

How to Predict Epidemics

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Many have advanced the idea that vaccination is perhaps Mankind's greatest medical achievement. Historically, it has been documented that the inoculation of dried pox-pus was practiced in Persia and India as an operation where the surface of the body was injured with needles or lancets, and foreign puss from "pox" or perhaps other disease effusions were placed into direct contact with the bloody wound or bloodstream of the inoculation recipient. Among the Arabs, there are accounts that citizens would "purchase the pox," by exchanging raisins and other fruits with an infected person who would serve as the donor of the lymph (Pylarini, Phil Trans., 1716 Vol XXIV., p, 393). In China, it is claimed that dried material from pox and other disease-derived effusions were introduced in the nostrils of both children and adults. There is evidence that controversy raged regarding the use of fresh disease-derived material versus dried, old material, which could have made a substantial difference in the virulence of an inoculum.

Nobody predicted *The Black Death* of 1347- 1353. As far as we know, there were no plague vaccines in existence then.

Similarly, nobody predicted *The Great Plague* that killed a fifth of London's population in 1665-1666. There was no universally mandated plague vaccine back then. Nor were there plague vaccines during the 313 years (between 1353 and 1665) to prevent a plague epidemic during those years. Therefore, a plague vaccine played no role whatsoever in the occurrence or recurrence of these two plague epidemics, and nobody could have predicted that the two great epidemics would be separated by 313 years.

Similarly, the great yellow fever outbreak said by medical historians to have killed 2/5 of Philadelphians in 1793 was not prevented by a universally-implemented vaccine program (Bring Out Your Dead, Powell, Time Reading Program Special Edition Books, 1949). Historical accounts claim that the famous Dr. Benjamin Rush (the revered signer of The Declaration of Independence) thought yellow fever to be caused by rotting coffee on the docks. Dr. Rush also thought the best therapeutics for yellow fever consisted of near lethal doses of mercury, combined with exsanguinations to the extent that many of his patients bled to death, before he fully appreciated the blood to body weight ratio. No mention of vaccination regarding yellow fever can be found in any database or reference from this era. This is to be expected, because it wasn't until Christmas morning in the year 1900, when Walter Reed conducted his yellow fever transmission experiment, which showed that yellow fever was transferred via the mosquito.

Although the point has been belabored here with the examples of plague and yellow fever on purpose, the relationship between epidemics and vaccine campaigns must be

clearly defined with respect to causality or lack of causality when considering modern epidemic occurrences, and vaccination or lack of vaccination.

In addition, it should be mentioned from the start, as suggested in a not well known book entitled, Life Among Doctors (Harcourt, Brace, New York, 1949), as the famous microbe hunter and chronicler, Paul De Kruif convincingly emphasized, evidence that changes in nutritional additives to foods, as well as improvements in the realization of civil hygienic programs (like the Roman aqueducts), have most likely reduced the spread of pathogens and, prevented epidemics, and improved the quality of life for that portion of humanity that has instituted these habits. For instance, De Kruif showed how the preponderance of evidence appears to show that although natural resistance to epidemics is a fundamental part of our biology, and mass vaccination programs have retarded our understanding of background incidence and resistance of infectious disease occurrence, it is clear that improvements in mass nutrition strategies first put into place by Dr. Spies after President Franklin Roosevelt refused to fund preventative medicine programs in favor of spending for "planes, bombs, and bullets" (as he told De Kruif in a personal interview) for the impending World War, have played a major role in avoiding epidemic diseases, both in recent history and probably during antiquity, as practiced by the Greeks (flushable toilets at Knosos Crete, 2,000 BC) and Romans (the aqueducts, 1A.D.). Finally, this review of epidemics and vaccination reveals harmful assumptions about their relationship, that once recognized and avoided, hopefully might serve to improve human health and wellbeing.

The following is a chronology of relatively recent epidemic outbreaks and vaccination experience during the last several centuries, and this chronology appears to demonstrate a predictable relationship between epidemic outbreaks and inoculation and vaccination practices.

A VACCINE TIMELINE

1717 Jesuits introduce inoculation from India to England with the help of Lady Montague.

1767 Dr. Holwell sends back from India his report on the Brahmins inoculation techniques (Holwell, J. Z., M.D., *An Account of the Manner of Inoculating for the Smallpox in the East Indies*, London, 1767).

1797 Edward Jenner sends a paper to the Royal Society about variolae vaccinae or smallpox of the cow and its potential similarities to human smallpox, and tries to popularize the folklore that exposure to inflamed cow utters with corresponding inflammation or eruptions on the milker's hands is the cow form of human smallpox. The paper is rejected and returned with a warning "He had better not promulgate such a wild idea if he valued his reputation."

1798 Edward Jenner publishes his *Inquiry variolae vaccinae, or smallpox of the cow*.

1799 Jennerian doctrine and the practice of vaccination spreads all over England.

1800 Jennerian vaccination doctrine spreads all over the world. Benjamin Waterhouse of Harvard University brings it to the U. S.

1803 Baron, in his "Life of Jenner," vol i., p. 604, says that Mr. Allen, Secretary to Lord Holland, writing to Jenner from Madrid in 1803, observes: "*There is no country likely to receive more benefits from your labours than Spain; for, on the one hand, the mortality among children from small-pox has always been very great; and, on the other hand, the inoculation for the cow-pox has been received with the same enthusiasm here as in the rest of Europe.*" . . . "*The result, however, was the reverse of satisfactory; the inoculation of the spurious sort has proved fatal to many children at Seville, who have fallen victims to the small-pox after they had been pronounced secure from that disease.*"

1839 Smallpox epidemic sweeps England and kills 22,081 people.

1840 Inoculation is outlawed by the British Parliament.

1850 In 1850, in the U.S. frigate Independence, with a ship's company of 560 people aboard, there were 116 cases of smallpox, seven fatal. Fleet-surgeon Whelen wrote: "*The crew of this ship almost universally presented what are regarded as genuine vaccine marks. The protection, however, proved to be quite imperfect.*"

1850 The New Orleans Medical and Surgical Journal 1880, published a communication from Dr. T. H. Bemiss, Lahaina, Hawaii, on the introduction and spread of leprosy in these islands. "*Alarmed,*" says the writer, "*by an invasion of small-pox in 1853, a general vaccination of the whole population was ordered, and physicians being at that time very few on the islands, non-professionals aided in the work. It is charged by some that, as a*

natural result of the labours of the heterogeneous force so appointed, not only syphilis but also leprosy was greatly increased. In my last circuit trip in my district, I found very few adults who had never been vaccinated. This involves the question of inoculability (of leprosy), in my opinion the main, if not the only means of propagation, other than inheritance."

1853 In England, The Compulsory Vaccination Act is passed by Parliament. Every parent is required to have their baby vaccinated within 3 months of birth or face a fine of 20 shillings.

1855 Medical Inquisition begins in U. S., as Massachusetts is the first state to adopt mandatory vaccination laws.

1860 The following is part of a letter which appeared in the Lancet on July 7th, 1860, signed a "Military Surgeon:" *"VACCINATION AT SHORNCLIFFE.— SIR,— Having seen in the Lancet of last week an article commenting on a return moved for by Mr. DUNCOMBE, respecting those who have died from Vaccination, the number of amputations required to save life at the camp at Shorncliffe, I can only say that it would be advisable to extend this return, and ask for the number of those who have died or had their arms amputated since the promulgation of an order from the late Director-General ALEXANDER, limiting the performance of the operation to a particular part of the arm, viz., two inches above the elbow-joint in front, immediately over the insertion of the deltoid muscle. The results from this unfortunate erroneous rule, have, I fear, produced an amount of injury that will never be known, as it will be exceedingly difficult, even in the present day, to procure an accurate return, as military medical men are too fully alive to the injury likely to occur to their future prospects of promotion in the service, were they found ready and willing to expose such mistakes. The irritation, inflammation, and consequent loss of limb, and in some cases of life, from adopting this rule, I myself am practically acquainted with, as I was on board, not very long since, in a case where a fine healthy young soldier had his arm amputated at the shoulder-joint to save his life, in consequence of mortification supervening upon erysipelatous inflammation of the forearm after Vaccination."*

1864 *"Upon the U.S. steamship Jamestown, serving in Japanese waters, there occurred, in 1864, among a ship's company of 212 persons, 31 cases of small-pox, with four deaths. The entire crew had been vaccinated after leaving the United States."*

1867 Nonpayment of fines for skipping smallpox vaccination result in harsher penalties. Thousands defy the medical Inquisition and leave Britain rather than submit their children to the practice.

1868 Anti-Compulsory Vaccination League is formed in Britain.

1868 *"Small-pox was introduced from San Francisco in the year 1868. In that year a general vaccination took place, spring lancets being used, which the President of the Board of Health (Mr. David Dayton) informed me were difficult, if not impossible, to*

disinfect—the operation causing irreparable mischief. The synchronicity of the spread of leprosy with general vaccination is a matter beyond discussion, and this terrible disease soon afterwards obtained such a foothold amongst the Hawaiians that the Government made a first attempt to control it by means of segregation. Another outbreak of smallpox occurred in 1873, and yet another in 1881, both followed by general arm-to-arm vaccination and a rapid and alarming development of leprosy, as may be seen in successive reports of the Board of Health. While the preponderance of medical and scientific opinion is against the theory that leprosy is, in the ordinary sense of the word, a contagious disease, the evidence in favour of its being communicable by inoculation is overwhelming."

1868 The excessive mortality among the prisoners at Andersonville, in the American Civil War, has been mainly attributed to the general re-vaccination, practiced upon them under conditions of severe morbidity. JOSEPH JONES, M.D., Professor of Physiology and Pathology, University, Nashville, U.S., 1868, wrote: *"The Federal prisoners confined in Camp Sumpter, Andersonville, Georgia, were vaccinated, and, in a number of cases, large gangrenous ulcers appeared at the points where the vaccine lymph had been inserted, causing extensive destruction of tissues, exposing arteries, nerves and bones, and necessitating amputation in more than one instance. From the establishment of the prison, on February 24th, 1864, to October 1st, over 10,000 Federal prisoners died, i.e., near one-third of the entire number perished in less than seven months. These accidents led to the belief among some of the prisoners that the surgeons had intentionally introduced poisonous matter into their arms during Vaccination. No wonder they had such a persuasion, seeing that about 100 of them lost the use of their arms, and about 200 were so injured that they soon afterwards died. Though some medical officers were tried before a special military commission, convened in accordance with orders from the War Office at Washington, on the charge of having willfully poisoned the Federal prisoners with vaccine lymph, it was shewn that the unhappy consequences of Vaccination at Andersonville were paralleled in the Northern prisons. 'After careful inquiries,' says Dr. JONES, 'among returned Confederate prisoners, I am convinced that the accidents attending Vaccination were quite as numerous and severe in Northern prisons as in Southern.'"*

1870 *"In 1870, sixty-one cases [of smallpox] occurred on the United States steam ship Franklin. The disease first appeared on a sailor with 'an excellent vaccine scar.' The officers and crew were immediately vaccinated with fresh vaccine matter obtained at Lisbon, this vaccination being the third one during the cruise. Nineteen days later, the second case occurred. The disease has been epidemic in many places in Europe during the past season, but I hoped our vaccinations would prevent trouble with it on board ship. In a cruise of the North Carolina up the Mediterranean, she shipped at Norfolk a crew of 900 men, most of whom had been vaccinated, or had the small-pox, but were nevertheless twice vaccinated prior to the ship sailing, a third time at Gibraltar, and a fourth time at Port Mahon. Dr. HENDERSON, who reports these facts, states that notwithstanding this ultra Vaccination under such various circumstances of virus, climate, 157 of the crew had varioloid."*

1870 Outbreak of smallpox all over Europe.

1871 Smallpox continues to rage all over Europe.

1871 *"Europeans resolutely object to be vaccinated with lymph from native sources; and, notwithstanding the law, when imported lymph cannot be obtained they and their children remain unvaccinated. As a consequence, the population of Europeans attacked with leprosy is comparatively small and, indeed, of rare occurrence, except in the case of soldiers who are subject to the military regulation of revaccination. This repugnance to native lymph on the part of Europeans in the West Indies was pointed out by Dr. R. Hall Bakewell, Vaccinator - General, Trinidad, in his remarkable evidence before the Select Parliamentary Committee of 1871, and has been referred to by Dr. Castor, of British Guiana, and other authorities."*

1879 Mr. P. A. TAYLOR, reveals his intention to introduce a Bill during the next Session for the Repeal of the Compulsory Clauses of the Vaccination Acts, and told the House of Commons, in April, 1879, that he had *"seen dozens and scores of persons who had stated to him that they honestly believed that their children had died from Vaccination. They took perfectly healthy children to be vaccinated, an incision was made in the arm, in a few days a sore appeared on the arm, from thence it spread all over the body, and finally the children died in agony"* (Lancet, August 21st, 1881).

1880 Mr. J. T. HIBBERT, M.P., then Parliamentary Secretary to the Local Government Department, written in June, 1880: *"The Return (433) shews an increase of deaths from syphilis of infants under one year from 255, in 1847,—to 1,554, in 1875,—which, in my opinion, is one of the most unsatisfactory features in connection with Vaccination, and one which leads me to support the proposed modification of the Vaccination Law now before the House of Commons."*—Lancet, July 17th, 1880.

