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Vaccination: Knee-jerk Jabs

Josie McNally thought she was doing right by her baby son, William. He was a healthy, normal, happy 13-month-old and she wanted to make sure to keep him that way. When her doctor recommended that he come in for his routine measles/mumps/rubella (MMR) jab to protect against these dangerous diseases, Josie thought nothing of it; William had sailed through his infant jabs and, besides, the doctor knew best.

Ten days after William's shot, something turned horribly wrong. William began convulsing and Josie and her husband had to rush him by ambulance to hospital. When Josie suggested her son might be reacting to the vaccination, the doctor shook his head. The fit coming after the shot could be nothing more than coincidence; it probably wouldn't recur. The hospital consultant agreed; the shot appeared to have nothing to do with it.

But the fits didn't stop, and before long William became gripped by seizures, sometimes 40 a day. He also developed a rare immune-system reaction. Now 13 years old, he's diagnosed as epileptic, continues to have convulsions uncontrollable by medication, and has the developmental age of a 14-month-old baby – as if his developmental clock stopped on the day he was vaccinated. And not long after he was given it, the vaccine William had was withdrawn. Nevertheless, to this day no one in the medical profession will officially acknowledge the vaccine had anything to do with it. The McNally family has been given no financial assistance by any government body for the considerable medical bills they will face during William's lifetime.

Most doctors fervently believe that vaccines are one of medical science's greatest success stories, responsible for wiping out many deadly infectious diseases. In fact, lurking inside most doctors is an altruist who likes to think that the eradication of disease is not only possible but just around the corner. Every so often, the World Health Organization will announce an actual date when it fully expects that diseases such as polio, measles or diphtheria will be wiped off the planet for ever.

The ardency of this faith has emboldened the profession to produce ever more shots to combat not only major killers such as polio but also a number of the mostly benign co-passengers of childhood, such as measles, mumps and chickenpox. Counting all multiple boosters in the entire suggested schedule, American children can receive some 34 vaccinations by the time they go to school, most in the first year of life; Britain, with its tuberculosis vaccine offered at birth but no hepatitis B or chickenpox vaccine, ends up with a slightly more modest 25. The US government and the World Health Organization have even sponsored the development of what they imagine will turn out to be a genetically-engineered, time-released 'Holy Grail', a supervaccine containing the raw DNA of up to 40 different diseases at one go, which will be squirted into a newborn's mouth at birth and send out booster doses at timed intervals throughout an individual's life.[1] There have been vaccines being worked on for asthma, earaches and respiratory diseases, AIDS, cancer, and even to prevent pregnancy.

It is with vaccines that the brave-new-world technocrats of medicine have lost all reason about disease and its prevention. So steadfast is this faith in the rightness of their cause that it prevents doctors from acknowledging clear factual evidence demonstrating the dangers and ineffectiveness of certain vaccines, or even cases of a disease in children who have been vaccinated against it. It also turns otherwise reasonable doctors or scientists into bullies and hysterics, shouting down dissenters, using emotional blackmail to bully parents into submission and resorting to emotive appeals, rather than common sense or fact, to argue their point of view. To launch its countrywide campaign to vaccinate school-age children

against measles and rubella, the British government once ran stark, emotive black-and-white television adverts suggesting that measles strikes fatally and at random. In the US, parents have been threatened with the withholding of welfare payments if they fail to give their kids the live triple measles/mumps/rubella vaccine. Chicago health authorities once tried to give vaccination a bit of street cred by employing loudspeaker sales pitches mixed in with salsa music to encourage mothers in Hispanic neighbourhoods to bring their children in to get their shots.

In one UK campaign to inoculate all British children from 5 to 16 with the measles/rubella jab, parents were given flimsy pamphlets with virtually no mention of the side-effects long accepted by international governmental bodies. Doctors and health authorities badgered parents who'd decided against the jab with letters and phone calls to try and change their mind. And all sorts of medical experts were confidently announcing publicly that this campaign would undoubtedly eradicate measles from these shores for all time.

Britain's Department of Health pressed ahead with one of the most ambitious immunization campaigns ever seen in an industrialized country, informing parents that side-effects to booster jabs are very unlikely, having been 'carefully studied by looking at large numbers of children in the United States'.[2] In fact, the evidence on which this claim was based was rather more meagre. Before the campaign they received a fax from the US American National Immunization Program officials explaining that the only evidence that boosters were safer was based on questionnaires sent to college students receiving the shots. Medical scientists consider this type of study a highly unreliable and unscientific measure of safety and effectiveness. The real safety of reactions or boosters jabs was not yet known as the trial testing had not yet been completed.

What's worse, the UK's Public Health Laboratory Service completed a study before the campaign began, demonstrating that children given the measles/mumps/rubella jab were three times more likely to suffer from convulsions than those who didn't receive it. Two-thirds of the cases of seizures were due to the measles component alone. The study also found that the MMR vaccine caused five times the number of cases of a rare blood disorder over that expected. This study was never mentioned during the campaign, but was only published in the medical literature, and not until four months after the campaign was completed.[3]

More recently, the British government rushed through a brand-new, as yet untested vaccine for meningitis C, offering it to every child and college student in Britain on the basis of short-term tests, lasting at most a few weeks. Although a fifth of the children in one of the British tests was ill,[4] this material was never made available to parents consenting to expose their children to the jab.

Because vaccines represent the very epitome of modern medicine – the triumph of science over nature – scientific trials are most subject to medical spin-doctoring in order to paint a positive face on a negative result, ignoring any results they don't wish to hear. In America, the US government requested that the National Academy of Science review all the medical literature and report fully on what were the known and proven dangers, if any, of the various childhood vaccines. In two separate reports the NAS's Institute of Medicine, which gathered together leading paediatricians and medical scientists for the task, concluded that all nine vaccines had the potential to do serious harm. Although these conclusions were eventually included in lengthy fact sheets given to parents prior to their children's vaccinations, the National Commission on Childhood Vaccines pushed to have them edited, on the grounds that they 'confuse' parents.

In Britain, the Department of Health commissioned a report on the whooping cough vaccine by Professor Gordon Stewart, formerly of the Department of Community Medicine at the University of Glasgow and an advisor to the World Health Organization, who has long studied the vaccine. When his studies showed the risks of the vaccine outweighed the benefits, the DHSS referred the report to the

Committee on the Safety of Medicines, which chose not to act on it.[5]

In this zealous climate, amid the rush to 'conquer' every possible disease, in which entire reputations rest on defending vaccination at all costs, no one is pausing to examine the possible long-term effects of pumping up to 12 or more different antigens into the immature immune systems of a generation of babies under 15 months. Including the meningitis C vaccine on the standard schedule of infant vaccinations now increases to six the number of vaccines given simultaneously to infants at two months of age.

Epidemiologists have never investigated whether there is an upper limit to the number of jabs a baby can tolerate, after which all sorts of subtle damage – asthma, learning disabilities, hyperactivity or chronic earache, for instance – come into play. *In fact, nobody has done any long-term safety studies at all.* 'We only hear about the encephalitis and the deaths,' says Dr J. Anthony Morris, formerly a director of virology at the Food and Drug Administration and the National Institutes of Health. 'But there is an entire spectrum of reactions between fever and death, and it's all those things in between that never get reported.'[6]

At the heart of the logic behind vaccination is the theory of herd immunity – that is, if enough people get vaccinated against a certain disease, it will eventually disappear. Besides an element of wishful thinking in the face of highly complex organisms such as viruses, which constantly mutate and change, the problem with this line of reasoning, of course, is its tyrannical approach: eliminating a disease is more important, in the eyes of medicine, than your child's health, which might be damaged from a vaccine, or your right to decide what is best for your family. Decide against vaccination for your child and you are considered not only an irresponsible parent but an irresponsible citizen of your community and even the world. In Britain, vaccinating your child is often a requirement for staying on your GP's list (he is paid a bonus of nearly £3,000 at this writing if 90 per cent of the children under two on his books get done. If only 70 per cent are vaccinated, that bonus shrinks to £910; any smaller percentage means he gets only a fraction of the total amount.). In the US, in the wake of the Clinton Administration's Childhood Vaccine Act it is now even more difficult for parents to get exempted from vaccinating their children.

But in Britain we still have a modicum of choice. In many countries all children are obliged to be vaccinated in order to get into school – a policy, particularly in places such as the US, that would seem to fly in the face of a number of constitutional freedoms. In this hysterical climate, the government and the medical community have made it their right to insist on administering a substance to a minor which it cannot guarantee is safe – a right no one has yet attempted to challenge in court.

A BLUNT INSTRUMENT

Vaccination is a blunt and highly imperfect instrument. The main problem isn't so much that vaccines don't work, but that they work haphazardly. The premise of vaccination rests on the assumption that injecting an individual with weakened live or killed virus will 'trick' his body into developing antibodies to the disease, as it does when it contracts an illness naturally. But medicine doesn't really know whether vaccines work for any length of time. All that the usual scientific studies can demonstrate (as they are only conducted over the short term) is that vaccines may create antibodies in the blood. What may happen is that a number of vaccines are capable of measurably raising antibodies to a particular infectious illness, but only for a short period of time. Or even if they do raise antibodies indefinitely, this may have nothing to do with protecting an individual from contracting the disease over the long (or even the short) term. In fact, having antibodies in the blood may not be the only way the body recognizes and defends itself from disease. For instance, large numbers of people who have had illnesses such as diphtheria never produce antibodies to the disease.

In one report, for instance, measles antibodies were found in the blood of only one of seven vaccinated

children who'd gone on to develop measles – they hadn't developed antibodies from either the shot or the disease itself.[7] And lately, the Public Health Laboratory in London has discovered that a quarter of blood donors between 20 and 29 had insufficient immunity to diphtheria, even though most would have been vaccinated as babies. This percentage doubled among the 50-to-59 age group.[8]

Live vaccines are made from live pathogens that are attenuated (weakened) so that they won't cause symptoms of the full disease when administered. This is accomplished supposedly by sending these pathogens through a rather mystifying process called 'serial passage', in which the viral strain is passed through up to 50 animal cells on the assumption that this will weaken them.

Not only the process but also the cells selected appear a bizarre and arbitrary choice. The polio vaccine has been passed through monkey kidney cells, the measles vaccine through chick embryo cells, rubella virus through rabbit or duck cells, and yellow fever through mice and chick embryo cells. Human cells have also been used: rubella was once grown on the tissue of aborted foetuses, and hepatitis B at one time was made from the blood of homosexual men who'd had the disease. Of course, this passage through animal and human cells invites infection or contamination with other substances, as happened with contaminated polio vaccines.

Among the childhood vaccines, the live vaccines include the tuberculosis (BCG), measles-mumps-rubella (MMR), the oral polio vaccine and the chickenpox vaccine. Many vaccines are made with live antigens because the killed versions haven't worked. The main concern with live vaccines is that the disease the vaccine is supposedly protecting against has a small chance of reproducing and spreading in the recipient.

Killed vaccines are made of components of the disease – whole cells, toxins, synthesized molecules, for instance – that have been rendered inactive with heat, radiation or chemicals. The Salk polio jab, the diphtheria-whooping cough (pertussis)-tetanus (DPT), hepatitis B and *Haemophilus influenzae b* (Hib) meningitis are all among the most common killed vaccines.

The killed vaccine is supposed to preclude the possibility of the antigen being reproduced in the person receiving the vaccination – it is simply supposed to stimulate the circulation of antibodies to the antigen through the body. However, it's not quite as clear-cut as this – serious problems with killed vaccines have defied their supposed inability to reproduce in the recipient.

