

Friday, September 17, 2004

CHILD VACCINATION HORROR STORY

This is tough to read, but it is important to understand the risks involved with children's vaccines.

"I can assure you that death from vaccination is neither quick nor painless. I helplessly watched my daughter suffer an excruciatingly slow death as she screamed and arched her back in pain, while the vaccine did as it was intended to do and assaulted her immature immune system. The poisons used as preservatives seeped through her tiny body, overwhelming her vital organs one by one until they collapsed. It is an image that will haunt me forever and I hope no other parent ever has to witness it."

[Click here to read the whole article!](http://www.rense.com/general57/ddee.htm) (<http://www.rense.com/general57/ddee.htm>)

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Death By Lethal Vaccine Infection

By Christine Colebeck

9-17-4

Today is my daughter's sweet 16th birthday but we will not be celebrating. Instead I will light a candle and when I blow it out I will make a wish in my daughter's memory. My wish is for all mother's worldwide, that you will educate yourselves and that you make informed choices so that you may prevent unnecessary tragedy and be spared from my pain.

Laura's Story

After 41 weeks of pregnancy, on July 27th, 1986, a perfect and healthy little baby, Laura Marie, made her entrance into the world. We were welcomed home by family and friends anxiously waiting to meet the new family member. They showered her with so many beautiful, little tiny, pink dresses, we joked that she would never be able to wear them all in one lifetime.

Our lives changed completely and now revolved around stroller walks in the park, visiting friends, changing diapers, night feedings and shopping for more little pink dresses. We were parents now, we had a family and life was absolutely perfect.

I took Laura for several baby check-ups at the pediatrician. She was a kind and gentle older woman. At 3 months old, the pediatrician was very pleased with Laura's development and weight gain and vaccinated her with DPT OPV. I didn't even question her, I knew that all my friend's babies had this same vaccine and "all good mothers" vaccinated their children to protect them. I left the pediatrician's office and walked home.

Laura was very fussy, which was unusual. She was crying loudly all the way home in the stroller. When we got home, I realized she had urinated so heavily she wet everything in the stroller. Then her cry turned into screaming and she developed a fever, her leg was very swollen and red, and felt hot. I called the pediatrician who told me this was "normal" and to give her Tempra. I gave her baby Tempra and I felt better, the pediatrician had assured me this was normal.

Laura continued to scream and I could no longer console her. My every instinct told me this was not normal but I was young with my first child and trusted the doctor. I could not hold Laura in my arms because she screamed louder as any movement of her leg seemed to cause her terrible pain. I put her in the swing and she cried herself to sleep. I was so relieved, the Tempra was working and the doctor must have been right. I began to feel silly

for all my worrying. A short time later, Laura woke up screaming and spent the evening screaming and sleeping on and off.

She had no appetite and nothing made her stop crying. Finally it was bedtime and she cried in her crib, until she fell asleep. She had never cried herself to sleep before and I felt very bad for letting her but if I held her, she screamed louder. My husband came home from work and I told him about everything that had happened that day. Laura was sleeping soundly in her crib and we were both relieved that she seemed to be feeling better and decided not to worry... I should have worried.

In the morning I awoke and was startled to realize my husband had slept in for work. I immediately knew something was wrong and the worry from the previous night came rushing back to me. I quickly ran to her crib, with a feeling of dread. She did not look right. I closed my eyes tight and opened them again, and considered the possibility that this was a dream, but when I opened my eyes she looked dead.

I went into shock and after that, much of this day remains a blur. I touched her and she was very warm. I screamed for my husband to call 911.

I watched as he performed CPR, my body was frozen and I couldn't move. He tried to revive our child to no avail. He was shouting for me to open the door for the paramedics, I was temporarily jolted back to reality and I went and opened the door. I could now move but couldn't speak. I just stood there numbly shaking my head, feeling completely helpless as dozens of paramedics, police and firemen rushed past me into our home. I didn't cry, and I wanted to scream at them to leave her alone but I couldn't speak. She was on the floor and they were shocking her tiny body, in the little bedroom with the yellow painted walls and clown wallpaper. I stood there praying in my head that they would just leave her alone, that they would get out of her bedroom and that I would wake up from this horrible dream.

Then I heard someone saying there was a faint pulse and I suddenly felt hopeful. She was rushed from the house in an ambulance. It was then that the homicide detectives led us into another room and the interrogation began.

They decided that my husband and I needed to be questioned in separate rooms. I immediately realized they suspected that we had done this to our child. We all know that perfect children do not suddenly die for no reason. I was silent, I had already decided in my own mind that this was somehow all my fault and although I wasn't quite sure what I had done to kill her, I was convinced that I had somehow caused this to happen. Perhaps, I was being punished by god for a sin or perhaps it happened because I had let her cry herself to sleep that night. The fact remained that my child was dead and "good mothers" do not have dead children.

My husband began to protest loudly about the line of questioning and he demanded we be taken immediately to the hospital, to see our child. The detectives finally took us to the hospital and put us in the "bad news room." The doctor came and insisted we sit down before he spoke to us. He began telling us that they had tried this and that and then finally he said the words that would echo in my ears for a lifetime:

"She is dead."

The pediatrician whom I so respected and adored broke down and cried when I gave her the news on the phone. She went back and forth defending the vaccine that she was told was safe, and blaming it for killing my child and those who told her it was safe.

She then told me that she also had another patient, an infant boy, die after this same vaccination.

Then the detectives took us home for more questions, often repeating the same questions several times until they grew tired of asking them. The questions constantly centered around our involvement, then they searched

the house and checked for signs of forced entry. My husband repeatedly told them that he thought the vaccine had killed our child and told them over and over about her unusual behavior since she was vaccinated.

Everyone we knew arrived at our house. I made coffee and tidied the house, like it was any other day and we were having "guests". Shock is a strange and wonderful thing and of course you don't know you are in it.

My parents finally insisted on taking me to their house for a few days, while my husband and his friends had the horrendous task of packing up the nursery because I couldn't stand to look at it any longer. The room I had so lovingly made was now empty and a source of great pain.

Several days later, after the funeral and the tiny white coffin that was so small my husband carried it alone, I finally came out of shock and allowed myself to cry a river. I cried for all the things I would never do with my daughter. All the ballet classes I would never take her to, the wedding I would never attend, the grandchildren I would never know and all the dreams I would never realize with her. I cried for all that was and all that would never be. There was an emptiness inside of me that threatened to swallow me up whole, as I fell into the depths of grief during the darkest days of my life.

The detectives eventually became satisfied that we had not harmed our daughter in any way and the investigation into her death ended. We were then left without answers.

The doctors did not want to talk about her death being related in any way to the vaccine and, one after the other, refused to answer our many questions. I was repeatedly told that vaccines were for "the greater good." I was even told that loss of life through immunization was "expected" in the war against disease but these losses were considered to be at "acceptable" levels. However, this did not feel very acceptable or good to me as a mother with empty arms that ached for my child. The coroner finally told us months later that the cause of death was determined to be "SIDS" (sudden infant death syndrome), meaning "no known cause," and refused to release a copy of the autopsy report to us.