1880 MEAN ANNUAL RATE OF MORTALITY IN ENGLAND from SMALL-POX (P. lxxix., Table 34, of the 43rd Annual Report of the Registrar-General, 1882)
N.B.—Vaccination made compulsory, 1853; more stringently so, 1867.

"Small-pox vaccination was made compulsory by an Act of Parliament in the year 1853; again in 1867; and still more stringent in 1871. Since 1853, we have had three epidemics of small-pox, each being more severe than the one preceding."

Date	Deaths from Small-pox.
1st 1857—58—59	14,244
2nd 1863—64—65	20,059
3rd 1870—71—72	44,840

June 2, 1881, Pasteur was challenged to give an anthrax vaccine demonstration before the Agricultural Society of Melun, at the farm of Pouilly-le-Fort. On Europe's most famous horse doctors, human doctors, animal breeders, senators, reporters, farmers, and scientists anxiously waited, and watched, as 24 out of 24 anthrax-inoculated sheep grazed happily next to a row of 22 out of 24 dead ones, because the 22/24 dead ones weren't vaccinated with Pasteur's anthrax vaccine.

1883 A Vaccine Disaster Record, comprising particulars of more than 400 fatal vaccination cases by F. BAKER, Esq., of the Inner Temple, was published in May, 1883.

1885 (July 6) It was widely acknowledged that Pasteur's vaccination of the nine-year old boy, Joseph Meister, whom Pasteur injected with the "weakened microbes" of *hydrophobia* (rabies) 2 days *after* the boy had been bitten 14 times by a rabid dog, " saved the boy, and heralded a true revolution in Europe against the rabies virus (hydrophobia was what rabies was called at the time because dogs infected with it acted as if 'afraid of water'). The paradox regarding how to present a virulent enough virus to protect from equally virulent natural infections, versus the safety of a particular strain in the vaccinated host (so it wouldn't kill the recipient) was a central paradox with which Pasteur grappled with and solved. Rabiesvirus requires typically about 2-3 full weeks to induce its first clinical symptoms. The most virulent strains of rabiesvirus that Pasteur developed in rabbits were developed by sequentially infecting rabbits, until he could cause symptoms in the rabbits after only 8 days (according to Pasteur's records). Pasteur then found that by drying out of these "virulent-strain infected" rabbit spinal cords for increasing lengths of time before re-inoculation into dogs (or other rabbits) would completely disarm the pathogenicity of the virulent strain after about 10-12 days of drying. However, despite this information and major advance in inoculation, we do not know for sure that Joseph Meister would have gone on to develop the full rabies syndrome, because toward the beginning of his rabies research, it was hit and miss with respect to infecting every dog with the rabies (according to historians, only about 50% of Pasteur's non-rabies-infected recipient dogs would acquire the virus from material extracted from the mouths of rabid dogs. Perhaps Joseph Meister was among that same 50% insensitive to rabies percentage-we'll never know). With further trial and error, though, Pasteur eventually demonstrated that 100% of his non-infected recipient dogs, and rabbits would go on to develop rabies via intracranial injections with dried spinal cord material. Nevertheless, according to most historians of this period, his anthrax vaccine for livestock did not prevent naturally occurring anthrax from destroying cattle, and, it is documented that the French farmers came after Pasteur with a vengeance after one of his mass vaccination programs destroyed thousands of cattle throughout France.

1886 Dr. Creighton, one of the most learned medical scholars of the nineteenth century who wrote The History of Epidemics informed the Royal Commission that when he was commissioned by them to write the article on vaccination in the Encyclopedia Britannica regarding Jenner's contribution, "*that he had no doubt about the value of vaccination, that it never occurred to him to question the thing at all, and that he took it as one of the things he had been taught as a student.*" He left the Commission in no doubt as to the result of his studies in preparation for writing the piece: "*In my opinion,*" Dr. Creighton said, "*based on an extended study of the original data, [I conclude that] Jenner's work was incorrect, and that cowpox was not, as Jenner stated, 'Variola Vaccinse,' and cowpox has nothing to do with variola and was not a protective against variola, and vaccination affords no protection against smallpox.*"

1886-1892 In Australia when a few children died as a result of smallpox vaccinations, the government abolished compulsory vaccination in that country and smallpox suddenly

declined to the vanishing point. Australia had only three cases of smallpox in 15 years as compared with Japan's record of 165,774 cases and 28,979 deaths from this cause in only 7 years under compulsory vaccination and re-vaccination.

1889 Dr. G. D. M'Reddie, Civil Surgeon, in his letter to Dr. Ghose, on the 18th February, 1888, states: "*From observations I know leprosy is hereditary. It is also contagious in the sense that it is necessary for the discharge from a leprosy ulcer to come into direct contact with the broken skin of the recipient, or the blood of a leper to be inoculated into the system, as in vaccination.*" (Report on Leprosy to the Hon. H. Beverley, MA., by Madhub Chunder Ghose, Leper Asylum, Calcutta, August 27th, 1889).

1889 Beginning of a list of rabies vaccine victims prepared by anti-vivisectionists:

M. PASTEUR'S HECATOMB.
THE TALE OF THE 152 DEAD. *[86 dead to Mch. '90]*
 [CORRECTED TO FEBRUARY 1ST, 1889.]

IMPORTANT TESTIMONY AS TO THE ACCURACY OF THESE STATISTICS.

Q. 2057.—Was this supplement to THE ZOOKEEPER of 21st [1st] July, 1887, giving details as to M. Pasteur's Necrology, before you when you were on the Pasteur Commission (handing the same to the witness)?
 Yes, I think we had this statement before us.

2058.—Do you know whether it is accurate?
 I believe it is; it seems to me to have been drawn up with great care.—*Extracted from the Evidence of Dr. Lauder Brunton. —Report of Lords' Committee on Rabies in Dogs, 1887.*

M. PASTEUR claims to have treated upwards of 5,884 persons, the great majority of whom have suffered no ill effects, either from the bites they had sustained, or otherwise. Most of these, however, there can be very little doubt, were never liable to contract hydrophobia at all. The one fact on which the public can absolutely rely is that 152 persons have, since their inoculation, died from hydrophobia. A list of those who have so died, so far as they have been traced, is appended:—

No.	PATIENTS OF M. PASTEUR.	LOCALITY.	BITTEN		FIRST INOCULATION.	DIED OF HYDROPHOBIA.	SOURCE OF INFORMATION AND DATA.
			BY	ON			
INOCULATED IN PARIS.							
1	Jacques Bonenfant...	Hospital Lariboisière, Paris	Dog	1885: Aug. 30	1885: Sept. 1	1885: Sept. 7	1885: <i>Journal de Médecine de Paris</i> , December 19 (1886.)
2	Louise Pelletier ...	Paris ...	Dog	Oct. 3	Nov. 9	Dec. 4	<i>Le Transigeant</i> , December 8.
1886:							
3	Mathias Kakulev (or Kajouloff) ...	Russia ...	Wolf	Mar. 1	Mar. 13	Mar. 23	Died at Hotel Dieu, Paris; <i>Le France</i> , March 24.
4	Wladimir Pbenogenoff (or Ivnnoff) ...	Russia ...	Wolf	Mar. 1	Mar. 13	April 3	Died at Hotel Dieu, Paris; <i>Eclaircissement</i> , April 4.
5	Peter Wasiliev Golowinski	Russia ...	Wolf	Mar. 1	Mar. 13	April 7	Died at Hotel Dieu, Paris; <i>Le Transigeant</i> , April 18.

Published by the VICTORIA STREET SOCIETY FOR THE PROTECTION OF ANIMALS FROM VIVISECTION, UNITED WITH THE INTERNATIONAL ASSOCIATION FOR THE TOTAL SUPPRESSION OF VIVISECTION, 20, VICTORIA STREET, WESTMINSTER, S.W.

1890 First recorded recent influenza pandemic.

1890 In 1890, as Professor of Hygiene in Berlin, Koch introduced a remedy for tuberculosis made from the bacillus itself. Clearly borrowed from homeopathy,

Tuberculin had to be employed in homeopathic doses, which Koch failed to do, causing thousands of deaths and virtually ending the career of the Father of German Bacteriology (Harris L. Coulter, *Divided Legacy*, North Atlantic Books, 1994).

1892 "In an article on Keanu's inoculation, the *Occidental Medical Times*, April, 1892, Dr Sidney Bourne Swift intimates that: *"It must not be forgotten that the leprosy was first discernible at the points of inoculation. Nor can it be considered remarkable, knowing how the disease had been propagated by the vaccination lancet. In one instance reported to Queen Liliuokalani, an entire school in Hawaii was swept away, with the exception of a single survivor, by this means."*

1892 Hawaiian Legislature, June 25, 1892. DAVID DAYTON, Esq., President, Board of Health. *"SIR, —An effort is being made in the Legislature to repeal or amend the law relating to vaccination; the object being to leave vaccination optional with parents and individuals."* *The chief objection raised against the present compulsory system appears to be the belief of some that leprosy, and other diseases, have been propagated by means of vaccination."*

1892 Honolulu Board of Health for 1892 documents that: *"Resistance to vaccination is spreading in many districts in these islands, and at the same time there is observed a sensible diminution in the number of lepers. In New Zealand, prosecutions for non-vaccination have for some time been abandoned. In the South African Colonies of Natal and Cape Colony the vaccination laws are enforced only during outbreaks of small-pox, and vaccination is everywhere regarded with mistrust. In the Transvaal and Orange Free State vaccination is entirely optional. In England there are about one hundred towns and poor law unions where the vaccination laws are a dead letter. In several of the Swiss cantons compulsory vaccination has been tried and abolished, and in no canton is there any penalty for non-vaccination. An attempt was made to pass a federal vaccination law in 1881, and was defeated in a Referendum by 253,968 votes against 67,820. In the Australasian Colony of Tasmania the compulsory law has been suspended by reason of its deleterious effects on the health of the people. In the Colonies of New South Wales, and Queensland, Australia, the people have successfully resisted every attempt to impose the hotly-disputed Jennerian dogma upon them."*

1894 In his inaugural Address to Medical Society of King's College, October 26th, Dr. Edward Crookshank claimed that: "That vaccination is capable of extirpating the disease or of controlling epidemic waves is absolutely negated by the epidemic in 1825, and the epidemics which followed in quick succession in 1838, in 1840, 1841, 1844-5, 1848, 1851-2. Vaccination was made compulsory in 1853, but epidemics followed in 1854, 1855, and 1856, culminating in the terrible epidemic in 1871-72 with more than 42,000 deaths. Epidemics followed in 1877 and 1881."
en.wikipedia.org/w/index.php?title=Edgar_Crookshank&action=edit§ion=2>

1896 Final report of the Royal Commission on vaccination. The commission could not ignore the evidence against vaccination so they recommended that mandatory vaccination should be stopped.

1898 In England, a Royal Commission is appointed to inquire into certain aspects of the vaccination question. The committee would be in session for 7 years and would issue 6 reports, with the final report in 1896. The result of the final report was the Vaccination Act of 1898.

1898 Vaccination Act removes penalties from vaccination law.

1900 The Rockefeller and J. P. Morgan syndicate buys Encyclopedia Britannica and all derogatory references to vaccination are removed.

1905 U.S. Supreme Court upholds state law mandating smallpox vaccinations.

1906 to 1928 Vaccines against pertussis and diphtheria developed.

1911 Vaccination is made mandatory in the U.S. armed forces.

1917 U.S. soldiers are vaccinated prior to going overseas to fight in WW I. They soon begin to drop dead by the thousands from a strange syndrome that preferentially attacks young adults.

1918 DEPARTMENT OF THE NAVY -- NAVAL HISTORICAL CENTER
805 KIDDER BREESE SE -- WASHINGTON NAVY YARD WASHINGTON DC in a report entitled, "The Pandemic of Influenza in 1918-1919" prepared by the US Department of Health, Education and Welfare Public Health Service National Office of Vital Statistics indicates that the extraordinary feature of "the Great Spanish flu" was that it attacked young people in the prime of life unlike any other epidemics recorded:

*"The pandemic of influenza in 1918-19 which swept over nearly every continent and island of the whole globe has been described as one of the great human catastrophies. There are excellent descriptions of epidemics and pandemics as far back as the year 1500, and various records of epidemics since the 1918-19 holocaust. **Many of them were relatively mild infections, while others were severe, but none of them showed the extraordinary high mortality in young adults that characterized the 1918-19 pandemic and its aftermath in 1920.** The greatest amount of mortality in epidemics prior to and subsequent to 1918-19 was found in children under 1 year of age and in persons 65 years and over."*

"Frost, in one of his reports, pointed out that influenza and pneumonia mortality rose sharply in some cities in the United States in December 1915 and January 1916, which may or may not have been related to the 1918 epidemic. In January 1916, influenza was reported to be epidemic in 22 States, but it was described as a mild type of illness."