MYTH NO 1: DISEASES HAVE BEEN ELIMINATED PURELY AS A RESULT OF VACCINATION

The success of vaccination is based entirely on assumption. Because the incidence and death rate of many infectious diseases have radically declined, with improved sanitation and hygiene, housing, better nutrition and isolation procedures, at coincidentally the same time that vaccines have been introduced, medicine has assumed that vaccination is entirely responsible for the eradication of these diseases. Many medical textbooks lead off with the boast that one of medicine's great achievements is the eradication of smallpox through vaccination. However, if you actually examine the epidemiological statistics, you discover that between 1870 and 1872, 18 years after compulsory vaccination was introduced, four years after a coercive four-year effort to vaccinate all members of the population was in place (with stiff penalties for offenders), and at the point where 97.5 per cent of the population had been vaccinated, England experienced the worst smallpox epidemic of the century, which claimed more than 44,000 lives. In fact, three times as many people died from smallpox at that time as had in an earlier epidemic, when fewer people were vaccinated.

After 1871, the town of Leicester refused vaccination, largely because the high incidence of smallpox and death rates during the 1870 epidemic convinced the population it didn't work. In the next epidemic of

1892, Leicester relied solely on improved sanitation and quarantines. The town only suffered 19 cases and 1 death per 100,000 population, compared with the town of Warrington, which had six times the number of cases and 11 times the death rate of Leicester, even though 99 per cent of its population had been vaccinated.[9]

The World Health Organization has pointed out that the key to eradication of the disease in many parts of West and Central Africa was switching from mass immunization, which was not working very well, to a campaign of surveillance, containing the disease through isolation procedures.[10]

Sierra Leone's experience also demonstrates that vaccination wasn't responsible for the end of smallpox. In the late sixties, Sierra Leone had the highest rate of smallpox in the world. In January 1968 the country began its eradication campaign, and three of the four largest outbreaks were controlled by identifying and isolating cases alone, without immunization. Fifteen months later, the area recorded its last case of smallpox.[11]

Polio

More than any other, the polio vaccine is pointed to with pride by every government as definitive proof that mass vaccination programmes work. The US government is quick to note that during the plague years of polio, 20,000–30,000 cases per year occurred in America, compared to 20–30 cases a year today. Nevertheless, Dr Bernard Greenberg, head of the Department of Biostatistics at the University of North Carolina School of Public Health, has gone on record to say that cases of polio *increased* by 50 per cent between 1957 and 1958, and by 80 per cent from 1958 to 1959, after the introduction of mass immunization.[12] In five New England States – Massachusetts, Connecticut, New Hampshire, Rhode Island, and Vermont – cases of polio roughly doubled in 1954 and 1955, after the polio vaccine was introduced.[13] Nevertheless, in the midst of the polio panic of the 1950s, with the pressure on to find a magic bullet, statistics were manipulated by health authorities to give the opposite impression.

One such way was to give the old disease a new name – 'viral or aseptic meningitis' or 'cocksackie virus'. According to statistics from the Los Angeles County Health Index, for instance, in July 1955 there were 273 reported cases of polio and 50 cases of aseptic meningitis, compared with five cases of polio and 256 cases of aseptic meningitis a decade later.[14]

In the early part of the last century, over 3,000 deaths were attributed to 'chickenpox', and only some 500 to smallpox, even though authorities agree that chickenpox is only very rarely a fatal disease.[15]

Martha, from Sheffield, recently experienced this sort of fast-shuffle name-change with whooping cough:

> *Not long ago, after our two year old developed full-blown whooping cough, I took her to our GP, prepared to face a reprimand for neglecting to have her vaccinated. However, the doctor diagnosed asthma and prescribed Ventolin. I was so unconvinced by this diagnosis that I consulted another GP within the practice. To my amazement he insisted that whooping cough no longer exists (due to mass vaccination) and confirmed the diagnosis of asthma. I then pressed for a sputum test to prove or disprove the existence of whooping cough.*
>
> *I later received a patronizing phone call, following my doctor's discussion with our local consultant microbiologist. 'They do not test for whooping cough because it does not exist', I was told. I then asked, should the condition clear up in a few weeks, presumably asthma would have been an unlikely diagnosis? To which he replied: 'We now have a new condition called viral asthma which is similar to whooping cough'. He said they see many children with this condition. He added, 'Since they stopped testing for whooping cough there have been no recorded cases in*

our area.'

Diseases such as polio operate cyclically. The great polio epidemics occurred in the 1910s, the 1930s and the 1950s; then cases sharply dropped off down to nearly zero. But at the height of the fifties epidemics, after the vaccine was introduced, as author Welene James says, quoting another writer, 'the vaccine took the credit instead of nature.'[16] American medical critic Dr Robert Mendelsohn once noted: 'Diseases are like fashion, they come and go.'[17] Many vaccine programmes claim the credit for what is simply the tendency of illnesses to wax and wane. Far from science having anything to do with finally stamping out polio or tuberculosis, both diseases decided, a number of years ago, to take a breather and are now making a comeback – tuberculosis in many Western countries, polio in many parts of Canada, and diphtheria in Russia and the East.

Tetanus, Diphtheria and Whooping Cough

The incidence and number of deaths from diphtheria were declining long before the vaccine was introduced, as they were from tetanus, largely because of increased attention to wound hygiene.[18] Among all the soldiers of the Second World War, only 12 cases of tetanus were recorded – a third of which occurred among soldiers who were vaccinated.[19] The great decline in deaths from whooping cough (some 80 per cent) occurred *before* the vaccine was introduced.[20]

Measles

A similar pattern occurred with measles. The death rate from measles plummeted to greater than a 95 per cent decline (to .03 deaths per 100,000) 20 years before the vaccine was introduced.[21]

Nevertheless, in the late 1990s, despite the fact that the UK had the triple measles/mumps/rubella vaccine in place since 1988, and enjoyed an extraordinarily high coverage of vaccination among toddlers, cases of measles went up – by nearly one-fourth.[22]

In the 1990s, the US suffered from a steadily increasing epidemic of measles – the worst for decades – despite the fact that the measles vaccine in its various forms has been in effect since 1957, and the combined shot since 1975. Although the government targeted 1982 as the date of the virtual elimination of the disease, the Centers for Disease Control (CDC) in Atlanta reported a provisional total of 27,672 cases of measles in 1990, which represents a virtual doubling of reported cases in 1989, which were double the number of cases reported in the year before *that*.

Although the number of measles cases fell by one quarter (to 63,000) the year the vaccine was introduced, and bottomed out at 1,500 reported cases in 1983, the numbers suddenly swelled by 423 per cent at the end of the 1980s and then rose sharply, with the worst-hit areas of the US being Houston and Los Angeles County.

After the great resurgence of measles during 1989–91, cases of measles began to drop drastically. The Centers for Disease Control attributed this to the tremendous push given the measles and combined vaccines at the height of the epidemic; vaccine coverage increased from an average of 66 per cent in the years before 1985 to 78 per cent in 1991.

However, a few statistics confuse this optimistic assumption. First of all, the CDC estimates that, based on retrospective surveys of coverage, approximately 800,000 to two million babies and toddlers who hadn't got their shots should have been susceptible to measles. In reality, however, only 9,300 cases were reported among this age group in 1992. Although the average age of children catching measles dropped (from a median age of 12 in 1989, at the beginning of the epidemic, to an average afterwards of 4.9), nearly half of all reported cases were still among children over 5 – most of whom should have been

protected.

The CDC admitted that the sudden drop in cases could have something to do with 'an overall decrease in the occurrence of measles in the Western Hemisphere'. It also may have something to do, they say, with the cyclical nature of the disease.

Hib Meningitis

The UK Government boasts that *Haemophilus influenzae b* (Hib) meningitis has been eliminated, largely due to the jab, introduced in the UK in 1992. This form of bacterial meningitis, caused by the *haemophilus influenzae type b* bacteria, mainly strikes preschoolers, with the peak incidence between six and 15 months of age. The jab was supposed to combat the most common cause of meningitis in children under five. Nevertheless, a pro-vaccine study group extolling the virtues of the Hib vaccine conceded that a 'substantial' fall also occurred in children who hadn't been vaccinated – from 99.3 to 68.5 per 100,000.[23] Furthermore, many of the only cases of Hib meningitis occur among those who have been vaccinated.[24]

MYTH NO 2: THE DISEASES YOU ARE VACCINATED AGAINST ARE DEADLY

Increasingly, the rationale for vaccination has shifted from control of deadly disease to control of nuisance diseases such as mumps or chickenpox. In fact, a large number of the illnesses we now vaccinate against are no longer life-threatening in well-nourished children with healthy immune systems.

Measles

The zeal behind the various measles campaigns is founded on the belief that measles can be a life-threatening condition, and it seems to be one that is getting more dangerous by the year. When the Department of Health ran one of its major vaccine drives in 1989, Dr Norman Begg, consultant epidemiologist of the Public Health Laboratory Service, cited the then-official statistics that one in 5,000 children contracting measles will develop acute encephalitis, an inflammation of the brain, and one in 5,000 of those will develop SSPE (subacute sclerosing panencephalitis), an almost inevitably fatal progressive disease which causes hardening of the brain.[25]

Five years later, when one columnist encouraged parents to have their children re-vaccinated in the countrywide measles campaign, the percentage of measles victims who might go on to develop encephalitis had shrunk to one in every 500. One in 10 of these would die and one in four would suffer permanent brain damage, the columnist maintained. As the campaign intensified, other newspapers had magnified the danger even further. By November it seemed that one out of every 17 cases of measles would turn into a case of encephalitis.

But the report of the journal geared specifically for the study of the fatal illness being worried over, the SSPE Registry, concluded that the measles-induced form of this disease is 'very rare', occurring in 1 per million cases.[26] This rare disease also doesn't appear to be so random. A study of people with SSPE concluded that environmental factors other than measles, such as serious head injuries or exposure to certain animals, played an important part in the onset of the disease.[27]

Measles can be a killer, but it doesn't strike as randomly as medicine would have us believe. In the US in 1990, at the height of a measles epidemic when 27,000 cases were reported, 89 died. But many deaths occurred among children of low-income families, where poor nutrition played a part, as did failure to

treat complications. In Africa, where children are markedly deficient in vitamin A, measles does kill. However, as study after study demonstrates, even third-world children with adequate stores of vitamin A or those given vitamin A supplements are overwhelmingly likely to survive.[28]

Death due to measles is not common in developed countries. The year before the MMR vaccine was launched there were six such deaths in the UK, even though there were 42,165 reported cases of the disease.

Furthermore, in the five years between 1989 and 1994 there were only six deaths among children aged 0–19, even though there was a total of 59,263 cases of measles during this time – an average of one death a year. This represents an incidence of approximately one death for every 10,000 cases, which is almost half the incidence during 1979–1983, when 83 children died out of 467,732 cases of measles, or about one death for every 5,600 cases.

However, this lowered death rate doesn't have any bearing on the vaccine, according to Dr Richard Nicolson, editor of the *Bulletin of Medical Ethics*, but reflects the fact that doctors better understand how to treat measles. Since 1988 most deaths have occurred among adults although, again, there are only a handful every year. In Japan, most measles deaths have occurred in babies too young to be given the jab.

Norman Begg has written that deaths from measles are 'directly related to poor vaccine coverage'. In Italy there were only 10 deaths from measles between 1989–1991, even though they had only a 40 per cent coverage from the vaccine. In the following two years, coverage from the vaccine grew but deaths nearly tripled to 28, suggesting that vaccine coverage had absolutely no bearing on numbers of deaths.[29]

Mumps

Whatever the present party line, mumps has never been considered a global killer. The vaccine was only developed because of the rare complications of mumps: orchitis (testicular inflammation), aseptic meningitis, encephalitis and deafness. Children who get mumps usually suffer a swelling underneath the ear, headache, fever, vomiting and muscle aches. Besides the testicles, the female ovaries and breasts can also swell. Symptoms are usually gone in less than a week, although they may last for up to 10 days.

