TO VACCINATE OR NOT: AN INTRODUCTORY GUIDE TO AN INFORMED CHOICE

PUBL. #B01 / REV. 3/98 / XX CENTS

Copyright 1998 by Gary Krasner and Coalition For Informed Choice (CFIC).

==

An advocacy article on behalf of parents concerned about the severe and permanent injuries and diseases that often occur after a vaccine is administered. Vaccinations have been linked to a host of immunological, neurological, and degenerative diseases. Rather than describe heart-wrenching accounts of physically or mentally disabled children, this document presents a rational and scientific case for abstaining from vaccinations, and the sensible alternative ways to view, and deal with infectious disease.

===

You're a parent of a five year-old who is about to start kindergarten. You've always been conscientious about your child's health, so you decide to research the vaccines that are mandated for school attendance. You conclude that the vaccines are not sufficiently safe and effective, and decide not to have them administered to your child. Not even your own pediatrician is able to address all of your objections to your satisfaction. You would think that it would be a simple matter to send a letter to the school administrator requesting that your child be excused from the vaccination requirements. But you would be wrong.

Instead, your child will be barred from attending school, and you will be investigated by the local child welfare agency for child neglect. You reason that child protection agencies are supposed to investigate irresponsible parents. You feel that you took responsibility. However, you quickly learn that they are not interested in your diligent research into vaccination. Only that your child is not in school (a classic "Catch-22").

You're next stop is family court. The judge will not allow you to say one

word about vaccination; not even if you brought a panel of medical experts to testify. You are in court only to make a choice: allow your child to be vaccinated (to get into school), or else lose custody of your child to the state, or to a relative or former spouse who is willing to allow vaccination.

Today, it has not only become heretical to question the efficacy and safety of vaccination, but also to assert your role as a parent. There are many reasons how this happened. Most can be traced to the hegemony of allopathic medicine's view of infectious disease in virtually all sources of information available to the public.

To illustrate this, an Australian Associated Press (03/23/98) article titled, "Anti-Vaccine Lobby Back in the Dark Ages", reported that two researchers from the University of Sydney's department of public health and community medicine published a study that showed that only 4.7 per cent of over two thousand newspaper articles and letters about immunization over a two-year period were opposed to immunizations. Not satisfied with their near monopoly of influence in the media, these health officials suggested there be a more aggressive public relations campaign "in an attempt to head off a strong anti-immunization movement". [Note--perhaps the stongest A.I. movements are in Australia and New Zealand.]

Wherever you look, there is abundant information proclaiming the benefits of vaccination. Rarely do we see the mainstream media raise questions about it. Yet in all other matters of health and consumer issues, it is generally agreed that children benefit the most when parents hear all points of view on controversial issues.

Before I explain the reasons for this skewed state of public affairs, it would be helpful for the reader to learn what some of the objections are to vaccination. Much of the following information are based on facts that are not generally in dispute, and which the aforementioned hypothetical parent may have learned before arriving at his/her ill-fated decision.

==

Mortalities From Vaccination

One of the "complications" associated with vaccination is death. The federal Vaccine Adverse Event Reporting System (VAERS) received a total of 54,072 reports of "adverse events" (defined as diseases, injuries or deaths)-with least 471 deaths-following vaccination in a 43-month period from 4/90 to 11/93. At least 1,094 deaths were recorded from 1990 to 1997. Vaccines have consistently killed about 3 children per week since the reporting system began. As reported by CNBC's "Steals & Deals" on 3/14/97, CDC figures for the whole-cell pertussis vaccine (DPT) may have accounted for about half of all fatalities: From 1986 to 1996, 753 people died from the DPT shot, and 364 of them were children under 14 years. One in every 1750 can expect to have convulsions and high fever from this shot.

And yet these government figures are very conservative. For example, VAERS recorded injuries and deaths that occurred only within a few days following vaccination. Delayed reactions that appear more than a few days after vaccination are always dismissed. Also, the FDA estimates that only 10 per cent of all "adverse events" following vaccination are reported by physicians, despite the fact that PL99-660 of the National Childhood Vaccine Injury Act (NCVIA) of 1986 has required them to do so since 1990. Thus, the number of "adverse events" are actually ten times the figures cited above.

Based on a 1979 study conducted jointly by the FDA and UCLA researchers, the National Vaccine Information Center (NVIC) calculated that the number of deaths in the U.S. caused by the DPT vaccine alone could exceed 900 per year (or about 17 per week) after you include a great number of medically misclassified victims of Sudden Infant Death Syndrome (SIDS) (Money magazine, 12/96). Referring to this vaccine, Money wrote, "little has changed from the original crude formula introduced in the 1920s".

Why Has The Federal Program Failed

By the late 1970's, there had been so many successful lawsuits for

vaccine injuries that all private insurance companies in the U.S. stopped underwriting vaccine products. In 1986 Congress undertook to insure vaccine manufacturers by passing the National Childhood Vaccine Injury Act (NCVIA, Public Law 99-660). However, following the law's passage, the government under-funded the program and made it highly adversarial. Each claim is now opposed by taxpayer funded government lawyers and hired medical experts. The main reason injury claims declined is because the procedure for hearing claims is complicated, drawn-out, and hostile to petitioners. Funds that have been awarded have been meager, usually falling far below the total costs incurred by families over the long term. Compensation is also awarded too late-long after medical and related expenses bankrupt the family.

The total federal compensation that has been awarded under this program from 1988 to 1998 has been $1.03 billion, or almost $2 million per week, and accounts for only about one-third the claims filed. (Litigation and administrative costs may never be fully assessed.) Since FY1988 when the NCVIA program began, roughly half of all compensation claims have been dismissed, and only about 25 per cent have received compensation. To date, about 1443 families have been compensated.