"As early as December 1917, influenza was prevalent in Camp Kearny, California, and in other Army camps in January 1918, but the disease was said to be mild. In the spring, localized outbreaks occurred in the civilian population of the United States, and

mortality from pneumonia rose sharply in certain cities. In March and April, Camp Funston, Kansas, experienced three waves of influenza. The first two affected all types of personnel, and the third, which occurred late in April, was predominantly in recruits who arrived shortly after the second wave. Mild epidemics of influenza were reported in various localities in Western Europe in April and May of 1918, and in June and July more extensive outbreaks occurred in Great Britain and in Europe, China, India, the Philippine Islands, and Brazil. In these countries, mortality rose moderately. The 1918-19 epidemic was often referred to in the United States as "Spanish influenza," but there is no reason to believe that it originated in Spain. Indeed the occurrence of influenza in the United States in the spring of 1918 may have preceded that which occurred in Spain."

"During August 1918, epidemics of influenza were reported in Greece, Sweden, Switzerland, Spain, the West Indies, and late in the month it appeared almost simultaneously in Camp Shelby, Mississippi, and Boston, Massachusetts. In September, it appeared in rapid succession in other Army camps and in the civilian population along the Atlantic seaboard and the Gulf of Mexico and spread rapidly westward over the country. By October, the epidemic had involved the entire United States, except isolated places and some mountain areas. The interval between the peaks of the epidemic in Boston and San Francisco was about 4 weeks, and the peaks in the number of deaths usually were reached in about 1 month following the beginning of the epidemic in a community or area. As a rule, epidemics affected rural areas later than cities in the same sections. In some areas there was a recrudescence of the epidemic in January and February 1919, which was most marked in cities where the autumn epidemic was less severe. Thus the influenza epidemic of 1918-19 in the United States was characterized by a relatively mild phase in the spring of 1918, an explosive outbreak with high mortality in the fall, and a third phase or recrudescence early in 1919."

*"The incidence and mortality of influenza in military personnel in 1918-19 has been described in great detail in *Epidemiology and Public Health* by Vaughan, and in Volume 9 of the history of the Medical Department of the United States Army in the World War. [See also the Surgeon General's account in *Annual Report of the Secretary of the Navy, 1919 -- Miscellaneous Reports*. **About 90 percent of the men in military service in World War I were young adults between 20 and 35 years of age. Consequently, the Armed Forces were seriously affected, as were the same age groups in the civilian population.** In the Army over a million men were hospitalized for influenza and pneumonia, and of these there were more than **44,000** deaths. There were approximately 5,000 deaths among Navy personnel. **Hospital admission rates and death rates for American troops stationed in Europe were lower than for troops in the United States.** The large number of recruits concentrated in close quarters probably accounted for higher rates in the latter. In the camps having the larger numbers of trainees, incidence and mortality was highest, and in all camps the rates were higher in recruits than in seasoned troops. The crowding in camps probably favored the spread of secondary invading organisms as well as the etiologic agent of influenza. The peak of the epidemic was reached in September in Navy personnel and about the middle of October in the Army. A secondary rise in incidence of these respiratory diseases occurred in the Army in January and February 1919, but it was limited to troops stationed in Europe.*

*When appropriate adjustments are made for differences in the age and sex distribution of military and civilian populations, it appears that the death rate was about one-fourth higher in the Army than in the civilian population of the United States. It is reasonable to assume that this difference was largely due to greater crowding in the recruit population of the Army. Collins showed mortality rates from influenza and pneumonia by age in 1918 as compared with certain other years. **The relatively high mortality in young adults in 1918 and the 2 years immediately following seems to have been characteristic of that period and was not found in epidemics prior to or subsequent to this 3-year period.**"*

It has been estimated that there were about 20,000,000 cases of influenza and pneumonia in the United States in 1918-19, with approximately 850,000 deaths. In 1918 alone, 464,959 deaths from influenza and pneumonia were registered in the registration States and the District of Columbia as compared with 115,526 in 1917. This includes deaths in the Army, Navy, and Marine Corps which occurred in registration States. Eighty percent of the deaths in 1918 occurred in the last 4 months of the year.

The numbers of deaths from influenza and pneumonia by age in registration States in 1917, 1918, and 1919 are shown in the table. A number of States in which Army camps were located are not included in this table, so a considerable number of deaths of civilians and of military personnel for 1918-19 are missing which accounts for the difference in an estimated total of 850,000 for the United States and the figure of 650,399 for the registration States. In 1918 the death rate for males was 669.0 per 100,000 population; for females, 507.5. At ages 25 to 34, the rate was 1,216.6 for males and 781.4 for females. These excessively high mortality rates profoundly influenced the estimated average length of life calculated for the year 1918. It was reduced 24 percent from 1917 to 1918 for males and 22 percent for females. However, these estimated average lengths of life in years returned to their previous trends in 1920.

Influenza and Pneumonia Mortality by Age: Death-Registration States, 1917-19

(For 1917, area includes 27 States and the District of Columbia; for 1918, 30 States and the district of Columbia; and for 1919, 33 States and the District of Columbia):

Year	1917	1918	1919
Age	Number of deaths		
All ages	115,526	464,959	185,440
Under 1 year	22,207	38,428	27,736
1-4 years	12,859	49,699	21,133
5-14 years	3,319	28,054	10,598
15-24 years	4,861	78,158	20,381
25-34 years	6,915	126,792	32,159
35-44 years	9,387	60,902	20,690
45-54 years	10,652	28,596	14,043
55-64 years	12,571	19,632	12,530
65-74 years	14,771	17,643	13,065
75-84 years	13,224	11,829	9,548
85 years and over	4,600	3,680	3,173
Not stated	160	1,546	384

Rate per 100,000 population			
Year	1917	1918	1919
Age	Number of deaths		
	164.5	588.5	223.0
Under 1 year	1,474.5	2,273.3	1,594.2
1-4 years	211.5	718.0	293.9
5-14 years	24.0	176.2	63.3
15-24 years	38.9	580.5	141.4
25-34 years	59.3	992.6	235.9
35-44 years	98.1	554.8	181.0
45-54 years	148.8	347.8	163.9
55-64 years	281.4	381.9	233.2
65-74 years	614.6	646.3	459.6
75-84 years	1,503.0	1,179.0	913.9
85 years and over	3,187.4	2,230.6	1,842.2

"Etiology

Pfeiffer isolated an organism in 1892 variously referred to as Pfeiffer bacillus or influenza bacillus which was accepted by many as the causative agent of influenza. However, in 1918, various observers failed to find this organism in many cases, antemortem or postmortem. A report on sputum cultures taken from 47 individuals in Baltimore during the epidemic showed that streptococci were present in 24 sputums, staphylococcus in 1, pneumococcus in 15, and the influenza bacillus in 8. In cultures taken in various Army camps prior to and during the epidemic of influenza in the fall of 1918, varying proportions of persons were found to carry streptococci, pneumococci, and the Pfeiffer bacilli. Such variations were also found in cultures from the bronchi or lungs at autopsy, and differences were found from camp to camp. The proportion of persons carrying streptococci or some other secondary invader did not remain constant, being replaced from time to time by another bacterium."

"It was the impression of many in 1918 that an unrecognized virus was the primary cause of influenza and that the streptococci, pneumococci, and influenza bacilli were secondary invaders which might be termed "bacterial hitch-hikers." Attempts by two groups of investigators to transmit the infection by nasal instillation of filtered and unfiltered secretions from influenza cases in human volunteers were not successful. Nor could they produce influenza in the volunteers by nasal instillations with Pfeiffer bacilli."

"Prevention and Control

It often happens that when a severe outbreak of a disease occurs many measures are applied, some of which appear to be extreme and dictated by panic. In 1918, which was no exception, isolation of cases and quarantine of contacts were applied vigorously in some areas, but there is little evidence to indicate that these measures were successful in preventing introduction or spread of the disease. Closure of schools and prohibition of public gatherings likewise were of doubtful value. The use of face masks to protect the wearer against infection had its advocates. The use of germicidal gases to destroy the organism was suggested. The use of a vaccine containing the influenza bacillus was

advocated, but as one would expect, no value could be demonstrated. If a vaccine containing the viruses now known to cause the disease had been made available early in the epidemic, it is doubtful whether it would have been effective, since the epidemic in the fall of 1918 spread with great rapidity."

"In 1922, Victor Gaughan stated in retrospect that the most reasonable administrative action that could have been taken was to direct efforts toward relief measures, namely, medical and nursing care and hospitalization."

Much of the descriptive material and charts on the 1918-19 epidemic used in this comprehensive Department of Navy report were obtained from published reports or books by W.H. Frost, Edgar Sydenstricker, Victor Vaughan, and Eugene Opie. The publications of Selwyn Collins were a valuable source of information on characteristics of epidemics of influenza in the United States prior to and subsequent to 1918.

1918 Pathologists became intimately familiar with the condition of lungs of victims of bacterial pneumonia at autopsy. But the viral pneumonias caused by the influenza pandemic were so violent that many investigators said the only lungs they had seen that resembled them were from victims of poison gas.

1928 The question of encephalitis following vaccination was investigated by the health organization of the League of Nations in 1928, and on August 27 that year, at Geneva, the League published a report on the situation. Says the report: *"The post-vaccinal encephalitis with which we are dealing has become a problem of itself mainly in consequence of the events of the last few years in the Netherlands, England and Wales. In each of these countries, the cases which have occurred have been sufficiently numerous and similar to require them to be considered collectively. Their occurrence has led to the realization that a new, or at least previously unsuspected or unrecognized risk attaches to vaccination. . . the risk has, in the Netherlands, been considered of sufficient gravity to cause the temporary suspension of the administrative measures by which the vaccination of children has been secured, while in England the subject has already received the attention of two expert committees, appointed by the Ministry of Health."*

1931 Lubeck, Germany, 75 children die in from pediatrician's experiment with tuberculosis vaccine.

1937 The official Journal of the American Medical Association on April 2, 1937: "A multiplicity of untoward sequelae have been observed in patients treated with immune serum. . .The common symptomatology includes fever, urticaria, erythema, oedema, lymphadenoma, arthralgia, smothering sensations, headache, nausea and vomiting. Occasionally there are more serious and lasting manifestations such as peripheral neuritis, epididymitis and orchitis."

1937 West Nile virus is said to originate from a black woman from the south Nile river delta in 1937 (Smithburn KC, Hughes TP, Burke AW, Paul JH. A neurotropic virus isolated from the blood of a native of Uganda. *Am J Trop Med Hyg*; 20:471-92, 1940),

before the days of sucrose density gradient centrifugation combined with EM in order to demonstrate viral particles precisely.

1938 the Lancet publishes a piece arguing: "*That diphtheria can be prevented by immunization no more implies a command to immunize people than the fact that nitric acid and glycerine make an explosive mixture implies a command to blow up our neighbors. Yet the immunization of the masses is undertaken with almost religious fervor. The enthusiast rarely stopped to wonder where it would all finish or whether the fulsome promises made to the public in the form of 'propaganda' would ever be honored. Those who have had to take detailed notice of immunization accidents of the past few years know that to get the truth of what really went wrong generally calls for the resources of something like a secret service. Immunization surely should remain a matter of private, not of public venture---a question for the individual to decide on personal grounds and in term of his own risks, fears and prejudices.*"

1941 In the April, 1941, issue of the Naval Medical Bulletin, reporting on the results of tests on 20,000 recruits at the Naval Training Station at San Diego, California, between July, 1939, and January, 1941, Captain G. E. Thomas of the Medical Corps of the Navy tells the story. He describes an experiment on these men. "*All had been checked by all known means and found free of syphilis, and were then confined. These men were vaccinated against smallpox. Those who did not show 'successful' vaccination were re-vaccinated. The experiment showed that more of these developed syphilis from the smallpox vaccination than the percentage who developed syphilis from all causes in the civilian population in the United States.*"

1941 On the eve of US entry into World War II, concern about a repeat of the 1918 influenza pandemic and its effect on armed forces led the US military to establish the Commission on Influenza (later combined with other commissions to become the present Armed Forces Epidemiological Board) and place high priority on developing a vaccine (Woodward TE, editor. The histories of the commissions. Washington: Office of The Surgeon General; 1992). Pandemic influenza did not materialize, but the vaccine did. The first successful large-scale influenza vaccine field trials were completed in 1943 (Francis T. Vaccination against influenza. In: World Health Organization. Influenza, a review of current research. Geneva: The Organization; 1954. p. 689-740). In 1947, failure of the vaccine to provide protection against the epidemic influenza type A antigenic variant confirmed concerns of vaccine obsolescence and led to the term "antigenic shift" (von Magnus P. The influenza virus: its morphology, immunology, and kinetics of multiplication. Bull World Health Organ. 1953;8:647-60) and designation of the 1947 FM1 strain by the Commission on Influenza as subgroup A' on the basis of the hemagglutination inhibition (HI) test.