Whooping Cough

As WHO advisor Dr Stewart has written:'The lesson of history – not just medical history – is that infectious diseases change in pattern, severity and frequency through time. Whooping cough was once a serious threat to life and health in all young children. Now it is no longer so, though it is often a distressing disease and dangerous in some infants.'[30]

During the whooping cough outbreaks of 1978–9 in Glamorgan, Glasgow and Surrey, in 'low-risk' areas – that is, areas of adequate nutrition – there were no cases of permanent brain damage or death among any children, nor among any babies (who are considered most at risk).[31]

Polio

Even polio is not the virulent mass killer it is always made out to be. Largely because of the 1950s epidemic (following four terms of the most highly publicized victim, US President Franklin D. Roosevelt), polio is popularly thought to cut down healthy young people at random. In fact, most cases of polio are harmless infections. The current statistics estimate that only 10 per cent of people exposed to polio will contract it, and only 1 per cent of those will come down with the paralytic variety – or 0.01 per cent of those exposed to the disease in the first place. Medical homoeopath and noted vaccine critic Dr Richard Moskowitz has termed the propensity of an individual to develop paralysis from this ordinarily

harmless virus a ‘special anatomical susceptibility’.[32]

Meningitis C

Although all British children now receive the meningitis C vaccine, rather than simply individual groups at high risk, children between five and fifteen are at virtually no risk of contracting meningitis C. In the five-year period between 1994 and 1999, before the vaccine was introduced, group C meningococcal disease killed approximately 20 babies under one, 21 babies aged one, 18 two-year-olds, approximately 15 three-year-olds, a handful of four-, five- and six-year-olds, and almost no other pre-adolescent children.

After babies are a year old they develop active immunity by being exposed to a non-pathogenic form of meningococcus.

Casualties do not pick up again until the age of 15 through 20, the so-called highest cluster. In this age category meningitis killed some 12 15-year-olds, approximately 30 16-year-olds, 12 17-year-olds, about 18 18-year-olds, about 18 19-year-olds, and 10 20-year-olds over five years. So, in total, the disease killed approximately 200 young children, or an average of 40 children a year (70 a year in 1999).

While no one wishes to denigrate the tragic loss of these lives, in strictly epidemiological terms the death rate of this form of meningitis is small potatoes. It rates well behind many accidents as conditions which account for appreciable numbers of childhood deaths. For instance, a baby is five times more likely to drown in his bathtub and 86 times more likely to die of cot death than to die from meningitis C. Six times as many children and young adults get knocked over and killed by cars than die of meningitis C.British traffic deaths of all varieties among children represent the highest fatalities among this age group in all of Europe, claiming the lives of 1,309 children and young adults every year – more than 32 times the rate of meningitis deaths.

As Heikki Peltola, professor of infectious diseases and paediatrician at the University of Helsinki and the Hospital for Children and Adolescents, comments, ‘In no country is there an epidemic of this disease … Generally speaking, the incidence of meningococcal disease is too low to indicate vaccinations for the whole population, or even children, but some risk groups and epidemics are important exceptions.’[33]

Furthermore, according to the Department of Health’s own ‘factsheet’, group C meningococcal disease accounts for only 40 per cent of cases of meningitis contracted in Britain and elsewhere.

Although meningitis C is the major cause of meningococcal death among teenagers, the B version is far more deadly to babies and small children, representing at least two-thirds of all meningococcal deaths in this age group.

Nevertheless, says Wyeth, who developed the meningitis C vaccine, thus far producing a vaccine for the B strain has proved elusive.

Rubella

Rubella, like mumps, is a benign illness in children which appears not much worse than a case of flu. However, it can be dangerous to the developing foetus if a pregnant woman contracts the disease in the first trimester of pregnancy. In that case, her baby risks being born with congenital rubella syndrome, which can produce major birth defects including blindness, deafness and even limb defects.

Once again, medicine’s solution to this small risk is to attempt to wipe out the illness altogether by vaccinating all children, male and female. Indeed, exposure to rubella may be less risky to pregnant women than first thought. In one study of 24 pregnant women who’d contracted rubella, as confirmed by a blood test, none of their babies were born with congenital defects.[34]

MYTH NO 3: VACCINES WILL PROTECT YOU AGAINST THESE DISEASES

The big argument put forth by apologists of vaccines, particularly of those vaccines known to have substantial side-effects (such as the jab for whooping cough) is that, imperfect as they may be, the benefits are worth the risk. The problem with this argument is that it assumes that vaccines actually work.

Whooping Cough

During outbreaks of whooping cough, half or more of the victims have already been fully vaccinated. Professor Stewart reported that, in a study of whooping cough cases for 1974 and 1978, and in 1974 in the US and Canada, a third to a half of all children who'd caught it had been fully vaccinated. When he studied close to 2,000 babies who'd got whooping cough, two-thirds of the time they'd caught it from their fully vaccinated siblings. To Dr Stewart's mind, 'no protection by vaccination is demonstrable in infants', despite the fact that this is the very population the vaccine aims to protect – the only lives usually threatened by a nasty but otherwise mostly benign disease.[35]

'The effect of the present vaccination programme is to leave the only high risk group, the infants, at risk of both the [side-effects of the] vaccine and the infection,' Dr Stewart concluded.[36]

In his view, the risk of a baby's contracting encephalitis with permanent brain damage as a result of whooping cough (1 in 38,000) is comparable to the risk of brain damage (1 in 25,000) after vaccination with the jab.[37]

During a nationwide American epidemic of whooping cough in 1993, a group of researchers from a children's hospital in Cincinnati, Ohio, discovered that the epidemic mainly occurred among children who had completed the full course of DPT vaccines.[38]

About 30 per cent of the children had hospital stays, although the epidemic did not claim any lives. As many of the children who contracted the disease were aged between 19 months and six years, and so would have been vaccinated relatively recently, even scientists have begun to agree that the whole-cell pertussis vaccine on offer doesn't offer long-term protection.

Doctors are fond of pointing out that when the whooping cough vaccine was discontinued in the early seventies in Britain for a time, the number of severe cases shot up. After a US documentary criticizing the DPT vaccine, the number of children being immunized fell. Health officials then claimed that cases of whooping cough rose as a result of vaccine levels falling.

But when former Food and Drug Administration virologist Dr J. Anthony Morris analysed 41 cases of so-called whooping cough, only five had true pertussis, and all those victims had been vaccinated. The same occurred in Wisconsin. Most of the patients didn't have whooping cough, but those who did had been vaccinated.[39]

In Britain, cases rose to 'almost unprecedented heights', wrote Professor Stewart, during the 1978–9 epidemic. This figure was also interpreted as having to do with the drop in vaccination following adverse publicity. But the number of cases reported increased in all age groups, even those for which a high percentage of immunization had been achieved.[40]

Even at the best of times, when the whooping cough vaccine does work, it has only been shown to be between 63 and 93 per cent effective – an extraordinarily large potential difference.[41] The latest research from Sweden and Italy has shown that the vaccine is effective in just 48 per cent and 36 per cent of cases, respectively.[42] Despite take-up vaccination rates of 95 per cent or higher, whooping cough is resurfacing as an epidemic in many Western countries, particularly among very young babies.[43] In the US,whooping cough cases have more than trebled; in the UK, cases among children under a year old have increased by

29 per cent. This is despite the fact that the vaccine is touted as being 88 per cent effective among children 7–18 months old.[44]

The re-emergence of whooping cough in the US is hardly a new trend. After the vaccine was launched in the 1940s, cases of pertussis declined to an historic low in 1976. But, since the early 1980s, the incidence of whooping cough has increased cyclically, peaking every three to four years independently of vaccination.[45]

In November 2001, the UK Department of Health (DoH) modified its booster schedule to include another dose of the whooping cough vaccine after admitting that whooping cough is still a source of considerable illness and death among babies, who are catching whooping cough from their vaccinated older siblings or parents. This dose, given as a new 'acellular' version of the whooping cough vaccine (where the whooping cough toxin is inactivated by glutaraldehyde or hydrogen peroxide, or genetically modified – supposedly to make it safer) hasn't fared much better, either.

In Sweden, where it was tested on a group of infants, one fifth went on to develop whooping cough, even after they'd been given three shots. At best the vaccine was judged to work less than three-quarters of the time.[46] In the US, scientists working on the vaccine at the Mayo Clinic have explained that they don't really understand how much pertussin toxin is necessary to protect children; even those with high levels of antibodies in their blood seem to go on to get whooping cough.[47]

Tetanus and Diphtheria

The same seems to hold true for diphtheria and tetanus. A US-sponsored vaccine review has even concluded that the diphtheria vaccine 'is not as effective an immunizing agent as might be anticipated'.[48]

The effects of the diphtheria vaccine seem to wear off in adulthood. In London, a quarter of blood donors between the ages of 20 and 29 have been found to have insufficient immunity, while half of those between 50 and 59 have lost their immunity.[49] And in the new states of the former Soviet Union, the vaccine has not proved protective in curbing epidemics of diphtheria. More than 86 per cent of people given a combined diphtheria-tetanus jab went on to contract diphtheria a year after their first booster.[50]

As for tetanus, the US panel reviewing vaccines noted that the degree of potency of the vaccine 'can vary considerably from preparation to preparation'. The panel also concluded that, as the vaccine has been purified and made safer in order to prevent reaction to it, so its protective ability has diminished.[51]

Measles

The medical establishment has attempted to place the blame for the epidemic of measles that occurred at the end of the 20th century on clusters of the unvaccinated, particularly among poor, non-white populations – but the statistics again prove otherwise. According to the Government's own 1989 statistics, half the college-aged victims had been previously vaccinated. And between 1985 and 1986, more than three-quarters of all measles cases occurred in children who had been properly vaccinated.[52]

All that the measles vaccine has done has been to transform into adult diseases what were once exclusively the domain of children. In the pre-vaccine era, 90 per cent of all measles patients were five to nine years old. Once the measles vaccine was introduced, however, 55–64 per cent of measles patients were older than 10. The average age of patients during the measles outbreak at the University of California at Los Angeles during the recent US epidemic was 22.[53]

Significant numbers of these cases occurred among college-aged students, particularly those born between 1957 and 1967, when the vaccine was introduced. Students at many universities now have to provide proof they've recently been vaccinated before they are allowed to register for classes. A few

years ago, the US government estimated that between 5 and 15 per cent of all students were susceptible.

America has tried at least four strains of the measles vaccine, and all four – including the Schwarz strain now being employed in Britain – have significant failure rates. Study after study in the medical literature points unerringly to clusters of vaccinated children who nevertheless contracted measles.

For instance, in a 1986 outbreak of measles in Corpus Christi, Texas, 99 per cent of the children had been vaccinated.[54] In 1988, 80 per cent of cases of measles occurred in children who had been properly vaccinated at the appropriate age.[55] The year before that, 60 per cent of cases occurred in those who'd been vaccinated.[56]

Even if booster shots are offered, they often don't work, either. In a group of individuals whose measles vaccination hadn't worked, only half given booster shots ended up with antibody levels raised to a level considered protective.[57]

Mumps

Mumps also has a spotty success rate. In numerous instances a large percentage of fully vaccinated children have gone on to contract the disease. For instance, in Switzerland, six years after the MMR vaccine was introduced the incidence of mumps shot up sharply, mostly among the vaccinated.[58] Similarly, in the US state of Tennessee, a large outbreak occurred among students, 98 per cent of whom had been vaccinated.[59]

Rubella

In terms of effectiveness, the rubella vaccine, usually included in the MMR triple vaccine, hasn't fared much better either. In one 1970s study at the University of Pennsylvania of adolescent girls given the vaccine, more than one-third lacked any evidence whatsoever of immunity.[60] Because viruses easily mutate, the vaccine may only protect you against one strain of a virus, and not any new ones. A more recent Italian study showed that 10 per cent of girls had been infected by a 'wild strain' of the virus, even within a few years of being given their shot.[61]

All that vaccination accomplishes is to increase the incidence of the disease. A few years after the countrywide measles and rubella vaccination campaign of 1994, where all school children between the ages of 5 and 16 received the double jab, the number of cases of rubella in Scotland climbed to a 13-year high. Most occurred in children and young adults aged between 15 and 34, who'd been given preschool jabs and whose immunity to rubella had worn off. Young women are therefore at their most susceptible to the disease at the point in their lives when they are most likely to get pregnant and expose their developing child to rubella.[62]

A similar pattern – where the illness suddenly became an adult one – occurred in Finland in 1982, following a mass immunization programme.[63] Furthermore, children with congenital rubella syndrome have born to mothers who'd received their full vaccination quota against rubella.[64]

HIB Meningitis

The Hib vaccine is pointed to as a modern medical success story and credited with a 15-fold decline in the incidence of the disease since the vaccine was introduced. Nevertheless, medical science has yet to produce a version of the Hib vaccine that actually works.