The fundemental flaw in the system is that the federal health agencies that are held responsible for the safety and success of vaccination programs, also rule on the types of injuries that qualify as vaccine related, individual compensation claims, and the amount of compensation to be awarded. The National Vaccine Information Center (NVIC) has published various accounts of cover-ups and deceptions, through the Freedom of Information Act. NVIC is a non-profit organization begun in 1982, and is operated by Dissatisfied Parents Together (DPT), a parent education and advocacy group located in Vienna, Virginia. Its cofounder and president, Barbara Fisher, points out that a key reason vaccines are unsafe is because they have been made legally compulsory, and as a result, "the public has been unable to apply pressure on the system to improve the product or to remove dangerous vaccines from the market. In other words, vaccines are treated uniquely in the free enterprise system. As consumers, we can bring very little economic pressure on the system to

have that product improved or removed, because all of us are required by law to use it."

Taxpayers are paying almost a billion dollars per year for vaccines for poor and uninsured children (through the U.S. National Vaccine Plan of 1994), and hundreds of millions for the damages they cause-damages so numerous and severe that not a single insurance company in the U.S. is willing to assume the risk anymore. Today, the three remaining drug companies that still market vaccines in the U.S. (down from a dozen since 1970) are now guaranteed their profits-risk-free and without any incentives to make them safer-thanks to the U.S. taxpayer. For 1996, that profit was $3 billion worldwide, and is expected to grow to $7 billion by 2001. Infectious Disease News (03/98, vol.11, #3, p. 5;) explained how this developed: "The interest in the vaccine business is not driven purely from the point of view of technological advances, but by a 1986 law--the national vaccine Injury compensation legislation--that created a trust fund to compensate patients who suffered adverse reactions from vaccines that were recommended for routine use in children. With that protection, drug companies were encouraged to re-enter the [vaccine] business".

Why Is Compensation Denied

Contrary to the claims of vaccine promoters and proponents, vaccine injuries appear to be the norm: Many children exhibit seemingly "mild" reactions, followed later perhaps by slowed physical or cognitive development, or changes in consciousness or emotional behavior. So-called "minor" complications like these are never linked to the vaccine, nor do such cases ever receive compensation. The government denies that many common symptoms and disabilities are the result of vaccination, by citing biased and fraudulent "safety" studies and field trials sponsored or performed by the drug companies who developed the vaccine and wish to profit by its sale. For example, compensation is not awarded for delayed reactions, or for chronic diseases that vaccines are suspected of causing, like lupus, cancer, arthritis or multiple sclerosis.

Details of compensation claims are difficult to obtain. The government

cites the privacy rights of the individual claimants. However, parent support groups have received many complaints from parents regarding seemingly clear-cut reactions just a few days following vaccination, but which failed to qualify for compensation.
Harold E. Buttram, M.D., author or Vaccinations and Immune Malfunction (1982, Humanitarian Publishing Co., Quakertown, PA) said in 1997, "If an individual patient goes into anaphyllactic shock following an injection of penicillin, no one questions that the penicillin caused the reaction. Yet when a severe reaction follows a vaccine, experience has shown that the vaccine is disallowed as a cause in a majority of instances."

The Problem With The Doctors

The safety reform portion of NCVIA requires doctors to provide parents with information about the benefits and risks of childhood vaccines prior to vaccination, and to report vaccine reactions to federal health officials. Doctors are required by law to report suspected cases of vaccine damage. To simplify and centralize this legal requisite, federal health officials established the Vaccine Adverse Event Reporting System (VAERS)-operated by the Centers for Disease Control and Prevention (CDC), and the Food and Drug Administration (FDA). But although there is a statutory requirement for doctors to report adverse effects, there are no sanctions in the law to deal with doctors who do not comply with this law.

Therefore, it is no surprise that most doctors won't report many symptoms and complaints, nor will they associate them with the vaccination, thereby withholding the corroboration that is needed to substantiate a claim. This often happens even after a death or permanent injury just a few days following the administration of a vaccine. That's why about 95 per cent of all claims are filed exclusively by parents. Even parents who are generally aware that there are risks associated with vaccination do not realize that symptoms that become apparent days or weeks later, may have been the result of the vaccines. A special investigation in the December 1996 issue of Money magazine -The Lethal Dangers of the Billion-Dollar Vaccine Business-found that doctors and federal health officials tend to downplay vaccine reactions hoping the public will

remain confident about vaccination and to keep vaccination compliance rates high.

According to Money: "from 1991 through 8/96, 48,743 adverse reactions were reported. Unfortunately, those figures represent only a small portion of the dangers. For example, a 1995 CDC study found that reporting rates were less than 1 per cent for serious reactions such as loss of consciousness after a DPT Shot. A 1994 survey of doctors' offices in seven states conducted by the NVIC, found that only 28 of 159 offices said they file a report after a patient has an adverse reaction to a vaccine."

However, clinicians seem well aware of vaccine risks when it pertains to their own health. OB/GYN physicians were considered the most susceptible to certain diseases. Yet less than 10 per cent submitted to vaccination. The next lowest rate of participation occurred among pediatricians. "Fear of unforeseen vaccine reaction" was their concern. (JAMA, 2/20/81).

The Problem With The Regulators

Not only is there gross underreporting by doctors in the federal Vaccine Adverse Event Reporting System (VAERS), but the FDA itself has been unwilling to investigate clusters of injury reports to identify particularly unsafe vaccine lots. The Money article reported that, "even with timely reporting, the FDA is reluctant to act". Money learned that not only did the FDA "feel that no action was needed" concerning a vaccine lot that produced 70 adverse reactions-including nine deaths, the FDA also felt that no action was needed for several other lots that had even higher numbers of reports of adverse reactions. The FDA also admitted that no lot has ever been recalled because of adverse effects since the centralized reporting system was established in 1990. Even prior to that, the government has neither publicized nor recalled such "hot lots", in over 15 years. NBC News ("Now" series, 3/2/94) reported that the FDA has never even established a criteria for a recall.