It took almost a year for us to obtain this report and to our great horror, we realized that the autopsy summary was copied directly from the vaccine product monograph under the heading "Contraindications" as follows:

"Sudden infant death syndrome has been reported following administration of vaccines containing Diphtheria, tetanus toxoids, and pertussis vaccine. However, the significance of these reports is not clear. One common factor is the age where primary immunization was done between the age of 2 to 6 months, a period where most sudden infant death syndromes are found to occur with a peak incidence being at 2 to 4 months."

There was no toxicology testing performed and the pediatrician never filed an adverse vaccine reaction report with health authorities. I later learned that most vaccine-induced deaths in this country are listed as SIDS and SIDS statistics are NOT included in vaccine adverse reaction data, even if a child dies only a few hours after receiving inoculation. This data is presented to physicians and the public to reassure them that vaccines are safe.

The government's own literature advises that there has been little or no testing in the area of vaccine safety or efficacy. Essentially, our children are the test. According to their literature, immunization is "the most cost effective" way to prevent disease. Nowhere in their literature does it claim to be the safest. We are trading our children's lives to save the government money. We are told that the benefits outweigh the risks but many of the diseases that we vaccinate for are not even life threatening; however, the vaccine itself has the potential to kill.

Vaccines kill at a much higher rate than we are led to believe. We play vaccine roulette with our children's lives and we never know which child will fall victim next.

If the odds are 1 in 500 thousand for death, 1 in 100 thousand for permanent brain injury, 1 in 1700 for seizures and convulsions or one in 100 for adverse reaction, are you willing to take that chance? Are any odds acceptable enough to convince you to gamble with your child's life?

I can assure you that death from vaccination is neither quick nor painless. I helplessly watched my daughter suffer an excruciatingly slow death as she screamed and arched her back in pain, while the vaccine did as it was intended to do and assaulted her immature immune system. The poisons used as preservatives seeped through her tiny body, overwhelming her vital organs one by one until they collapsed. It is an image that will haunt me forever and I hope no other parent ever has to witness it.

A death sentence considered too inhumane for this county's most violent criminals was handed down to my beautiful, innocent, infant daughter, death by lethal injection.

Today, on my daughter's birthday, I will grieve not only for the loss of my own child but for all the innocent children for which the benefits of vaccines do not outweigh the risks and are unnecessarily sentenced to death by lethal injection, under the guise of "the greater good." The true war is not against disease; we have somehow become our own worst enemy by putting our faith in science instead of nature. Today, I call on all mothers across the world to join me in putting an end to this senseless slaughter of our most precious resource, our children.

Response from Dawn Richardson, President,
<http://www.vaccineinfo.net/PROVE>

Dear PROVE Members

I am forwarding this ... as a tribute to baby Laura and all the other children who have been injured or killed by a vaccine so that parents can learn another side to the vaccine story.

When I was almost 8 months pregnant with one of my daughters, I had volunteered to go to the Travis County Morgue with Karin Schumacher who, for years before she went to Law School, ran the NVIC news-list. Karin asked me to help her go through autopsy reports of infants listed as SIDS deaths and look at vaccination information. I will never forget the experience. We sat there in this basement buried in infant autopsy reports as my own baby kicked and turned inside of me.

Here were two of our observations: 1) A highly disproportionate amount of SIDS deaths clustered at 2, 4, and 6 months -- which are the very times infants are vaccinated. If vaccines had nothing to do with these, the numbers should have been randomly spread throughout the first 6 months of life. Not so. I challenge the naysayers to go to any morgue in the country and to be honest and see what I'm talking about.

2) It was shocking at how rare it was for the vaccine information to be recorded and how little investigating into the cause of death of these babies was actually done. It floored me that when the vaccine information was even mentioned, it was often so incomplete. Medical examiners routinely missed asking for this indispensable information and failed to note the correlation of the date when the child died to even raise the question.

One of the things that struck me when reading Christine's story ... is that here we are 16 years later and so many doctors are still downplaying and denying the risks of vaccines and healthy babies are still dying after being vaccinated.

One of the most offensive things that

<http://www.senate.gov/%7Efrist/Contact/contact.html> Senator Frist has in his vaccine bill which shields the drug companies from all liability when a vaccine injures or kills someone is that he is proposing that the federal government increase the amount of money that a parent receives from the government compensation program

when their child is killed by a vaccine. Parents are not willing to be bought off with this blood money. Elected officials like Frist who want to eliminate the financial responsibility of the drug companies all together and throw the bone to parents that the government will pay them more if the government mandated vaccine kills their kid need to be voted out of Congress. If you haven't sent your email notes to your senators to http://www.vaccineinfo.net/national_issues/oppose_Frist_bill_s2053.htm oppose S 2053 yet - PLEASE do! If drug companies have ZERO threat of liability, the one thing we can be certain of is that stories like [Laura's] will become far more common.

The key to change is education. Fortunately, the Internet allows parents to educate parents. Please stop for a quiet moment after reading the note and say a prayer for all the babies whose lives were ended before they even got a chance to really start ... and then take the time to forward this on to other parents.

Sincerely, Dawn Richardson President, PROVE

http://www.vaccineinfo.net/national_issues/oppose_Frist_bill_s2053.htm

SenatorFrist's Vaccine Bill S 2053

Dr. Mercola's Comment:

I strongly urge you to forward this particular piece to everyone -- parents, expecting parents, women in their childbearing years, and anyone who may know such individuals - and ask them to forward it on, too. One of the greatest powers of the Internet is that we can spread important information quickly; another is that we are not (yet!) restricted from doing so by government or corporate bodies.

Laura's tragic story is, sadly, anything but new. For years, as you can see via the links below or by searching on [Mercola.com](http://www.mercola.com), I have

<http://www.mercola.com/article/vaccines/death.htm> warned against vaccines, as have other credentialed physicians. The good they may do is overwhelmed by the harm they inflict, from the trauma of being stuck with endless needles to inflicting the very disease they are supposed to guard against to, as this story shows, death.

There are alternate and vastly safer methods that all begin with a truly healthy diet as outlined in my <http://www.mercola.com/nutritionplan/index.htm> Eating Plan; of course, drug manufacturers and the government they have purchased don't want you to believe that the foods you consume and the habits you adopt are the primary solution to establishing immunity to diseases and living longer. They want you to believe that their pharmaceuticals, including vaccines, are essential to your existence, and your children's.

Their wealth relies on your dependency, and so they will do everything to crush the notion of "natural" - meaning they don't profit from it, and you take back the control - health. They will <http://www.mercola.com/2002/jul/31/hoax.htm> spend three billion dollars this year alone in advertisements for their pharmaceuticals, preying on unsuspecting consumers' hopes and fears with these carefully crafted campaigns. Apparently, they will not even stop at killing our children to feed their greed.

Again, I encourage you to check out the links below, and to use the powerful search feature on [Mercola.com](http://www.mercola.com), using terms such as "vaccine" or "pharmaceutical manufacturer," to find out how the traditional medical establishment is putting your life and the lives of those you love at risk -- and how to take back your health.