The first vaccine introduced in the US in 1985 was a 'polysaccharide', used in children over 15 months old. The vaccine soon began to lose credibility after doctors reported that children were getting meningitis right after they'd been vaccinated. One Minnesota study showed that the shot *increased* a

child's risk fivefold of contracting the disease.[65]

Once the older version was discredited, several companies came up with a 'conjugate' vaccine – one that would marry the Hib portion with the tried and tested diphtheria vaccine (PRP-D), the diphtheria/pertussis/tetanus vaccine (PRP-DPT), or even the *Neisseria meningitidis* group b outer membrane protein complex (PRP-OMPC). The idea behind all this gobbledygook of initials was that attaching the new vaccine onto a substance known to produce antibodies would nudge the body to come up with an antibody to the Hib bug as well. In 1993, the US FDA approved Tetramune, a combination of the DTP vaccine and Hib vaccine.

The latest evidence shows that, far from increasing the effectiveness of the Hib jab, the addition of the diphtheria toxin actually *decreases* its effectiveness.[66]

In addition, the science on which the Hib vaccine success story is based is decidedly suspect. New evidence shows that the incidence of the disease has been widely underreported, largely due to the fact that the surveillance system which tracks the cases has declined by 23 per cent.[67] All the vaccine may have done was to turn Hib meningitis into an adult disease; the average age of victims, which used to be a year old, is now 25.[68]

'Trying to eliminate microorganisms and diseases is comparable to squeezing a balloon,' remarks naturopath Harald Gaier. 'You push in one side and it only makes the other side bulge.'

Polio

As for polio, scientists are beginning to concur that one of the central premises for giving the live vaccine isn't true. In true cases of polio, the virus lives in the intestine, creating what is ordinarily a harmless infection. Problems start if it travels to the bloodstream and makes its way to the nervous system, where it can cause paralysis. The killed virus, originally developed by Jonas Salk, is injected under the skin and is supposed to travel to the bloodstream and create antibodies there which will 'block' the virus before it reaches the nervous system. However, the killed polio shot does not give you 'gut immunity' – that is, doesn't raise antibodies in your intestines. That means that, while you won't get paralytic polio, the wild virus could live on in your gut and you could theoretically pass it on to someone else. Furthermore, the original Salk vaccine required three or more boosters every five years.

When first administered, the Salk vaccine was deemed a terrific success – until the polio-victim rate went up in the 1960s. Coming so hard on the heels of the double-digit victim rates of the fifties, this new development was greeted as proof that the Salk vaccine didn't work, particularly amid all the hysteria to find a 'cure'.

The live oral (OVP) vaccine, developed by Sabin, virtually replaced the Salk vaccine in the sixties, because it not only supposedly confers life-long immunity on its recipient, but stops him from becoming a carrier of the wild virus. And because recipients can excrete the vaccine virus for a number of weeks through the mouth and faeces, the theory is that you can pass on immunity to non-vaccinated individuals, thus raising the 'herd immunity'. *In other words, the live oral vaccine became the vaccine of choice largely so that you or your children could act as an immunizing force for other, unvaccinated individuals.*

Scientists now realize that there is little evidence that the live vaccine actually does achieve this 'back door' immunity among the unvaccinated. This was the conclusion of a scientific study group after an outbreak of polio in Taiwan, where up to 98 per cent of young children had been immunized.[69] Even the US FDA has acknowledged: 'We now know that secondary spread of vaccine virus to susceptible contacts plays very little part in population immunity.'[70]

There's also plenty of evidence that the polio vaccine fails. Many of today's outbreaks occur more among immunized than un-immunized populations. In 1961, for instance, Massachusetts had a polio

outbreak, with more paralytic cases among the vaccinated than the unvaccinated.[71] Furthermore, even if the vaccine 'takes', you may not be adequately protected against a certain strain of the virus. During a major outbreak of hepatitis A infection in Glasgow, blood serum of 24 of the victims were also tested for antibodies to polio. Only one-third of the group had an acceptable level of antibodies against one strain of the virus.[72]

Tuberculosis (BCG Vaccine)

The Heaf test is used by most school districts to measure tuberculin sensitivity. Unlike most sensitivity tests, a negative result is supposed to mean that a child does not carry antibodies to the tubercle bacillus. However, the test is notoriously inaccurate; even the American Academy of Pediatrics warns its members that the test carries the possibility of false-negatives and false-positives. Furthermore, no one is really sure anymore what a positive test really means. It could mean that someone is immune to tuberculosis, or had prior infections, or it could mean that someone is simply allergic or sensitive to the test.

In one study of British school districts, where 92 per cent were using the Heaf test, most districts agreed on what to do with a 0 grade, which showed very little reaction (recommend immunization) or a grade 3 or 4, which indicated pronounced reaction (refer to a chest clinic for special evaluation before having the jab). The disparity occurred with those scoring grade 2. Around one-third of the districts recommended no immunization, and approximately two-thirds recommended referral to a chest clinic for special examination before going ahead with the jab. Only a single district recommended immunization at this level of sensitivity to the test.[73]

Besides the lack of agreement about which groups should or should not receive the live tuberculosis vaccine, substantial doubts exist about its effectiveness. In 10 randomized controlled trials from around the world since the 1930s, the ability of the BCG vaccine to protect you has ranged from 80 per cent to 0.[74] On average, the shot only protects about two-thirds of children from TB.

The problem is that BCG vaccination can only limit the multiplication and spread of the tubercle bacteria; it cannot prevent infection in people exposed to the germ. In fact, there's increasing evidence that BCG vaccines offer greater protection against leprosy than tuberculosis, particularly in Third World countries, where TB is still rife. A huge African study of 83,000 people in Malawi concluded that half were protected against leprosy, but none had significant protection against tuberculosis.[75]

The London School of Hygiene and Tropical Medicine, which conducted a special analysis, found that the vaccine is just 22 per cent effective in Kenya and 20 per cent effective in some areas of India. Overall effectiveness ranges from 0 to 80 per cent around the world, possibly due to strain variations, genetic or nutritional differences, or environmental influences.[76]

MYTH NO 4: THE SIDE-EFFECTS OF VACCINES ARE RARE AND MOSTLY MILD

Just as there is no such thing as a safe drug, there is no such thing as a safe vaccine, and we are only beginning to come to grips with exactly how dangerous each one is. One of the most definitive and largest study of vaccines to date, conducted by the Centers for Disease Control and Prevention, the highest American government body on infectious diseases, was quietly announced to a handful of scientists with no publicity or press releases at a meeting of the Advisory Commission on Childhood Vaccines in Washington.

The low-key presentation in a small seminar on September 9, 1994 in Washington DC was at odds with the spectacular nature of the conclusions: namely, that a child's risk of seizure triples within days of

receiving either the MMR or the DPT vaccines.

Using database technology, the CDC monitored the progress of 500,000 children across the US, tapping into computerized records of Health Maintenance Organizations and public insurance schemes such as Kaiser Permanente in California. In this way, the CDC was able to pull together virtually every piece of research and data on adverse reactions to the two triple vaccines. They identified 34 major side-effects to the jabs, ranging from asthma, blood disorders, infectious diseases and diabetes to neurological disorders, including meningitis, polio and hearing loss.

But it was the incidence of seizure that leaped off the graph, according to Dr Anthony Morris, who attended the meeting. The rate of seizure increased three times above the norm within the first day of a child receiving the DPT shot, and the rate rose 2.7 times within four to seven days of a child being given the MMR shot, increasing to 3.3 times within eight to 14 days.

Seizure, which covers epilepsy, convulsions and fainting, is already one of the most common conditions in childhood, affecting an estimated one in 20 children, or 5 per cent.[77] This high figure could reflect the effect of vaccination. Or the new findings could mean that vaccines will further increase that seizure rate to nearly 15 per cent, affecting something close to three in 20 children.

The effects of the DPT shot were immediate, causing the incidence of seizures to increase three times the normal within 24 hours of the jab being given, but then falling off rapidly to just 0.06 times the norm after the first day. The MMR vaccine, however, had a far slower effect, only reaching its most dangerous period eight to 14 days after the jab was administered. The seizures were often serious, the CDC reported, with a quarter of all cases having to be treated in hospital.[78]

In measured, neutral language, the presentation concluded that the architects of the study were interested in studying the synergistic effects among antigens when combined or simultaneously administered – that is, whether the seizures are caused by individual vaccines, or whether the antigen stew of so many vaccines given at the same time is causing, in effect, immune-system melt-down. In the UK, the Public Health Laboratory Service Statistic Unit came up with strikingly similar results: the MMR jab increased seizure risk three times, while the DPT also increased seizure risk threefold, usually three days after the dose was given. The peak increase rate of seizures and meningitis due to the Urabe strain of the mumps portion of the MMR vaccine usually occurred between 15 and 35 days afterwards.[79] A later study of nearly 700,000 children on the CDC database found an even worse result. Infants between the ages of 0 and 12 months increased their risk of having a seizure by nine times on the day they received their DTP shot.[80]

The PHLS also discovered that children given the MMR were five times more likely than expected to suffer idiopathic thrombocytopenic purpura, a blood disorder often requiring blood transfusions. The risk elsewhere has been estimated at 1 in every 30,000 vaccines.[81]

Whooping Cough

As for the individual vaccines themselves, the whooping cough, or pertussis vaccine, is acknowledged as the most overtly dangerous. Of all the adverse reactions from vaccinations now reported on the American Vaccine Adverse Event Reporting System, which was set up with the Vaccine Compensation Act, a US law recognizing that vaccines cause side-effects and arranging for a system to provide compensation for the victims, the overwhelming majority are due to the DPT vaccine. Between 1991 and 2001, there were 39,275 reports of reactions from all forms of the DPT – 6,783, or nearly one sixth of which were serious, involving death, hospitalization or permanent disability.[82] Furthermore, drug companies in America, who are obliged to pay ‘tax’ for compensation of future vaccine victims, pay the highest rate on the DPT vaccine – a tacit acknowledgement of its position as the most dangerous of all.

Incredible as it seems, the safety of the pertussis drug was never adequately proved before being

injected into millions of babies. Essentially, the vaccine as we know it today is no different from the first lots of it created in 1912. At that time, two French bacteriologists grew the pertussis bacteria in large pots, killed it with heat, preserved this stew with formaldehyde, and went ahead and injected it into hundreds of children. Unlike most vaccines, which are detoxified and purified versions of the germ in question, the pertussis vaccine still contains the 'whole cell' of the pertussis bacteria, which is why it's called a 'whole cell' or crude vaccine.[83] This means it still contains endotoxins and cell-wall substances known to be highly toxic, causing fever, interference with growth, and death in laboratory animals. Other toxins stimulate insulin production. One predisposes animals to shock and collapse; another blocks the body's recovery mechanisms.[84]

The US's new acellular vaccine, called DTaP, has been approved by the US Food and Drug Administration since 1992, and now may be offered for babies, rather than simply as a booster shot for older children. The new variety is also being tested in Europe. Doctors are hoping that the results will assuage parents' fears about the dangers of the shot.

