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IN THIS ISSUE:

# Recent Immunization Research



**Dr. Robert Mendelsohn**

When I first went public with my syndicated column and The People's Doctor Newsletter, it was almost taboo to mention the risks of immunizations, except, of course, if that mention were safely tucked away within the pages of medical journals. But as the years went by, the information began to trickle out to the public.

This year, as a result of Lea Thompson's NBC-TV documentary, "Vaccine Roulette," immunization has become one of the most hotly-discussed subjects in the country. Requests for the documentation of the hazards of immunizations presented in my Newsletters pour in from M.D.'s, chiropractors, nurses, journalists and just plain people.

This is my fourth Newsletter on this subject. Something tells me it won't be the last.

*Other criticisms of compulsory immunization*

Just so that you know I am not alone in my criticism of compulsory immunization laws, Dr. F. M. White, Director of Communicable Disease Control and Epidemiology with the Alberta, Canada, Health Department and more recently with the British Columbia Ministry of Health, also is concerned about the ethical considerations of immunizing in view of "the present lack of precise knowledge of the field." Connaught Laboratories' "Biolines" quotes Dr. White as saying, "There is an important ethical distinction between treatment and preventive programs...Are all immunizations of proven value and do we really know what we are doing?"

Fifteen years before Dr. White voiced his concerns, Sir Graham Wilson in his book "The Hazards of Immunizations" showed a good grasp of the ethical problems which accompany immunization. "Once a vaccine has been introduced, with apparently good results, it becomes extremely difficult ever to find out its real value," wrote Wilson. "Moral objections may be too strong to permit a properly-controlled trial."

Ask your own doctor whether the vaccine he wants to inject into your child ever has been scientifically proven by controlled studies. Or does he just "believe" in the vaccine?

*Government admits vaccine dangers*

While I was preparing to give testimony as an expert witness in some upcoming law cases which deal with children who are alleged to have been damaged by immunizations, I reviewed some government documents which never before had come to my attention.

The November 20-21, 1975 minutes of the 15th meeting of the Panel on Review of Bacterial Vaccines and Toxoids with Standards of Potency, presented by the Bureau of Biologics and the Food and Drug Administration, contain a remarkably complete analysis of vaccines which are currently in use. While the overall conclusion is that vaccines are worthwhile and good, I thought you might like to read part of the darker side of immunizations described by the eminent scientists on this committee, a side which rarely reaches the public eye.

The section on diphtheria immunization contains the sentence: "For several reasons, diphtheria toxoid, fluid or absorbed, is not as effective an immunizing agent as might be anticipated. Clinical (symptomatic) diphtheria may occur occasionally in immunized individuals--even those whose immunization is reported as complete by recommended regimens." The panel claims that when diphtheria does occur in such an individual, "It appears to be milder." The report continues with "...the permanence of immunity induced by toxoid...is open to question."

Regarding the combination diphtheria/tetanus vaccine used in adults, the panel stated that this substance has never been shown conclusively to be an adequate primary immunizing agent. Furthermore, the intervals between booster doses of TD (diphtheria/tetanus) in adults sufficient to maintain diphtheria immunity have not been established. Efforts by producers to reduce the reactions of the toxoid by increasing purification "may have resulted in diminished immunogenicity."

In other words, as the diphtheria/tetanus vaccine is made safer in order to cut the severity of reactions to it, it gives less protection against the disease. Since no controlled studies have recently been carried out on this vaccine, maybe now it's just plain old water.

While giving tetanus toxoid generally high marks, the scientists from the Bureau of Biologics and the Food and Drug Administration point out, "The antigenicity [degree of potency] of tetanus toxoid can vary considerably from preparation to preparation." Furthermore, "Recent changes in manufacturing procedures may have resulted in lowering of the immunizing potency of tetanus toxoid in some products; hence there is a need for re-evaluating the primary antigenicity of current preparations."

The panel continued: "Most of the local and febrile [fever] reactions that are seen appear to be related to more frequent inoculations than are necessary."

Now, on to whooping cough. While noting the reduction in this disease over several decades, the panel concedes that "Not all of this remarkable decline can be attributed to widespread use of the vaccine for the reason that some decline in morbidity [illness] and mortality from pertussis was observed in the United States and other Western countries prior to the institution of vaccination."

On one hand, the scientists claim the incidence of whooping cough is low, yet they qualify this statement: "The exact rates, however, are unknown for several reasons. Cases are frequently unreported or not recognized." Since many laboratories are not equipped to routinely test for whooping cough germs, "The infection may go undiagnosed...Infection in immunized persons may cause bronchitis but without typical whooping."