Related Articles:

http://www.mercola.com/2001/aug/18/vaccine_myths.htm

Dispelling Vaccination Myths

http://www.mercola.com/2002/mar/30/mercury_vaccine.htm

Mercury Poisoning from Vaccines
<http://www.mercola.com/2002/jul/31/hoax.htm>

Pharmaceutical Advertising: Another 3 Billion Dollar Hoax
http://www.mercola.com/2002/feb/2/vaccine_insanity.htm

Vaccine Insanity "You were created to live in perfect health your entire life... Naturally!"

More Proof Childhood Vaccines Cause Diabetes

"Classen's research indicates most cases of diabetes caused by vaccines occur between 24 to 48 months after immunization of young children but the delay can be shorter in older children with prior damage to their pancreas. The time delay between vaccination and diabetes corresponds exactly to work from several independent groups which showed a similar delay between the initiation of autoimmunity to the insulin secreting islet cells and the development of diabetes..."

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More Proof Childhood Vaccines Cause Diabetes

5-28-3

BALTIMORE (PRNewswire) -- The prestigious peer reviewed journal, Journal of Pediatric Endocrinology and Metabolism published a study this week by Dr. J. Bart Classen, an immunologist at Classen Immunotherapies, and David Carey Classen, an infectious disease specialist at the University of Utah, providing support for a causal relationship between several common pediatric vaccines and the development of insulin dependent diabetes. Their previously published work proved the hemophilus vaccine, a common pediatric vaccine, caused a 25% rise in insulin dependent diabetes in children under the age of 7.

Classen's research indicates most cases of diabetes caused by vaccines occur between 24 to 48 months after immunization of young children but the delay can be shorter in older children with prior damage to their pancreas. The time delay between vaccination and diabetes corresponds exactly to work from several independent groups which showed a similar delay between the initiation of autoimmunity to the insulin secreting islet cells and the development of diabetes.

"Our results conclusively prove there is a causal relationship between immunization schedules and diabetes. We believe immunization schedules can be made safer," stated Dr. Bart Classen. "Our findings help identify those who have been injured by vaccines and are eligible for compensation." Parents who think their children may have developed diabetes or any other autoimmune disease from vaccines must file a claim with the US government within 3 years of the onset of the disease in order to ensure eligibility for compensation. There is generally no cost for filing a claim.

http://biz.yahoo.com/prnews/030527/phtu039_1.html

Tuesday, November 26, 2002

Bush Asks Court To Seal MMR Vaccine Records

Attorneys for the Bush Administration asked a federal court on Monday to order that documents on hundreds of cases of autism allegedly caused by childhood vaccines be kept from the public. Department of Justice lawyers asked a special master in the US Court of Federal Claims to seal the documents, arguing that allowing their automatic disclosure would take away the right of federal

agencies to decide when and how the material should be released.

The court is currently hearing approximately 1,000 claims brought by the families of autistic children. The suits charge that the measles-mumps-rubella (MMR) vaccine, which until recently included a mercury-containing preservative known as thimerosal, can cause neurological damage leading to autism.

[Click here to read the article](#)

Bush Asks Court To Seal MMR Vaccine Records

By Todd Zwillich

11-26-2

WASHINGTON (Reuters Health) - Attorneys for the Bush Administration asked a federal court on Monday to order that documents on hundreds of cases of autism allegedly caused by childhood vaccines be kept from the public.

Department of Justice lawyers asked a special master in the US Court of Federal Claims to seal the documents, arguing that allowing their automatic disclosure would take away the right of federal agencies to decide when and how the material should be released.

Attorneys for the families of hundreds of autistic children charged that the government was trying to keep the information out of civil courts, where juries might be convinced to award large judgments against vaccine manufacturers.

The court is currently hearing approximately 1,000 claims brought by the families of autistic children. The suits charge that the measles-mumps-rubella (MMR) vaccine, which until recently included a mercury-containing preservative known as thimerosal, can cause neurological damage leading to autism.

Federal law requires suits against vaccine makers to go before a special federal "vaccine court" before any civil lawsuit is allowed. The court was set up by Congress to speed compensation claims and to help protect vaccine makers from having to pay large punitive awards decided by juries in state civil courts. Plaintiffs are free to take their cases to state courts if they lose in the federal vaccine court or if they don't accept the court's judgment.

The current 1,000 or so autism cases are unusual for the court. Because it received so many claims, much of the fact-finding and evidence-gathering is going on for all of the cases as a block.

Monday's request by the Bush Administration would prevent plaintiffs who later go to civil court from using some relevant evidence generated during the required vaccine court proceedings.

Plaintiffs' attorneys said that the order amounted to punishment of the families of injured children because it would require them to incur the time and expense of regenerating evidence for a civil suit.

"Wouldn't it be a shame if at the end of the day our policy would be to compensate

lawyers," said Jeff Kim, an attorney with Gallagher Boland Meiburger & Brosnan. The firm represents about 400 families of autistic children who received the MMR vaccine.

Kim accused the government of trying to lower "a shroud of secrecy over these documents" in order to protect vaccine manufacturers, who he said were "the only entities" that would benefit if the documents are sealed.

While federal law clearly seals most documents generated in individual vaccine cases, it has never been applied to a block proceeding like the one generating evidence in the autism cases.

Administration lawyers told Special Master George Hastings that they requested the seal in order to preserve the legal right of the Secretary of Health and Human Services to decide when vaccine evidence can be released to the public.

Justice Department attorney Vincent Matanoski argued that to let plaintiffs use the vaccine court evidence in a later civil suit would confer an advantage on plaintiffs who chose to forgo federal compensation.

"There is no secret here. What the petitioners are arguing for are enhanced rights in a subsequent civil action," Matanoski said of the plaintiffs. "They're still going to have unfettered use within the proceedings."

Hastings would not say when he would issue a ruling on whether to seal the court documents, but did say that his decision would be "very prompt."

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"My "agenda" is to tell the truth. Like the fact that, according to Centers for Disease Control (CDC) statistics, as many as 800,000 vaccine induced injuries have occurred every year in the United States since 1990."--Leonard Horowitz

The US Federal Government's National Vaccine Injury Compensation Program (NVICP) has paid out over 724.4 million dollars to parents of vaccine injured and killed children, in taxpayer dollars. The NVICP has received over 5000 petitions since 1988, including over 700 for vaccine-related deaths, and there are still over 2800 total death and injury cases pending that may take years to resolve (NVICP, Health Resources and Services Administration).

[Click here to read the article](#)

VACCINE DAMAGE

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2800 total death and injury cases pending that may take years to resolve (NVICP, Health Resources and Services Administration).

"The carnage caused by vaccinations has become so immense, and the outcry from the grieving parents so intense, that the government has set up a national compensation program in order to smooth everything over and to protect drug companies and doctors from law suits. You, of course, pay for this insurance for drug companies and doctors by the cost being added to the price of the vaccines. In 1982, the vaccines cost \$23 per child. By 1992, the cost had risen to \$244--an increase of over 1,000 percent!