However, recent research suggests that the acellular vaccine may be no safer than the vaccine it is meant to replace. A large US study called the Nationwide Multicenter Acellular Pertussis Trial, which compared over 2,000 children given either the acellular vaccine or the whole-cell version, found that the rate of serious adverse reactions – death, near-death, seizures, development delay and hospital stays – did not differ between the old and new vaccines.[85]

The only safety test of the original whooping cough vaccine was conducted by the British Medical Research Council, which tried out the drug on 50,000 children aged 14 months or older. The US never did do tests of its own, but has always relied on these British tests conducted in the fifties. Furthermore, the 42 babies who had convulsions within 28 days of having been given the shot were discounted and the drug assumed to be safe, even though that level of reaction translates into about one in every 1,000 children.[86]

Though the trials were designed only to demonstrate effectiveness, not safety, US and British health authorities have used them as evidence that the vaccine is safe to give to babies as young as six weeks of age. This means the drug was never tested for safety at this dosage for newborns. It also means that two-month-old babies are given the same dosage as children three or four times their size.

In its government-sponsored report, the US National Academy of Science's Institute of Medicine (IOM), which scoured the medical literature for 17 health problems that have been associated with the DTP vaccine, concluded that the vaccine can cause anaphylactic shock (a severe life-threatening allergic reaction) and extended periods of inconsolable crying or screaming, sometimes lasting 24 hours or more.[87] According to Coulter and Fisher in their seminal work *A Shot in the Dark* (Avery), 'this kind of crying, a thin, eerie, wailing sound quite different from the child's normal cry, [very much resembles] the so-called *cri encephalique* (encephalitic scream) found in some cases of encephalitis.'[88]

The IOM committee also found a link, although it was a weaker one, between the DTP vaccine and acute encephalopathy and shock, causing total collapse.[89] Encephalitis is an inflammation of the brain, often referred to as meningitis, causing a bulging and red fontanelle among infants. The American National Vaccine Information Center has amassed many reports of children who either remain brain-damaged or die after these episodes. In almost every instance, the parents themselves have had to report their child's reaction to the drug because their doctor has insisted that the reaction was unrelated to the shot.

> *'My grandson had his first DPT shot and oral polio at his two-month well-baby checkup,' says a grandmother from Washington. 'After the shot he started crying. The doctor gave my daughter Pediacare (a mild infant analgesic) but it did not stop the high-pitched screaming. When the*

baby's temperature went down to 98, the nurse told her to feed the baby. My grandson began projectile vomiting and continued the high-pitched crying. The nurse informed my daughter this was normal. The doctor told her to give my grandson more Pediacare and, hopefully, it would make him drowsy. At 3 am they both went to sleep. At 7 am my daughter awoke and found my grandson with a purple color on one side of his face, clenched fists, blood coming from his nose and mouth and no breathing. He was dead within 21 hours of his DPT shot.'

Claire from Minnesota says that after her baby daughter's first DPT jab at her two-month well-baby clinic, she showed no unusual behaviour the first two days except that she was irritable whenever her leg was moved (where the jab had been given). 'I checked her temperature every nappy change and it was fine. She started having seizures two days after the shot,' says Claire. 'Since then she's been put on every seizure medication there is and was put in a coma for two weeks and is still having seizures. She is now at home with us having 50 to 200 seizures a day. She is very severely retarded, bed-ridden, fed with a G-tube and cortically blind.'

Based on a 10-year study, the Institute of Medicine says the vaccine could trigger an acute neurological illness in children with underlying brain or metabolic abnormalities. Researchers are now concerned that children can become brain damaged or even die if they develop a severe neurological illness within a week of receiving the vaccination.[90]

The risk of this type of neurological damage has been estimated at between 1 in every 50,000 children vaccinated.[91] Although Gordon Stewart has argued that the risk to babies of death or brain damage from whooping cough itself is comparable to the risk of death or brain damage from the shot, the actual risks of the vaccine could be much worse.[92] According to the damages paid to the families of children in Britain judged to have been hurt by the whooping cough shot, the risk of damage over the years 1958–79 worked out to be 1 in 30,000 children, at least three times that for all other vaccines.[93]

Although the IOM committee concluded there wasn't enough evidence from current medical studies to show the whooping cough vaccine could definitely cause other serious damage, it didn't rule this out. The possible damage includes juvenile diabetes, learning disabilities, attention deficit disorder, infantile spasms, and sudden infant death syndrome (SIDS).

The FDA once sponsored a study at the University of California of children receiving some 15,000 doses of DTP vaccine. In that study, nine children had convulsions and nine had episodes of collapse, a frequency for each of these conditions of one per 1,750 immunizations. However, since each child receives three to five DTP shots, the true risk of damage could be more like one per 400 children.[94] In one study of 53 babies who had died of sudden infant death, 27 had received the DPT shot within a month of their death. Six deaths occurred within 24 hours, and 17 within a week of the jab being given.[95]

In testimony before the US Senate Committee in 1985, Edward Brandt Jr, the Secretary of Health at the time, estimated that every year 35,000 children suffer brain damage from this vaccine. Other estimates by the University of California at Los Angeles are that 1,000 infants a year die from SIDS as a direct result of DPT, which represents some 10 to 15 per cent of the total number of SIDS cases in the US.[96]

In the early 1970s, Dr Archie Kalokerinos and Glenn Dettman, who were studying aboriginal children, were puzzled when the death rate of aboriginal children skyrocketed, in some places by 50 per cent. Suddenly they made the connection: the rise in the death rate coincided with intensified efforts to immunize these children, many of whom were ill or had serious vitamin deficiencies when they received their DPT shots.[97]

As a result of this and other evidence, Sweden, Germany and Japan have omitted the whooping cough vaccine from their regular vaccine schedules.

The only large-scale study of the whooping cough vaccine ever conducted discovered that one in every

875 doses of the vaccine causes convulsions, shock or collapse. Two babies in the study died as a result.[98] As for brain damage, Swedish research discovered that one in 17,000 children suffer brain damage or death.[99] In Britain, the British National Childhood Encephalopathy Study, meant to rule out dangers of the jab, showed that one in 110,000 DPT shots causes a serious neurological reaction, and that one in 310,000 shots causes brain damage or death.[100] But, again, since children receive three shots apiece, the true figures may be higher: as many as one in 30,000 children could suffer neurological reaction, and one in 100,000 children could be brain-damaged or killed.

Tetanus

As for tetanus, the Institute of Medicine's study of vaccine damage concluded that the vaccine could cause high fever, seizures, pain, nerve damage, fatal anaphylactic shock, degeneration of the nervous system, and Guillain-Barre syndrome.[101] Tetanus boosters can also cause T-lymphocyte blood count ratios to plunge temporarily to levels similar to those of AIDS victims.[102]

Another problem with this so-called 'safe' vaccine is encephalitis or damage to the nervous system or inner ear. The *Physician's Desk Reference* warns that booster doses are more likely to increase the incidence and severity of reactions, if they are given too frequently.[103] This is probably what happened to the 14-year-old son of Mary from Exmouth. He was given a tetanus injection following a dog bite. Five days later, he had his first epileptic fit at night, and has had epilepsy ever since. Mary asked her GP if there was any connection between the two, and like so many others, her fears were brushed aside and the boy's illness put down to coincidence. After all, her GP said, the tetanus vaccine is known to have no side-effects. 'It was only when my son changed GPs, a few years go, that his new doctor sent him for a brain scan to see if there were any underlying causes such as scar tissue,' she said. 'There were none.'

Measles/Mumps/Rubella (MMR) Vaccine

In the UK, until recently we were simply told by doctors and the government that the MMR vaccine has been used safely in other countries, particularly the United States, for many years. We were also told that it provides, as former health minister Edwina Currie put it in October 1988, 'life-long protection against all three infections with a single jab'.[104]

But in the US from 1991 to 2001, 23,787 adverse incidents following MMR vaccination have been reported to the American Vaccine Adverse Events Reporting System, many requiring emergency medical treatment and leading to permanent damage or death. And if, as the National Vaccine Information Center says, these figures represent only 10–15 per cent of the total number of side-effects (because of the massive number of cases that go unreported), the true figure could be far higher.[105]

British and American vaccine experts such as the Public Health Laboratory Service's Dr Begg claim that the incidence of measles-vaccine-induced encephalitis is very rare, occurring in one in 200,000 children. Symptoms include fever, headache, possible convulsions and behavioural changes. 'Most symptoms are mild,'he says, 'and the children will recover.'

However, many studies report far greater risks. In one, from Germany, 1 of every 2,500 children vaccinated had a brain complication, and 1 in every 17,650 came down with encephalitis.[106]

About one in 400 children given the jab will suffer convulsions,[107] and nearly one-fifth of young adults given measles boosters will suffer major side-effects, including fever, eye pain and the need for bed rest.[108]

New research has made a tentative connection between the measles jab and the sharp rise of Crohn's disease and colitis in children.[109]

Two versions of the drug, manufactured by Merieux and SmithKline Beecham, were withdrawn in Britain and elsewhere in the autumn of 1992 because of the risk of contracting meningitis from the Urabe strain of the mumps portion of the vaccine. The Japanese government withdrew its own version of the MMR vaccine in April 1993 after discovering a link with meningitis. A year later, the Japanese authorities revealed that one in 1,044 children vaccinated developed aseptic meningitis.[110] The government also found evidence that the vaccine can bring on mumps, which can also be transferred to other children.

The US National Academy of Sciences IOM report concluded that the measles vaccine can cause death from measles-vaccine-strain-infection, thrombocytopenia (the rare blood condition characterized by a decrease in blood platelets), fatal shock, and arthritis. The committee also said it couldn't 'rule out' that the vaccine itself could cause cases of SSPE.[111]

Immediately after receiving a measles jab during the nationwide UK campaign in 1994, Sam, a healthy, athletic 12 year old, began losing his sense of coordination and falling down. He also began having constant seizures – sometimes 15 an hour. After becoming virtually wheelchair-bound, he was eventually diagnosed as having the fatal condition SSPE. Even though his condition is a known, admittedly rare side-effect of the measles shot, his doctors refused to make the link. Instead they argued that the jab merely set off a latent disease caused by an earlier bout of measles. The problem is, insists his mother, Sam never *had* measles.

Besides running the risk of side-effects from the vaccine, your child could also contract what has become known as atypical measles, an especially vicious form of the disease which resists treatment. In a 1965 study in Cincinnati during an epidemic of measles, 54 vaccinated children went on to develop atypical measles. Many of these children were so ill with high fever and pneumonia that they had to be hospitalized.[112]

There is even some evidence that preventing children from getting the ordinary childhood diseases prevents their immune systems from adequately developing. When children get the measles vaccine, they often contract so-called 'mild measles' with an under-developed rash. One study found evidence of a relationship between lack of rash in measles and increased incidence of degenerative diseases such as cancer later in life.[113] Many practitioners have reported that cancer patients have a particularly small number of infectious diseases of childhood in their medical history.

Mumps

German authorities have discovered 27 neurological reactions to the mumps vaccine, including meningitis, febrile convulsions, encephalitis and epilepsy.[114] Of all cases of mumps encephalitis over 15 years, one-sixth were definitely caused by the vaccine.[115] Research from Canada estimated the risk of vaccine-induced mumps encephalitis at one per 100,000;[116] a Yugoslavian study concluded it was one per 1,000.[117]

As for meningitis from the mumps vaccine, the British Department of Health's recent public assurance that the risk is only 1 in 11,000 contradicts the long-known findings published in one of the leading US paediatric journals that the rate varies from 1 in 405 to 1 in 7,000 shots given.[118]

The British government ignored these warning signals about the mumps portion of the vaccine until a surveillance study by the Public Health Laboratory Service demonstrated that an unacceptably large number of children were contracting meningitis from a certain strain of the mumps vaccine.[119] In Nottingham, a cluster of cases suggested the risk could be as high as 1 in 4,000 doses; the PHLS eventually concluded the risk was 1 in every 11,000 doses.[120]

But even when the government hastily withdrew the two versions containing the Urabe mumps virus

strain – a good 18 months after Canada did so – SmithKline Beecham continued producing vaccines containing that particular strain, 'so that existing immunization programmes in areas where no alternative mumps vaccine is available need not be suspended'.[121] In other words, in some parts of the world it was considered better to hand out a vaccine known to pose dangers than to expose children to an illness that is mostly benign.