1942 A report of the US Secretary of War, Henry L. Simpson regarding the deaths from yellow fever shots stated that: "*Recent Army experience with yellow fever vaccine resulted in 28,505 cases of hepatitis with 62 deaths.*"

1944 Pertussis vaccine recommended for universal use in infants.

1944 M. Meadow Bayly, M.R.C.S., British authority on immunology, and author of the book, *The Schick Inoculation Against Diphtheria*, writes in 1944: "*Perhaps the greatest evil of immunization lies in its diversion of public attention from true methods of disease prevention. It encourages public authorities to permit all kinds of sanitary defects and social problems to remain undressed, particularly in schools. It ignores the part played by food and sunlight and many other factors in the maintenance of health. It exaggerates the risk of diphtheria and works upon the fear of parents. The more it is supported by public authorities, the more will its dangers and disadvantages be concealed or denied. The pitfalls connected with a comparison of inoculated with uninoculated groups are well known to statisticians and have been emphasized in the medical press; the importance of seeing that the two groups are comparable in all other respects has been entirely ignored in the official statements issued. Our belief that we can attain prevention from diseases originating in filth by injecting toxic substances into the body, has made public authorities in many American cities callous to the demands for ordinances and regulations providing pure milk, ice cream, meat, and other foods.*"

1947 DPT (tri-valent diphtheria/pertussis/tetanus) recommended by the AAP (American Association of Pediatrics) for routine use.

1948 The Vaccination Inquirer reports that the English and Scottish Health Ministers acknowledged more than 25,000 cases of diphtheria in immunized children from 1941 to 1945, with nearly 200 deaths in immunized children. The clinical picture of diphtheria immunization is brought up-to-date by the Journal of the American Medical Association for June 5, 1948, in an article entitled, "Danger of Vaccination and Inoculation:"
"If intradermal tests are used, one should be sure that the tests are preceded by a negative reaction to a scratch test in order to avoid generalized reactions, which may be serious and which may even, on rare occasions, result in the death of a highly sensitive child. Allergic children should be given prophylactic treatment for diphtheria, pertussis and tetanus. . .Hypo-immunization against pertussis (whooping cough) is important because respiratory allergies are likely to develop in an allergic child. If whooping cough does develop, it should be combated with human immune globulin or hyper-immune human serum."

1949 A book entitled, "The Treatment of Poliomyelitis and Other Virus Diseases with Vitamin C: Frederick R. Klenner, Southern Medicine and Surgery, July, 1949:

"The treatment employed [in the poliomyelitis epidemic in North Carolina in 1948, 60 cases] was vitamin C in massive doses... given like any other antibiotic every two to four hours. The initial dose was 1000 to 2000 mg., depending on age. Children up to four years received the injections intramuscularly ... For patients treated in the home the dose schedule was 2000 mg. by needle every six hours, supplemented by 1000 to 2000 mg. every two hours by mouth ... dissolved in fruit juice. All patients were clinically well after 72 hours. Where spinal taps were performed, it was the rule to find a reversion of the fluid to normal after the second day of treatment."

1950 Dr. Joseph Stokes of the University of Pennsylvania infects 200 women prisoners with viral hepatitis.

1950's *"Starting in the 1950s Africans experienced a massive increase in medical injections associated with mass injection campaigns targeted at yaws, with introduction and spread of parenteral therapies to treat other diseases, and with plummeting prices for antibiotics and injection equipment. For example, UNICEF administered 12 million injections for yaws in Central Africa alone during 1952-57. From the 1950s into the 1980s, unsafe injections may have contributed to the silent spread of HIV in Africa in much the same way that unsafe injections for schistosomiasis and other treatments in Egypt established hepatitis C as a major blood-borne pathogen, infecting about 15% to 20% of the general population at the end of the 1990s"* (Editorial with Gisselquist, statistics quoted from: International Journal of STD & AIDS Royal Society of Medicine, October 2002 Africa HIV/AIDS through unsafe medical care. Also available: Africa Policy E-Journal. www.africaaction.org/docs02/hiv0210t.htm.)

1950s –1972: Mentally disabled children at Willowbrook School (NY) were deliberately infected with hepatitis in an attempt to find a vaccine. Participation in the study was a condition for admission to the institution.

1950 (September) **R**alph R. Scobey, M.D., president of the Poliomyelitis Research Institute, Inc. Syracuse, New York (Archives of Pediatrics, Sept. 1950) lists 170 diseases of polio-like symptoms and effects but with different names such as: epidemic cholera, cholera morbus, spinal meningitis, spinal apoplexy, inhibitory palsy, intermittent fever, famine fever, worm fever, bilious remittent fever, ergotism, and others. There are also such common nutritional deficiency diseases as beriberi, scurvy, Asiatic plague, pellagra, prison edema, acidosis, and others. *"No drugs, medicines or medical treatments have ever been able to cure any of these diseases and no germs have been isolated as the cause. But they all respond to fasting, cleansing, proper diet and improved circulation. The similarity of these diseases to polio is too obvious to go unnoticed. They are, in reality, all one disease with varying stages of intensity and different names. It is ridiculous to assume that polio is caused by a virus and the rest of them are caused by nutritional deficiency. Inasmuch as nerve cells react in much the same way to various poisons, further research will probably show that in these cases polio micro-organisms are not always present, but intoxication (poisoning) may be produced through faulty metabolism or by the absorption of poisons from without"* (Ralph Scobey, 1950).

1951 The man who became most responsible for the view that poliomyelitis was contagious was Dr. Simon Flexner, author of the famous (or infamous) Flexner Report, which led the way to the closing of the naturopathic and homeopathic colleges in the United States. Said Flexner: *"It was not easy to establish in an individual case precisely how the disease was acquired; it was difficult to bring evidence that was not at all convincing that this disease was contagious."* In discussing Flexner's report, L. Emmett Holt stated: *"Even five years ago, if anyone had suggested that the disease under discussion was an infectious or contagious one, it would have been looked upon as a*

joke" (Scobey, Archives of Pediatrics, May 1951).

1953 Article in the American Journal of Digestive Diseases identifies a number of recently induced chemical toxins such as widespread pesticide use may cause polio and other nervous systems disorders (Morton S. Biskind, MD. Public Health Aspects of the New Insecticides. *American Journal of Digestive Diseases*, New York, 1953, v 20, p331). Dr. Biskind suggested that DDT (chlorophenoethane, dichloro-diphenyl-trichloroethane), benzene hexachloride (an organochlorine pesticide), lead, and arsenic, persist in the environment as neurotoxins that cause polio-like symptoms, polio-like physiology, and were dumped onto and into human food at dosage levels far above that approved by the FDA. On a series of graphs prepared by the research of Jim West, the distribution of these toxins in the environment directly correlate with the incidence of various neurological diseases called "polio" before 1965. (Jim West, Chairman of the Science Committee for the NoSpray Coalition in New York City. The NoSpray Coalition has organized environmentalists against the city's pesticide spray campaigns against "West Nile virus").

Biskind claimed:

"In 1945, against the advice of investigators who had studied the pharmacology of the compound and found it dangerous for all forms of life, DDT (chlorophenoethane, dichloro-diphenyl-trichloroethane) was released in the United States and other countries for general use by the public as an insecticide. . . Since the last war there have been a number of curious changes in the incidence of certain ailments and the development of new syndromes never before observed. A most significant feature of this situation is that both man and all his domestic animals have simultaneously been affected. In man, the incidence of poliomyelitis has risen sharply. . . It was even known by 1945 that DDT is stored in the body fat of mammals and appears in the milk. With this foreknowledge the series of catastrophic events that followed the most intensive campaign of mass poisoning in known human history, should not have surprised the experts. Yet, far from admitting a causal relationship so obvious that in any other field of biology it would be instantly accepted, virtually the entire apparatus of communication, lay and scientific alike, has been devoted to denying, concealing, suppressing, distorting and attempts to convert into its opposite, the overwhelming evidence. Libel, slander and economic boycott have not been overlooked in this campaign. . . Particularly relevant to recent aspects of this problem are neglected studies by Lillie and his collaborators of the National Institutes of Health, published in 1944 and 1947 respectively, which showed that DDT may produce degeneration of the anterior horn cells of the spinal cord in animals. These changes do not occur regularly in exposed animals any more than they do in human beings, but they do appear often enough to be significant. . . When the population is exposed to a chemical agent known to produce in animals lesions in the spinal cord resembling those in human polio, and thereafter the latter disease increases sharply in incidence and maintains its epidemic character year after year, is it unreasonable to suspect an etiologic relationship?"

1953 Dr. Kumm was appointed Director of Research of the National Foundation for Infantile Paralysis (NFIP). The NFIP was funded by its "March of Dimes" program, and it sponsored the hasty development of the Salk vaccine in the early 1950s, at the height of the DDT/polio controversy. Dr. Kumm also "served as a civilian consultant to the Surgeon General . . . directing field studies of the use of DDT. . ." (American Journal of Digestive Diseases, 20:330, 1953).

1955 IPV (inactivated polio vaccine) licensed (was later modified in 1987).

1955 On April 24, 1955, an infant with paralytic poliomyelitis was admitted to Michael Reese Hospital in Chicago, Illinois. The patient had been inoculated in the buttock with Cutter vaccine on April 16, and developed flaccid paralysis of both legs on April 24.

1955 (May) "*With the announcement that Cutter was withdrawing its vaccine, there ensued a nationwide panic. The AMA put out the warning to all its members to stop using Cutter vaccine, although regrettably some doctors never received word. Many states and cities announced immediate cessation of mass immunizations, even though their vaccine had come from manufacturers other than Cutter. Local health departments began to track down every single dose of Cutter vaccine, which, it was soon discovered, had traversed the entire country. Throughout May and June, cases of polio caused by Cutter's vaccine spread beyond the Far West and began to appear in every region of the country. The epicenter of the devastation was in California and the rural state of Idaho. Ninety-nine cases of polio would eventually be attributed to Cutter vaccine in California, with the incidence of polio among Cutter vaccinees exceeding the textbook definition of a wild polio epidemic by nearly threefold. In Idaho, with eighty-eight polio cases attributed to Cutter vaccine, the rate was fifteen times greater. Before it was over, the 'Cutter incident,' as it was euphemistically called in scientific circles, resulted in 260 people contracting polio and almost 200 cases of paralysis. Eleven people died. A devastating epidemic had been caused by two particularly bad batches of vaccine*" (The Virus and The Vaccine-The True Story Of A Cancer -Causing Monkey Virus-Contaminated Polio Vaccine, And the Millions Of Americans Exposed, by Debbie Bookchin and Jim Schumacher, St. Martin's Press, 2004).

1956 Dr. Albert Sabin tests experimental polio vaccine on 133 prisoners in Ohio.

1957 "*Canada suspended its distribution of Salk's vaccine. By November all European countries had suspended distribution plans, apart from Denmark. By January 1957, 17 US states had stopped distributing the vaccine. The same year The New York Times reported that nearly 50 per cent of cases of infantile paralysis in children between the ages of five and 14 had occurred after vaccination*" (Bookchin and Schumacker, 2004).

1957 Asian flu pandemic is claimed to kill 100,000 people, due to the "H2N2 influenza virus."

1959-1968 Quadrigen (DPT-IPV combo) used routinely (pulled off the market in 1968 for safety and efficacy reasons).

1961 OPV (oral, live-virus Salk polio vaccine) licensed.

1961 *"Merck stopped shipping Purivax (its 'purified' version of the Salk vaccine) as soon as its own tests in May 1961 confirmed that the vaccine was contaminated with SV 40... Its unilateral withdrawal of vaccine from the market had not been well received by the DBS (Division of Biological Standards). If Merck recalled vaccine, then everyone else would have to. That would have resulted in public panic and would have run counter to the Technical Committee's May 18 directive that polio vaccination 'continue to be pursued with vigor with the materials presently available.' In June, after the Girardi cancer results had come in, Hilleman (Merck's science director) had tried one more time to get all vaccine production halted. That suggestion was rebuffed. Merck had already suspended production and was trying to figure out how to screen SV40 out of the vaccine when DBS tests on vaccine samples indicated that Parke-Davis supplies were also badly contaminated. Parke-Davis now also stopped vaccine manufacture. The truth was that by the time the Associated Press reported the 'news' in late July, both companies had not produced vaccine for several weeks. Parke Davis eventually resumed production, but Merck would soon decide that producing a polio vaccine that at times might be contaminated was not worth the risk."* (Bookchin and Schumacker, 2004).

1962 *"The Wistar human tissue study appeared in midsummer 1962, shortly before the human tissue study that Enders had completed at Hilleman's urging. Enders and his collaborator, another Harvard researcher, Harvey Shein, reached essentially the same conclusions as the Wistar group, with a different kind of tissue, human kidney cells. Koprowski had rushed the Wistar study into press hoping to scoop Enders and gain some publicity for Wistar. But in the end, despite being second, the Enders study attracted a good deal more attention because it was published in the prestigious Proceedings of the National Academy of Sciences. A lengthy New York Times story on August 10, 1962, reported the Enders study:*

'A cancer-causing virus has for the first time produced cancer like changes in human cells... Changes that the virus produced in cultures of human kidney cells included greatly accelerated growth patterns and chromosomal aberrations...'

"By the fall of 1962, as news of the most recent SV40 research spread, the anxiety that had been growing in scientific circles about the simian virus reached its zenith. 'It was the worst thing in the world,' Hayflick recalls of the news. 'Please tell me: What else could we find worse in monkey kidney cells?' In Britain, Wellcome Laboratories decided to stop inactivated vaccine production and switch entirely to live polio vaccine production."