Procedures for recognizing and reporting adverse reactions were allegedly set up to target unsafe batches of vaccines to prevent them from being

further distributed to more children. Another reason is that benefit/risk assessment cannot be determined solely by animal testing and human field trials. Yet government officials claim VAERS was designed to merely "document" suspected cases of vaccine damage. No attempt is made to confirm or deny the reports. Parents are not being interviewed, and the vaccines that preceded the severe reactions are not being recalled. Instead, new waves of unsuspecting parents and innocent children are being subjected to the damaging shots.

In 1978, a study in Tennessee showed a significant increase in SIDS deaths occurring within 24 hours after vaccination against pertussis. Shamefully, this finding merely led to a change in the way pharmaceutical companies distributed the pertussis vaccine: the lot numbers were broken up so that a particularly bad batch of the vaccine could not kill or injure a large number of children within a small geographic region, thereby making it harder for parents to trace the cause of the injuries and take preventative measures to protect their other children.

The Money magazine report said, "federal regulatory agencies reveals severe violations of public trust" and that, "health officials publicly downplay the lethal risks" of vaccination. They also discovered that "medical experts with financial ties to vaccine manufacturers heavily influence government decisions that have endangered the health of immunized kids while enhancing the bottom line of drug companies". For example, the minutes of one "CDC advisory committee meeting in 1995, at which members voted to delay recommending use of a safer polio vaccine, show that five of the nine members who participated in the discussion had financial ties to the manufacturers" of the vaccine.

It can't be denied that it is a conflict of interest to allow allopathic physicians and public health personnel-both educated to be strongly biased in favor of vaccination-to promote and administer vaccinations and then expect them to honestly evaluate the results, and report to the public on its safety and effectiveness.

Why Are Vaccines So Harmful?

In addition to highly antigenic (toxic) proteins and foreign viral particles, vaccines contain extremely poisonous preservatives, adjuvants, neutralizers, carrying agents and extracting agents, such as thimerosal (a mercury derivative), benzethonium chloride, methyl paraben, phenol red, pyridene, ethanol, ethylene chlorophyrin, aluminum hydroxide, aluminum hydrochloride, sodium hydroxide, aluminum sulfate, aluminum potassium sulfate, sorbitol, hydrolized gelatin, carbonic acid, thiosalicylic acid, and formaldehyde (in the form of formalin). None of these chemicals are indigenous to the body, yet they're injected directly into the bloodstreams of two, four, and six month old infants-whose immune systems are not fully developed-bypassing their immune system, especially the liver, whose purpose it is to filter such poisons. The medical literature and toxicology textbooks rank most of these chemicals as highly toxic poisons and potent carcinogens. The other component in vaccines-foreign proteins-act as allergens, in which the most acute reaction may be anaphylactic shock, possibly leading to convulsions and death within minutes.

There's another danger that injected proteins pose: in the absence of digestive juices in the blood, these proteins decompose (putrefy) yielding the extremely poisonous byproducts belonging to the group of ptomaines, creatins, xanthins, purines, indoles, skatols, phenols, leucomaines, uric acids, and indoxyl-sulphuric acids. These toxins are often eliminated (removed from the blood) vicariously through the mucous membranes or by diffusion into the spinal fluid. In the former, this irritating excretion causes an inflammation attended by mild fever, malaise, perhaps slight stiffness in the neck, with recovery in a few days for most children. In the latter case, if the child is already in a toxic state, with subnormal adrenal glands, the toxins build up in the mucous membranes of the sinuses. As the membranes of the brain are in close proximity, it is a simple matter for these fluids to penetrate brain tissue and the spinal cord.

One of the many harmless viruses present in these excretions is polio. While conventional medicine admits that the (supposed) viral mechanism leading to paralytic polio is still unknown, others believe that it is

the aforementioned putrifaction of proteins in the blood that is most likely responsible for the class of paralytic forms of polio, cocksackie infection, septic and aseptic meningitis, and several other "polio twins". Milder, non-paralytic forms of these diseases (eg. non-permanent weakness and stiffness of the muscles in the limbs) are usually caused by the huge consumption of dietary protein. The best epidemiological evidence for this points to ice cream consumption by children. Unlike meat, ice cream (containing huge amounts of protein and suger) may be consumed in prodigious amounts. It is also cold, and therefore in a state that is difficult to digest. What does not digest will decompose, leading to the poisoning mechanism described above. The rise of polio (known as the "summertime disease") and its twins can be traced to the widespread use of refrigeration and the increased consumption of ice cream and other concentrated protein foods. Campaigns to restrict ice cream consumption (Dr. Sandler-supply reference) had lead to drastic declines in the incidence of these diseases. In fact, the well-known piercing pain-known as "brain freeze"-that many people feel behind their nose, eyes, or temples right after eating ice cream is propably caused by the aforementioned protein toxins building up in the mucous membranes of the sinuses. [Queens Tribune, Aug-Sept, 1999]

No Proof Of Safety

What are noticeably absent are satisfactory safety studies. The administration of multiple vaccines in one shot have not been tested for safety, let alone effectiveness. The new use of genetically engineered vaccines may have irreversible and unpredictable effects on the human genome. There haven't been generational studies on the teratological effects of attenuated virus vaccines, such as birth defects, cancer, and mutations. There haven't been adequate long-term studies to rule out the suspected link between vaccination and degenerative diseases later in life, such as arthritis, cancer and multiple sclerosis. Studies typically do not employ placebo controled, cohort groups of unvaccinated children. The safety studies that are done-usually pre-licensure tests done by the manufacturer-follow up for only 3 weeks or less, instead of several years.