In one of the most important admissions in the entire document, the panel concluded: "Therefore, reports of pertussis obtained by the Center for Disease Control probably represent only a fraction of all pertussis infections occurring throughout the country."

How pure is the whooping cough vaccine? The panel stated, "In contrast to some other immunizing agents, such as diphtheria and tetanus toxoids, pertussis vaccine is a relatively crude preparation that con-

tains the majority of the bacterial constituents, most of which are probably not relevant to the induction of immunity to the disease."

Has your doctor told you the kind of reactions which are due to the whooping cough vaccine? The panel described them as follows: "Significant reactions that have been attributed to pertussis vaccine have included high fever...a transient shock-like episode, excessive screaming, somnolence, convulsions, encephalopathy, and extremely rarely, thrombocytopenia [deficiency of clotting elements in the blood]. Such reactions almost always appear within 24 to 48 hours after injection, but have been thought to occur after an interval as long as seven days."

How common are these complications? The panel first used the word "rare," but immediately thereafter confessed that the rates (of complications) are "difficult to define precisely at least in part because they are often not reported." The report further points out that vaccine of higher potency may produce more reactions.

Panel members admitted that the whooping cough vaccines pose a special problem since they "do not exhibit the effectiveness and safety which have been achieved with certain other immunizing agents." The report conceded that "Without adequate surveillance of disease rates, the effectiveness of current vaccines and immunization programs cannot be monitored."

How long does immunity last? According to the panel, "Experience with modern pertussis immunization is not of sufficient duration to predict whether childhood immunization may in some instances postpone natural infection until a later age."

Should your child receive whooping cough vaccine before starting school? The panel reported: "The usefulness of the currently recommended booster dose at school entrance has never been fully documented." The panel admitted that the ultimate significance, if any, in terms of permanent results of vaccine-induced somnolence, excessive screaming, and high fever is unknown. Without such knowledge, satisfactory recommendations for further immunizations when any of these reactions occurs cannot be made.

How often do complications occur? In the understatement of the decade, the panel states, "Physicians are expected to report complications of immunization to manufacturers, in the United States, but compliance with this expectation is less than optimum." The panel further points out, "Many physicians are not cognizant of their clinical features. Further, both physicians and manufacturers have been held liable for damage suits by patients who may suffer adverse effects from established vaccines. All these factors undoubtedly discourage reporting; without maximum reporting or some other form of surveillance, definition of the rates and significance of untoward reactions to current and future vaccines cannot be ascertained."

The panel criticized the laboratory procedures used in the production and testing of pertussis vaccine and, not surprisingly, recommended increased public support for more research studies. "Without such basic studies, a more effective and safer pertussis vaccine cannot be developed." I agree, and I further suggest that all pertussis immunization be suspended while such research is being conducted on this obviously low-quality vaccine.

The panel actually recommends that "The vaccine label should warn that if shock, encephalopathic [brain damage] symptoms, convulsions, or thrombocytopenia [a clotting disorder] follow a vaccine injection, no additional injections with pertussis antigens should be given....The label should also include a cautionary statement about fever, excessive screaming, and somnolence." (Wouldn't it be wise to ask your doctor for a peek at the label the next time he tries to immunize your child?)

The panel's final recommendation is for legislation providing federal compensation for "the few individuals" injured and disabled by participating "in a meritorious" public health program. The panel members frankly admit, "Such legislation would protect manufacturers and physicians against liability...." (Does everyone remember the swine flu vaccine? Its manufacturers did succeed in passing the buck of liability to the federal government so that you and I now are paying for the many cases of paralysis and other damage which resulted from that immunization--for a disease that never materialized.)

The panel's criticism of other vaccines--typhoid (TAB vaccine which is the now-discontinued typhoid-paratyphoid vaccine received by all who served in the armed forces during World War II), cholera, plague--is required reading for anyone whose travel agent tells him he needs these shots in order to travel abroad.

On the very last page of the minutes, the government panel mentions its "careful note" of a report on the potential for oncogenic (tumor-producing) action of aluminum and oil adjuvants, substances which were added to increase the action of many vaccines: "There is little doubt that some of the material containing aluminum as adjuvant appears to be carcinogenic [cancer-producing] in a strain of Swiss mice."

The panel also is investigating the possibility of retrospectively examining the human experience with the incidence of fibrosarcomas [malignant tumors of connective tissue] at the usual sites of injections of vaccines."