"As in the United States, however, both the British and Canadian governments decided not to recall old stocks of Salk vaccine. Britain had a surplus of 6 million injections in 1961. In Sweden, the concern was about Sabin-type vaccine. There were plans to give monkey gamma globulin to four thousand children who had received oral vaccine in the belief that it would contain antibodies against any simian viruses, including SV40, which

might have contaminated the oral doses. In the Soviet Union, site of the most extensive use of Sabin's vaccine, tests were conducted to determine the spread of SV40. Many of the technicians and scientists involved in Chumakov's massive vaccination trial proved to have been infected by the virus, and the Soviets were now fearful of SV40's possible long-term effects. Among American research and health officials, a joke with gallows-type humor began to make the rounds: The Soviets would lose the 1964 Olympics because their athletes would all have tumors thanks to SV40" (Bookchin and Schumacker, 2004).

1962 Injection of live cancer cells into 22 elderly patients at Jewish Chronic Disease Hospital in Brooklyn. Administration covered up, and the NYS licensing board placed the principal investigator on probation for one year. Two years later, The American Cancer Society elected him Vice President.

1963 Measles vaccine licensed.

1968 Hong Kong flu pandemic is claimed to kill 700,000 people, due to the "H3N2 virus". Both "H2N2" (1957 pandemic) and H3N2 are said to have likely arisen by exchange of genes between avian and human flu viruses, possibly following dual infection in humans.

1969 Rubella vaccine licensed.

1970 The HEW reported in 1970 that as much as 26 percent of children receiving rubella vaccination, in national testing programs, developed arthralgia or arthritis. Many had to seek medical attention and some were hospitalised to test for rheumatic fever and rheumatoid arthritis. (Science, US, March 26, 1977.)

1971 MMR (tri-valent measles/mumps/rubella) licensed.

1972 U.S. ended routine use of smallpox vaccine.

1972 Jonas Salk, inventor of the IPV, testified before a Senate subcommittee that nearly all polio outbreaks since 1961 were caused by the oral polio vaccine.

1976 Baruch Blumberg is credited with the discovery of the Au antigen, HbsAg in the blood of a black Australian aboriginal, and was awarded the Nobel Prize that he shared with NIH's former Neurobiology Program director, D. Carlton Gajducek—the discoverer of the so-called "slow virus" prion diseases. For these discoveries, the doctors were jointly given The Nobel Prize in Physiology or Medicine in 1976 "*for their discoveries concerning new mechanisms for the origin and dissemination of infectious diseases,*" because the infectious agents and mechanisms of disease causation were believed not to conform to the standards of accepted pathogen isolation, the idea of distinctive genetic (nucleic acid) identity, the timing of infection to demonstrable cell pathology or morbidity, or to the classic proofs of pathogenicity worked out by Koch. For instance, D. Carlton Gajducek championed the idea that "infectious proteins" devoid of nucleic acids

were at the basis of slow, debilitating neurodegenerative disorders (e.g., kuru, CJD, Mad Cow, scrapie in sheep)—syndromes that are characterized by extremely long latency periods after initial "infection," and destruction of the brain tissue years or decades after "infection." Although the concept of slow viruses, and pathogens devoid of nucleic acids were vigorously challenged and rejected by many in the scientific establishment during the 1980's because the idea challenged the established biochemical chain of events worked out for all other infectious agents, and because these syndromes appeared to be both infectious and run in families, Stanley Pruisner believed Gajducek's hypotheses to be plausible, and found that the hypothesized disease-causing PRP protein was present in both diseased and healthy hamsters (for which another Nobel Prize was awarded to him).

1976 In a published report of the April 7, 1976, WHO meeting of international experts, the final paragraph urged extreme caution in developing live vaccines from A/New Jersey strains (H1N1) because of the possible danger of spread to susceptible human or animal hosts (World Health Organization. Influenza. Wkly Epidemiol Rec. 1976;51:123). That paragraph was written specifically to respond to reports that several investigators outside Western Europe had plans to develop and test such vaccines. One year later, an H1N1 virus, identical to the laboratory strain from 1950–1951, swept the world.

1976 During the great swine flu hoax, President Ford is vaccinated before a TV audience of millions. More than 500 people receiving flu vaccinations become paralyzed with Guillain-Barre Syndrome.

1978 Several scientific reports published in esteemed medical journals were linking the smallpox vaccine to a broad spectrum of increasingly common diseases and disorders. Autism, diabetes, neuromyelitis, other neurological diseases, tuberculosis, chromosome damage and sudden infant death were being associated with the smallpox vaccine. References to those reports, as published in the world's leading primarily foreign medical journals between 1960 and 1978, are available at www.vaclib.org/basic/smallpoxindex.htm <<http://www.vaclib.org/basic/smallpoxindex.htm>

1978 Experimental "hepatitis B" vaccine trials were conducted by the CDC, in New York, Los Angeles and San Francisco, and the ads for research subjects specifically asked for promiscuous homosexual men, while there is also evidence that the first "hepatitis B" vaccines were also tested on Blacks in Central Africa, and mentally retarded children. (Leonard G. Horowitz, "Hepatitis B Vaccine and the Origin of HIV/AIDS: Perspectives on a Possible Vaccine Induced Pandemic" Les Premieres Recontres Medicales, May 29, 2001).

1979 Bulletin No. 6, March 30, Wyeth DPT Vaccine Recall. *"Between August 1978 and March 1979, 77 infants in Tennessee died suddenly from unexpected causes - compared with 74 during the same period in 1977-78. These deaths were diagnosed as sudden infant death syndrome, or crib death. Of these 77 infants, eight died within a week of being vaccinated against diphtheria, tetanus and pertussis (whooping cough) using the same lot of DTP vaccine."*

1979 Dr. Robert S. Mendelsohn, who was the National Medical Director of "Head Start," a syndicated columnist who wrote "The People's Doctor, and the chairman of the Medical Licensure Committee for the State of Illinois, Associate Professor at The University of Illinois, Chicago, and Medical Director of Chicago's Michael Reese Hospital was quoted as saying: *"My suspicion, which is shared by others in my profession, is that the nearly 10,000 SIDS deaths that occur in the United States each year are related to one or more of the vaccines that are routinely given children. The pertussis vaccine is the most likely villain, but it could also be one or more of the others"*(See: Confessions of a medical heretic, Contemporary Books, 1997).

1981 Japan licenses "safer" DPT vaccine, the acellular DTaP.

1983 to 1985 First Hib (Hemophilus influenza B) vaccine (taken off the market in 1985 for safety and efficacy reasons).

1984 Announced in a media press release by Dr. Robert Gallo and Health and Human Services Secretary Margaret Heckler, "HIV" is named as "the probable cause of AIDS" and is thought to be "**a variant of a known human cancer virus.**" Dr. Gallo rushed that same day to patent the first "HIV" test kit, and was subsequently convicted of scientific misconduct by the Dingell Commission and the Office of Scientific Integrity of the NIH (John Crewdson: Gallo Case, Truth Termed A Casualty Report: Science Subverted in AIDS Dispute; Chicago Tribune (CT) - SUNDAY, January 1, 1992), for attempting to steal from Dr. Luc Montagnier's group at the Pasteur his so-called "HIV-virus, "isolated" from a young male homosexual, with a previous history of treatment for gonorrhea, syphilis, Herpes I and II, and EBV, At the Gallo "HIV causes AIDS" press release, an "HIV" vaccine is promised in 2 years by Secretary Heckler. The "HIV" virus is said to attack mostly people in the prime of their young lives.

1985 Flossie Wong-Stall and Robert Gallo publish: *"The association of Kaposi's sarcoma with AIDS deserves special mention. This otherwise extremely rare malignancy occurs predominantly in a restricted group, that is, the homosexuals, and can occur in the absence of any T-cell defect in the patients."* (Flossie Wong-Staal & Robert C. Gallo. Nature Vol 317, 3 Oct 1985).

1985 Professor G. Stewart claims that *"There is no doubt in my mind that in the U.K. alone some hundreds, if not thousands, of well infants have suffered irreparable brain damage needlessly (due to being vaccinated)."* Prof. G. Stewart, Dev. Biol. Stand. Vol. 61: pp 395-405. 1985.

1986 Vaccine Injury Compensation Act passed.

1986 Recombinant Hepatitis B vaccine licensed.

1987 Hib vaccine licensed.

1987 Nobelist, Howard Temin who discovered reverse transcriptase (RT), and Nobelist and former NIH head Harold Varmus, claimed that reverse transcriptase "*is a normal protein found in the uninfected cells of yeasts, insects and mammals* (Varmus H., Reverse transcription Sci. Am. 257:48-54, 1987).

1988 Hib added to vaccine immunization schedule.

1988 Vaccine Injury Compensation Program Funded.

1988 JAMA publishes a report claiming that a case-control study has shown that 41 percent of meningitis occurred in children vaccinated against the disease. The vaccine's protective efficacy was minus 58 percent. This means that children are much more likely to get the disease if they are vaccinated. (JAMA, 1988, Osterholm et al., 260: 1423-1428.)

1989- 2003 Explosion of autism in U.S. The incidence of autism (and other related disorders) went from about 1 in 2,500 children to 1 in every 166. Up until about 1989 pre-school children got only 3 vaccines (polio, DPT, MMR). By 1999 the CDC recommended a total of 22 vaccines to be given before children reach the 1st grade, including Hepatitis B, which is given to newborns within the first 24 hours of birth. Many of these vaccines contained mercury. In the 1990s approximately 40 million children were injected with mercury-containing vaccines. The cumulative amount of mercury being given to children in this number of vaccines would be an amount 187 times the EPA daily exposure limit.

1990 Conjugate Hib vaccine licensed.

1990-1993 The National Vaccine Information Center (NVIC) operated by Dissatisfied Parents Together (DPT) says that a new Institute of Medicine (IOM) report on the association between DPT vaccine and permanent brain damage "*confirms that the vaccine can cause children to suffer acute brain inflammation which sometimes leads to death or permanent neurological damage. The parent consumer activist group also charges that they have obtained evidence through the Freedom of Information Act that the Department of Health and Human Services (DHHS) is failing to properly monitor reports of death and injuries following vaccination and that doctors around the country are failing to report deaths and injuries which occur after vaccination to DHHS.*"

"In a year-long investigation of the Vaccine Adverse Reaction Reporting System (VAERS) operated by the Food and Drug Administration, NVIC/DPT analyzed VAERS computer discs used by the FDA to store data on reports of deaths and injuries following DPT vaccination. A total of 54,072 reports of adverse events following vaccination were listed in a 39-month period from July 1990 to November 1993, with 12,504 reports being associated with DPT vaccine, including 471 deaths."

"A wide variation in the numbers of reports associated with different lots of DPT vaccine were discovered, with some lots listing many more deaths and injuries than others. In one

DPT vaccine lot, there were 129 adverse events and 9 deaths reported between September 1992 and September 1993. Most adverse events occurred within a few days of vaccination and many reports also contained descriptions of classic pertussis vaccine reaction symptoms. This particular lot met the FDA's criteria for triggering an "investigation" (ie., report of one death or two serious injuries within a seven day period) 11 times within a 12-month period."

"There are some lots of vaccine which are associated with many more deaths and injuries than other lots. These lots are often referred to as 'hot lots.' Even though the FDA's criteria for an investigation was triggered 11 times within a 12-month period on just one of the many lots we looked at, we know for a fact the lot was never recalled. The FDA has not recalled a suspicious lot of DPT vaccine because of high numbers of deaths and injuries associated with it for at least 15 years," said Kathi Williams, NVIC/DPT co-founder and Acting Director. "That is because the position of those who operate VAERS is that the DPT vaccine does not cause death or injury. So the death and injury reports are ignored. It is a shocking example of how little we know about the true extent of vaccine-associated injuries and deaths."

1990 The FDA grants Department of Defense waiver of Nuremberg Code for use of unapproved drugs and vaccines in Desert Shield.

1991 Recombinant Hepatitis B recommended for all newborn infants and children.

1991 210 REPORTED cases of hepatitis B vaccine injury from 1991- 1998 in Illinois, and 5 deaths.

1991 (June) Nature publishes claim about fish farming and influenza pandemics 351, 527 (13 Jun 1991) doi:10.1038/351527a0.

1992-1996 Alfred Hassig, former 35-year Director of the Swiss Red Cross Transfusion Service, and President of the Board of Trustees of the International Society of Blood Transfusion states: *"The sentence of death accompanying the medical diagnosis of AIDS should be abolished"**In the virological research, so much money is invested, and the research people want to stay in that area because if you deviate to research in other directions probably other people come in and must be funded. Virologists have nothing new to offer. They keep coming up with excuses, they find constant growth and change in the virus structure, it evades, attacks, strange things, but none of them has the courage to explain properly how these things could possibly be so. AZT (anti-viral AIDS medicine) has, in countless cases, brought about the inevitable and slow asphyxiation of the patient's body cells. The doctors wrongly diagnose the fatal consequences of AZT medication as AIDS following a prior HIV infection. Treatment with AZT and allied toxic substances may be equivalent to joining a suicide squad with a time fuse. It is the duty of every doctor to preserve life at any cost -- and not death-curse people based on any test so they are so frightened they kill themselves. I am sad to say that these voodoo methods were practiced despite there never being any proof that the detected antibodies are an indication of mortality in all diagnosed people. I consider it medical malpractice to push*

patients into dying by prophesying an early death. We are medical scientists, not prophets!" (Meditel 1992;Continuum Jan/Feb 1996).