The 1991 Institute of Medicine (a branch of the prestigious National Academy of Sciences) summary report titled, "Adverse Events Following Pertussis And Rubella Vaccine" (JAMA 1/15/92) stated, ". . . the committee found many gaps and limitations in knowledge bearing directly and indirectly on the safety of vaccines." ". . . Many of the reports of case series suffer from inadequate or inconsistent case definitions". ". . . Many of the population based epidemiological studies are too small or have inadequate lengths of follow-up to have a reasonable chance of detecting true adverse effects, unless these effects are large or occur promptly and consistently after vaccination. If research is not improved, future reviews of vaccine safety will be similarly handicapped."

In 1994, the Institute of Medicine followed up with another scathing report highly critical of the methods by which vaccines are tested for safety. According to Money, "Out of 59 health problems suspected of being associated with a variety of vaccines, the [IOM] committee found that no scientific studies had been conducted on 40 of them" (see textbox 1).

Also, safety studies are performed on animals resistant to the human disease. Animals also react to drugs, vaccines, and chemicals very differently than humans, and also to other species of animals. Guinea pigs die from penicillin, but they can safely eat strychnine-a deadly poison for humans, but not for monkeys. Aspirin kills cats and sheep can swallow enormous quantities of arsenic. It's the main reason drugs are recalled from the marketplace, but only after a high enough death toll among humans is finally noticed. It all amounts to a waste of human and animal life.

Delayed Reactions

There has been mounting evidence that delayed reactions are caused or provoked by vaccinations. For example, several recent medical studies have demonstrated a significant causal link between vaccines given to infants and subsequent development of autoimmune diseases, such as asthma and diabetes [Science News, Vol.152, #21, 11/22/97] [ABC World News Tonight 12/8-9/97].

Science News reported that a growing number of scientists are concerned whether childhood vaccines initiate immune system problems, or builds resistance to them. "Immunization skews the activity of the immune system", says Howard L. Weiner, an immunologist at Harvard Medical School in Boston. "If a person has a tendency toward a disease at a certain age, a vaccine might . . . make [him or her] more susceptible later, when other challenges come along."

Although the delayed and long-term effects of persistent circulating antigens from vaccines in the body are unknown, they may be the cause of continual immune suppression, disabling our ability to react normally to disease: A latent virus from a vaccine injection can be incorporated into our body cells, yet still be viewed by our immune system as a foreign entity. This is one possible mechanism to explain how vaccines have provoked auto-immune diseases and recurrent infections.

For example, live virus vaccines require incubation in animal tissues. Not only are the foreign proteins toxic, but the incubation of live viruses in animal tissue introduces the risk that viruses may incorporate genetic material from the animal tissues in which they are incubated (through the process of "jumping genes") and subsequently introduce this animal genetic material into the child receiving the vaccine. This may be what sets the stage later for immune disorders.

Despite steady improvements in air quality in U.S. cities since the '70s, and increased restrictions on indoor smoking, the incidence of asthma has more than doubled since 1979 to become the leading chronic illness among children (affecting 4.8 million) under 18 years of age. CDC statistics show that immunization levels among American children are at the highest levels ever, with more that 90 percent of American toddlers having received the critical doses of the most important vaccines.

In the last 30 years, the increase in vaccine dosages per child has coincided with childhood cancers rising to become the #1 disease from which children under the age of 14 are dying. Learning disabilities and emotional/behavioral problems have also reached epidemic proportions in

children. Seven per cent of American schoolchildren have Attention Deficit Disorder (ADD) and are prescribed Ritalin. Millions of children are affected by the broad spectrum of neurocognitive difficulties. Before DPT shots were given in 1943, there were 11 cases of autism. Today there are 200,000 cases. The shot is given before an infant's cortical nerves have myelinated (developed). Sudden Infant Death Syndrome (SIDS) occurs between 1 and 4 months, with the peek incidence at 2 to 3 months. This coincides with the schedule for babies to receive their first vaccines, particularly DPT. The association between measles vaccine (MMR) and Crohn's disease (and autism) is now being made (Lancet 1998;351:611-12, 637-41). There had been no pediatric cases of this disease before the vaccine was introduced in 1970.

Why Do Vaccinations Fail To Protect?

Critics claim that there are too few properly designed, placebo controlled cohort studies to demonstrate vaccine effectiveness. For every article that purports to show a vaccine to be effective, another can be found that shows that it failed. Yet the failures don't receive much publicity. For example, the acknowledged failure of the DPT vaccine during the 1993 epidemic of whooping cough in Cincinnati (New Engl. J. Med. 1994; 331:16-21). Another study found a fivefold increased risk of hemophilus influenza-b meningitis in children vaccinated against this disease compared to unvaccinated controls (JAMA 1988; 260:1423-1428). Rubella cases had hit a 13-year high in Scotland since their 1994 push to vaccinate every child in school (Lancet, 4/6/96). JAMA (11/21/90) had confirmed that, "the vast majority of measles outbreaks were in those previously vaccinated against the disease." A controlled study of elderly Medicare patients showed "no demonstrated effect of influenza vaccine in preventing death or limiting the length of hospital stay" ("Options for the Control of Influenza II". Amsterdam: Excerpta Medica. 1993; 153-60). Incredibly, there aren't any controlled studies that prove that influenza vaccine will even reduce the incidence of influenza among "at risk" groups, like the elderly (Arch Intern Med 1994;154:2545-57). Dr. Viera Scheibner, a distinguished Principal Research Scientist in Australia, reviewed about 30,000 articles showing the poor safety and effectiveness of vaccination for her book, Vaccination: 100 Years of Orthodox Research

(New Atlantean Press, 1993).

