VACCINATION

HOW SAFE, AND HOW EFFECTIVE?

These are the facts about vaccines that the medical profession and the drug companies won't tell you.

"Only after a vaccine is found to be safe and effective is it licensed for use"
(Principles and Practise of Infectious Diseases, Mandell, Douglas and Bennett)

WHOOPIN COUGH (PERTUSSIS) VACCINE

The vaccine against whooping cough is combined with vaccines for diphtheria and tetanus, and is known as the DPT or triple antigen vaccine. Professor Gordon Stewart, in an article on whooping cough (*Here's Health*, March 1980), comments on the history of this vaccine in Britain.

"Introduced in 1957, this vaccine had been administrated to 70 % of infants by 1960 and over 70 % of all children by 1969.

"The national programme was monitored from 1957-1968 by the Public Health Laboratory Service. In 1969, they reported that the vaccines were 'not very effective' in that they had failed to control outbreaks or to protect fully-vaccinated children form infection. During this time, the proportion of children vaccinated rose to 80 % or more, and it is a matter of record that whooping cough continued to decline in prevalence and severity. But, equally, it is firmly on record not only that whooping cough occurred in fully vaccinated children, but also that severe adverse reactions to the vaccine were causing problems and concern.

"If reference be made to events at the time of the earlier trials of pertussis vaccine when given alone (i.e., not as part of triple vaccine) in the USA and UK, it becomes clear that the inclusion of pertussis vaccine makes triple vaccine much more likely to be followed by adverse reactions involving the heart and nervous system. Such reactions include shock, collapse, convulsions and screaming fits, all of which had been recorded in some of the children who received pertussis vaccine alone in the earlier trials. Such signs were extremely infrequent or altogether absent in the earlier usage of the other two components or triple vaccine.

"More light was thrown on this problem when Professor W. Ehrengut in Hamburg, and Dr John Wilson with colleagues at the Hospital for Sick Children,

Great Ormond Street, London, reported independently that signs of severe brain damage began to appear in some children soon after adverse reactions to triple vaccine. At about the same time, a number of reports appeared in the press from different parts of the UK about children who were previously well but had become mentally retarded or paralysed soon after receiving triple vaccine. The government, on the advice of its advisory committees, responded to these reports by re-affirming the efficacy and safety of pertussis vaccine and by insisting that this component be retained in triple vaccine. They insisted also that a high level of vaccination among children of all ages must be maintained if epidemics were to be averted.

"At that time in 1974, vaccination levels generally were about 30 %, seldom below 70 % and often above 90 %. The last outbreak of whooping cough had been in 1970-71 and, as epidemics are currently liable to occur every three to four years, another epidemic was expected and did in fact occur in 1974-75. This provided an opportunity for reviewing the efficacy of pertussis vaccine. It soon became apparent that protection was again incomplete and at best temporary, in that in all reports published at that time, a considerable proportion (30-50 %) of cases occurred in fully vaccinated children.

"Meanwhile, reports about brain damage continued to circulate, leading to debates between experts and in parliament about the safety of the vaccine. The main advisory committee (the joint Committee on Immunisation and Vaccination) stuck firmly to its view (first expressed in 1964) that the vaccine was sage as well as effective and that brain damage, if it occurred at all, was excessively rare, affecting no more than 1:300,000 infants vaccinated. They did, however, emphasise the need for caution, and recommend that the vaccine be withheld from children who showed signs of disorder in the nervous system, or had a family history of same, or who reacted badly to a first or second injection. There was, by this time, considerable doubt in many quarters, to which the government responded by setting up, through the Committee on the Safety of Medicines, a special expert panel to review the suspected toxicity of the vaccine. They also introduced, in 1978, a scheme for compensation of parents of vaccine-damage children.

"Between 1974 and 1978, acceptance of pertussis vaccine had been falling. Health authorities were offering a double vaccine (diphtheria plus tetanus) instead of a triple vaccine and this, together with poliomyelitis vaccine, was proving itself to be acceptable and unquestionably safe. But the government's advisers were predicting a disastrous epidemic of whooping cough in the unprotected population. On the three-to-four-year cycle, the next epidemic was due to begin in 1977, and it has to be acknowledged that notifications of whooping cough, which began to increase, then continued through 1978 and 1979 and amounted in total to what appeared to be the biggest epidemic since

1967. The mortality rate, however, was the lowest ever, and there was no doubt that the general pattern of previous epidemics was being followed, in that a high proportion of cases were observed among fully-vaccinated chidden. For the first time, there was a sharp difference in reports from different parts of the country. Some observers reported a low or even zero incidence in vaccinated children, while others found little difference between the vaccinated and unvaccinated.