1992 Institute of Medicine releases report presenting evidence indicating that there is: *"a causal relation between DTP vaccine and anaphylaxis and between the pertussis component of DTP vaccine and extended periods of inconsolable crying or screaming. The committee also reported that the evidence indicates a causal relation between the rubella vaccine and acute arthritis in adult women. The committee found the available evidence weaker but still consistent with a causal relation between DTP vaccine and two conditions--acute encephalopathy and hypotonic, hyporesponsive episodes--and between rubella vaccine and chronic arthritis in adult women. Estimated incidence rates of these adverse events following vaccination are provided, where possible. The committee found that the evidence does not indicate a causal relation between the DTP vaccine and infantile spasms, hypsarrhythmia, Reye's syndrome, and sudden infant death syndrome. The committee found insufficient evidence to indicate either the presence or absence of a causal relation between DTP vaccine and chronic neurologic damage, aseptic meningitis, erythema multiforme or other rash, Guillain-Barre syndrome, hemolytic anemia, juvenile diabetes, learning disabilities and attention-deficit disorder, peripheral mononeuropathy, or thrombocytopenia, and between rubella vaccine and radiculoneuritis and other neuropathies or thrombocytopenic purpura."* (C.P. Howson and H.V. Fineberg, Adverse events following pertussis and rubella vaccines. Summary of a report of the Institute of Medicine. JAMA Vol. 267 No. 3, January 15, 1992).

1992 The hepatitis B vaccine causes false positive "HIV" test results (Lee, D, Eby W, Molinaro, G.. HIV false positivity after Hepatitis B vaccination. Lancet 339: 1060, 1992).

1992-2006 In 1992 The Lancet publishes the first article describing idiopathic CD4+ T-lymphocytopenia (ICL-AIDS), and 199 more articles appear describing this disease with designation and title in the following years. CD4+ T-lymphocytopenia is one of the 40 or more AIDS-indicator diseases in a patient without "HIV" proteins or nucleic acids detectable despite repeated efforts. Essentially, ICL is AIDS without "HIV."

1992 Minnesota researchers report that "HIV-sequences" exist in normal in human, chimpanzee, and rhesus monkey DNAs" (Horwitz MS, Boyce-Jacino MT, Faras AJ. Novel human endogenous sequences related to human immunodeficiency virus type 1. J Virol. Apr; 66 (4):2170-9, 1992).

1992 America's Centers for Disease Control (CDC) in Atlanta admits in that the polio live-virus vaccine had become the main cause of polio in the United States. Specifically, the CDC asserted that, from 1973 to 1983, 87% of all (non-imported) cases of polio resulted directly from vaccine administration. Even more amazingly, it was asserted that every non-imported case of polio in the United States from 1980 to 1989 was vaccine-induced (Strebel, P. M., et al., Epidemiology of Poliomyelitis in the U.S. One Decade after the Last Reported Case of Indigenous Wild Virus Associated Disease, Clinical Infectious Diseases, CDC, February 1992, pp. 568-579).

1993 DPTH (DPT-Hib combo) licensed.

1993 It is reported that half of infants that test "HIV" positive at birth serorevert (reverse) their "HIV-positive status within 18 months (Parekh BS, Shaffer N, Coughlin R, et al. Dynamics of maternal IgG antibody decay and HIV-specific antibody synthesis in infants born to seropositive mothers. The NYC Perinatal HIV Transmission Study Group. AIDS Res Hum Retroviruses 9:907-12, 1993).

1994 The Lancet publishes claims that "The incidence of asthma has been found to be five times more common in vaccinated children." -The Lancet, 1994.

1994 p24, another protein once thought to be unique to "HIV" is known to be expressed in the thymus glands of "**HIV-negative** children (Dura WT, Wozniewicz BM. Expression of antigens homologous to human retrovirus molecules in normal and severely atrophic thymus. Thymus 22 (4):245-54, 1994).

1995 Varicella licensed.

1995 It was confirmed again that about half of infants that test "HIV" positive at birth serorevert (reverse) their "HIV-positive status by 18 months Chantry CJ, Cooper ER, Pelton SI, Zorilla C, Hillyer GV, Diaz C. Seroreversion in human immunodeficiency virus-exposed but uninfected infants. Pediatr Infect Dis J 14:382-7, 1995).

1996 Dtap licensed; recommended for use instead of whole-cell DPT.

1996 Roche warns on its package insert that "*The amplicor HIV-1 monitor test is not intended to be used as a screening test for HIV, nor as a diagnostic test to confirm the presence of HIV infection*" (Roche's amplicor HIV-1 monitor test package insert, 1996).

1996 Hib-HepB combo licensed.

1996 872 serious adverse events reported to VAERS in children under 14 years of age who had been injected with hepatitis B vaccine. 48 children were reported to have *died* after they were injected with hepatitis B vaccine that same year. By contrast, in 1996 only 279 cases of hepatitis B disease were reported in children under age 14.

1997 Polio is not eradicated by vaccination, but likely lurks behind a disease redefinition and new diagnostic names like viral or aseptic meningitis.....According to one of the 1997 issues of the MMWR, there are some 30,000 to 50,000 cases of viral meningitis per year in the United States alone.□That's where it is thought that 30,000 - 50,000 cases of polio disappeared after the introduction of mass vaccination.

"Today, various other forms of the word "polio" are still used to describe the effects of poisoning, though usually with regard to paralysis in animals. A search of Medline ("polio" and "poison") finds about 45 contemporary articles where poisoning causality is attributed to polio. The terminology found was: "polioencephalomalacia",

"poliomyelomalacia", "polyradiculoneuritis", "neurological picture similar to that of poliomyelitis", "polioencephalomyelomalacia", "lumbal poliomyelomalacia", "cerebrocortical necrosis (polioencephalomalacia)", "Lead poisoning in grey-headed fruit bats (Pteropus poliocephalus)", "multifocal-poliomyelomalacia", "spinal poliomalacia", "Polio and high-sulfate diets", "atypical porcine enterovirus encephalomyelitis: possible interaction between enteroviruses and arsenicals", "polioencephalomalacia and photosensitization associated with kochia scoparia consumption in range cattle", "bovine polioencephalomalacia." Viral or aseptic meningitis, Guillaine Barre Syndrome (GBS), Chinese paralytic syndrome, chronic fatigue syndrome, epidemic cholera, cholera morbus, spinal meningitis, spinal apoplexy, inhibitory palsy, intermittent fever, famine fever, worm fever, bilious remittent fever, ergotism, ME, post-polio syndrome, acute flaccid paralysis □ Jim West, Health and Research Publications, <http://www.geocities.com/harpub/>).

1997 (April) Bird flu virus "H5N1" is isolated for the first time from a human patient in Hong Kong. The virus infects 18 patients after close contact with poultry, with six deaths. Fortunately the virus does not spread from person to person. Within three days, Hong Kong's entire chicken population is slaughtered to prevent further outbreak.

1997 Abbott labs warns that *"ELISA testing alone cannot be used to diagnose AIDS"* (Abbott Package HIV-I ELISA Test Kit insert, 1997).

1997 It is reported that "no seroconversions" were observed among 175 HIV-discordant couples (where one partner tests positive, one negative), for a total of approximately 282 couple-years of follow up in a 10- year study (Padian, et al. Heterosexual Transmission of HIV in Northern California: Results from a Ten-Year Study." American Journal of Epidemiology. August, 1997).

1997 Epitope warns on its package insert, *"Do not use this kit as the sole basis for HIV infection,"* (Epitope HIV-I Western Blot Test Kit insert, 1997).

1998 Hepatitis B Vaccine Linked to Autoimmune Rheumatoid Diseases.

1998 October 15,000 French citizens filed a lawsuit against the French government for understating the risks and overstating the benefits associated with the hepatitis B vaccine. Hundreds of people were reported to have suffered from auto immune and neurological disorders, including multiple sclerosis, following hepatitis B vaccination. As a result, in October 1998, the French Minister of Health ended the mandatory hepatitis B vaccination program for all school children. *"The French decision to continue hepatitis B immunization at birth while discontinuing immunization starting at school age suggests the French Ministry of Health may believe that they can decrease vaccine induced autoimmunity by giving vaccines starting in the first month of life. They appear to be accepting our findings"* (Classen www.healing-arts.org/children/vaccines/vaccines-information.htm).

1998 Although the target population for the hepatitis B vaccine are prostitutes and drug addicts and not children, and France had just repealed the mandate because of high number of vaccine injuries, and the CDC admitted that the vaccine may not be effective after 7 yrs for 30-50% of the people vaccinated, and consequently in 1998, the hepatitis B Vaccine is mandated for school age children in first 46, and then in 48 states in the US.

1998 (September) Trial results announced for two new influenza drugs that target the virus's neuraminidase enzyme, Relenza and Tamiflu, at the Interscience Conference on Antimicrobial Agents and Chemotherapy. Donald Rumsfeld serves as Gilead (Research)'s chairman from 1997 until he joined the Bush administration in 2001, and he still holds a Gilead stake valued at between \$5 million and \$25 million, according to federal financial disclosures filed by Rumsfeld. Tamiflu, which is manufactured and marketed by Swiss pharma giant Roche. (Gilead receives a royalty from Roche equaling about 10% of sales.) Former Secretary of State George Shultz, who is on Gilead's board, has sold more than \$7 million worth of Gilead since the beginning of 2005. Another board member is the wife of former California Gov. Pete Wilson. *"I don't know of any biotech company that's so politically well-connected," says analyst Andrew McDonald of Think Equity Partners in San Francisco.* The federal government is emerging as one of the world's biggest customers for Tamiflu. In July, the Pentagon ordered \$58 million worth of the treatment for U.S. troops around the world, and Congress is considering a multi-billion dollar purchase. Roche expects 2005 sales for Tamiflu to be about \$1 billion, compared with \$258 million in 2004.

http://money.cnn.com/2005/10/31/news/newsmakers/fortune_rumsfeld/

1998 (November) Data from France released at the 62nd Annual Meeting of the American College of Rheumatology, held November 8-12, 1998, in San Diego, California links immunization against hepatitis B to the development of autoimmune rheumatoid diseases such as lupus and rheumatoid arthritis. The rise of autoimmunity following hepatitis B immunization in school children and adults has become a major public health concern. In October, the Ministry of Health in France suspended routine hepatitis B immunization of school children while continuing hepatitis B immunization at birth. The reason for this decision was reportedly the increased risk of autoimmune diseases that has been associated with the vaccine when it is given starting at school age or later. The data from France links hepatitis B immunization to both the development of newly diagnosed cases of autoimmune rheumatoid diseases as well as the exacerbation of previously diagnosed cases that were in remission. This finding is supported by data from Canada published in September which linked immunization against hepatitis B to the development of autoimmune rheumatoid diseases in firefighters.

"The data from humans and animals is very clear, when you stimulate the immune system with vaccines you increase the risk of autoimmunity and exacerbate smoldering inflammatory conditions. Vaccine induced autoimmunity is a major public health problem because of the number of vaccine doses given and the large percentage of people with undiagnosed inflammatory conditions. We need to develop ways of giving vaccines without increasing the risk of autoimmune diseases" (Classen).

1998 Lyme vaccine (Lymerix) licensed.

1998 Rotavirus vaccine recommended by CDC for universal use in infants.

1998 The Cambridge Biotech HIV-1 Western Blot Kit insert warns: "*The clinical implications of antibodies to HIV-1 in an asymptomatic person are not known.*" (The Cambridge Biotech HIV-1 Western Blot Kit, 1998).

1998 (August) Rotavirus vaccine licensed.

1999 (October) Rotavirus vaccine pulled off the market due to significant adverse reactions such as perforation of the intestine.

1999 It is published that goats and cows test "HIV-positive" (Willman et al., Heterophile Antibodies to Bovine and Caprine Proteins Causing False-Positive Human Immunodeficiency Virus Type 1 and Other. Enzyme-Linked Immunosorbent Assay Results. Clinical and Diagnostic Laboratory Immunology, p. 615-616, Vol. 6, No. 4, July 1999).

1999 (May 18) Testimony of Dr. Jane Orient, MD, President of the American Association of Physicians and Surgeons (AAPS), on the "Hepatitis B Vaccine: held by the Criminal Justice, Drug Policy & Human Resources Subcommittee of the Committee on Government Reform in the U.S. House of Representatives:□

"Mr. Chairman and Members of the Subcommittee: My name is Jane Orient, M.D. I am a practicing internist from Tucson, Arizona, and serve as the Executive Director of the Association of American Physicians & Surgeons ("AAPS").

"For most children, the risk of a serious vaccine reaction may be 100 times greater than the risk of hepatitis B. Overall, the incidence of hepatitis B in the U.S. is currently about 4 per 100,000. The risk for most young children is far less; hepatitis B is heavily concentrated in groups at high risk due to occupation, sexual promiscuity, or drug abuse. VAERS contains 25,000 reports related to hepatitis B vaccine (in 1999-it is about 40,000 as of 2003), about 1/3 of which were serious enough to lead to an emergency room visit, hospitalization, or death. It is often assumed that only 10% of reactions are reported."