Many studies have also demonstrated that at best, vaccines may only partially and temporarily confer immunity, and that repeated booster doses have little or no effect. Some researchers think that one reason for the high vaccine failure rates is that the immunological reserve for a wide range of antigens becomes substantially reduced in vaccinated people. Studies show that vaccination renders a substantial portion of immune bodies (T-lymphocytes) solely committed to the specific antigens involved with the vaccine. Having become committed, these lymphocytes become immunologically inert, incapable of reacting or responding to other antigens. By focussing exclusively on antibody production, which actually plays a minor role in the overall immune process, immunizations isolate this function and allow it to substitute for the entire immune response. Because vaccines "trick" the body so that it will no longer initiate a generalized inflammatory response (a good thing), they actually weaken our immune system.

This was probably why the Edmonston-Zagreb measles vaccine failed in 1992 (see textbox 2 on left). It also explains why children with agamma globulin anemia who are incapable of producing antibodies, develop and recover from measles and other zymotic (so-called infectious or contagious) diseases almost as spontaneously as normal children. Another example is illustrated in a review of several British studies published in the Autumn 1989 issue of the Sunday Express: groups receiving the flu vaccine were at least twice as likely to get the flu or respiratory illnesses than the unvaccinated groups. Dr. Alexander MacNair, medical consultant to the vaccine industry-sponsored "Flu Monitoring & Information Bureau", admitted that claims for the vaccine's efficacy were based solely on its ability to stimulate antibody production against the virus. Finally, this alternative theory is also in accord with many studies showing the natural protection afforded to breast-fed infants. For example, exclusively bottle-fed infants were hospitalized with infectious diseases ten times more often and spent ten times more days in the hospital during the first year of life than breast-fed infants (Cdn Med Assn Jrnl, Vol 120, p295-298).

The many thousands of healthy unvaccinated children in the U.S., Europe, Australia, New Zealand, and elsewhere provides additional evidence that vaccination is not a requisite to be free of disease. Government health officials, through the news media, have warned the public of the prevalence of greater pathogenic, more resistant strains of germs. And despite greater surveillance of these groups by public health doctors, unvaccinated children appear no more likely to develop inflammatory diseases than vaccinated children.

A History Of "Epidemics"
Most people would be surprised to learn that there are more than one thousand outbreaks each year, including colds, seasonal flus, hepatitus, and numerous noninfectious syndromes, all running their course and disappearing, often despite remaining unexplained by scientists. Even the dreaded Ebola epidemic failed to materialize. The CDC claimed that 108 people may have been killed by the Ebola in Zaire in 1995. However, there had been no further deaths and not a single case has ever been reported in the U.S. or Europe. As historian Elizabeth Etheridge wrote, "the epidemic was virtually over before their work [CDC & WHO] began" (Sentinel for Health, 1992). The deaths were more likely the result of a chemical toxicological poison, when you consider the quickness from exposure to death, the fact that it hasn't been contagious outside the localized area where it began, and that 20 per cent of the 55 million Zairens are Ebola virus antibody-positive, having survived the virus without apparent disease (Dietrich J.,1995). Some have speculated that those who became sick had been exposed to the deadly cleaning solvents and oils that armies at war tend to leave on the battlefield--which also had been the land that native Zairens live close to. If it were not for the gullible media and fanatical virus hunters seeking fame and fortune, this virus would have joined the ranks of the thousands of known harmless passenger viruses. According to renowned molecular biologist Peter Duesberg, "these many outbreaks provide the CDC with its inexhaustible source of epidemics". To make it even easier for themselves, the CDC defines an "epidemic" as 2-3 confirmed cases in different areas. An "area" may be a few city blocks, or an entire country. An "outbreak" is

at least one case(!) in the same area.

Medical historians have demonstrated that the eradication of the major world-wide epidemics in the past, erroneously attributed to mass vaccination campaigns, had actually been due to improvements in diet, hygiene, sanitary measures, non-medical public health laws, and to a host of new non-medical technologies, like refrigeration and faster transportation (McKinlay, 1977; McKeown, 1979; Moberg & Cohen, 1991; Oppenheimer, 1992; Dubos, 1959).

One of the conclusions in Thomas McKeown's seminal work, "The Modern Rise Of Populations" (1976, also endorsed by a Lancet editorial, 2/1/75), was that the decline in mortality in the 18th and 19th centuries was essentially due to the reduction in deaths from infectious diseases, and that it was not the result of immunizations. Similar studies by scholars John & Sonia McKinlay (1977) shows that almost all the increase in human lifespan since the year 1900 is due to reductions in infectious disease, with medical intervention (of all kinds) accounting for only about 3 per cent of that reduction. According to World Health Statistics Annual, 1973-76, vol.2, "there has been a steady decline of infectious diseases in most developing countries regardless of the percentage of immunizations administered in these countries."

Measles started to decline rapidly at the turn of the century, and the death rate had reached very low levels by the time measles vaccination was introduced in 1968 (McKeown, The Role Of Medicine, 1979). Tuberculosis mortalities in Europe and North America had continuously fallen at almost a steady rate since the mid-nineteenth century-500 per 100,000 in 1845, down to about 50 in 1945-without any vaccine or drug therapy. It was accomplished with sanitation reforms, improved nutrition, and drug-free sanitariums to treat the afflicted. Even "a striking fall in the incidence of poliomyelitis had begun prior to the introduction of the Salk vaccine" (USPHS: NMR 1935-64.CDC). Polio disappeared in Europe during the 40's and 50's without mass vaccinations. It didn't occur in the third-world where only 10 per cent of the population had been vaccinated.