This devastation of our children by our own doctors and public-health departments has been so colossal that over \$249 million has been awarded for vaccine-caused injuries and deaths, and the program is now bankrupt. Thousands of cases are pending that will receive nothing--the pay window has been slammed shut.

Even if you got lucky and received "compensation," will that make up for your child's permanent paralysis ("Guillain-Barre syndrome"), blindness ("idiopathic macular degeneration"), mental deficiency ("learning disorder"), or incoordination ("tardive dyskinesia")? Will all those phoney diagnoses used to cover up the real diagnosis help? Will a million dollars make everything okay? Ten million?"---William Douglas MD

Hassan W, Oldham R. Reiter's syndrome and reactive arthritis in health care workers after vaccination. *British Medical Journal* 1994; 309: 94

MECHANISMS OF VACCINATION SEQUELAE by Teresa Binstock Researcher in Developmental and Behavioral Neuroanatomy <http://www.jorsm.com/~binstock/vacc-let.htm> [At Whale](#)

"Role of Immunogenetics in the Diagnosis of Postvaccinal CNS Pathology," Massimo Montinari, et al., Department of Pediatric Surgery, University of Bari, Italy, presented May 9, 1996 (text available <http://www.healthy.net/library/articles/coulter/biochem.htm>): after thirty children were found to have signs of central nervous system and genetic damage following vaccination, the authors remark, "A study of the disease associated with genes of the HLA system has shown that this genetic complex can be responsible for a particular genetic susceptibility, predisposing to various diseases characterized predominantly by immune-system pathogenesis... results indicate that autoimmune pathology is more frequent in countries where vaccination is more widespread...." [A fuller description of this study will be found in "The attenuated virus--infectious or not?" below.]

(*Pediatric Bulletin*, <http://home.coqui.net/myrna/virus.htm>).

"Disease caused by Haemophilus influenzae type b in the immediate period after homologous immunization: immunologic investigation" (*Pediatrics*, vol. 85, number 4 part 2, April 1990, pp. 698-704): "One concern with the use of [current HIB vaccines] was the suggestion that the incidence of invasive disease caused by H influenzae type b in the immediate period after immunization might be increased; this idea was supported by evidence from several sources." In one case-controlled study, 4 children were hospitalized for invasive disease within 1 week of immunization; the rate of invasive disease was 6.4 times greater than the background rate in unvaccinated children.

"Neurologic complications associated with oral poliovirus vaccine and genomic variability of the vaccine strains after multiplication in humans," *Acta Virologica*, vol. 42, number 3, June 1998, pp. 187-94: The oral poliovirus vaccine (OPV) sometimes occasions paralytic poliomyelitis in vaccine recipients and their susceptible contacts. Molecular biology studies of polioviruses from these patients demonstrate genomic modifications known or suspected to increase neurovirulence. The same genomic modifications have been identified in strains isolated from non-symptomatic vaccinees. Other neurologic complications such as meningitis, encephalitis, convulsions, transverse myelitis and Guillain-Barre Syndrome have also been associated with this vaccine.

"Transmission of vaccine strain varicella-zoster virus from a healthy adult with vaccine-associated rash to susceptible household contacts" (Journal of Infectious Disease, vol. 176, no. 4, October 1997, pp. 1072-5): Twelve days after receiving an investigational Oka strain live attenuated varicella vaccine, a 38-year-old healthy woman developed a rash consisting of 30 scattered lesions. Sixteen days later, her two children also developed a rash. Varicella-zoster DNA obtained from the skin lesions was determined to be the vaccine type. "This case documents transmission of varicella vaccine type virus from a healthy vaccinee to susceptible household contacts...ongoing studies will define the frequency of this transmission."

"Live Virus Vaccines, High-Dose Steroids Don't Mix" (Pediatric News, cited November 28, 1998, via@access1.net, 10:49 a.m.): Dr. Larry K. Pickering, a member of the American Academy of Pediatrics' "Red Book Committee," was quoted following a meeting at the University of South Dakota, saying children receiving more than 2 mg/kg per day of systemic glucocorticoids should not be given live virus vaccines, due to the risk of disseminated infection from the vaccines. Killed virus vaccines do not present the same risk. [Note: steroids such as prednisone partially suppress the immune system.]

"Acute encephalopathy followed by permanent brain injury or death associated with further attenuated measles vaccines: a review of claims submitted to the National Vaccine Injury Compensation Program," Pediatrics, vol. 101, no. 3, Part 1, March 1998; pages 383-387: This study details cases wherein 48 children, ages 10 to 49 months, who had been so affected. Eight children died, and the remainder had mental regression and retardation, chronic seizures, motor and sensory deficits, and movement disorders. "CONCLUSIONS: This clustering suggests that a causal relationship between measles vaccine and encephalopathy may exist as a rare complication of measles immunization." [Note regarding rarity: A huge number of vaccine reactions are never reported, and most of the thousands of vaccine injuries which are reported do not meet the current, very narrow VAERS/FDA criteria (a very few specific symptoms must occur within a very short timespan, in order for symptoms to be considered vaccine-related), and thus are not reported as vaccine-injury cases by government tabulators. Serious vaccine complications thus are said to be "rare" in quoted statistics. If independent research proves that the measles vaccine and PDD/autism are causally related, this kind of vaccine damage will inflate by thousands the cases of vaccine damage now on record. This tally, then, may be inflated further by the number of ADD/ADHD-diagnosed children with inflammatory bowel disorders, per the Georgetown University study cited I "Wakefield," below.]

"Measles-Mumps-Rubella (MMR) Vaccine as a Potential Cause of Encephalitis (Brain Inflammation) in Children," Harold E. Buttram, MD, Townsend Letters, December 1997 (available at <http://www.mercola.com/issue5.htm>).

T. Zecca, D. Grafino, et al., University of Medicine and Dentistry, New Jersey and Children's Hospital of New Jersey, Newark, "Elevated rubeola [measles] titers in autistic children linked to MMR vaccine" (abstract submitted to the National Institutes of Health, 1997-8; text available at <http://webpages.netlink.co.nz/~ias/mmraut1.htm>): Rubeola (measles) titers were compared in autistic and normal children. Children diagnosed with autism revealed "a three fold increase" in their rubeola titers over expected normal range. "A Wilcoxon Kruskal Wallas test comparing 13 rubeola titers from normal children reveals a statistically significant P-value of 0.0050." The authors note that neurological sequelae following MMR are widely reported: "MMR therefore may play a role in the pathogenesis of Autism. The elevated titers of anti-measles antibodies in Autistic children may signify a chronic activation of the immune system against this neurotropic virus."

"Characterisation of poxviruses from sporadic human infections" (South African Medical Journal, vol. 72, no. 12, December 19, 1987, pp. 846-8): An orthopoxvirus was isolated from...a man in Natal who died in coma... Analysis of the viral DNA showed that it was a vaccinia virus, more closely related to the virus of South African smallpox vaccine than to other [natural] vaccinia viruses. DNA analysis also showed that an orthopoxvirus isolated from a sporadic case of severe pustular rash in Nigeria was a vaccinia virus closely related to the smallpox vaccine virus used there... [It was] suggested that some natural transmission of the virus

had occurred...originat[ing] from the use of smallpox vaccine. No similar cases have been detected since smallpox vaccination was discontinued."