"Internationally, the situation was equally confusing. In some countries like the USA and Canada, pertussis vaccine was used intensively and it was claimed that whooping cough was a disappearing disease. Nevertheless, in both of these countries, outbreaks had been reported since 1974 in which (as in the UK) 30-50 % of cases were fully-vaccinated. In West Germany, largely as a result of Professor Ehrengut's work on toxicity, pertussis vaccine had been under suspicion for years and had been abandoned in Hamburg without any increase in incidence or mortality from whooping cough. Similar decreases, without extensive use of vaccine, had occurred in Egypt and Italy.

"There is no doubt in my mind that in the UK alone some hundreds, if not thousands, of well infants have suffered irreparable brain damage needlessly and that their lives and those of their parents have been wrecked in consequence.

"There are also, to my certain knowledge, a number of deaths after vaccination in the UK and the USA which await explanation. I see no use or justification for this kind of medical policy, and I think that the use of pertussis vaccine should be discontinued until, by better research or a better vaccine, these doubts are resolved. "

Pertussis in England and Wales 1970-1982

The following table, which appears in *Infectious Diseases* (Who), clearly shows the ineffectiveness of whooping cough vaccines:
Source: Community Disease Surveillance Centre

Year	Cases Notified	Percentage Vaccinated	
		England	Wales
1970	**16,597**	**79**	
1971	**16,846**	**79**	
1972	**2,069**	**79**	
1973	**2,441**	**79**	
1974	**16,230**	**72**	
1975	**8,910**	**60**	**44**
1976	**4,278**	**39**	**23**
1977	**18,717**	**41**	**24**

1978	**67,008**	**31**	**16**
1979	**33,197**		**23**
1980	**21,261**		
1981	**21,261**		
1982 (first 9 months)	**47,508**	**50**	

According to the *Morbidity and Mortality Weekly Report* (MMWR, 5/7/1985), a pertussis outbreak occurred in Washington, USA, between January 1st to October 1st 1984, involving 162 cases. Sixty-nine of these cases occurred in children between 3 months old and 6 years. The report states: "Of the 69 patients 3 months through 83 months (6 years) of age with known immunisation status, 34 (49 %) were appropriately immunised for their ages with diphtheria and tetanus toxoids and pertussis vaccine."

On September 2nd 1978, NBC News, Florida, USA, made the following announcement: "The Atlanta Centre for Disease Control has asked doctors to stop using vaccines for diphtheria, tetanus and whooping cough because a number of children have been getting bad reactions." Such "bad reactions" may include Sudden Infant Death Syndrome, commonly known as SIDS. According to Dr Alan Hinman, director for the Center for Disease Control, Atlanta, USA: "Since the CDC instituted its monitoring system in 1978, we have received reports of 44 deaths occurring within four weeks of DPT immunisation. Thirty-two of the deaths were SIDS". Leon Chaitow (Vaccination and Immunisation) points to a study undertaken in 1979, at the University of California, Los Angeles (UCLA), under the sponsorship of the Food and Drug Administration (FDA), and which has been confirmed by other studies, that indicates that in the USA approximately 1,000 infants die annually as a direct result of DPT vaccination, and these are classified as SIDS deaths.

Dr William Torch of he University of Nevada, Reno, USA, has undertaken studies of SIDS cases. In one study, Dr Torch found that two-thirds of 103 children who died of SIDS had been immunised with the DPT vaccine in the three weeks prior to their deaths. Many died within one day of vaccination. In 1982, Dr Torch, a noted paediatric neurologist said that the DPT vaccine "may be a generally unrecognised cause of SIDS".

From her book, *I Had No Say,* Sister Joyce Lubke writes:

"When immunisation were given commencing at 3 months old, the peak of cot deaths was from 3-4 months. We are now told that the peak is 2-3 months, and this has happened since the immunisations commenced at 2 months. I feel there is some connection between cot deaths and immunisation.

In *Health Report* (vol. 6, no 12, December 1986), Dr H. Buttram and J. Hoffman tell of a study conducted by the Department of Pediatrics, University of California School of Medicine, on 145 SIDS victims. Of this number, 53 had received DPT immunisation shortly before their deaths. Of these 53, 27 died within a month of being vaccinated, 17 within a week and 6 within 24 hours.

From his book, *How To Raise A Healthy Child In Spite Of Your Doctor*, Dr Robert Mendelsohn writes:

"My suspicion, which is shared by others in my profession, is that the nearly 10,000 SIDS deaths that occur in the US each year are related to one or more of the vaccines that are routinely given to children. The pertussis vaccine is the most likely villain, but it could also be one or more of the others."

Dr Archie Kalokerinos has also observed the link between SIDS and immunisation, noting that a number of apparently healthy aboriginal children, upon being vaccinated, would go into shock and die. Speaking at a natural health convention in Stanwell Tops, NSW (May 24th, 1987), he had this to say about the whooping cough vaccine:

"The worst vaccine of all is the whooping cough vaccine…it is responsible for a lot of deaths and for a lot of infants suffering irreversible brain damage. In susceptible infants, it knocks their immune systems about, leading to irreparable brain damage or severe attacks or even deaths from diseases like pneumonia or gastro-enteritis and so on."