In fact, entire civilizations that had maintained their raw native diets and had not been vaccinated had somehow managed to avoid infectious disease epidemics. Historian Arnold De Vries', "Primitive Man And His food" [Chandler Book Co., Chicago, 1952] contains a wealth of myth-exploding information on this subject. He details all of the European and American explorations and encounters with primitive cultures during the 18th and 19th centuries. He demonstrates in case after case how the foods and diets introduced by these explorers to the natives had caused their diseases, and how those cultures that rejected them escaped so called infectious disease epidemics. For example, every investigator (carrying with them the Western germs) that had visited and lived with the Hunzas of the Himalayas had found no recorded cases of childhood infectious diseases, autism, SIDS, cerebral palsy, muscular dystrophy or cystic fibrosis.

Noted historians and explorers, like Washington Irving, Dr. Weston Price, Dr. Benjamin Rush, Captain James Cook, Nieuroff, Viedma, D.A. De Cordova, H. Melville, and others described the robust health and extraordinary strength and physical condition of native populations that were first encountered during the 18th and 19th centuries. The Ingalik indians of the Yukon, the Pantagonians and Yuracares of South America, the Aborigines of Australia, the Polynesians, Melanesians, Tahitians, Hawaiians, Eskimos, etc. were not decimated by infectious diseases immediately upon first contact with Europeans. Instead, their decline in health developed only after years of "exposure" to white flour, sugar (cane & refined), alcohol, cow meat and milk, salted-cooked-and-canned goods, chocolate, coffee, tea, tobacco, opium, cocaine, and snuff.

Europeans were better able to tolerate these substances because their enzyme systems and enteric bacteria had been able to gradually adapt and tolerate them over generations. And we know from the work of Hygienic clinicians that all known infectious disease symptoms derive over the long term from a degraded diet; and are reversed through fasting, and adopting a healthy diet. For native populations that strayed from their raw food diets, the deficiency diseases of beri-beri and rickets arrived

at the same time as influenza; asthma and rheumatism spread as fast as consumption (TB). According to the classical Germ Theory, if the infectious diseases were caused by transmissible microbes, then it should have spread quickly, and the time between infection and disease should have been just a matter of weeks. But instead, their chronic, deficiency, and infectious (inflammatory) diseases -- born from the devitalized foods that they had adopted -- all took years to develop. And when primitive populations adopted some of the poor sanitary and hygienic habits of Europeans, they also "caught" the same "filth diseases", like cholera, dysentary and smallpox.

For example, Mr. De Vries describes various foods and health habits that Captain Cook introduced to the Maori natives of New Zealand in 1772. They gradually developed the same poor state of health as Europeans had, including decayed teeth. Inland areas had also been explored, presumably exposing the natives there with their foreign germs. However, those natives remained healthy because they were farthest from the ports where the refined foods were prevalent. And instead of developing infectious diseases soon after first contact with the Europeans, the first epidemic of dysentery among the Maori natives started in 1790 -- almost 3 decades after Cook's first visit! Also, it wasn't until 1844 to 1854 that other diseases like measles, mumps, scarlet fever had begun there. That's over 70 years after the epidemic should have risen and fallen, and immunity built up among the survivors. Obviously, the claims by modern medicine that infectious diseases dicimated native populations during those eras is unsupportable, and is intended to justify mass vaccination and to prop the theory that disease is transferable from person to person.

Not only had poor sanitation and nutrition lay the foundation for disease, it was also compulsory smallpox vaccination campaigns in the late 19th and early 20th centuries that played a major role in decimating the populations of Japan (48,000 deaths), England & Wales (44,840 deaths, after 97 per cent of the population had been vaccinated), Scotland, Ireland, Sweden, Switzerland, Holland, Italy, India (3 million--all vaccinated), Australia, Germany (124,000 deaths), Prussia (69,000 deaths--all revaccinated), and the Philippines. The epidemics ended in

cities where smallpox vaccinations were either discontinued or never begun, and also after sanitary reforms were instituted (Most notably in Munich-1880, Leicester-1878, Barcelona-1804, Alicante-1827, India-1906, etc.).

Before health agencies and schools of public health were completely taken over by allopathic medicine, the great legacies of the sanitary reformers-Max von Penttenkofer, James T. Briggs, Dr. John Snow, Edwin Chadwick, Florence Nightingale, Dr. Southwood Smith-was that they were able to eradicate cholera, yellow fever, tuberculosis, typhus, typhoid, scarlet fever, diptheria, whooping cough, measles and the bubonic plague long before vaccinations were developed or routinely used. In many nations, mortalities from smallpox hadn't begun to decline until the citizenry revolted against compulsory smallpox vaccination laws. For example, the town of Leicester from 1878 to 1898 stood in stark contrast to the rest of England where thousands were dying from the aggressive half century-old government mandatory immunization campaigns.

By 1907 the Vaccination Acts of England were repealed, with the help of some of the world's preeminent scientists who had turned staunchly against vaccination: Alfred Russel Wallace (one of the founders of modern evolutionary biology and zoogeography, and co-discoverer with Charles Darwin of the Theory of Natural selection), Charles Creighton (Britain's most learned epidemiologist and medical historian), and William Farr (epidemiologist and medical statistician, first to describe how seasonal epidemics rise and fall-known today as Farr's Law"). But before the law was amended in 1898 to include a conscientious exemption clause, an average of 2,000 parents per year were jailed and prosecuted-some repeatedly-for resisting vaccination. Large numbers went to prison in default of paying fines. Hundreds had their homes and possessions seized.