"Vaccinia virus persistence in a child against the background of immune deficiency" (J. Hyg. Epidemiol. Microbiol. Immunol., vol. 30, no. 2, 1986, pp. 177-83): "A young girl, vaccinated against smallpox 6 years before[,] suffered from a persistent vaccinia virus infection and a congenital skin disease, i.e. epidermolysis bullosa. The virus was isolated from skin lesions at the vaccination site and remote sites and repeatedly from the blood... Examination of the child did not show any quantitative immune deficiency... The possible genesis of the virus persistence and the role of the virus in the clinical course of the disease are discussed." (A selected Medline [National Library of Medicine] "MESH" subject tracing for this report is "Smallpox Vaccine--adverse effects.")

"Polymerase chain reaction detection of the hemagglutinin gene from an attenuated measles vaccine strain in the peripheral mononuclear cells of children with autoimmune hepatitis," Archives of Virology volume 141, 1996, pages 877-884: "The measles virus is known to be persistent in patients with subacute sclerosing panencephalitis (SSPE) and measles inclusion body encephalitis (MIBE). Since the introduction of measles vaccines, vaccine-associated SSPE has increased in the USA. Therefore, we should pay attention to SSPE after inoculation with measles vaccine, despite the decrease in the incidence of [wild] measles."

"The African polio vaccine-acquired immune deficiency syndrome connection" (Medical Hypotheses, vol. 48, no. 5, May 1997, pp. 367-74): "Seroepidemiological, clinical and molecular findings suggest that the acquired immune deficiency syndrome virus Human Immunodeficiency Virus-1* was introduced into the human species at the the (late 1950s) and in the geographic area (Zaire) in which millions of Africans were vaccinated with attenuated poliomyelitis virus strains that were produced in kidney tissue obtained from monkeys. ...it is reasonable to suspect that a then non-detectable monkey virus with human-1-like properties was unknowingly cocultured with the attenuated poliovirus and subsequently administered to the vaccinees. The possibility of such a polio vaccine-acquired immune deficiency syndrome connection is a reminder of the unpredictable danger of artificially crossing natural species-barriers in biomedical laboratories" [*bold text capitals added].

"The origin of HIV-1, the AIDS virus" (Medical Hypotheses, vol. 41, no. 4, October 1993, pp. 289-99): "a substantial case is presented that HIV-1 is a natural recombinant of Bovine Leukemia Virus (BLV) and Visna Virus. This natural recombinant may have been inadvertently transferred to humans through the Intensified Smallpox Eradication Program conducted in sub-Saharan Africa in the late 1960s and most of the 1970s."

"Simian cytomegalovirus-related stealth virus isolated from the cerebrospinal fluid of a patient with bipolar psychosis and acute encephalopathy" (Pathobiology, vo. 64, no. 2, 1996, pp. 64-6): a cytopathic 'stealth' virus was cultured from the cerebrospinal fluid of this patient, who developed a severe encephalopathy leading to a vegetative state. DNA sequencing of a polymerase chain reaction-amplified product from infected cultures revealed kinship to the African green monkey simian cytomegalovirus.

Disorders of the ear

Blood disorders

"Thrombocytopenic purpura as adverse reaction to recombinant hepatitis B vaccine" (Archives of Disease in Childhood, vol. 78, no. 3, March 1998, pp. 273-4): Three cases of [auto]immune thrombocytopenic purpura after the first dose of recombinant hepatitis B vaccine occurred in infants under six months of age. There were no other possible causes; defect in platelet production was excluded in two children. Antiplatelet antibodies were present. The babies were treated with corticosteroids.

Hepatitis

"Polymerase chain reaction detection of the hemagglutinin gene from an attenuated measles vaccine strain in the peripheral mononuclear cells of children with autoimmune hepatitis," Archives of Virology volume 141, 1996, pages 877-884: Four pediatric and two adults patients with autoimmune hepatitis were tested and followed in this study. Twelve healthy children served as controls, who had either been infected with measles or vaccinated with an attenuated measles vaccine in the past. All controls were negative for measles virus except a recent (two week) vaccinee. Of the hepatitis patients, all were positive for measles virus—the children with vaccine-strain measles virus, and the adults with different strains. Conclusion: "our results demonstrated that children with autoimmune hepatitis can have persistence of the vaccine strain in vivo for many years after vaccination [abstract, page 877]." The authors state that the persistence of the measles virus might play some role in the pathology of autoimmune hepatitis, but further studies are needed to prove this hypothesis (page 883).

Also in "Polymerase," the authors observe that high levels of serum antibodies to measles virus have been reported in patients with autoimmune hepatitis (p. 877). References add systemic lupus erythematosus and infectious mononucleosis to the tally of autoimmune diseases with connections to measles (pages 883-4). [Note: high antibody titers of measles and rubella are also associated with autism.] Some provocative quotes, page 882:

"Apparently, the attenuated vaccine is also capable of persisting, like sporadic wild strains, in certain immune diseases. The measles virus is known to be persistent in patients with subacute sclerosing panencephalitis (SSPE) and measles inclusion body encephalitis (MIBE). Since the introduction of measles vaccines, vaccine-associated SSPE has increased in the USA. Therefore, we should pay attention to SSPE after inoculation with measles vaccine, despite the decrease in the incidence of [wild] measles."

[Note: the following study did not broach the subject of vaccine involvement in diseases; rather it serves to point out the relationship of viral presences to disease.] ...Department of Virology, University of Helsinki, Finland, "Very high measles and rubella virus antibody titres associated with hepatitis, systemic lupus erythematosus, and infectious mononucleosis" (The Lancet, vol. 1, February 9, 1974, pp. 194-7): In patients without preceding rubella or measles infection, "raised levels of viral antibodies were a constant finding in two repeated analyses" of hepatitis patients. The authors felt that "it is conceivable that rubella and/or measles infections or reinfections may cause acute hepatitis and persist in some individuals...such aberrant virus infection might be responsible for some clinical manifestations...." Chronic virus infection could not be excluded as an important factor in these diseases.

Inflammatory and autoimmune bowel disease

"Paramyxovirus infections in childhood and subsequent inflammatory bowel disease" (Gastroenterology, vol. 116, no. 4, April 1999, pp. 796-803): "Measles virus has been implicated in the etiology of both inflammatory bowel diseases (IBDs), Crohn's disease and ulcerative colitis... Mumps infection before age 2 years was a risk for ulcerative colitis... Measles and mumps infections in the same year of life were significantly associated with ulcerative colitis and Crohn's disease...but not with IDDM... Atypical paramyxovirus infections in childhood may be risk factors for later I[nflammatory] B[owel] D[isease]" [Notes: measles-mumps-rubella vaccine is usually given around the age of 16 months. When vaccine viruses induce infection, it is often atypical in character].

Lupus, multiple sclerosis and rheumatoid arthritis

Abstract: autoimmune diseases are becoming increasingly common. The majority seem to have viral associations.