In their well-researched book, *A Shot in the Dark*, co-authors H lter (unreadable word) and B. Fisher list potential side-effects and reactions to the DPT vaccine. They include skin reactions, fever, vomiting and diarrhoea, screaming and persistent crying, collapse, convulsions, infantile spasms, inflammation of the brain, blood disorders, diabetes, hypoglycaemia and SIDS.

In the USA, 1984, Edward Brandt Jr, Assistant Secretary for Health, stated in a congressional testimony that each year the DPT vaccine will be associated with an estimated:

- 150 cases of brain inflammation or injuries, 50 with permanent damage;
- 9,000 cases of convulsion;
- 9,000 cases of collapse - a shock-like state in which a child becomes limp, pale and unresponsive;
- 17,000 cases of unusual high-pitched screaming;
- 25,000 cases of fever of at least 105 degrees;
- 450,000 cases of inconsolable crying lasting from one to more than 20 hours.

In 1985 in the USA, an ABC television research team, known as *20/20*, uncovered massive amounts of documented evidence revealing the disastrous effects of DPT vaccine. *20/20* said that much of this information had been concealed by the drug companies, and that much of it was known by both government and medical authorities who failed to take any action. *20/20* counted in excess of 2,500 cases of serious reactions, including brain damage, and over 60 deaths, all linked to the whooping cough vaccine. Evidence on the dangers of this vaccine went as far back as 1948. *20/20* found that government officials, doctors and vaccine manufacturers had held high-level meetings on the dangers of this vaccine, without ever providing appropriate warning to he public!

Footnote: In the USA, the cost of a single DPT shot had risen by 1,000 % from 11 cents in 1982 to $11.40 in 1987. The manufacturers of this vaccine were putting aside $8 per shot to cover legal costs and damages they were paying out to parents of brain-damaged children and children who had died after immunisation.

Polio Vaccine

"The vaccine is safe, and you can't get safer than safe."
Dr Jonas Salk, referring to his polio vaccine in 1955.

The first large-scale trial of the Salk (polio) vaccine commenced in the USA on April 26th 1954 where 440,000 children were vaccinated. After almost a year of analysis, the results were presented on April 12th 1955. The Foundation for Infantile Paralysis announced to the world that the vaccine devised by Dr Jonas Salk was "safe, potent and efficient". The announcement to the American public of a successful polio vaccine resulted in ceremonious rejoicing throughout the nation. Dr Jonas Salk was declared a national hero, and Hollywood even wanted to make a movie of his life.

Within two weeks of this announcement, a major disaster occurred. On April 24th 1955, a case of paralytic polio occurred in a recently vaccinated child. Two days later, the Californian State Health Department advised the National Institute of Health that six children had developed polio a week to 10 days after the firs shot. In what would become known as the Cutter Disaster of Health (Cutter being the company who prepared the vaccine), investigations found that there were about 250 vaccine-associated cases, 150 of which were partially or totally paralysed. Eleven died. The following account of this tragedy was written by Dr M. Beddow Bayly and published by the National Antivivisection Society in 1956:

"It was on April 12th 1955, the tenth anniversary of President Franklin Roosevelt's death, that the Foundation of Infantile Paralysis told the world, using every

possible means of publicity, that the vaccine devised by Dr Jonas E. Salk was "safe, potent and efficient".

"At a meeting of 500 doctors and scientists as Ann Arbor, Michigan, Dr Salk and Dr Francis made such sweeping claims for the vaccine that nearly every American newspaper declared that Dr Salk had abolished poliomyelitis.

"Only thirteen days after the vaccine had been acclaimed by the whole of the American press and radio as one of the greatest medical discoveries of the century, and two days after the English Minister of Health had announced he would go right ahead with the manufacture of the vaccine, came the first news of disaster. Children inoculated with one brand of vaccine had developed poliomyelitis. In the following days more and more cases were reported, some of them after inoculation with other brands of the vaccine. Then came another, and wholly unlooked-for complication. The Denver Medical Officer, Dr Florio, announced the development of what he called "satellite" polio, that is, cases of the disease in the parents or other close contacts of the children, who had been inoculated and, after a few days' illness in hospital, had returned home; they communicated the disease to others, although not suffering from it themselves.

"On June 23rd 1955, the American Public Health Service announced that there had been 168 confirmed cases of poliomyelitis among the vaccinated, with six deaths, and 149 cases among the contacts of children given the Salk vaccine, with six deaths.

"But with regard to the "satellite" cases the situation is far worse. According to Dr Florio, children, when inoculated with a faulty vaccine, may become carriers of the virus. He estimated (Daily Express, 16/5/1955) that all of the 1,500 vaccinated Denver children had become carriers. "We have created a group of carriers," he said, "and then there will be another group and so the cycle will go on. It is very distressing." Some of the contacts acquired the disease in its deadliest form.