By 1919, England and Wales had become one of the least vaccinated countries, and had only 28 deaths from smallpox, out of a population of 37.8 million people. During that same year, out of a population of 10 million-all triply vaccinated over the prior 6 years-the Philippine Islands registered 47,368 deaths from smallpox. The epidemic came after

the culmination of a ruthless 15-year compulsory vaccination campaign by the U.S., in which the native population-young and old- were forcibly vaccinated (several times) against their will. In a speech condemning the small pox vaccine reprinted in the Congressional Record of 12/21/37, William Howard Hay, M.D. said, " . . . the Philippines suffered the worst attack of smallpox, the worst epidemic three times over, that had ever occurred in the history of the islands, and it was almost three times as fatal. The death rate ran as high as 60 per cent in certain areas, where formerly it had been 10 and 15 per cent." In the province of Rizal, for example, smallpox mortalities increased from an average 3 per cent (before vaccination) to 67 per cent during 1918 and 1919.

In many additional examples, cases the sickness, injuries and deaths commonly attributed to the microbe were actually due, wholly or in part, to the poisoning effects of vaccination campaigns: from the worldwide influenza epidemic of 1918-19 that killed 20 million following the administration of anti-typhoid inoculations, to the 1976 Swine flu "epidemic" (among hogs!) that permanently crippled "only" a few thousand Americans with Guillain-Barré syndrome following an ill-advised vaccination program.

>From Sanitation To Hygiene
For the treatment of infectious diseases, hygienic clinical practitioners were equally successful as their counterparts in public health. For example, at the turn of the century while thousands died or suffered dementia from Dr. Paul Erlich's toxic mercury and arsenic syphilis treatments, Dr. Herman of the Hospital Weiden in Vienna, Austria managed to heal 60,000 cases over the 30 year period that he was superintendent there. He never experienced a case of tertiary syphilis, or "neurosyphilis", because he never used a drop of mercury-which causes nerve and brain damage.

In the U.S., the modern history of Natural Hygiene (NH) began in 1830. Some of the early leaders of the movement were Sylvester Graham, Dr. William Alcott, Dr. Mary Gove, Dr. Isaac Jennings, Dr. Russell Trall and Dr. John Tilden. The underlying philosophy of NH is that the body is

self-cleansing, self-healing and self-maintaining. Food only provides nourishment. There are no substances that possess mystical properties that heal cells, tissues, or organs. The process of cellular repair (healing) is performed by the body, and it performs this function best in the absence of foreign or extraneous matter, such as food, drugs, or even herbs and vitamin supplements. Practitioners of Natural Hygiene have had phenomenal clinical successes. From 1880 to 1940, people from all over the U.S. came to John Tilden's Denver sanitarium. The same was true for Herbert Shelton's clinic in San Antonio, Texas from 1923 to 1981. Today, there are several good clinics and fasting retreats where people may regain their health (to the extent that they are physically able-and willing) from a wide variety of illnesses.

How Does Natural Hygiene View Infectious Disease?
The symptoms during such illnesses are referred to as an "eliminative crisis". It may be very discomforting, but it is a necessary self-limiting process in which an accumulation of retained metabolic waste (dead cells that become toxic), and the residues of undigested or unassimilated food are being purged from the body through vicarious (abnormal, inappropriate) channels. These bodily eliminations are manifested in the familiar "runny nose", cough, stiffness, fever, and numerous rashes, swellings, lesions, and eruptions through the skin.

For the liver, the natural avenue of elimination is through the bowel; for the kidneys, through the bladder or urethra. However, when the liver is congested, or the kidneys inflamed, waste matter (toxins) is thrown into the blood. Nature then uses vicarious avenues of elimination, or substitutes. The lungs will eliminate some of the wastes that should have gone through the kidneys, or the skin will do the same for the liver. Obviously the lungs do not make very good kidneys. From the irritation caused by the elimination through this inappropriate channel, we may get bronchitis, pneumonia, or tuberculosis. The disease is determined by the chemistry of the poison being eliminated and not by the invasion of any microbe. Similarly, if bile poisons (from the liver) in the blood come out through the skin, we get various irritations of the skin, resulting in skin conditions manifested by rashes, boils, acne, etc. Thus, the skin

is "substituting" for the liver, or a vicarious elimination is occurring through the skin. (Therefore, it is rank stupidity for dermatologists to treat the skin, or burden the liver, with antibiotics, steroids and other poisons.) During more acute and involved forms of toxemia, such as measles, chicken pox, fever, or flu (etc.), the liver is much too busy neutralizing toxic wastes to be bothered with digestion of food. Fasting is more essential in such cases, especially considering the lack of digestive juices produced, and the loss of appetite that accompanies these illnesses.

According to Henry Bieler, M.D. (Food Is Your Best Medicine, 1965), "the childhood years should be the healthiest of all. It is during those early years that the endocrine glands and the liver are in their best functional capacity, giving the healthy child his natural state of exuberance, inexhaustible energy, and faultless elimination". This is precisely why eliminative and inflammatory illnesses usually occur during childhood (garbage in, garbage out, the fastest way possible-usually through the skin.) Having these symptoms often leads to a medical diagnosis of one of the so-called "childhood infectious diseases", if the pattern of symptoms fits their standard case definition, and especially if there is increased public health surveillance of the particular disease (thereby artificially sustaining the myth that these conditions are communicable). Conversely, a physician will not diagnose a child with any disease that he or she had been vaccinated for, or for a disease that he or she had contracted previously-falsely presuming that prior infection builds immunity (it works out statistically to be extremely rare for a person to get the same illness twice during a lifetime, let alone during the narrow time-span of childhood). Another disease having similar symptoms will be substituted-and there are many to choose from. Another reason that these medical diagnoses are biased is because almost all cases of infectious diseases are determined solely by clinical diagnosis (without confirmation via a culture). This is in spite of the fact that many different diseases are defined by the same, or very similar symptoms.