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*Immunizations  
as seeds of  
long-term  
damage*

Six months ago, NBC-TV did an expose on the risks of whooping cough vaccine (a component of the DPT triple immunization recommended for all U.S. infants), and Channel 5 in Chicago ran a feature on its nightly news entitled "DPT: Vaccine Roulette." Channel 5 heralded this feature in Chicago newspapers with full-page ads headlined: "Will this child be a victim of vaccine roulette?"

Of course, for the past six years, my readers have been exposed to information about the dangers of immunization. Now, I bring to your attention further revelations by eminent scientist Robert W. Simpson, Ph.D., Professor of Virology, Waksman Institute of Microbiology, Rutgers University.

The Simpson saga began in March, 1976 when, at a Science Writers Seminar sponsored by the American Cancer Society, Dr. Simpson presented a paper which was widely quoted in the press. Press reports stated that Simpson's paper pointed out that "immunization programs against flu, measles, mumps, polio, etc. actually may be seeding humans with RNA to form proviruses which will then become latent cells throughout the body. Some of these latent proviruses could be molecules in search of diseases which under proper conditions become activated and cause a variety of diseases including rheumatoid arthritis, multiple sclerosis, lupus erythematosus, Parkinson's disease and perhaps cancer."

In Chapter II of the Simpson saga, Mrs. Sue Schieler of Milford, Indiana wrote Dr. Simpson, inquiring about links between immunization procedures and multiple sclerosis. Mrs. Schieler sent me Dr. Simpson's response of September 25, 1981 in which he wrote "...I regret to inform you that our earlier studies (1976) at Rutgers University on related work were totally misquoted by the media. We have never obtained any evidence that would implicate vaccination as a cause or contributing factor for such human diseases [as multiple sclerosis]."

In February 1982, I asked Dr. Simpson for his complete paper. I wrote: "Since your (misquoted) statement was so widely publicized, your

complete statement should enable me to correct any misconceptions by the readers of my books, subscription newsletter and syndicated column."

I promptly received a copy of Dr. Simpson's five-page paper entitled "RNA-Containing Viruses of Humans Can Be Transcribed Into DNA Proviruses." While I am sure Dr. Simpson will be happy to supply full copies of this paper to those of you who are interested, let me now share with you some quotes from it which are admittedly out of context.

Discussing the result of studies conducted in his laboratory, Dr. Simpson states: "This finding holds important implications regarding the potential of common RNA viruses (e.g., influenza, measles, mumps, etc.) to persist in human populations in a latent or masked form following either natural acute infection or active immunization with live virus vaccines." (Emphasis mine.)

Dr. Simpson continues, "...the disease potential of such DNA proviruses and their possible existence in human populations needs to be determined in light of ongoing, large scale vaccination programs with live viruses and also with a view to understanding the underlying etiology of human cancer as well as various types of chronic degenerative disease such as multiple sclerosis, Parkinson's disease and rheumatoid arthritis."

Referring to these proviruses (known as molecular intermediates), Dr. Simpson speculates: "Are these molecular intermediates a natural product of acute virus infection or live virus vaccination with common riboviruses?" (Emphasis mine.) He continues, "Regarding the latter point, animal studies now in progress in our laboratory suggest that RS virus can persist in a latent form in lung tissue many months after initial infection...This preliminary finding presents the intriguing possibility that persistence of such riboviruses at the molecular level may not only be a common feature of viral infections but a necessary event for the maintenance of long-lasting immunity...conceivably, some of these latent agents could represent potential 'molecules in search of disease' which under appropriate conditions of environmental stress might infrequently be reactivated as complete or defective viruses capable of evoking a pathological response to their resident host."

Dr. Simpson's scientific paper concludes with this statement: "Finally, the question of the risks associated with the use of live virus vaccines of human RNA viruses that may possibly be transcribed into DNA proviruses must be considered...it is still necessary that public health scientists intensify and improve their surveillance efforts for detecting infrequent complications associated with the large-scale use of such live virus vaccines for immunizing human populations. Such complications might gradually manifest themselves over a very long time course measured in years and might assume a disease course that one would not ordinarily relate to the original vaccine virus."

You now are in a good position to judge whether Dr. Simpson was originally misquoted! But the Simpson saga does not end here. The most bizarre aspect of the entire affair is Dr. Simpson's red-penned note to me on the top of his paper: "This work could not be repeated in our laboratories after the investigator who originally made these observations left."

While I leave it to each of your fertile imaginations to figure out the implications of that cryptic statement, I can assure you that the deeper I delve into research on immunizations, the curiouser and curiouser it gets.