"The interval between inoculation and the first sign of paralysis ranged from 5 to 20 days, and in a large proportion of cases, it started in the limb in which the injection had been given. Another feature of the tragedy was that numbers developing polio were far greater than would have been expected had no inoculations been carried out. In fact, in the State of Idaho, according to a statement by Dr Carl Eklund, one of the government's chief virus authorities, polio struck only vaccinated children, in areas where there had been no cases since the preceding autumn; in 9 out of 10 cases, the paralysis occurred in the arms in which the vaccine had been injected. (News Chronicle, 6/5/1955)

"An article in *Time* (30/5/1955) commented: "In retrospect, a good deal of the blame for the vaccine fiasco also went to the National Foundation which, with years of publicity, had built up the danger of polio out of all proportion to its actual incidence, and had rushed into vaccinations this year with patently insufficient preparation."

This disaster proved to be the first link in the chain of events that eventually banished the Salk vaccine from the US.

On October 15th 1955, *The American Capsule News*, published in Washington, D.C., issued the following statement:

"**REPORT ON SALK VACCINE**. Those who hopefully believed the sales talk of Salk vaccine vendors and the National Foundation for Infantile Paralysis, are disillusioned and disappointed. Far from wiping out polio, it has apparently increased it in many states and cities."

In Massachusetts, the worst polio epidemic in its history occurred after 130,000 children were vaccinated with the Salk polio vaccine. Compared with the 1954 level of 273 polio cases, in 1955, 2,027 polio cases were reported, whereupon the authorities immediately banned its use. Similar increases occurred in other states; in Connecticut, the number of reported polio cases went from 144 in 1954 to 275 in 1955; New Hampshire - 38 to 129; Rhode Island - 22 to 122; New York State - 469 to 764; Wisconsin - 326 to 1,655.

In Idaho, pubic health experts found that (i) the disease struck in areas where there had been no previous polio cases; (ii) only children who had received the vaccine had become ill; and (iii) the first signs of paralysis occurred in the arm where the children were vaccinated.

During an AMA convention that same year, the man who supervised the country's largest polio vaccine drive, Surgeon General Leonard Scheele, admitted that:

"No batch of vaccine can be proved to be safe before it is given to children."

In 1958, mass vaccination campaigns triggered a disastrous increase in polio incidences in the USA and Canada. The highest increase was 700 % in Ottawa, Canada. The highest incidence in the USA occurred in those states, which had been induced to adopt compulsory polio shots. Here are the figures as shown in Hannah Allen's book, *Don't Get Stuck*:

State	1958 before compulsory shots	1959 after compulsory shots
North Carolina	**78 cases**	**313 cases**
Connecticut	**45 cases**	**123 cases**
Tennessee	**119 cases**	**386 cases**
Ohio	**17 cases**	**52 cases**

Following the nation-wide polio companies of 1954 and 1955, Dr Langmuir of the US Public Health Service and in charge of polio surveillance, stated: "I predict by 1957 there will be less than 100 cases of paralytic polio in the US." According to Hannah Allen, in 1957 in the USA, "nearly half of the paralytic cases of polio in children between 5 and 14 occurred in vaccinated children. It was admitted that the vaccine had been causing paralysis." In 1958, of 6,029 cases, 3,122 were paralytic. In 1959, of the 8,577 polio cases reported, 5,694 were paralytic, of which around 1,000 occurred in persons vaccinated three times or more.

It is noteworthy that four of the five Salk vaccine companies ceased producing this vaccine due to its failure, and because of the lawsuits being filed against them. American Cyanamid (Lederle) was the only company left producing it and they would give no guarantee as to its safety or effectiveness. (It was also reported that the staff of American Cyanamid was not vaccinating their own children against polio!)

In 1960, a new polio vaccine, known as the Sabin vaccine, was licensed for manufacture in the USA, and this quickly consigned Salk's vaccine to oblivion. In that same year, a frightening defect was discovered in both the Salk and Sabin vaccines. Two virologists, Dr B. H. Sweet and Dr M.R. Hilleman, found that both polio vaccines were contaminated with a virus (known as SV 40) that included malignant tumours in new-born hamsters. By this time, millions of children had received polio vaccines contaminated with SV 40 virus. The *Medical Journal of Australia* (17/3/1973, p. 555) contains the following information on such contamination:

"This reasoning was rudely shaken in 1958 when the first warning came that all was not well with monkey kidney cell most widely used as primary tissue, particularly for poliomyelitis vaccine. To date, more than 40 separate simian viruses have been isolated from this tissue. They include virus B, known to cause encephalitis in man, and SV 40, which can produce cancer in hamsters. as well as changes in human cell tissue cultures.

"There has been no sign so far that vaccines grown on primary monkey tissue produce alarming symptoms; but symptoms may not appear for 20 years or more."