"Striking increases in chronic illnesses have occurred in temporal association with an increase in vaccination rates. Asthma and insulin-dependent diabetes mellitus, causes of lifelong morbidity and frequent premature death, have nearly doubled in incidence since the introduction of many new, mandatory vaccines. There is no explanation for this increase. The temporal association (with universal hepatitis B vaccination), although not probative, is suggestive and demands intense investigation. Instead of following up on earlier, foreign studies suggesting a greater-than-chance association, the CDC, through vaccine mandates, is obliterating the control group (unvaccinated children)."

“Nonetheless, the implications are so grave that immediate investigation is needed. Measles, mumps, rubella, hepatitis B, and the whole panoply of childhood diseases are a far less serious threat than having a large fraction (say 10%) of a generation afflicted with learning disability and/or uncontrollable aggressive behavior because of an impassioned crusade for universal vaccination. There are plausible mechanisms such as molecular mimicry whereby vaccines could have such effects. Basic research, as well as epidemiologic studies (starting with a long-term follow-up of reactions reported to VAERS), is urgent.”

Dr. Orient concludes her assessment and condemnation of the mandated hepatitis B vaccine thus to the Criminal Justice, Drug Policy & Human Resources Subcommittee:

"AAPS opposes federal mandates for vaccines, on principle, on the grounds that they are:

- 1. An unconstitutional expansion of the power of the federal government.*
- 2. An unconstitutional delegation of power to a public - private partnership.*
- 3. An unconstitutional and destructive intrusion into the patient-physician and parent-child relationships.*
- 4. A violation of the Nuremberg Code in that they force individuals to have medical treatment against their will, or to participate in the functional equivalent of a vast experiment without fully informed consent.*
- 5. A violation of rights to free speech and to the practice of one's religion (which may require one to keep oaths)."*

1999 It is reported that fetal vaccination is successful in baboons

“Vaccination can begin even before birth. Startling findings show that fetal baboons can be directly immunized with hepatitis B antigen. Until only recently it was a tenet of immunology that uterine exposure to antigen always resulted in immune tolerance. But after birth, some of the fetally immunized animals responded to later hepatitis B immunization, demonstrating no induction of tolerance. In the six of eight animals that responded to fetal immunization, protective antibody levels were maintained for at least four months after birth.”

<http://www.newsrx.com/newsletters/Vaccine-Weekly/1999-05-03/199905033334VW.html>

1999/2000 A Joint Statement by the U.S. Public Health Service, the AAFP, the AAP, and ACIP urging manufacturers to remove the preservative thimerosal (ethyl mercury) as soon as possible from vaccines routinely recommended for infants.

2000 Prevnar (pneumococcal conjugate vaccine) licensed.

2000 CDC recommends use of IPV instead of OPV (polio vaccine).

2000 (June) List of Illinois children who have recently come to the attention of the Illinois Vaccine Awareness coalition for adverse reactions to vaccination:

Name	Age	Symptoms/Diagnosis
David Wied	11	Pain, exhaustion, head & stomach ache, light & sound sensitivity, cardiac irregularities, short-term memory loss, central nervous system demyelination
Katie Glaeser	15	Kidney failure, seizures, vision loss, exhaustion, diag. serum sickness
Tim Dittmer	14	Crohn's & arthritis
Dianna	21 mo.	Arthritis
Drew Hilliard	10	Allergic to all food
Jason	7	Degeneration of the optic nerve
Julie	5	Rare arthritis, hair loss
Kathryn Grueber	7	Rare arthritis
Lyndsey Kirshner	14	Autonomia, central nervous system damage
Mike	13	Migraine & cluster headaches
D. C.	7	Asthma, allergies
Michael	7	Arthritis – hips, knees & ankles, body ache
Adriana	14	Severe rash & lesions, lasted 3 months
Kenny	14	Kidney failure
Chad	10	Crohn's
David	12	Crohn's
Sara	10	Flu-like symptoms for 3 months - still sick - can't sit up because of severe abdominal pain
Kevin	3	Seizures, headache & severe allergies
Ryce	11	Arthritis, exhaustion, seizures
Kassie Horn	10	Severe stomach pain, body ache, exhaustion
Michael	5	Ataxia
Michele	12	Fever, infections, spleen surgery
Cam	10	Crohn's
Julie	17	Crohn's
Becky	5 mo.	Diarrhea, fever, rash, pain, colic, etc. - side effects still continue.
Abby Nelson	2 mo.	Death
Martha Becker	12	Fatigue, body aches, depression, stomach aches, headaches
Barbara Becker	16	Exhaustion, pain, stiffness, short-term memory loss, light sensitivity
Ben Converse	4	Autistic, seizures, severe neurological damage
Robert Topp	10	Bell's palsy, body paralysis, seizures, memory loss, severe neurological damage
Lyla Rose Belkin	5 wks.	Death
Natalie	2 mo.	Death
Heather Hoechnik	16	Exhaustion, asthma, cardiac problems, joint & muscle pain, memory loss, depression
Andrew	16	Exhaustion, head & body aches, memory loss
Sarah Corizine	9 wks	Death
Jonathan	2 days	blind, brain damaged, seizures, CNS demyelination

2001 “Worldwide polio-related public health alarms sounded on the first day of 2001 when a new epidemic was reported to have broken out on the island of Hispaniola, on which Haiti and the Dominican Republic are located. David Brown reported in the

Washington Post that a “mutant” poliovirus, derived from strains present in the oral polio vaccine, appeared to have run amok on this Caribbean island during the latter half of 2000. When the US Centers for disease control and Prevention examined these cases, another mystery was revealed: Only about one-third of the paralysis cases were associated with poliovirus. The CDC identified 19 individuals in the Dominican Republic who developed acute flaccid paralysis between July 12 and November 18, 2000. However, poliovirus was detected in only six of those individuals. The cause of the other cases remains unknown. The mystery deepens when we examine World Health Organization statistics on AFP and poliovirus infection in the Dominican Republic for the last several years (<http://www-nt.who.int/vaccines/polio/case.asp>). Although the number of cases of AFP in the Dominican Republic from 1996 to 1999 range from 4 to 24, not a single case of poliovirus was detected. If we further examine other WHO statistics on poliovirus-associated AFP and those in which the virus is not detected, a striking fact becomes clear: Most acute flaccid paralysis diagnosed around the world today is NOT associated with poliovirus” (James J. Tuite, III).

2001 M.A. Fisher et al. publish that adverse events associated with hepatitis B vaccine in U.S. children less than six years of age, 1993 and 1994 and conclude: "*Evidence from this study suggests that hepatitis B vaccine is positively associated with adverse health outcomes in the general population of US children*" (Ann Epidemiol Jan;11(1):13-21), 2001.

2001 Once claimed by AIDS scientists to be a specific component required for "HIV" replication, and a surrogate marker for the presence of "HIV" in cultures, reverse transcriptase or RT is published in market magazines concerning biotechnology stocks having nothing to do with retroviruses (Pachez M. No need to be phased. Shares, 28-32, 2001).

2001 The World Health Organization (WHO) outlines its new global laboratory proposal, aimed at improving the range, speed and quality of influenza virus surveillance (Science 293, 1729; 2001).

2001 The NucliSens(R) HIV-1 QT assay test kit package insert warns that NucliSens® HIV-1 QT assay "*is not intended to be used as a screening test for HIV-1 nor is it to be used as a diagnostic test to confirm the presence of HIV-1 infection.*" NucliSens HIV-1 package insert, Nov. 13, 2001.

2001 FDA recalls Abbott Laboratories HIV p24 Antigen Test Kit lot 71843M101. "*The failure to deliver the Antibody to HIV-1 (Rabbit) component of the test kit to the reaction well could result in a false negative test. The recall notification instructs establishments that currently have in inventory the recalled product to discontinue use and discard the product.*"

2001 Vaccine Adverse Event Reporting System Tables published by the CDC in MMWR show adverse reactions from various vaccines, with the universally mandated hepatitis B vaccine by itself (9,022 cases) topping the list for adverse reactions between 1991-1995,

followed by FLU vaccine (4,696 cases). Between 1996-2001, Vericel tops the lists with 9,820 cases, followed by hepatitis B (9,022 cases), followed by FLU vaccine (8,125 cases).

2002 GSK pulled Lymerix (lyme disease vaccine) off the market.

2002 (February) "*Merck Says Tens of Thousands May Need Another Hepatitis A Shot,*" Merck & Company said on Friday that an unknown number of people in as many as 27 nations, including 60 000 youngsters in Brazil, might need new shots to prevent infection with the hepatitis A virus because vaccines they received might have been defective.

2002 (February) Alarm bells are again raised when the avian virus "H5N1" infects two people in Hong Kong, one fatal.

2002 Pediarix (penta-valent DtaP/HepB/IPV) licensed (against diphtheria, tetanus, pertussis (whooping cough), hepatitis B, and polio, all in 1 vaccine).

2002 CDC encourages flu vaccine for children.

2002 British Medical Journal publishes article showing that: "*Children vaccinated in infancy are at increased risk of hepatitis B virus infection in the late teens*" (Hilton Whittle, Shabbar Jaffar, Michael Wansbrough, Maimuna Mendy, Uga Dumpis, Andrew Collison, Andrew Hall. *Observational study of vaccine efficacy 14 years after trial of hepatitis B vaccination in Gambian children.* (BMJ vol 325, 14 September, 2002).

2002 (May 16) FDA recalls Berna Biotech's Typhoid Vaccine Live Oral Ty21a lot numbers 16044.1a 16044.1b. "*The product may lose potency before the expiration date, even when kept at labeled refrigerated temperatures.*"

2002 Figures from the US Centers for Disease Control and Prevention showed there were 1,920 confirmed cases of polio reported by laboratories in 2002, up from 483 the previous year.

2002 (August) Shares crashed after the British drug maker PowderJect Pharmaceuticals said it was recalling its BCG tuberculosis vaccine in the UK. PowderJect said the move would reduce full-year pre-tax profits by about 5 million Pounds from previous estimates of about 25 million. The withdrawal followed the recent temporary suspension of its license in Ireland when the Irish Medicines Board found that some batches of the drug did not remain potent. Accusations of cronyism blew-up earlier this year after it emerged the company was awarded a 32 million government contract to supply smallpox vaccine, in case of a terrorist germ warfare attack.

2002 (August 7) FDA recalls Bio-Rad Laboratories Genetic Systems HIV1/HIV-2 Peptide EIA lot 105VP1. "*The recalled test kits are qualitative enzyme immunoassays for the detection of antibodies to HIV-1 and/or HIV-2 in human serum and plasma, and also in cadaveric serum specimens. Microwell plates in this lot that are performing*

outside of expected performance ranges as indicated by invalid (low) HIV-1 and HIV-2 Positive Controls and elevated Negative Control values."

2002 (Oct. 18) FDA recalls Aventis Pasteur's Meningococcal Polysaccharide Vaccine, Groups A, C, Y, W-135 Combined, single-dose vials (including single-dose in five dose packaging) lot numbers UB040AA, UB040AB, UB070AA, UB096AA.

" Product failed to meet potency specification during stability testing at 12 months. This failure may affect efficacy in preventing serogroup A meningococcal disease, however, does NOT affect the efficacy against serogroup C, Y, W-135. The firm recommends revaccination for those persons who were vaccinated since January 2, 2001 and have laboratory or industrial exposure to the serogroup A organism, or who may be traveling to high-risk countries for contracting serogroup A meningococcal disease."

2003 Inhaled flu vaccine (Flumist) being reviewed for approval by the FDA.

2003 (February 28) Outbreaks of "chicken flu" occur in The Netherlands due to the "H7N7" avian flu virus. By April the virus has spread to nearly 800 poultry farms and resulted in the culling of almost 11 million chickens. "The virus" infects 83 people causing conjunctivitis and flu-like symptoms, and kills one man. The drug Tamiflu is said to protect people against further spread of the virus.

2003 (January 6) FDA recalls Abbott Laboratories HCV EIA 2.0 Test Kit lot 92527M101 (4/15/2003). *"The manufacturer found an increase in frequency of Negative Control Out of Range High values, which results in an increased likelihood of invalid assay runs... Establishments that have the recalled product in inventory are instructed to discontinue use and destroy any remaining product."*

2003 (February 17) FDA recalls antibody to Human Immunodeficiency Virus (Abbott HIVAG-1 Monoclonal EIA Test Kit lot numbers):

92677M200, 92677M201, 92677M202, 95132M100, 95132M101.

" The manufacturer found an increase in the initial reactive rate when compared to historical performance expectations as shown in the package insert. This may result in an increased likelihood of invalid assay runs. Specificity, as defined by repeat reactive rate, and sensitivity continue to meet all performance requirements. Establishments that have the recalled product in inventory are instructed to discontinue use and destroy any remaining product."

