical literature and what she found convinced her that autism is caused by an insult to the brain which can produce brain inflammation that disrupts the developing myelination. She also learned that the rubella virus is known to cause brain inflammation and, putting two and two together, started to suspect that the rubella vaccine caused her son's autism.

Holding fast to her theory, she finally found a physician, Dr. Sudhir Gupta, University of California professor of medicine specializing in neurology, pathology, microbiology, molecular genetics and immunology, who agreed to perform an immunologic panel and confirmed that Garrett had extremely high rubella titers as well as low IgA and low levels of IgG subclasses.

IGIV Infusions Work - Dr. Gupta decided to try giving Garrett IGIV infusions to help repair his damaged immune system which, because of the interaction between the immune and neurological system, might also have an impact on his brain dysfunction. At the same time, Cindy changed Garrett's diet and gave him vitamin and nutrition therapy to further enhance the optimal functioning of his immune system. Within six months of the IGIV therapy, Cindy saw dramatic improvement in her son's behavior. As Garrett's rubella titer levels came down, Garrett became less and less autistic. By age five, gone was the spinning, repetitive behaviors and refusal to make eye contact or speak. Today, Garrett is a normal, active six year old and Cindy is a mother who, through intelligence, courage and determination, has won back a better life for her son.

NVIC Offers Info Packet - Cindy Goldenberg's efforts to establish a link between autism and vaccination is another example of how parents can become empowered by transforming themselves and their children from victims into voices for enlightenment and positive change. NVIC and Cindy have worked together to create a packet of information on her work to help her son as well as inform the public about the autism-vaccine connection. The autism-vaccination information packet can be obtained for a $15 donation to NVIC.

ON THE NEWSWIRE - THE VACCINE REACTION staff routinely scans national and international publications, newswires and medical journals to analyze and summarize stories on vaccines and diseases that may interest our readers. And many NVIC members send news clippings and topics for us to investigate. Special thanks to Texas NVIC member Karin Schumacher, of Vaccine Information & Awareness, for sending many articles to NVIC through the Internet. Following are several stories breaking on the newswires:

Japanese Court Awards $27m To Vaccine Victims - The Daily Yomiuri reports that the Osaka High Court on July 6 ordered the Japanese government to pay $27M in compensation for vaccine injuries and deaths suffered by Japanese citizens during state-run mass vaccination campaigns between 1948 and 1975. The presiding Judge Hideo Miyachi criticized the Japanese government saying "The hazards were caused because the government ignored its obligation to take measures to prevent side effects and failed to implement an adequate system to check whether the people vaccinated were susceptible to the vaccines. The health and welfare minister had the responsibility

of setting up full pre-vaccination measures to identify those who were susceptible to side effects. The state's neglect to take such action brought about the hazardous reactions."

British Moms Hold Old Fashioned Parties - In a July 9 Chicago Tribune newswire story it was reported that British parents are paying $1.50 to be logged onto the Disease Contacts network, a national computerized database of children's diseases in Britain. When their unvaccinated children come down with rubella, mumps or measles they are holding "parties" so that other parents will have the opportunity to voluntarily expose their children to these formerly common childhood diseases and enable the children to gain natural, permanent immunity. Joanna Davies-Evitt, a London lawyer and homeopath who is a subscriber to the network and opposes vaccination because she believes the immune system needs to be stimulated naturally, recently held a "rubella party" after her five month old came down with the usually benign 24-hour disease.

Before vaccination became popular in the past five decades, measles, mumps and rubella parties were common among parents who wanted their children get and recover early from childhood diseases. Lesley King, a London homeopath who founded Britain's Disease Contacts network maintains that childhood diseases play a positive role in the development and strengthening of a child's immune system. "Vaccinations and antibiotics depress the immune system and prevent it from doing its work," she said and added "In my practice about 50 percent of the children are there because of problems resulting from vaccination," pointing to the rise in chronic illness in children such as ear and chest infections, asthma and eczema.

DPT VACCINE "HOT LOT" LIST- Following is the current listing (thru 3/31/95) of DPT and DPTH vaccine lots published by NVIC/DPT which are associated with the highest numbers of deaths, injuries and hospitalizations reported to the government's Vaccine Adverse Event Reporting System. While certain lots of vaccine are associated with more adverse events than others, all lots of DPT vaccine have the potential to cause death or injury due to neurotoxins in the pertussis bacteria present in the vaccine. However, the following lots may be especially toxic:

DPT or DPTH: Any six digit number starting with 380; 372; 374; 369; 386; 384; or 381.
Specific DPT Lot Numbers: 3F-51124; 4K-51154; or 4G-51020

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