Dr Eva Snead, in her article, "*Immunisation Related Syndrome*", which appeared in *Health Freedom News*, July 1987, speculates that the contaminated polio vaccines may be responsible for the current epidemics of leukaemia, childhood cancer, birth defects and immune deficiency diseases. A similar view is held by Frederick Klenner, M.D., of the USA, who has condemned both the Salk and Sabin vaccines as not only worthless, but also dangerous. Dr Klenner has stated:

"Many here voice a silent view that the Salk and Sabin vaccine, being made on monkey kidney tissue, has been directly responsible for the major increase in leukaemia in this country."

In 1961, the US Public Health Service reported that 11 persons who received the Sabin oral vaccine in a mass-immunising campaign in Syracuse, New York, had developed polio. In 1964, following many instances of vaccine-associated paralytic polio, the US Public Health Service recommended that the Sabin vaccines be discontinued for adults.

In 1977, Dr Jonas Salk, the man who introduced the original polio vaccine in the 1950s, testified along with other scientists that mass inoculation against polio was the cause of most polio cases throughout the USA since 1961. Dr Salk also stated that most of the polio cases that occurred in the USA since the early 1970s were the by-product of the live polio vaccine used throughout the USA. Dr Salk has stated in *Science* (4/4/1977, Abstracts):

"Live virus vaccines against influenza and paralytic polio, for example, may in each instance cause the disease it is intended to prevent; the live virus vaccines against measles and mumps may produce such side-effects as encephalitis… The live polio virus vaccine is now the principal cause of polio in the US and in other countries… Contrary to previously held beliefs about polio virus vaccines, evidence now exists that the live virus vaccine cannot be administered without risk of inducing paralysis… The live polio virus vaccine carries a small inherent risk of inducing paralytic poliomyelitis in vaccinated individuals or their contacts."

The US Center of Disease Control reported that 1982 and 1983 were the first years in which all reported cases of paralytic polio were vaccine-associated. The MMWR (31/12/1986) reports that in the USA, between 1980-1985, there were 55 cases of paralytic poliomyelitis of which 51 were "vaccine-associated".

Responding to the ongoing debate among immunologists regarding the relative risk of killed virus (Salk vaccine) vs. live virus (Sabin vaccine), Dr Robert Mendelsohn (*East-West journal,* November 1984), says:

"…I believe that both factions are right and that use of either of the vaccines will increase, not diminish, the possibility that your child will contract the disease. In short, it appears that the most effective way to protect your child from polio is to make sure that he doesn't get the vaccine."

In her book, *The Untold Dangers*, Ida Honorof says:

"The damage to children taking the polio vaccine is well-documented…deaths and paralysis from both the Salk and Sabin vaccine."

Yet in spite of all the evidence which condemns both the Salk and Sabin vaccines, the standard medical text, *Essentials of Infectious Disease*, by Mandell and Ralph, contains the following information on polio vaccines:

"The inactivated (Salk) vaccine has not been reported to produce any adverse effects. Oral live polio virus vaccine (Sabin) has rarely been associated with paralytic disease in recipients or in close contact of recipients."

As Ross Home, author of "*Health Revolution"* would say, "The mind boggles."

Measles Vaccine

In the USA, the history of measles vaccine campaigns has been nothing less than one of outright failure. According to Dr Robert Mendelsohn:

"In 1978, a survey of 30 States (US) showed that lore than half of the children who contracted measles had been adequately vaccinated."

In what turned out to be a prophetic statement, or should I say 'understatement', *Science News* (13/9/1986) stated: "The war against measles isn't going according to plan." According to *Morbidity and Mortality Report* (MMWR, October 1990): "Of all persons who acquired measles in college settings from 1986 through 1989, 49 % had no evidence of measles vaccination." Or, in other words, 51 % had evidence of measles vaccination. In the *MMWR* (July 27th 1990 edition), it states: "In 1989, 170 measles outbreaks in the US involving predominantly school-age persons, accounted for 32 % of all reported cases. As many as 89 % of patients in these outbreaks had been vaccinated on or after their first birthday." In 1989, of the 17,850 measles cases reported, 7,149 were

appropriately vaccinated and 6,033 had evidence of previous vaccination (*MMWR*, June 1st 1990).

The *Journal of the American Medical Association* (21/11/1990) contains an article on measles, which states:

"Although more than 95 % of school-aged children in the United States are vaccinated against measles, large measles outbreaks continue to occur in schools, and most cases in this setting occur among previously vaccinated children."

"In Hungary, between December 1988 to May 1989, there were 19,000 measles cases of which 77 % aged between 17 and 21 had histories of receiving the live measles vaccine. The editorial accompanying this report (*MMWR*, 6/10/1989) said: "The high age-specific attack rates in this age group in which vaccine coverage was at least 93 %, suggest that vaccine failure played a major role in this epidemic."

Despite high levels of measles vaccination among Australian children (approximately 80 %) outbreaks still occurred in several states during 1990. According to Dr Michael Levy of the NSW Health Department, 50 % of measles cases in NSW occurred in children between 6-10 years in which it was "uncertain" whether these children had even been immunised. In Victoria, Hunter Area Health Service Medical Officer, Dr John Stephenson, said that about 20 % of children affected by the Hunter's measles outbreak had received the measles vaccine.