Actually, the illness is often the result of a poor diet usually

consisting of animal products, cooked and refined foods, or factors contributing to faulty elimination. Symptoms are often triggered by a physiochemical or psychological "trauma", such as exposure to cold or toxic chemicals, stress, lack of sleep, ingestion of spoiled meat, a sting or bite from an insect, etc.

Safe And Effective Options For Parents

There are other theories of "infectious" (inflammatory) disease and immunity advocated by scientists and physicians in medicine and by practitioners in other disciplines. Their modalities of prevention & treatment have been practically applied by parents and health practitioners for generations with clinical success. Succeeding generations of Hygienic practitioners have added to our understanding of the natural healing process, which is comparably superior to vaccines and drugs.

The prevention of inflammatory diseases, and the ensuing complications from drugging or even feeding during the illness, would be better achieved through non-toxic, holistic approaches. Childhood "infectious" diseases are not "killer" diseases, despite what some doctors may tell you. Mortalities from "infectious" diseases are rare, but when they do occur, they are the result of pre-existing malnutrition, or treatment with antibiotics and other drugs. Even feeding a child during these severe eliminative crises may be fatal. Children treated in accord with the principles of Natural Hygiene, without drugs, do not die from "infectious" diseases.

The Responsibilities Of Parents

Even if there were some benefit from vaccination, would any sum of money be adequate compensation for the care of a physically or mentally impaired child for the remainder of his/her life? Before you subject your child to these risks, make every effort to become informed. You are ultimately responsible for your child's health-not your doctor, and not the Health Dept.

You will not be able to undo the damages from vaccines. So get all the

facts today-you can always vaccinate tomorrow. If you do decide to have your child vaccinated, the U.S. Dept. of Health and Human Services has established the Vaccine Adverse Event Reporting System (VAERS) to accept reports of suspected adverse reactions from any vaccine. The VAERS number is 800-822-7967. You should also report vaccine reactions to the National Vaccine Information Center (NVIC) at 703-938-DPT3 or email it to <info@909shot.com>, or call 800-909-SHOT to obtain information. NVIC's website is at http://www.909shot.com. This parents' group provides vaccine safety information to consumers and assists those who have suffered adverse reactions.

There are many grassroots organizations that may also assist you. You can locate them on the internet. Many groups also sell books that you may not find in regular retail outlets. CFIC specializes in assisting people who wish to organize locally for the ultimate goal of protecting their rights.

Your contributions go only towards printing and mailing of educational materials like this one. Make your non-tax deductible checks payable to Coalition For Informed Choice, or CFIC.

Copyright 1998 by Gary Krasner and Coalition For Informed Choice (CFIC). Unaltered reproductions of this publication for free distribution is permitted.

======insert this textbox in an appropriate location in your booklet========
inside the box:
diarrhea severe pain, swelling, redness, and/or lumps at the needle site
demyelinating diseases of the central nervous system optical neuritis
allergic reactions (hives, wheezing, puffiness, rashes, edema)
high-pitched screaming lasting for hours . Guillain-Barre syndrome
Sudden Infant Death Syndrome (SIDS) . multiple learning disabilities
subacute sclerosing panencephalitis . encephalitis/encephalopathy
anaphylaxis/anaphylactic shock . convulsions/seizures . anorexia

excessive sleepiness . arthritis/arthralgia . Parkinson's disease
juvenile diabetes . mental retardation . transverse myelitis .
lupus
multiple sclerosis . unconsolable crying . severe vomiting . autism
meningitis . ear infections . paralytic polio . apnea .
paralysis
adenopathy . rheumatoid arthritis . hyperactivity . high fever
allergies . epilepsy . blindness . cancer . deafness . sterility .
anorexia

caption below box:
Textbox 1: A 1994 study by the respected Institute of Medicine suggested these are among the medical conditions that may be causally or temporally associated with vaccination. Coma followed by death is also a common sequence.
===

======insert this textbox in an appropriate location in your booklet========
inside the box:
Dubbed the most effective measles vaccine ever developed, the journal, Science (10/23/92) reported that the high-titer Edmonston-Zagreb vaccine was withdrawn in 1992 because the children who received it, while allegedly protected from measles, were dying at twice the rate from other infectious diseases compared to unvaccinated children. The vaccine was given to Third World children. In 1990, researchers in Guinea-Bissau reported higher-than-expected deaths. In 1991 the World Health Organization (WHO) also received a similar report from Senegal. "WHO allowed the trials to continue while gathering more data." By June, 1992 similar data were coming in from Haiti. It wasn't until October, 1992 that the vaccine was discontinued in younger infants. Commenting on the carnage, Dr. Steven Rosenthal-the vaccine "safety" expert at the CDC-stated in Newsday (8/2/94), "People now agree that we need more post-marketing studies . . ." ". . . Hell, most vaccines that are on the market now were never tested that vigorously [enough]".

caption below box:
Textbox 2: The recent Edmonston-Zagreb vaccination campaign was a classic example of vaccination rendering substantial portions of immune bodies (T-lymphocytes) solely committed to the vaccine's specific antigens, making them immunologically inert and incapable of reacting or responding to other antigens. It also demonstrated that there are no relevant animal models for human inflammatory diseases. Hence all trials with respect to attenuation, immunogencity, and efficacy are necessarily carried out on human beings-usually Third World children, where health officials can callously allow the experiments to continue.
==