

Myocarditis death in soldier may have been caused by vaccines--DOD press release

June 22, 2006

Please note that CDC found a much higher rate of myocarditis in smallpox vaccine recipients than did DOD: 1 in 1,725, according to Morbidity and Mortality Weekly Report put out by CDC. In a vaccine trial of smallpox vaccines conducted by Acambis the rate of myocarditis was 1 in 973. A 1978 study in Finnish military recruits found a much higher rate using looser criteria (1 in 29).

If DOD had cases occurring at the same rate, they should have had 580 cases in 1 million vaccine recipients, not 120. However, DOD likely had even more cases of myocarditis than 580, since it is believed that people who have never before received the vaccine are at higher risk of complications than those previously vaccinated. Nearly all those who were vaccinated through CDC had been vaccinated in childhood. Relatively few military servicemembers have been previously vaccinated.

Claiming that no previous smallpox recipients died with myocarditis is also blatantly untrue. Twenty-two year old Rachel Lacy died in early 2003, one month after receiving five vaccines in one day (including smallpox and anthrax) and her autopsy demonstrated myocarditis. Two panels asked to evaluate her death for DOD agreed her death was probably vaccine-related.

I wrote something about earlier inaccurate DOD statements about smallpox vaccine-related myocarditis and death in 2003:

<http://www.ahrp.org/infomail/03/11/03.php>

Wonder why DOD admitted this death, while denying others?

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U.S. Department of Defense
Office of the Assistant Secretary of Defense (Public Affairs)
News Release
On the Web:

<http://www.defenselink.mil/cgi-bin/dlprint.cgi?http://www.defenselink.mil/releases/2006/nr20060622-13316.html>

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June 22, 2006

Vaccines May Have Caused A Soldier's Death

A panel of military physician experts has concluded that vaccinations may have caused the death of a 26-year-old Army soldier.

The soldier, Pfc. Christopher "Justin" Abston, received smallpox and injectable influenza vaccines in November 2005, at Fort Bragg, N.C., 16 days before suffering sudden death in his barracks room.

Following evaluation of multiple specialized test results, the panel considered a cause-and-effect relationship to be "possible." The smallpox vaccine received by Abston is known to cause an inflammation of the heart muscle or myocarditis, a condition found at his autopsy.

Evidence of the vaccinia virus, the main ingredient of smallpox vaccine, was not found in his heart muscle, but evidence of a different virus, parvovirus B19, was found. Natural infection with parvovirus B19 is another known cause of heart inflammation and death. The expert panel cautioned that the findings pointing to vaccinations were neither probable nor unlikely, but they do suggest the possibility that the vaccines may have caused Abston's death.

Among the one million military personnel given smallpox vaccine since December 2002, 120 developed myocarditis or similar conditions, but none of them died. DoD screens all personnel to be given smallpox vaccinations and about eight percent are excluded due to screening criteria. It also advises all smallpox vaccine recipients, who develop chest pain after smallpox vaccination to seek medical care without delay. In the 120 cases mentioned above, such chest pain most often occurred in the first three weeks after smallpox vaccination.

The DoD conducts its smallpox vaccination program to

protect troops assigned to U.S. Central Command, U.S. Forces Korea, or designated units with homeland defense missions.

<http://www.defenselink.mil/releases/2006/nr20060622-13316.html>

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