In 1963, both the USA and Canada began using a killed measles vaccine. Over 660,000 children received this vaccine of which a vast number became subject, as young adults, to what is known as atypical measles, a condition characterised by severe pneumonia and other life threatening conditions. In a paper published in the *Journal of the American Association,* Dr Haas and his colleague, Dr Vernon Wendt, warned that the illness could appear in as many as 400,000 persons. The worrying thing is that this condition may not emerge until many years later. Dr Haas treated a 17-year-old female patient with atypical measles who received the killed vaccine 14 years earlier. As Dr Haas stated, "The age of our patient and the 14-year delay suggested that there was no certain time limit between immunisation and the onset of atypical measles."

Dr Marshall Horowitz, a noted virologist at the Albert Einstein College of Medicine, and among the first to identify atypical measles, made the following statement on this disaster: "There is no way to predict when this will stop. I will not predict that it will get milder as we get further away from the initial

vaccination. Not all the cases of atypical measles have been reported but probably hundreds (or thousands) of cases have occurred."

The killed measles vaccine was eventually abandoned and replaced by a live vaccine. The *Australian Medical Journal* (17/3/1973, p. 552) states:

"…46 % of individuals who were vaccinated with live vaccine following a course of killed measles vaccine developed erythema and induration at the site of the injection. Reactions have also been reported in children exposed to natural measles who had previously been vaccinated with killed vaccine. These have taken the form of atypical measles with urticaria, petechial and purpuric lesions and severe pneumonia and fever."

Dr Mendelsohn states that the live measles vaccine is associated with encephalopathy and subacute sclerosing panencephalitis, which causes hardening of the brain and is invariably fatal. Secondary complications include multiple sclerosis, Reye's syndrome, blood-clotting disorders and juvenile-onset diabetes to mention just a few. Dr Mendelsohn has warned:

"I would consider the risks associated with measles vaccination unacceptable even if there were convincing evidence that the vaccine works. There isn't."

Dr Archie Kalokerinos, in his talk at the natural health convention, Stanwell Tops, NSW (May 1987), comments on the measles campaign in Africa:

"It was similar with measles vaccination. They went through Africa, South America and elsewhere and vaccinated sick and starving children… They claimed they wiped out measles, but they can't substantiate that claim. Measles is a disease that is changing. Most of those susceptible to measles died from some other disease or other that they developed as a result of being vaccinated. It reduced their immune levels and acted like an infection and knocked them out. They might have got septicaemia, gastro-enteritis, etc, or made their nutritional status worse and they died from malnutrition. So there were very few susceptible infants left alive to get measles. It is one way to get good statistics, kill all those that are susceptible, which is what they literally did."

German measles (rubella) vaccine

Rubella vaccinations on a large scale commenced in Australia in 1971. The *Australian Nurses Journal* (November 1981) contains an article titled, "*Rubella Immunisation*": A Tangle of Absurdities and Some Comments" by Dr Archie Kalokerinos and Dr Glen Dettman. These doctors wrote:

"After years of vaccinating in the UK, the USA and Australia, there is no encouraging evidence to demonstrate that (unreadable word) rubella antibodies, either naturally occurring or vaccine-induced, will provide the protection we had hoped for.

"The mass rubella immunisation campaign has only been going for about seven years, so by and large the first batch of vaccines have not yet reached the age at which most women have their first child, about 22 years. Not till then will we know for certain whether the rubella immunisation programme has been successful.

"Note, first of all, that nobody knows if this much-publicised campaign will bring forward the success so dishonestly promoted; indeed, we already know the programme failed in the UK… "CENDEVAX" was going to solve the problems associated with rubella, but after a decade of vaccinating, it is now conceded in the UK that the programme has failed. Teratogenicity is still as much a problem now as it was 10 years previously when the scheme was introduced, to say nothing of the side-effects caused by the 'harmless life-conferring immunity' promised by the medical profession."

The failure of the rubella vaccination campaign in the UK has been confirmed in both the *British Medical Journal* and *The Lancet*. According to the *British Medical Journal* (2/4/1983, p. 1083):

"No scientific defence is possible of the current British approach to rubella vaccination. It has failed to protect women of childbearing age…"

The Lancet: (1/1/1983, p. 39) states:

"Current rubella vaccination programmes devised when knowledge of vaccine characteristics was still incomplete, have not been fully successful in protecting those at maximum risk of the sequelae of rubella vaccination.

"In the UK there has been, as predicted, little change in the secular trend of rubella occurrence. Two sizeable epidemics occurred in 1969-81 with substantial increases in the number of infants born with congenital rubella syndrome and in the number of therapeutic abortions for rubella infections. These events suggest incomplete compliance with the rubella vaccination tragedy…"

Dr Beverly Allen, a medical virologist at the Australian Laboratory of Microbiology and Pathology in Brisbane, Queensland, has conducted studies on the effectiveness of the rubella vaccinations. These studies provide overwhelming evidence that rubella vaccinations provide no protection whatever. Army recruits received the rubella vaccine and were then sent to a camp which usually had an

annual epidemic of rubella; 80 % of those recruits vaccinated became infected with rubella, (*Australian Nurses Journal*, May 1978).