"Vaccine-induced autoimmunity" (Journal of Autoimmunity, vol. 9, no. 6, December 1996, pp. 699-703): the authors summarize of case reports attributing autoimmune diseases and autoimmune phenomena to vaccines, and suggest possible mechanisms by which the two could be related. "The subject is complicated," they say, "by

the fact that one vaccine may cause more than one autoimmune phenomenon, and a particular immune process may be caused by more than one vaccine. Furthermore, vaccines differ in their pathogenic influence on the immune system... The subject of the vaccine-autoimmunity relationship is still obscure; reports have been rare, [and] no laboratory experimentation on this topic has been undertaken...." (Oddly, the authors state that the benefits of vaccination outweigh the risks of disease, but given the authors' contentions that vaccines can cause one or more types of autoimmune disease, that reports are few and research non-existent, this statement is unsupported. Further, they conclude that "laborious clinical and laboratory studies should be initiated in order to evaluate the ..subject.")

C. M. Poser, Harvard Medical School, "The pathogenesis of multiple sclerosis. Additional considerations" (Journal of Neurological Science, vol. 115, April 1993, Supplement pp. S3-15): "Multiple sclerosis is acquired as a systemic "trait" by individuals who are genetically susceptible...It develops as the result of an antigenic challenge by a viral protein, either from a viral infection or a vaccination."

"Multiple sclerosis and infectious childhood diseases" (Neuroepidemiology, vol. 17, no. 3, 1998, pp. 154-60): multiple sclerosis patients studied had had measles, mumps, and varicella (chicken pox) infections at a later age than healthy controls. "These results are compatible with the hypothesis that the risk of developing multiple sclerosis may be associated with acquiring certain infectious childhood diseases at a later state in comparison to normal controls." [Early vaccination for these diseases, therefore, may predispose vaccinees to MS, as immunity from vaccinations frequently wanes in the years following early childhood vaccination (unlike immunity to natural infection). In the event of such a vaccine failure, natural infection may occur at a later age.]

"Chronic arthritis after rubella vaccination" (Clin. Infectious Disease, vol. 15, no. 2, August 1992, pp. 307-312. After reviewing a wide range of information sources, The Institute of Medicine, Washington, DC, found a causal relationship between rubella vaccination and chronic arthritis in adult women.

--for lupus, see <<cognitive disorders>> below--

Paresthesias/paralytic and muscular diseases

"Drug Points: Transverse Myelitis After Measles, Mumps, and Rubella Vaccine," BMJ [British Medical Journal], vol. 311 (7002), August 12, 1995, p. 422: a twenty-year-old man was vaccinated against rubella with the MMR vaccine. Five days later he developed fever, malaise, sore throat, and a transient, upper-body rash. Within the next two weeks, he developed an ascending paraesthesia. He was hospitalized on developing a rapidly progressive flaccid paraplegia. Serological tests showed a significant rise in rubella antibodies. Postvaccination transverse myelitis was diagnosed.

"Poliovirus vaccine options" (American Family Physician, vol. 59, no. 1, January 1, 1999, pp. 113-8, 125-6): "Of 142 confirmed cases of paralytic poliomyelitis reported in the United States from 1980-1996, 134 were classified as vaccine-associated paralytic poliomyelitis (VAPP). Persons with VAPP have a disabling illness....."

"Demonstration of specific antineuronal nuclear antibodies in sera of patients with myasthenia gravis" (Neurology, vol. 24, no. 7, July 1974, pp. 680-3).

Other disorders of the brain and nervous system

Abstract: Vijendra K. Singh and others have found a significant association between autoimmune processes in autistic patients and viral presences--in particular, anti-myelin basic protein (anti-brain) antibodies, along with high titers of specific viruses. In this regard, see also "Demonstration of specific antineuronal nuclear antibodies," above, and the description of T. Zecca's report, "Elevated rubeola [measles] titers in autistic children linked to MMR vaccine," above.

<<seizure disorders>>

"Autistic subjects with comorbid epilepsy: a possible association with viral infections" (Child Psychiatry and Human Development, vo. 29, no. 3, Spring 1998, pp. 245-51): Data covering a 30-year period was examined in Israel. The annual birth pattern of 290 autistic subjects with comorbid epilepsy fit the seasonality of viral meningitis. "These findings support the role of viral C[entral] N[ervous] S[ystem] infections in the causality of this disorder."

"Neurologic complications after vaccination against diphtheria, tetanus and whooping cough (Cesk. Pediatr., vol. 47, no. 2, February 1992, pp. 122-4): Both in children free from neurological disease and in children with neurological disease the most frequent type of complications from DTP vaccination were "encephalopathies and febrile attacks as a consequence of metabolic and toxic changes following vaccination." Persisting neurological disorders were, in the majority, epileptic in character.

"Vaccination against whooping-cough. Efficacy versus risks," The Lancet, vol. 1, January 29, 1977, pp. 234-7: "Adverse reactions and neurotoxicity following vaccination was strongly related to pertussis vaccine in 79 of 160 cases studied. A shock reaction and cerebral disturbance was seen, in most of these cases followed by convulsions, hyperkinesia, and severe mental defect. The authors conclude, "It seems likely that most adverse reactions are unreported and that many are overlooked...existing provisions, national and international, for epidemiological surveillance and evaluation are inadequate. The claim by official bodies that the risks of whooping-cough exceed those of vaccination is questionable, at least in the U.K."

O. Tonz and S. Bajc, "Convulsions or status epilepticus in 11 infants after pertussis vaccination" (Schweiz. Med. Wochenschr., vol. 110, no. 51, December 20, 1980, pp. 1965-71): In three of 11 cases, grand mal epilepsy persisted and two children developed infantile epileptic encephalopathy (Lennox Syndrome). "The following conclusions are drawn from these observations: 1) In view of the usually benign course of whooping cough today, current vaccination is hardly satisfactory. Improvement of the available vaccines is an urgent necessity... 2) Parents should be better informed about the risks involved in pertussis vaccination. 3) Booster inoculations should be abandoned. 4) Health authorities should decide whether the current pertussis vaccination program should be abandoned. 5) Complications following vaccination should be registered....."

<<behavior and movement disorders >>

"A controlled study of serum anti-locus ceruleus antibodies in REM sleep behavior disorder" (Sleep, vol. 20, no. 5, May 1997, pp. 349-51): "The newly identified association of human nonnarcoleptic rapid eye movement (REM) sleep behavior disorder (RBD) with human leukocyte antigen (HLA) DQw1 class II genes raises the possibility that RBD may arise from autoimmune mechanisms."

[The following reports are not vaccine-specific; rather they serve to underline one of the possible conditions resulting from altered permeability of, or damage to the intestine, as occurs in association with measles and other viruses. Note: strep-type bacteria are among those which can translocate from the gut; these have been implicated in cases of Obsessive-Compulsive Disorder and Tourette Syndrome.] "Bacterial translocation from the gastrointestinal tract" (Trends in Microbiology, vol. 3, no. 4, April 1995, pp. 149-54): Viable indigenous bacteria from the gastrointestinal tract can migrate to other sites within the body, such as the mesenteric-lymph-node complex, liver, spleen, and bloodstream. Three mechanisms support bacterial translocation: intestinal bacterial overgrowth, deficiencies in host immune defenses and increased permeability or damage to the intestinal mucosal barrier.