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*Where to get  
information  
on DPT  
vaccine*

The issue of whether or not to immunize is heating up all over the world. In Australia, Drs. Archie Kalokerinos and Glen Dettman, Ph.D., have published their findings on the dangers of DPT vaccine in an excellent booklet entitled "The Dangers of Immunization" (The Humanitarian Society, Box 77, Quakertown, Pennsylvania 18951).

Attorney Robert Kaufman of Gaylord, Michigan has brought legal action against Merck Sharp & Dohme on behalf of a child who is suffering from severe neurologic damage which began after a measles shot. And Chicago attorney Allen McDowell, in his case involving a child who developed mental retardation after a DPT shot, has gathered testimony from medical experts in England (Dr. Gordon Stewart and Dr. John Wilson) and in Germany (Dr. Wolfgang Ehrengut).

Dr. Ehrengut, Director of the Hamburg (Germany) Vaccination Institute, stated in deposition (further information may be obtained from Allen McDowell, Suite 1313, 127 N. Dearborn, Chicago, Illinois 60602) that in Germany, the state pays for vaccine-damaged children "even if the doctor is responsible from some stupidity which they have done, if they have made a mistake, in every case to protect the individual, our state pays. This is paragraph 51 of our so-called Infectious Disease Law. By this law, this individual gets for his whole life some compensation. In this way, this is the best law in the world."

Referring to the United States, Ehrengut said, "To be very frank, your doctors hide complications. They don't tell the truth if they have done something incorrect."

Both these lawsuits and the above-mentioned publication are required reading for anyone whose child may have been damaged by routine immunization as well as for all parents who are concerned about the negative effect of immunizations.

In addition, if you would like to read the testimony J. Anthony Morris, Ph.D., one of the leading vaccine experts in the United States, gave before the Senate Investigating Committee (June 30, 1982), write Dr. Morris at P.O.B. 40, College Park, Maryland 20740 for a copy of his 11-page statement. In this statement, Dr. Morris concludes that "The thrust of the testimony given by Drs. Foege, Fulginiti, Parrott, and Fannin [the chief proponents of mandatory immunization] before the Subcommittee at this hearing on immunization and preventive medicine was either misleading, self-serving, or both, and careful efforts by the public to understand the thrust of their statements will only erode further the public's confidence in vaccines."

*Monitoring  
adverse  
reactions*

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Your doctor should know about the September 1979 statement of the Office of Technology Assessment reporting to the U.S. Congress on vaccine and immunization policies. Referring to the Center for Disease Control's system for monitoring adverse reactions to vaccines, the report begins, "The system will not generate data that will permit calculation of incidence rates of adverse reactions among defined populations." In other words, U.S. government doctors, in contrast to those in foreign countries, never have worked out a method for finding out what percent of children suffer damage from vaccines.

The report points out, "Vaccinations are recommended and administered to millions of children and other individuals each year on the presumption [emphasis mine] that the benefits far outweigh the risks. The benefit side of the equation is straightforward: Vaccinations can prevent serious disease. The risk side is not so straightforward since it includes factors that are known that may exist but have not yet been discovered."

*Arthritis  
from  
rubella  
vaccine*

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Now that you are aware, through recent extensive media coverage, that whooping cough (pertussis) vaccine can cause brain damage, I wouldn't want you to fear giving your children whooping cough vaccine while believing that all other vaccines are perfectly safe. That is why I am bringing to your attention the latest research on the German measles (rubella) vaccine.

Six years ago, Dr. Aubrey Tingle, a pediatric immunologist at Children's Hospital in Vancouver, British Columbia, and his co-workers discovered that 30 percent of adults who had been exposed to rubella vaccine suffered arthritis two to four weeks after vaccination, ranging from mildly aching joints to severe crippling. Recently (as reported in Maclean's Magazine, February 8, 1982), these same researchers found live rubella virus in one-third of patients--both children and adults--with rheumatoid arthritis. (Rheumatoid arthritis, of course, is a much more severe degenerative and crippling disease than is rubella arthritis.) In one patient, rubella arthritis developed into rheumatoid arthritis. Ten percent of adults who have the symptoms of arthritis resulting from rubella immunization will suffer extreme pain.

Dr. Tingle pointed out that when the rubella vaccine was first introduced, its promoters said that "all the symptoms disappear in three months." Dr. Tingle soberly reflected, "But that's not correct. We've had patients that we followed for 10 years who are still having recurrent episodes.