In 1971, in Casper, Wyoming, USA, a rubella epidemic occurred one year after 83 % of the city's school children had been vaccinated against the disease; 91 of the 125 cases occurred in vaccinated children.

Dr Mendelsohn has written:

"Study after study has demonstrated that many women immunised against rubella as children lack evidence of immunity in blood tests given during their adolescent years. Other tests have shown a high vaccine failure rate in children given rubella, measles and mumps shots, either separately or in combined form."

The Lancet contains an article on rubella which states:

"Immunity to infection by rubella virus, whether the result of natural infection or form attenuated vaccine, is by no means absolute. Subclinical infections may ensue and this is more likely in those whose immunity is vaccine-induced than in those who acquired it from natural infection."

In April 1971, a report by Merch, Sharp and Dohme, USA, revealed that 5-10 % of teenage girls and in excess of 30 % of women experienced adverse reactions to the rubella vaccine. Such reactions include arthritis, arthralgia, neuritis and polyneuritis. These symptoms may last for several months and may not occur until as long as two months after the vaccination.

Dr Aubrey Tingle, a paediatric immunologist at Children's Hospital in Vancouver, British Colombia, Canada, has found that 30 % of adults, who had been exposed to rubella vaccine, suffered arthritis two to four weeks after vaccination, ranging from mildly aching joints to severe crippling. As reported in *Maclean's Magazine* (8/2/1982), Dr Tingle and fellow researchers found live rubella virus in one-third of patients - both children and adults - with rheumatoid arthritis. What's more, Dr Tingle stated that some patients had recurrent episodes of arthritis for up to 10 years after their immunisations. Referring to children who received rubella shots, Dr Tingle warns: "The long-term effects are the major unresolved issue that we have to face."

The magazine, *Australian Wellbeing Annual 1991*, contains an article, "Jab Happy", by Leon Chaitow, in which he writes:

"On top of this danger (referring to arthritis from rubella shots), Nobel Prize Winner Dr John Enders, also writing in the *New England Journal of Medicine*, suggests that rubella vaccination of young girls actually makes it more likely that

they will contract rubella when they grow up, rather than less likely, as vaccination only offers partial protection, unlike the full protection gained by having the illness." He then goes on to say: "To cap it all, if there has been an inadequate immune response after immunisation (and this, it seems, is all too common), there is a great danger that such a person may then become a carrier of rubella along with the development of arthritis and enlargement of the thyroid."

An article in the journal *Science* (26/3/1977) reports:

"The HEW reported in 1970 that as much as 26 % of children receiving rubella vaccination in national testing programs, developed arthralgia and arthritis. Many had to seek medical attention and some were hospitalised to test for rheumatic fever and rheumatoid arthritis. In New Jersey, this same testing program showed that 17 % of all children vaccinated developed arthralgia and arthritis."

The Lancet (1/8, January 1983, p. 40) says:

"Arthralgia and arthritis are the most troublesome reactions seen in large-scale vaccination programmes, the occurrence of both increasing with age. Arthralgia occurs in approximately 25 % and frank arthritis in about 1 % of adult female vaccinees. "

Commenting on rubella vaccination, Mendelsohn says:

"There is no need to protect children from this harmless disease, so the adverse reactions to the vaccine are unacceptable in terms of benefit to the child… In Connecticut, a group of doctors, led by two eminent epidemiologists, have actually succeeded in getting rubella stricken from the list of legally required immunizations."

FLU VACCINES

On June 23rd 1979, *The Australian* newspaper published a letter from Dr A O'Rourke, Medical Superintendent of the Toowoomba General Hospital, which contained the following remarks:

"A recent editorial in the *British Medical Journal* points out that influenza is widely distributed among animals and birds throughout the world. The journal goes on to suggest that the manufacture, even the concept, of an effective vaccine is a will of the wisp. No successful product exists, and trials of those available have not disclosed any advantage in use. For many years, there has been a gut feeling among the public and doctors alike that the influenza vaccine was not only useless but made you sick."

The Lancet (10/8/1974) contains details on a study involving 50,000 postal workers and influenza vaccinations. The study found no evidence to support vaccine efficacy. The article stated:

"No evidence was obtained of a saving in sickness absence in the 'vaccinated' units compared with the control units… In these circumstances, the results so far available show that the annual offer of an injection of influenza vaccine in a large industry has not resulted in a significant reduction in sickness."

The *Morbidity & Mortality Report* (9/8/1985) discusses vaccine failure amongst residents of nursing homes. It states:

"In February and March 1985, three separate outbreaks of influenza-like illness among nursing home residents were investigated by the Connecticut Department of Health Services and the Department of Epidemiology and Public Health, Yale University School of Medicine. Influenza type A(H3N2) appears to have caused all three outbreaks. Investigators found that, in each outbreak, residents who had recently received currently recommended influenza vaccine were just as likely as unvaccinated residents to become ill."