"Case study: a new infection-triggered, autoimmune subtype of pediatric OCD and Tourette's syndrome" (Journal of the American Academy of Child and Adolescent Psychiatry, vol. 34, no. 3, March 1995, pp. 307-

11): the authors hypothesize that infections with group A beta-hemolytic streptococci, among other bacterial agents, may trigger autoimmune responses that cause or exacerbate some cases of childhood-onset obsessive-compulsive disorder (OCD) or tic disorders including Tourette's Syndrome. In this study, four boys aged 10 to 14 years presented with OCD or Tourette's Syndrome in the moderate to very severe range. Two had evidence of recent group A beta-hemolytic streptococci infections, and the others had histories of recent viral illnesses.

"Speculations on antineuronal antibody-mediated neuropsychiatric disorders of childhood" (Pediatrics, vol. 93, no. 2, February 1994, pp. 323-6): "Several converging lines of evidence suggest that some behavioral and neurological abnormalities of childhood may be mediated through antineuronal antibodies. These antineuronal antibodies appear to arise in response to group A [beta]-hemolytic streptococcal (GABHS) infections and to cross-react with cells within the central nervous system (CNS). Based on clinical observations of children with Sydenham's chorea, Tourette's syndrome (TS), and/or obsessive-compulsive disorder (OCD), we hypothesize that neuroimmunological dysfunction secondary to antineuronal antibodies may result in behavioral disturbances, such as anxiety, emotional lability, obsessive compulsive symptoms, hyperactivity, and sleep disturbances, and neurological abnormalities, such as motor and phonic tics, ballismus, chorea, and choreiform movements."

"Antineuronal antibodies: tics and obsessive-compulsive symptoms" (Journal of Developmental and Behavioral Pediatrics, vol. 15, no. 6, December 1994, pp. 421-5): 19 or 38 cases from an ongoing study of childhood neurodevelopmental disorders had existing or previously documented OCS [OCD] and attention-deficit hyperactivity disorder (ADHD), with or without concomitant tics. 19 controls had ADHD, but no tics or OCS. Evidence was found of basal ganglia involvement in OCS, and a generalized central nervous system response [to infection] was suggested.

"Bipolar disorders, dystonia, and compulsion after dysfunction of the cerebellum, dentatorubrothalamic tract, and substantia nigra" (Biological Psychiatry, vol. 40, no. 8, October 1996, pp. 726-30): the mechanism of the lesions was not abstracted in this report; however, after focal cerebellar circuit lesions, these disorders presented in three of fifteen subjects.

"Antineuronal antibodies in movement disorders" (Pediatrics, vol. 92, no. 1, July 1993, pp. 39-43): 24 children with recent-onset movement disorders (Tourette Syndrome, motor and/or vocal tics, chorea, and choreiform movements) as well as ADHD, behavior disorders, or learning disabilities were studied. The authors concluded that their data strongly suggests an association between antecedent group A beta-streptococcal infection and serum antineuronal antibodies, which may, in turn, be linked to childhood movement disorders.

"Antibodies to human caudate nucleus neurons in Huntington's chorea" (Journal of Clinical Investigation, vol. 59, no. 5, May 1977, pp. 922-32): IgG antibodies against nervous system components were detected in patients afflicted with Huntington's and Parkinson's Diseases, as well as in asymptomatic spouses of patients. "These data may support an environmental or infectious factor somehow involved in the ultimate expression of HD."

[This report is not vaccine-specific, but underlines a radical shift in thinking about cerebral palsy and a variety of other neurological impairments--i.e., to an infectious etiology.] "Infections may underlie cerebral palsy" (Science News, vol. 154, no. 16, October 17, 1998, p. 244; available at http://www.sciencenews.org/sn_arc98/10_17_98/fob1.htm): "Most doctors have believed that cerebral palsy--a form of brain damage that impairs movements--results from a difficult birth... While asphyxia may indeed be a cause of cerebral palsy, a new study provides evidence that the brain damage might often arise from some other... assault on an unborn child. Molecular clues now lead to inflammatory infection as a possible culprit, says Karein B. Nelson, a pediatric neurologist at the National Institute of Neurological Disorders and Stroke in Bethesda, MD." A study was performed by Nelson and colleagues which compared blood from normal and CP infants: the team found that all the stricken children harbored greater concentrations of substances indicating immune activation. In some of the children, indications of autoimmunity were seen as well. (Study citation:

"Neonatal cytokines and coagulation factors in children with cerebral palsy," *Annals of Neurology*, vol. 44, October 1998, p. 665.)

"Increased prevalence of antibrain antibodies in the sera from schizophrenic patients" (*Schizophrenia Research*, vol. 14, no. 1, December 1994, pp. 15-22); "Antibodies to brain tissue in sera of schizophrenic patients-preliminary findings" (*European Archives of Psychiatry and Clinical Neuroscience*, vol. 242, no. 5, 1993, pp. 314-7): Antibrain antibodies have been found in the sera of schizophrenic patients, but not in normal controls. These seem to be directed against brain centers affected in schizophrenia.

<<cognitive disorders >>

"Serum autoantibodies to brain in Landau-Kleffner variant, autism, and other neurologic disorders" (*Journal of Pediatrics*, vol. 134, no. 5, May 1999, pp. 607-613): "Etiologically unexplained disorders of language and social development have often been reported to improve in patients treated with immune-modulating regimens. Here we determined... children with L[andau] K[leffner] S[ydrome] V[ariant] and A[utistic] S[pectrum] D[isorder] have a greater frequency of serum antibodies to brain endothelial cells and to nuclei than children with non-neurologic illnesses or healthy children. The presence of these antibodies raises the possibility that autoimmunity plays a role in the pathogenesis of language and social developmental abnormalities in a subset of children with these disorders.

"Characteristics of antineuronal antibodies in systemic lupus erythematosus patients with and without central nervous system involvement: the role of mycobacterial cross-reacting antigens" (*Israeli Journal of Medical Science*, vol. 26, no. 7, July 1990, pp. 367-73): indirect immunofluorescence of human brain tissue sections revealed, in thirteen of sixteen patients, high antineuronal antibody titers. Competition assays showed that the binding of the antineuronal antibodies was blocked by mycobacterial glycolipids and bovine brain extracts.

"This finding suggests an additional link between mycobacterial infection and SLE."

"An immunological approach to dementia in the elderly" (*Age and Ageing*, vol. 5, no. 3, August 1976, pp. 164-70): Immunofluorescence studies showed "an excess of antineuronal reactivity and a fall in antinuclear antibody in females with senile dementia."

Alteration of human genetic code

Abstract: viruses are able to infiltrate cells, inserting their genetic material into them. Indications have been found of changes to human genetic characteristics as a result of viral invasion.