"One such victim is Anita Willson, a 32-year-old teacher. In 1975, when she applied for a marriage license in Calgary, she was required to undergo a rubella vaccination. She complied. About two weeks later, she began to experience swelling of her big toe, and the pain soon spread to her fingers and wrists. The diagnosis: arthritis. 'I was so disabled that I couldn't shift gears on my car or open a jar,' Willson recalls. 'Here I was, newly married and with a new job. My whole world came crashing down. It was terrifying.' Willson's arthritis, which now appears to be in abeyance, lasted for five years."

For children who receive rubella immunizations, Dr. Tingle wisely warns, "The longterm effects are the major unresolved issue that we have to face."



*On sexual freedom*

From the British medical journal Lancet comes the following excellent analysis in an article entitled "Biological Effects of Sexual Freedom": "There are something on the order of 250 million new cases of gonorrhea and 50 million new cases of syphilis annually. Other sexually communicable conditions may be even more common...The adverse biological effects of sexual freedom on women and their babies are a disappointing development in the second half of the 20th century."

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"MalePractice: How Doctors Manipulate Women," Dr. Mendelsohn's latest book, is now available in paperback from Contemporary Books (\$6.95).

"Confessions of a Medical Heretic" is available from WarnerBooks (\$3.25).

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From the time we began publication seven years ago, the annual subscription price of The People's Doctor Newsletter has remained at \$18.00. Since rising costs make it impossible for us to continue publishing at that price, the new annual subscription rate will be \$24.00. Individual back issues will now be priced at \$2.50.

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# Another View

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Did you know that the so-called "herd immunity" theory, which assumes that if enough members of the population are vaccinated everyone will be protected, has been proved false in epidemiological studies? In 1971 in Casper, Wyoming, a rubella epidemic occurred one year after 83 percent of the city's schoolchildren had been vaccinated against rubella. (Ninety-one of the 125 cases occurred in vaccinated children.) Several years after the smallpox vaccine was introduced into the Philippines (it was first given in 1910) and after 95 percent of the population--8 million people--had been given 24,500,000 doses of vaccine, the Philippines experienced its worst smallpox epidemic in history.

Did you know that the incidence of measles actually has been declining steadily for the past 100 years? This certainly leads one to question the drug industry's claim that this drop is due to vaccinations. From 1958 to 1966, the number of measles cases reported each year dropped from 800,000 to 200,000. But it wasn't until 1967 that the live vaccine which is presently used was introduced, this after the killed virus vaccine which came out in 1963 was found to be ineffective and potentially harmful. Besides this cyclical decline, we must question the reliability of the numbers of cases now being reported. A survey of pediatricians in New York City revealed that only 3.2 percent of pediatricians actually were reporting measles cases to the health department. In 1974, the Centers for Disease Control determined that there were 36 cases of measles in Georgia, but the Georgia state surveillance system reported 660 cases that same year.

Did you know that, while there was a reported sharp decline in the incidence of polio after the introduction of the oral polio vaccine, the definition of polio was changed at the same time? The definition no longer included aseptic meningitis cases, thus hardly leaving a basis for comparison.

Did you know that when immunity to a disease is acquired naturally, the possibility of reinfection is only 3.2 percent? If the immunity comes from a vaccination, the chance of reinfection is 80 percent. Studies from the Faroe Islands have shown that adults who had acquired measles immunity naturally still were protected 65 years later.

Did you know that the article "Nature and Rates of Adverse Reactions Associated with DTP and DT Immunizations in Infants and Children" (*Pediatrics*, Nov. 1981, Vol. 68, No. 5) reported only 18 serious reactions in children who had been given 15,752 shots? But if you read the article closely, you found that each child in the study received 5 shots adding up to 3,150 series. Thus, more than one out of every 175 children who received the full DPT series suffered severe reactions.

This information was given to me by Keith Block, M.D., a family physician from Evanston, Illinois, who has spent years collecting data in the medical literature on immunizations. He is alarmed at the potential hazards of vaccinations which artificially introduce a foreign protein as well as a "slow virus" into the human body which doesn't belong there and which can create serious health hazards such as the Guillain-Barre Syndrome which was linked to the swine flu vaccine. Vaccinations, Dr. Block explains, plant a seed which may be triggered months or years later by a variety of situations such as life stresses, medication, refined sugar, etc. "Living as we do, in a well-fed, hygienic society," Dr. Block points out, "we end up trading off what would usually be a relatively minor illness for a potentially serious disease. Instead of taking personal responsibility for our body's immunological system, we try to handle everything with a vaccine, insulting our bodies and creating a sicker more endangered species. We are, literally, walking time bombs!" Those are strong words, I'll admit, but they're certainly worth pondering.