After her son suffered side-effects after receiving his MMR, Jackie Fletcher formed a group called JABS (Justice, Awareness and Basic Support) for families of children damaged chiefly by the MMR vaccine. So far she has been contacted by hundreds of families whose children allegedly have sustained damage from the now-withdrawn mumps vaccine. Nevertheless, a number of cases of alleged damage being pursued in court also concern the current MMR vaccine, produced by the US drug company Merck.

Rubella

A National Academy of Science report has accepted that the rubella portion of the MMR vaccine can cause long- or short-term arthritis. One manufacturer of the triple vaccine estimated that the rubella part of the vaccine causes arthritis in up to 3 per cent of children and in up to 20 per cent of adult women who receive it. 'Symptoms [of arthritis] may persist for a matter of months or, on rare occasions, for years,' the company reports – everything from mild aches to extreme crippling.[122] Adolescent girls are considered to be at greater risk of joint and limb symptoms.

As long ago as 1970, the US Health, Education and Welfare department reported that some '26 per cent of children receiving rubella vaccination in national testing programs developed arthralgia and arthritis. Many had to seek medical attention, and some were hospitalized to test for rheumatic fever and rheumatoid arthritis.'[123]

Dr Aubrey Tingle, a paediatric immunologist at Children's Hospital in Vancouver, British Columbia, has also undertaken major research into this area. According to his own studies, 30 per cent of adults exposed to rubella vaccine suffer arthritis in two to four weeks – ranging from mild aches in the joints to severe crippling. Tingle also found the rubella virus in one-third of adult and child patients with rheumatoid arthritis.[124]

During the 1994 UK measles appeal, the Department of Health admitted in written reports to doctors that 11 per cent of first-time recipients of the rubella vaccine will get arthritis. Nevertheless, this vital fact was omitted in the pamphlet given to parents.

Polio

With the live polio virus, the main problem is that this 'attenuated' or weakened version of the vaccine virus can genetically alter in the gut, changing into its virulent form and causing paralytic polio in its recipient or those that he has recently come into contact with. Today, virtually the only cases of polio that occur in Britain or the US are caused by the vaccine, mainly among so-called contacts – grandparents, parents or siblings who are in some way susceptible to polio – but also among the recipients themselves. Scientists have also identified a new strain of vaccine polio virus caused by the vaccine in a number of countries round the world, according to the World Health Organization.[125]

Bernard Reis, an English professor at Vassar College and former graduate of Cornell University and Harvard, described as an energetic, athletic achiever, was happily married with a baby boy, whom he dutifully took to receive the vaccines mandated by law. A month after his little boy's vaccine, Reis became tired when attempting to climb a flight of stairs and came down with what he thought was flu. Two days later he collapsed on his bathroom floor and, after being rushed to hospital, was completely paralyzed, placed on an iron lung and fed intravenously. Eleven months later he returned home in a

wheelchair. ‘The strain of all this was too much for my marriage, which fell apart,’ he writes.[126] Since then, his life has been ‘hell in slow motion’. Although able to walk haltingly, he is still extremely weak from his bout with polio. He lives on Social Security in New York public housing. He has not been able to receive other government assistance or compensation.

On February 19, the first day Bob and Marjorie were to move into their new home, Bob collapsed on the sofa. The following morning he complained that he couldn’t move his left arm. A few days later he was completely paralyzed. A battery of tests later, doctors finally diagnosed Bob as having paralytic polio. His daughter Chloe had received her live polio vaccine less than two months before. No doctor had warned Bob, who has Netherton’s syndrome (a skin condition) that his immune system was weakened by the cortisone he takes and that he was at high risk of contracting polio from anyone vaccinated for the disease – this despite the warning to physicians on packages of the vaccine, from Lederle, the drug manufacturer. A year to the day after Bob came down with polio, he died.

There were more than 31 cases of vaccine-induced paralytic polio in the US between 1991 and 1997,[127] and at least 10 reported cases of paralytic polio caused by the live vaccine were reported every year until the advent of an inactivated version.[128] (In the UK, 13 cases have been substantiated between 1985 and 1991.[129]) The US CDC, along with German doctors from the University of Cologne, estimated the current risk for vaccine-induced polio at five per million doses of the live vaccine given, or one case for each 200,000 first doses, which are said to be the most risky.[130] As with many official statistics, this figure could be too low; if your immune system is weakened, as it is with AIDS or if you are using drugs such as steroids, the risk is multiplied 10,000 times. In Germany, most cases of paralytic polio caused by vaccines have been among children aged two years or younger – that is, the recipients themselves.

Besides polio, your child also risks poor weight gain or other paralytic diseases with the polio vaccine. Children immunized with live agents, such as the polio vaccines, have been shown to suffer ‘statistically significant’ reductions in their weights, compared with children of the same size who weren’t vaccinated.[131] Those who were small for their ages to begin with were especially affected.

Recently, a new disease has been appearing in China, which the medical press has dubbed ‘Chinese paralytic syndrome’ (CPS). Although it was previously diagnosed as the paralytic condition Guillain-Barre syndrome (GBS), researchers from the Second Hospital of Hebei Medical College in the People’s Republic of China studied all the cases in depth and concluded that the disease, which strikes children and young adults, was a variation of polio.

Before oral polo vaccine (OPV) was introduced in the Hebei province in 1971, illness from polio was high, but diagnoses of GBS were uncommon. Then after 1971, the incidence of polio gradually fell, but that of GBS increased about tenfold. Three rises in the incidence of polio utterly coincided with three epidemics of GBS.

According to Yan Shen and Guohua Xi from the hospital’s Department of Neuropsychiatry, the evidence strongly suggests that the polio virus is responsible for the cases diagnosed as GBS. ‘The widespread use of OPV may have led to [mutation of the virus], resulting in an alteration of [the disease] and/or to a change in the main epidemic type of poliovirus,’ they wrote.[132]

Cases of GBS linked to the polio vaccine also occur in the UK. Emma Whitlock went to her doctor’s surgery to get a routine polio and typhoid vaccination for her family’s upcoming trip to Morocco. She says:

> *That evening I developed a temperature, with aches and pains in my arms and legs. The pains in my legs were the most severe. About two weeks later while I was out walking one of my legs ‘gave out’. It felt as though my legs were both weak, and they were numb. Some time after that my legs started to feel as though they were burning.*

My condition has steadily deteriorated over the years, and I am now at the stage of being able to take only a few steps before I experience the pains and a horrible numbness in my legs, which forces me to sit down. Any kind of movement gives me the same pain, even if I travel in a car.

My hands were affected, too. They now burn when I have done too much, and there is a weakness there. Besides the limb problems, I suffer earaches and a kind of deafness, plus frequent infected neck glands which only clear up with antibiotics. I also have serious problems with balance, unsteady walking and falling. I have memory loss and often stop in mid-sentence.

These effects have all had a devastating effect on my life. I am now totally house-bound. I have been resting solidly for nearly five months to try to get the burning pain to ease. Although it has eased somewhat, the pain and numbness are constant when I attempt to walk.

Doctors have now diagnosed the problem as Guillain-Barre syndrome. When I contacted someone from the Guillain-Barre Society, he told me that I was the worst case he's ever seen. My doctor now admits that this was brought on by the vaccine.

Finland, like Sweden and the Netherlands, has always preferred to use the killed IPV vaccine. However, after 10 cases of polio erupted in 1985, the government organized a mass vaccination campaign with the live vaccine. A few weeks after the campaign, the Department of Pediatrics at the University of Oulu in Finland reported a cluster of 27 cases of childhood Guillain-Barre syndrome, which also occurred in the US following mass immunization for the swine flu in the 1970s.[133] Eleven of the children had been immunized before the onset of symptoms.

Millions of children receiving the Salk vaccine in the 1950s and 1960s have been infected with another, potentially cancer-causing virus. This virus, named SV 40, was found to be a 'fellow traveller' of the polio virus. The process of killing the polio virus was not sufficient to kill SV 40. This contaminated vaccine was then handed out to many millions of children during the initial 1955 campaign, and even later.[134] When a combined DTP and polio shot was found to contain SV 40, it was discontinued.

Meanwhile, according to Dr Anthony Morris, SV 40 and similar agents have been recovered from human brain tumours 'and also precancerous conditions in the brain'. SV 40 has been shown to cause cancer in hamsters after the equivalent of 20 human years.[135] Numerous researchers have even attempted to link infected polio vaccine with the origin of AIDS.

Recently, SV40 has been found in tissue samples of victims of certain cancers, including rare childhood brain tumours.[136] Because of the risk of getting polio from the live vaccine, various governments, including that of the US, are now considering reverting to the killed form of the vaccine (IPV), particularly as the Merieux pharmaceutical company in Europe and Connaught Labs in the US have come up with an enhanced killed vaccine (or E-IPV, in science-speak) which supposedly gives you immunity against all three types of polio after two doses. But the new vaccine seems to be trading new problems for old. The killed vaccine has been linked with GBS, motor neurone weakness, encephalitis, meningitis and convulsions, according to a Danish study.[137]

THE EXCIPIENTS IN VACCINES

Besides the vaccines themselves, children can react to the *excipients*, or extra ingredients added in. A vaccine is a complex mix of live or killed viral or bacterial antigens, or foreign invaders, plus a variety of substances to help them grow, to kill impurities, to help stabilize them and to boost their antibody-producing abilities.

The three most common chemicals in vaccine production are *thimerosal*, a preservative derived from mercury, *formalin* (a 37 per cent solution of formaldehyde, the main ingredient of embalming fluid) –

included to inactivate viruses and detoxify toxins – and *aluminium sulphate*, an adjuvant or vaccine-effectiveness booster which is supposed to increase the ability of a vaccine to produce antibodies. Phenol (a disinfectant and dye), ethyene glycol (the main ingredient in antifreeze), benzethonium chloride (an antiseptic) and methylparaben (a preservative and antifungal) are also often added to the pot.

The only study that has tested the use of these substances has examined their effect on animals, and discovered that seven of the most commonly used substances have the ability to produce tumours.[138] In another study examining the use of thimerosal when used in a similar way that it is used in vaccines, patients given immunoglobulin preserved with thimerosal had raised mercury levels in their bodies.[139] Ironically, Jonas Salk, who developed the killed polio vaccine, found that thimerosal actually *inhibited* the effect of the polio vaccine.

Each of these individual ingredients has been studied in other contexts and found to have many side-effects. Studies have shown that germicides like thimerosal have a negative effect on white blood cells,[140] and of course aluminium is known to be toxic in drinking water. Mercury is among one of the most toxic substances to humans (*see* Chapter 9).

A large percentage of people have or develop allergic sensitivity to thimerosal, used as a disinfectant in vaccines. One study showed that more than a third of allergic patients undergoing allergy desensitization with shots containing thimerosal developed hypersensitivity to the mercury salt.[141] This high sensitivity to thimerosal, in some cases, is due to previous exposure to the substance in vaccinations.[142] We also know that mercury salts can cause immune-suppression in animals.[143] Children who receive vaccines with thimerosal may be exposed to higher levels of mercury than are considered safe.[144]

As for formalin, 47 studies have demonstrated an association between formaldehyde exposure and cancer, including leukaemia and cancer of the brain, colon and lymphatic tissues.[145]

Since the 1940s, scientists have been experimenting with adjuvants to kickstart vaccines in working more effectively. Adjuvants work by trapping the vaccine in a pool and then drip-feeding it into the lymph nodes and spleen. Even the tetanus toxin is used as an adjuvant to boost other vaccines that don't work very well.