The *British Medical Journal* (29/9/1990) contains an article, "*Influenza Vaccination and the Elderly*", in which it states:

"Whereas the vaccine can offer 60-80 % protection to normal healthy adults when vaccine and epidemic strains are closely related, a review of 16 studies in geriatric homes since 1972 sowed a mean protection against influenza A(H3N2) vaccines. Influenza B vaccines fared even worse, with a mean protection of only 21 % in seven studies. Moreover, (Feery et al), found no protection against virologically-proved cases of influenza A/Victoria/3/75 in elderly people in residential homes in Australia."

In what has become known as the *Great Swine Flu Fiasco*, a mass vaccination campaign against a swine flu epidemic n the USA in 1976 resulted in 56 cases of Guillian-Barre paralysis and over 40 deaths. Dr J. Anthony Morris, who was fired from his government health post for calling the campaign "a senseless fiasco", stated that for 10 years it was known that flu vaccine was associated with the paralysing Guillian-Barre Syndrome.

Even Dr Albert Sabin, the developer of the oral polio vaccine, suggested that the programme be abandoned and that the odds of a swine flu epidemic were in the order of 1 in 10,000. According to the *St-Petersburg Times* (1/7/1976), Dr Sabin predicted that for every one million children receiving an effective dose, about 190,000 would become sick with such symptoms as fever, headaches, muscle

pains and nausea within 24 hours after vaccination. In 1977, The Center for Disease Control in Atlanta, USA, after obtaining evidence on GBS, announced:

"Evidence suggests that persons who are vaccinated are approximately 10 times more likely to get Guillian-Barre than those that are not vaccinated. "

Dr Kalokerinos comments on the flu vaccine (natural health convention, May 1987):

"In 1976, I was working in the Gulf country around Cape York, in an aboriginal community of about 300 people. The Health Department sent around a team and vaccinated about 100 of them against flu. Six were dead within 24 hours or so and they weren't all old people, one man being in his twenties. They threw the bodies in trucks to take to the coast where autopsies were done. It appeared they had died from heart attacks."

According to Dr William Frosehaver (*Scipps Howard News Service*, 5/11/1986):

"The risk of suffering complications from the flu vaccines is far greater than the flu."

Tuberculosis (BCG) vaccine

There is widespread disagreement within the medical ranks as to the value and safety of the BCG vaccine. Controlled trials have found extremely variable immunity in vaccine recipients. In a major trial in southern India involving 260,000 people, not only was the vaccine shown to be totally ineffective, but more cases of TB occurred in the vaccinated group that in the placebo group. A report of this failure appears in *The Lancet* (12/1/1980, p. 73), under the heading "BCG: Bad News from India": It states:

"The history of immunisation against tuberculosis is a story of set-back, controversy, and surprise. And so it continues, with the revelation that a major trial of BCG in southern India - the largest controlled field trial ever done with this vaccine - has shown no evidence of a protective effect. Though the 7.5-year follow-up results reported in the *Indian Journal of Medical Research* are incomplete, they are negative; in fact, slightly more tuberculosis cases have appeared in vaccinated than in equal-sized placebo control groups. It looks like another zero effect."

Believe or not, this article goes on to say:

"Notwithstanding these problems, BCG remains one of the most widely-used vaccines in the world today. The World Health Organisation has vigorously

encouraged its use for many years, and the Indian government has recommended its continuation, despite the recent findings."

The man most responsible for the introduction of the BCG vaccine into Sweden, Professor Walgen, became disillusioned with the vaccine after learning that four people died following BCG vaccination. Professor Walgen stated:

"We have hitherto encouraged by publicity as many as possible to have themselves BCG-vaccinated, even if there was no obvious risk of exposure. We can no longer accept the non-dangerousness of our propaganda… Most of the BCG vaccinations, in countries like Sweden, never had any opportunity of exciting any protective action during childhood. In a word, they were unnecessary."

In the book, *"Infectious Disease"* (Maude), it is mentioned that upon to 5 % of BCG recipients develop persistent or spreading skin ulcers, inflamed regional lymph nodes or keloid formation. In his book, "*Attenuated Infection*" (1960), Harold Simon, M.D., says:

"Some strains of BCG do produce morbidity, if not actual progressive tuberculosis in man. A report from Holland indicates that a significant number of infants developed lymphadenitis, phlyctenular conjunctivitis and draining sinuses, following BCG vaccination."

According to Doctors Archie Kalokerinos and Glen Dettman, tuberculosis vaccines in Australia have resulted in over 600 deaths in children (*"Let's live",* December 1976, p. 57).

It is interesting to note that The Netherlands had the lowest death rate from respiratory TB for any European country in 1957-59 and 1967-69, despite having no national BCG programme.