"Role of Immunogenetics in the Diagnosis of Postvaccinal CNS Pathology," Department of Pediatric Surgery, University of Bari, Italy, presented May 9, 1996 (text available <http://www.healthy.net/library/articles/coulter/biochem.htm>): 7 initially, thirty young children were tested and followed who showed the first symptoms of CNS pathology with or immediately after vaccination with polio, DT, measles, DPT, anti-tuberculosis, or Hepatitis-B vaccines. Immediate reactions to the vaccines included convulsions, high fever, or diarrhea with or immediately after vaccination. Among the post-vaccinal symptoms were encephalopathies, food allergies, constipation, diarrhea, and other central nervous system pathology. Diagnoses applied to subjects after vaccination and before this study were epilepsy of various types; epileptogenic encephalopathy, autism, West Syndrome, and Angelman's Syndrome.

There were no genetic or metabolic anomalies revealed during testing which might have explained the CNS symptoms. The viral encephalopathies which presented with or following vaccination were not due to transplacental viral infection. EEGs after initial symptoms were negative in 92 percent. Following vaccination and CNS symptoms, serologic investigations for herpes viruses were positive in all cases for IgG. IgG for Epstein-Barr virus and cytomegalovirus were estimated to be positive in 73.8/71.4 percent respectively, herpes

simplex in 47.6 percent, and varicella zoster in 21.4 percent of patients. 73.3 percent of subjects showed an increase in the HLA-A3 and HLA-DR7 antigens as compared with the Italian population at large.

The authors found and describe, in this paper, biochemical markers of vaccine damage (e.g., changes in inherited HLA type). They also point out that most vaccines contain thimerosal, a toxic substance associated with neurologic and gastrointestinal symptoms. The fact that post-vaccinal pathologies of the central nervous system are often not thoroughly investigated occasioned this study. Additional cases are under study to better define the possible association of HLA A3 and/or HLA DR7 with this CNS pathology following vaccination.

"New Genetic Study Points Way for Vaccine Reaction Research/Novel Genetic Clinical Marker Found in Blood of Gulfwar Vets" (Press release, National Vaccine Information Center/PR Newswire, Washington, D.C., May 3, 1999, 5:48 p.m.; original source is Clinical and Diagnostic Laboratory Immunology, May 1999): A three year study funded and conducted by the Chronic Illness Research Foundation in collaboration with the University of Michigan School of Medicine found abnormal RNA in the blood of 50 percent of sick Gulf War veterans, indicating that chromosomal damage had occurred. This genetic material was not found in any of the healthy controls. Damage to chromosome 22q11.2 has been linked in other published studies to autoimmune diseases such as juvenile rheumatoid arthritis and other illnesses like multiple myeloma cancer. The discovery of RNA in the cell-free fractions of blood is an anomaly, as it is not normally present in serum. RNA can exist outside the cell only if it is protected, as RNA viruses can. Gulf War soldiers were given 17 different viral and bacterial vaccines, including experimental anthrax and botulinum toxoid vaccines. Experimental drugs were also given and [in veterans actually deployed to the Gulf] there were exposures to pesticides, low-level chemical warfare agents, low-level radiation, toxic combustion products, etc. The resultant symptoms are similar to those of vaccine-damaged children. Dr. Howard B. Urnovitz, microbiologist and Science Director of the Chronic Illness Research Foundation, interpreted findings to indicate that certain genotypes may be particularly at risk for sustaining chromosomal damage after exposure to toxic events; ways to identify and prescreen for individuals who may be at high risk for chromosomal damage should be found.

THIS WEBSITE HAS A GREAT DEAL OF VACCINE INFORMATION FOR YOU TO STUDY UP ON...

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Vaccine damage

Adverse event following vaccination ([AEFI](#))

The 3 Great Laws; Man was Born of Woman; Maximum efficiency with minimum effort, and Don't hurt the children.

[VICP](#) has awarded damages in 1,311 of the 5,784 cases that have been filed. (Many cases stemmed from years before VICP was formed.) About 3,200 claims (60 percent) have been rejected, and the remainder still are being adjudicated. \$1.1 billion to more than 1,300 vaccine-harmed families since 1988. (USA)

[Treatment of vaccine victims](#)

National Vaccine Injury Compensation Program Vaccine Injury Table <http://www.hrsa.dhhs.gov/bhpr/vicp/table.htm#>

[Dear colonel and the others that will follow:](#)

Robert		Alexander	
Linked to vaccines	National Vaccine Injury Compensation Program	Doctors	Articles
Linked to diseases		Support groups	Vaccine Damage quotes (general)
Autism & vaccination		Therapies	Reaction time lag
Litigation		Discussion/support forums	

Medical citations Media stories Victim testimonies VAERS reports (USA)	(VICP/NVICP)--USA VACCINE DAMAGE PAYMENTS UNIT (UK) VICP payment quotes	Law firms Vaccine law	
			Committee of Government Reform

[What We Know About Vaccine Damage!---Ray Gallup:](#)

[difference between VAERS AND VICP.](#)

"damage caused by vaccinations means the complete destruction of a child, of an individual. Those kids can't speak. They're complete idiots, imbeciles. Often, they are spastically paralyzed, and frequently, they also suffer from muscular cramps... Sometimes whole families are destroyed."---[Dr Buchwald MD](#)

[THE LETHAL DANGERS OF THE BILLION-DOLLAR VACCINE BUSINESS---Money Magazine](#)

"I know parents who have been turned down because they say the child is 79.5 per cent disabled (not 80%)."--[Ann Coote](#)

[How common are vaccine injuries in Sweden? by Maria Carlshamre](#)

[Blinkered attitudes to vaccine victims By Anthony Bevins](#)

[HOW WE WERE BETRAYED BY GORDON BROWN-----BY RACHEL ELLIS AND ANTHONY BEVINS](#)

"If I had not been computer literate, and had not been internet-literate, I would have still believed that (1) my daughters sudden turn to poor health was in no way related to the Hepatitis B vaccine (2) that "SHE WAS THE ONLY CHILD" who had ever been sick after receiving this vaccine and (3) I am crazy for drawing a correlation between the vaccine and her health problems immediately following the Hepatitis B vaccine."---Parent (e mail forum)

"Another point which I document in my presentation... is that there is little or no objective research into the possible adverse effects of vaccines. There has never been a study comparing vaccinated to unvaccinated children. The only explanation for this is bias and political pressure."--[Philip Incao MD](#)

"Once a vaccine is mandated for children, the manufacturer and the physician administering the vaccine are substantially relieved of liability for adverse effects."--[Jane Orient MD](#)

[Making the case for \(UK\) Government Compensation for those damaged by Vaccines---Wm Wain](#)

[Is There Hanky-Panky Behind Mandatory Vaccines? by: Phyllis Schlafly](#)

[TO THE RECEIVER OF THIS ARTICLE. ---Hilary Butler](#)

"Every day new parents are ringing us. They all have the same tragic story. Healthy baby, child, teenager, usually a boy, given the DPT (diphtheria, pertussis and tetanus) or DT (diphtheria and tetanus), MMR or MMR booster followed by a sudden fall or slow, but steady decline into autism or other spectrums disorder."--[The Hope Project](#)

[Disabled Kids Push Parents' Limits](#)

[Vaccine law becomes his life mission](#)

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