Certain adjuvants, such as calcium phosphate, appear to cause more reactions than aluminium hydroxide and the adjuvants in DT vaccines.[146] Oil adjuvants, used for example in the flu vaccine, have been shown to cause hypersensitivity, cysts and arthritis, and aluminium may cause not only cysts and granulomas at the injection site, but arthritis and even cancer.[147] The metals frequently used in vaccine production can settle somewhere permanently in the body; when granulomas that have developed after vaccination have been examined by special x-ray equipment, they've shown the presence of aluminium and phosphorus in the granular debris.[148] Of the few studies that have been done on aluminium in vaccines, one shows that those containing aluminium cause the most reactions.[149] Aluminium also appears to intensify allergic reactions to the whooping cough vaccine.[150]

These substances also have varying effects on the protective ability of the vaccines, some helping them to work better than others: aluminium phosphate produces more antibodies, for instance, than sterol tyrosine or calcium phosphate.[151]

However, no one is really clear which ones really work and which are safest. As a New York Academy of Sciences article once put it:'The body of knowledge regarding mechanisms of adjuvancy or adjuvant effect could better be described as voodoo or witchcraft.'

Besides these preservatives, many other substances get thrown in the pot. For instance, the DPT vaccine combines toxoids of diphtheria and tetanus with the whole cells of pertussis bacteria. Large amounts of diphtheria and pertussis are grown in a broth. Toxoids are the poisonous products of the tetanus and diphtheria organisms. These are produced in a stew of dextrose, beef-heart infusion, sodium

chloride and casein, cut with methanol, a raw alcohol, to purify it, then dissolved in a buffer.[152] The final 'ingredient' is the whole cells of the whooping cough, or pertussis bacteria. They are grown in large vats in a culture of minerals and casein, then killed by heat or thimerosal. After one or another adjuvants such as aluminium are added, this 'stew' is complete and ready for injection into a two-month-old baby.

But no one really knows the final effect of the interaction of all these chemicals and toxoids; what we *do* know is that adding formalin to crude toxins polymerizes impurities and bacterial antigens – that is, joins them together.[153] As for what that actually does to children, your guess is as good as mine.

NEW DISEASES FROM VACCINES

Besides the dangers of individual jabs, vaccination appears to be responsible for a number of new diseases.

Getting jabbed with a weakened or killed version of a virus can cause you to develop a viral 'mutant' or encourage its growth in the population at large.

It has been estimated that 3 per cent of babies born to mothers given the hepatitis B vaccine go on to develop a mutated form of hepatitis B.[154] In one study of a large group of babies born to hepatitis B-positive mothers and given a full immunization programme against hepatitis B, one in 60 became hepatitis B-positive. One in 80 of these babies showed they had a viral mutant of the vaccine. This mutant has been associated with hepatitis and active liver disease.[155] In another study, patients vaccinated with HB had a mixture of these mutants and the usual form of hepatitis B virus, as well as mild hepatitis. But those patients whose blood had the mutant on its own eventually suffered the more severe liver disease.[156]

The other problem with mutant viruses is that they often don't get detected in blood donor screening, so that this new form of hepatitis could be transmitted through donated blood. And of course the mutant may infect individuals even if they have been vaccinated.[157]

Connections have been made between the increasing prevalence of penicillin-resistant pneumococcal meningitis and universal Hib vaccination.[158]

Eradicating one strain of a virus can also encourage other forms of it to proliferate. This is precisely what's happening with the Hib meningitis vaccine. As b-type *H.influenzae* strains are being wiped out by the vaccination, mutant non-b *H.influenzae* strains are thriving.

One study looked at 408 strains of Hib meningitis. Although 94 per cent were *H. influenzae* type b, the rest were 'non-serotypable' (NST) *haemophilus influenzae* strains. The authors predicted that as more Hib vaccine was used, NST strains would cause more middle-ear infections, sinusitis, chronic bronchitis and other mostly respiratory infections.[159]

In the 1960s, when US Army recruits were given an experimental killed pneumonia vaccine, the vaccine caused unpredictable shifts in the virus type. Epidemics of disease from these mutant viruses occurred among recruits, rendering the vaccine useless and sending the scientists scurrying back to the laboratory to develop a vaccine that would knock out the mutations as well.[160]

We're also now beginning to realize that injections of any variety (including vaccinations) can increase your risk of developing polio. H.V. Wyatt of the Department of Community Medicine at the University of Leeds was one of the first to study the astonishing connection between multiple injections of any variety, particularly penicillin, given to small children and the onset of polio, particularly in developing countries where children receive more shots than those in developed countries.[161]

'Provocation polio' after a 'just-in-case' injection is now long recognized and accepted in countries such as Britain and the US. When a cluster of cases of paralytic polio occurred after a mass vaccination campaign with the live polio virus, researchers at the University of Cologne warned that DPT

(diphtheria/tetanus/whooping cough) shots shouldn't be given at the same time as the live polio vaccine.[162]

H.V.Wyatt has made a career of studying different populations through this century, comparing injected drug treatment and epidemics of polio, including the injections children have been given for congenital syphilis. He concluded that multiple injections may be responsible for 25 per cent of cases of paralysis during epidemics of polio, and make children 25 per cent more susceptible to the disease during non-epidemic periods. A single injection, he found, could increase the risk of paralysis fivefold, and turn what might have been a non-paralytic attack into a paralytic one. Even the World Health Organization's expanded vaccine programme of immunization 'might provoke poliomyelitis', he concluded.[163]

Wyatt also believed that the risk might be cumulative – that is, multiple injections over time might increase the risk of contracting polio at some point in the future, as may getting jabs at close intervals.

Wyatt's thesis provides much food for thought about the origins of the great polio epidemics of this century, which may have been abetted by the introduction of widespread vaccination and penicillin. It has also been recently validated by a study in Romania, by the US Centers for Disease Control, showing that the polio vaccine, given by injection, is causing outbreaks of the disease. While the polio jab itself appeared to trigger paralysis, the children affected had been exposed to a large number of other injections of vaccines and antibiotics. The children were at particular risk of paralysis if other injections had been given less than 30 days before the polio jab.[164]

Vaccines, particularly those for measles and tuberculosis, have also been linked with the current epidemic of myalgic encephalomyelitis (ME), also known as Chronic Fatigue syndrome, particularly among children. Doris Jones of Ilford, Essex, began researching the link between vaccines and the disorder when her son Stephen developed ME at the age of 12. He'd reacted badly to the measles vaccine when given it at a year old, undergoing repeated and prolonged screaming fits. At 10, Doris Jones says, after having been very late at talking and walking, Stephen caught measles and, two years later, glandular fever. Two months after that he had another bout of measles, this time atypical, and then developed ME, which he has now had for 24 years. Mrs Jones has unearthed studies linking ME to vaccines against tetanus, measles, cholera, flu and typhoid, and more recently to hepatitis B.

Some evidence suggests that symptoms of ME are partly due to a dysfunction in the body caused by antibody responses to incomplete, dead or even latent viruses – in other words, many of the 'attenuated' or weakened versions of viruses administered in vaccines.[165]

In one group of studies, up to a sixth of young people with ME were vaccinated the month before they came down with the disease.[166] Vaccination appears to act as a trigger if you have a dormant infection or an exhausted or impaired immune system (either because of steroid treatment or a long-term viral infection), or even if you have allergies.

A trawl through the medical literature provides devastating proof that many vaccine programmes have left us far worse off than we were before. Over 30 years, the measles vaccine has caused vicious mutations of the disease, transformed it into a disease of adults and infants, and left us with inadequate immunity to pass on to our children. Plus we now have substantial numbers of children damaged by the vaccine. But this is only the merest inkling of the repercussions of our meddling. Dr Michel Odent and his London-based Primal Health Research Centre conducted a study of long-term breastfeeding. The study started out examining whether long-term breastfeeding protects against eczema and asthma. But in the course of the investigation, the researchers came up with an utterly unexpected finding: children immunized against whooping cough were six times more likely to have asthma than those who hadn't been given the jab.[167] In virtually every category – number of sick days, cases of earaches, admittance to hospital – the unvaccinated children were healthier.

Sarah, from Romney Marsh, Kent, has a six-year-old daughter whose asthma seems related to her jabs.

‘Her reaction to the first DPT shot was to scream non-stop for 12 hours, a reaction we were told was “normal”,’ says Sarah. ‘She was hospitalized with a high fever after the MMR vaccine, after which she developed bowel problems, and then, after the DPT booster, “full-blown” asthma.’ After the complete coterie of shots, she still came down with whooping cough. Sarah continues:

> *We were talked into allowing her to be given two flu vaccinations. After that, she contracted one virus after another and numerous ear infections, so that she was constantly on antibiotics. At present she is taking twice the recommended maximum dose of inhaled steroids for children. We feel that inhaled steroids are also having side-effects. She has developed thinning skin, she has gained no weight at all in 18 months, and her feet have stopped growing.*

MMR and Autism

The most well-known suspected side-effect concerns the possible relationship between the MMR vaccine and the development of bowel disease and autism, as first postulated by Dr Andrew Wakefield, a gastroen-terologist at the Royal Free Hospital in London, highly respected for his research into viral associations with Crohn’s disease and ulcerative colitis. Wakefield and his colleagues have published several papers concerning a number of children who have presented with an unusual chronic inflammation of the intestine and regressive developmental disorder or psychosis.[168]

The children had gastrointestinal problems unlike anything that Wakefield or his colleagues had ever seen. It appeared to be a new inflammatory bowel disease, bearing a resemblance to Crohn’s disease and to ulcerative colitis but with its own signature symptoms – in particular, chronic swelling of the tiny lymph glands in the final section of the small intestine. Most significantly, the condition seemed to have as its co-passenger severe regressive autism, or pervasive developmental disorder (PDD).

In classic types of autism, developmental abnormalities are apparent to the trained eye from birth. But in the case of these children, the parents alleged that they had been, to all intents and purposes, developing normally until they were given the triple jab.

Of a total of 60 children who’d developed autism just after vaccination, 93 per cent exhibited these same bowel abnormalities. Around a third of them had similar swellings in the colon, and 88 per cent had chronic colitis. Other researchers have found the same abnormalities in groups of autistic children.[169]

Wakefield postulated that the attenuated strain of the measles virus promotes an immune response insufficient to control the virus. As a result, a weakened ‘infection’ of sorts is established in the intestines and produces increased permeability of the gut wall as well as an abnormal increase in the number of cells in the intestinal tissues. Urine tests showed that all of the children had marked vitamin B12 deficiencies, as seen in other gastrointestinal disorders. Since vitamin B12 is necessary for the normal development of the central nervous system, Wakefield speculated that the B12 deficiency could be a contributory factor to the autistic regression seen in these children.

Wakefield teamed up with John O’Leary, professor of pathology at Trinity College in Dublin, who had found a persistent measles virus infection in the small intestine of 24 of 25 children with this type of autism and gastrointestinal disease.[170] Others have discovered a link between ‘leftover’ measles virus and autism. A Japanese scientist found measles virus particles in the blood of one-third of a small sample of autistic children.[171] Yet other researchers showed that ‘persistent’ measles virus infection is present in many people with Crohn’s disease.[172]

The most devastating evidence has come from biopsy samples taken from the intestines of 91 children with confirmed diagnoses of ILH and enterocolitis: 75–82 per cent showed evidence of measles virus in various cells of the intestine.[173]

Andrew Wakefield and Paul Shattock of the Autism Research Unit of the University of Sunderland

believe that this type of late-onset regressive autism results from the action of peptides that originate outside of the body and affect neuro-transmission within the central nervous system (CNS). Wakefield and Shattock have theorized that these peptides produce effects which are basically opioid in activity, or may help to break down the opioid peptides which occur naturally within the CNS. In either case, the CNS's regulatory role, normally performed by natural opioid peptides such as the enkephalins and endorphins, would be intensified to such an extent that a large number of CNS systems would be disrupted during a critical 'window' in a child's development. Perception, cognition, emotions, mood and behaviour would all be affected, as would all the higher executive functions of the brain. These could result in the diverse symptoms that constitute autism.[174]

With the MMR vaccine, postulates Wakefield, the attenuated (weakened) strain of the measles virus promotes an immune response that is insufficient to control the virus. Consequently, an infection becomes established in the intestines and produces the abnormalities of the intestinal wall seen in these autistic children. The aberrant peptides, says Wakefield and Shattock, are derived from an incomplete breakdown of certain foods, particularly gluten from wheat and other cereals (oats, rye and barley), and casein from milk and other dairy products.

Their theory has a solid basis in research: A number of studies have shown that autistic children have increased gut permeability.[175]

To test their theory, Shattock and his team enlisted a small group of autistic children. When *L.casein* and gluten were eliminated from the diet, the children improved, primarily in their development of language and ability to concentrate. The greatest improvements were seen in the children who were most afflicted. In more than 50 per cent of cases, these children's family doctors have been impressed enough by the improvements to prescribe them gluten-free products on the NHS.

Measles in the Brain

Dr Jeff Bradstreet of Palm Bay in Florida, whose own son developed autism after his MMR jab, studied nearly 2,000 children with autistic enterocolitis and uncovered evidence of measles virus in the spinal fluid and brains of these children. According to Alexander Harris and Co., the London-based firm of solicitors which has been contacted by some 2,500 families whose children have allegedly been damaged by the vaccine, a good half of their cases involve children who were developing normally, but then became autistic right after vaccination.

Autism is by far the most common side-effect reported to Alexander Harris and Co. Similarly, hundreds of families have registered with JABS, the parent group run by Jackie Fletcher, whose own child was allegedly damaged by the triple jab. Of 1,800 JABS children allegedly damaged by the MMR, more than 40 per cent had developed regressive autism, bowel problems and epilepsy after vaccination.

Many of Alexander Harris and Co.'s clients have videotapes of their child's development from birth, month after month, demonstrating normal, healthy development up until the point of vaccination with MMR, usually at 12–15 months. By that time a child is usually walking, may have a small vocabulary, and is pointing and interacting with the rest of the family. Then suddenly, in every one of these instances, the children lost their speech and social interaction skills, and made a sudden regression into behaviour patterns considered to be within the autistic spectrum.

These include severe difficulties in communicating and in social interaction with others, withdrawal and awkward or repetitive and obsessive movements and patterns of behaviour.

Some of Alexander Harris and Co.'s cases involve children up to the age of four, whose normal development and speech are unmistakable up until the point of vaccination. Sarah, whose father is Italian, was bilingual at three-and-a-half, and had a large vocabulary in both languages. Two weeks after her MMR jab, she was covered from head to waist with the measles rash and suffered a high temperature and

drowsiness for a few days.

As soon as the episode was over she became mute, with autistic traits as well as bowel disorders and constant diarrhoea. She also developed a blood disorder which has been identified as a side-effect of the MMR vaccine. The fact that children of this age turn autistic after vaccination tends to counter the argument that the onset of autism is coincidental, since autism is usually diagnosed at a much earlier age.

Another of JABS' members is the mother of triplets, all of whom were developing normally – a fact that was documented by medical specialists who took extra care with the children because of their multiple-birth status. At 15 months, within three or four days of their MMR jab, all three children suffered a high temperature, drowsiness and loss of appetite. Soon after they all lost their speech and ability to make eye contact, and developed behaviour considered typical of autism. One of the children also partially lost his hearing – another known side-effect of the triple jab.

Epidemiological evidence has been unearthed from the more than 7,000 participants of the national 1970 British Cohort Study, in which the health records of thousands of children were recorded and studied from birth. In this study, researchers noted the children's ages at the time of the onset of a number of infectious diseases and whether the children as adults developed inflammatory bowel disease. They found that if the children had had mumps before the age of two, they were 25 times more likely to develop ulcerative colitis as adults. Similarly, if they caught both measles and mumps within less than a year of each other, they were seven times more likely to develop ulcerative colitis and four times more likely to develop Crohn's disease.[176]

A similar epidemiological study in Iceland found that children catching mumps and measles back-to-back were 11 times more likely to develop inflammatory bowel disease later in life.

Thus, the problem is not simply catching measles. It is catching mumps *before* the age of two or having measles and mumps within less than a year of each other. This may mean that it is the mumps component, and/or giving these two live viruses at the same time to children under two, that is causing the problems.

Since Dr Wakefield published his findings, both the UK Government and medical community have embarked on several million-pound campaigns to deny any association between MMR and autism. They argue that the findings were sheer coincidence, and maintain that the children received the vaccine when autism would have been recognized and diagnosed anyway. Indeed, *The Lancet* recently asked Dr Wakefield's colleagues to retract any association between their findings and the MMR vaccine, and published a new study examining the immunization schedules of children with or without autism which failed to find a link.[177]

In an attempt to staunch the haemorrhage of parents opting out of the jab as a result of Dr Wakefield's work, the British government and Public Health Laboratory Service (as well as other governments around the world) rushed out a number of other studies supposedly demonstrating that the link between autism and the MMR vaccine doesn't exist. All, so far, are epidemiological observational studies of populations, reliant upon a passive reporting system – one of the weakest types of investigations because you cannot isolate all the variables.[178] In some instances, says Dr Wakefield, the quality of the records are 'appalling', with symptoms not even recorded.

In the midst of this campaign, Dr Ken Aitkin, an authority on autism, commissioned by the Government to allay fears about the link between the condition and the vaccine, blew the whistle on the Government's damage-limitation exercise.

Dr Aitkin, who formed part of a 37-person strong Medical Research Council panel to study evidence between the triple jab and autism, admitted that the Department of Health did not accurately put forward the conclusion reached by the MRC. 'We did not conclude that autism was not linked to MMR,' he said recently. 'The view was that there was a problem which needed to be looked at very carefully and there was not enough evidence to rule out a link.'

The latest and most damning evidence from Denmark shows that the introduction of the MMR vaccine corresponded with an eight-fold increase in cases of autism. In this study of more than half a million children, Denmark was selected because it maintains a unique computerized registry of all children born and assigns them an identifier which tracks their health and immunization statues throughout their lives.

Using data from the Danish Psychiatric Central Register, the American researchers who conducted the study, including a specialist in autism research, compared the incidence of autism preceding and following the introduction of the MMR jab. They discovered that the prevalence of autism in children between ages 5 and 9 leapt from 8.38 cases per 100,000 children before the vaccine was launched to 71.43 cases per 100,000 children in 2002. Even after adjusting for such variables as greater diagnostic awareness, the researchers concluded that cases of autism had increased by nearly five times since the vaccine was launched. Special trends in the data showed a temporal association between the introduction of the jab and the rise in autism.[179]

This study is particularly important because it re-analysed data from the largest study to date to counter the Wakefield hypothesis. That study, published in 2002, examined the same large body of children born between 1991 and 1998.[180] However, the children were only tracked until they were four years old, and autism is not generally diagnosed in Denmark until after the age of five.

If these vaccines are providing only temporary or imperfect immunity, many of our children could grow up susceptible to rubella, mumps or measles, all of which are far more serious as adult diseases. Generations of children with inadequate immunity may grow into adults with no placental immunity to pass on to their children, who could then contract measles as babies, when they would normally be protected by their mother's antibodies. In fact, one study showed that antibody levels are lower in women young enough to have been vaccinated than in older women.[181]

German measles remains a childhood disease among the self-contained Amish communities in the US. It has increasingly become a disease of adolescence and young adulthood in the rest of the United States because of the vaccination programme. Cases among the Amish community have almost always been mild, and pregnant women appear to be naturally protected.[182]

According to the latest research, contracting diseases like measles may be *good* for children. The latest research shows that African children who catch measles tend to suffer from fewer allergic conditions such as asthma, eczema and hayfever, compared with children in developed countries. Studies from Southampton General Hospital in the UK show that children given the measles vaccine more than double their risk of developing atopy, or allergic diseases.[183]

ALTERNATIVES TO IMMUNIZATION

Vitamin A and Immunization

Even for children at risk of getting serious bouts of measles, other, less drastic measures than immunization are available. When vitamin A levels are low, the outer layers of our mucous membranes become scaly and the turnover of cells decreases. The measles virus infects and damages these tissues throughout the body; blood concentrations of vitamin A, even in well-nourished children, may decrease to less than the levels usually found in malnourished children. During measles, children with marginal liver stores of vitamin A may develop an acute vitamin A deficiency, resulting in eye damage and possibly an increased risk of death from respiratory diseases and diarrhoea.

In one study, New York researchers measured vitamin A levels in 89 children younger than two years old, and compared them with a control group. Among the children with measles, the vitamin A levels of 22 per cent were low. Those with low levels were more likely to have a fever of 40°C (104°F) or higher,

to have a fever for seven days or more, and to be hospitalized.[184] Other studies demonstrate that children with even a mild vitamin A deficiency were more likely to die of measles.[185]

Giving vitamin A to children with severe (that is, life-threatening) measles can lessen the complications or chances of dying from the disease.[186] D.T. Gerald Keusch of Boston's New England Medical Center, which conducted a study among preschool children in India, went on to say that vitamin A ought to be administered to children whenever there is evidence of a vitamin A deficiency or a possibility of complications from measles. In Africa, where measles is a killer, death rates were reduced by seven times among children under two given vitamin A.[187] Vitamin A is also reputed to offer protection against polio-type viruses.[188]

For any childhood disease, administer high doses of vitamin C as well as vitamin A. Research shows that levels of vitamin C in children also plummet during infectious disease.[189] In America, Dr Fred Klenner carried out extensive research on the use of very high doses of vitamin C during childhood diseases. He used doses as high as one gram every hour around the clock in school-aged children (injections of 1–2 grams, in the case of complications) and discovered that the regime dramatically shortened the life of the disease.[190] Many herbs such as Echinacea and Berberis vulgaris also have solid scientific evidence of success in combating infectious diseases.

Other Preventive Measures

Besides breastfeeding your child for as long as possible, feeding him a healthy, wholefood diet and avoiding sending him to nursery or daycare facilities too early may protect him from many childhood diseases.

Current childcare practices, specifically our tendency to institutionalize children too early, have given rise to epidemics of certain infectious diseases such as meningitis. Both the late Dr Robert Mendelsohn and his editor Vera Chatz were the first to warn of the dangers of 'warehousing' large groups of non-potty-trained babies. Mendelsohn's suspicions were soon backed up by various studies in the medical literature, showing that daycare facilities suffer an epidemic of Hib-caused meningitis. Researchers examining eight daycare centres found that the attack rate for this type of meningitis was 1,100 cases per 100,000 – up to 24 times that of the general incidence among children under four.[191]

A more recent study concluded that centres most at risk included those where workers used towels or handkerchiefs (rather than disposable tissues) to wipe children's noses, or allowed in children who had diarrhoea or who weren't yet potty trained. Ironically, the worst places were those run as commercial businesses, rather than those staffed by volunteers.[192]

If you would feel more comfortable with some sort of booster for your child's immune system, you might want to investigate the homoeopathic alternatives. There is some scientific evidence demonstrating they work.[193] Before vaccines were developed, these nosodes were used widely to prevent a wide variety of infectious diseases. According to Government statistics of the time, the use of these homoeopathic vaccines was linked with an extraordinary drop in the incidence of TB, dysentery, typhoid fever and Asiatic cholera, whooping cough, diphtheria, scarlet fever and measles.[194] In one large-scale study, more than 18,000 children were successfully protected with a homoeopathic remedy (*Menigococcinum IICH*) against meningitis, without a single side-effect.[195]

If you do decide to have your child vaccinated, weigh up each jab carefully as to the actual threat of the disease (is it more of a nuisance rather than a serious risk to his health or life?) versus the effectiveness and also the risk of the vaccine itself. Ask yourself three important questions about each one:

• How necessary is it?

• How effective is it?

• How safe is it?

If you opt for the polio vaccine, you may wish to consider requesting that your child receives the killed rather than the live variety if it isn't already offered. In some reports, polio live vaccines have been recommended only for use in developing countries during actual epidemics, or if the killed variety hasn't worked or been feasible.

If your child has already had his shots and is due for boosters, you can request that his blood antibody levels be checked before subjecting him to the risks of shots which, in some cases, have only a 50 per cent chance of working.

You might very well be better off giving your child carrot juice and a healthy diet, rather than a knee-jerk jab, or, for babies and toddlers, putting your money on the oldest immunization programme of all: good old mother's milk.

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