2003 (March 19) FDA recalls Ortho-Clinical Diagnostics Ortho HCV (Hepatitis C virus) Version 3.0 ELISA Test System, lot number TXE358; Ortho Antibody to HBsAg ELISA Test System 2, lot number 2HB567; Ortho HBc ELISA Test System, lot numbers CHK423 and CHK424.

" OPD Tablets that are packaged as components of Ortho ELISA Test Systems after receiving information that the OPD tablets may be discolored... if yellow or discolored OPD tablets are inadvertently used, the assay controls may be out of the acceptable range criteria as stated in the package insert resulting in an invalid plate."

2003 A commentary in the Journal of the Royal Society of Medicine (Madjid et al. 2003) noted that influenza is readily transmissible by aerosol and that a small number of viruses can cause a full-blown infection. The authors continued: "the possibility for genetic engineering and aerosol transmission [of influenza] suggests an enormous potential for bioterrorism" The possible hostile abuse of influenza virus is seen as a very real threat by public health officials in the USA. \$15 million was granted by the US National Institutes of Health to Stanford University to study how to guard against the flu virus "if it were to be unleashed as an agent of bioterrorism". Stanford University News Release 17 September 2003, http://mednews.stanford.edu/news_releases_html/2003/septrelease/bioterror%20flu.htm

2003 (May) Nature publishes statement that cows could foster flu pandemics. 423, 5 (01 May 2003) doi:10.1038/423005b.

2003 Smallpox vaccine for first-responders recommended following the events of 9/11.

2003 Cobra warns that "AmpliScreen HIV-1 Test *is not intended for use* as an aid in diagnosis" (COBAS AmpliScreen HIV-1 Test, version 1.5 Approval Date: 12/19/2003)

2003 Weeks after the announcement that the "HIV" vaccine, AIDSVAX, had failed, VaxGen (the makers of AIDSVAX) was hit with a shareholder lawsuit that accused the company's officials of continuing to make positive statements about their vaccine to artificially pump up the company's stock price, despite mounting evidence that it was not effective. The suit was dismissed last year and VaxGen, under new management, remade itself into a biodefense company, and is now supported with our tax dollars.

2003 In the wake of anthrax being placed in the US mail following the events of 9/11, the anthrax vaccine (not the same one developed by Louis Pasteur used in Desert Storm is found to be non-protective in animal experiments, and despite extensive domestic support for suspending Bayer's patent on Cipro, Tommy Thompson acting in behalf of the Bush Administration said it is "illegal" to suspend Bayer's patent on Cipro. Instead he entered into negotiations with Bayer with the intention of lowering the price of Cipro. Facing an unprecedented public embarrassment, Bayer agreed to lower the price of Cipro for government purchase from \$1.77 to \$0.95.

"The Bush administration did not suspend the patent of Bayer largely because it was more concerned with the wider implications of such an action, particularly on the ongoing negotiations at the WTO. Realizing that scrapping Bayer's patent would set a precedent that could give legitimacy to the growing demands of the poor and developing world for more flexibility on patent issues, the US sent a clear message to the world that patents are more important than public health. Such a calculated move was not only meant to serve the corporate interests of drug manufacturers, but also to convey the message to the developing nations that the US administration would continue its discriminatory policy on the issue of patents."

"In international economic negotiations, the US administration has been one of the strongest allies of the global drug industry. Washington played a key role in initiating the Uruguay round of GATT negotiations where several TRIPs agreements on pharmaceuticals were pushed forward. The US has challenged various countries at the WTO tribunal and has even threatened trade sanctions against several countries including Thailand, India, South Africa and Brazil for breaching TRIPs. In the last couple of years, Washington has advocated even more stringent measures for protecting patents under the so-called 'TRIPs-Plus' mechanism."

2003 (December) South Korea has its first outbreak of avian flu in chickens, caused by "H5N1."

2004 Announcement of the failure of the 120 million dollar AIDSVAX program:
"A sound Rationale (is) needed for Phase III HIV vaccine trials"
"The decision about whether or not to proceed with mounting a phase III HIV-1 vaccine trial needs to take into account the likelihood of success and the consequences of failure, the value of what can realistically be learned, the human and financial costs involved. As a whole, the scientific community must do a better job of bringing truly promising vaccine candidates to this stage of development and beyond." (Gallo and others, Science, Vol 303 16 January, 2004).

2004 (January) Japan is claimed to have the first outbreak of avian influenza "H5N1" since 1925, but it isn't clear who sequenced the "H5N1" strain back in 1925).

2004 (January) WHO confirms "H5N1 infection" in 11 people, eight fatal, in Thailand and Vietnam, but no cases of person to person transmission. The virus has wreaked havoc among poultry in Thailand, Vietnam, Japan and South Korea, and has also appeared in a duck farm in China. WHO is developing vaccine candidates using "H5N1" viruses isolated in 2003 and 2004, at laboratories in the U.S. and U.K. news@nature.com publishes that reverse genetics could offer forward-thinking flu vaccine (23 Jan 2004) doi:10.1038/news040119-15.

2004 (February) United Nations Food and Agriculture Organization advises governments in affected areas that mass culling of birds is failing to halt the disease and that vaccination of targeted poultry flocks is required as well.

2004 (February) West Africa polio campaign is boycotted by Nigerian states. A mass poliomyelitis vaccination campaign got under way to immunise 63 million children across west Africa but was boycotted by four predominantly Muslim states in Nigeria, where leaders claim the oral vaccine causes sterility and spreads AIDS BMJ (328:485 2004). The west African campaign was intended as a final push to stamp out the disease in the region and is part of the World Health Organization's 15 year drive to halt transmission of the poliomyelitis virus across the world by 2005. According to Dr Haruna Kaita, the head of the medical team that conducted the test in India, the vaccines contain "undeclared contaminants that can cause malfunctioning of the testes and cause infertility in women." The team also found "some toxic substances."

"Polio controversy started long ago," said Dr Kaita. "If you find one batch defective, you should condemn all batches. What these people [proponents of the vaccine] are saying is unethical, illegal, and criminal, and they know that these things are contaminated and they have the potential to cause human hazards. They should be banned rather than cause diseases in innocent children."

2004 (March) Avian "H5N1" flu virus becomes more widespread among bird flocks in Asia, and is said to have caused 34 human cases, with 23 deaths. Nature reports that in a race to make a bird-flu vaccine, race for a vaccine, that scientists are using reverse genetics to design new prototype vaccines against bird flu and establishing facilities for their mass production, including new cell culture as well as traditional egg-based methods. *Biotechnology* 22, 267 (01 Mar 2004) doi:10.1038/nbt0304-267a. Nature reports that the race for pandemic flu vaccine rife with hurdles 432, 261 (18 Nov 2004) doi:10.1038/432261a.

2004 (April) Avian influenza virus "H7N3" confirmed in two poultry workers in British Columbia who developed flu-like symptoms.

2004 (June) Tests on chickens and mice show that avian flu "H5N1" virus isolated from ducks in 2004 is more virulent and harmful to mammals than in recent years.

2004 (July) Several countries, including Thailand, Vietnam, China and Indonesia, report new infections in poultry with "H5N1."

2004 (August) "H5N1" virus is reported to have killed an additional three people in Vietnam.

2004 Nearly two dozen prominent AIDS researchers wrote an opinion piece in the journal *Science* in early 2004 calling Donald Francis's AIDSVAX vaccine completely incapable of preventing or ameliorating HIV infection and questioning the wisdom of the U.S. government's sponsoring the Thailand trial. *"There are adverse consequences to conducting large-scale trials of inadequate [HIV] vaccines. . . . One price for repetitive failure could be crucial erosion of confidence by the public and politicians in our capability of developing an effective AIDS vaccine."*

2004 (April 2) FDA recalls Aventis Pasteur's Imovax rabies vaccine lots: X0667-2, X0667-3, W1419-2, W1419-3. *"Precautionary measure stemming from the discovery through routine testing of a **non**-inactivated production strain of virus in a single product lot, which was not distributed."*

2004 (May 13) FDA recalls DiaSorin's HIV-1 / HIV-2 Plus O EIA Testing Software. *"An error was contained on the ETI-LAB Applications disk for programming the BioRad HIV-1/HIV-2 Plus O assay. The error induced specimen and conjugate incubation temperatures for the assay to remain at ambient temperature rather than the required 37°C temperature."*

2004 (May 17) FDA recalls bioMerieux (Durham, NC) NucliSens HIV QT.

" Some irregularities have been observed with one lot's guanidine isothiocyanate (GuSCN) component, which may affect the sensitivity and accuracy of assays."

2004 (June 24) FDA recalls Roche's Amplicor HIV-1 Monitor Test, v 1.5.

" Roche has confirmed increased frequency of occurrence of "blue foci" with the Avidin-Horseradish Peroxidase (AV-HRP) Conjugate Lot E09659. Increased frequency of the occurrence of "blue foci" may lead to elevated and/or observed out of sequence optical density readings in the microwell plate assays that have used this particular lot of reagent."

2004 The Institute of Medicine (IOM) of the U.S. National Academy of Sciences (NAS) retreats from the stated 1999 goal of the AAP and the PHS to remove thimerosal from U.S. vaccines ... "Despite its removal from many childhood vaccines, thimerosal is still routinely added to some formulations of influenza vaccine administered to U.S. infants, as well as to several other vaccines (e.g. tetanus-diphtheria and monovalent tetanus) administered to older children and adults.

2004 (November) WHO warns that the "H5N1" bird flu virus might spark a flu pandemic that could kill millions of people, and is concerned that "much of the world is unprepared for a pandemic" and needs to enhance preparedness to reduce its potential impact. WHO officials meet with vaccine makers, public-health experts and government representatives in a bid to speed up the production of flu vaccines to avert a global pandemic.

2004 (December) WHO reports the first human case of "H5N1" in Vietnam since early September. Sequencing of the chicken-genome (published in Nature 9 December 2004) may help provide insight into which genes prevent the spread of bird flu from person to person. Since the beginning of 2004, bird flu has caused the deaths of 32 people in Vietnam and Thailand, and millions of chickens across Asia due to culling.

2004 The Red Cross reports that even after repeated testing using different test kits, low-risk populations, such as blood donors (or military recruits) will typically yield 12 (PCR) positive or 2 (ELISA) positive results out of 37,000,000 samples, leaving potentially 10 out of 12 false positives, depending on which test kit you believe (Stramer et al. "Detection of HIV-1 and HCV Infections among Antibody-Negative Blood Donors by Nucleic Acid-Amplification Testing. New England Journal of Medicine, Volume 351:760-768, August 19, Number 8, 2004).

2005 (January 18) FDA recalls GEN-Probe Inc Procleix HIV-1/HCV Assay.

" Procleix HIV-1 / HCV Assay, Master Lot 401254, was found to contain an elevated level of copper. The source of the elevated copper was the raw material, Trehalose, which is also a component of the Enzyme Reagent. The increase in copper may affect kit performance."

2005 (January) Chinese authorities announce they have developed a new rapid test for bird flu that produces results in hours rather than days.

2005 (February 4) FDA recalls Globus Media Inc. Rapid HIV Test Kits.

"Rapid HIV Test Kits, marketed nationwide via the Internet, by Globus Media, were not reviewed for safety and effectiveness as required under U.S. law. Consequently, there is no assurance that the results from these kits are reliable. DO NOT RELY ON ANY TEST RESULT FROM THESE RECALLED KITS. Consumers who have these products should not use them. Consumers who have used the RAPID HIV Test Kit, should consult a health care professional immediately to confirm any results."

2005 (February 24) New bird flu symptoms reported and the B.C. Centre for Disease Control is warning doctors to look out for new symptoms related to the deadly avian flu outbreak in Southeast Asia. At least two children in Vietnam who died of bird flu had diarrhea and seizures rather than classic respiratory symptoms. In the Feb. 17 issue of the New England Journal of Medicine, researchers from the Oxford University Clinical Research Unit in Ho Chi Minh City said two children died in February 2004 of acute encephalitis that was caused by the "H5N1" type of bird flu. Lab tests showed the "H5N1" virus in the children's feces, raising fears that the virus could be passed from person to person. Dr. Aleina Tweed, an epidemiologist, said doctors in British Columbia are being told to watch for gastrointestinal problems, especially in children, when they see sick people who have recently travelled in Southeast Asia. *"We wanted to make sure that the medical health community was aware that there are different presentations of this, not to be looking only for respiratory illness among people who have recently traveled to this area,"* Tweed said. Late last year, doctors in B.C. were put on high alert to watch for signs of avian flu in people coming back from Southeast Asia. World Health Organization experts believe the **"H5N1" flu strain poses the single greatest threat of a pandemic in humans.** *"What I'm questioning is this escalating rhetoric, led by the World Health Organization, that's trying to tell us that in fact we are on the verge of a pandemic,"* Dr. Richard Schabas told CBC Radio's The Current. *"I don't think we really know what it is that triggers a pandemic, what it is that causes a particular virus to transform itself,"* added Schabas, Ontario's former chief medical officer of health. Tweed said while it is troubling to hear reports of new symptoms, a bird flu pandemic is not possible unless the virus spreads easily from one person to another. There is very little information now about that risk. In Asia, it is more common to get "H5N1" directly from poultry, according to the UN Food and Agriculture Organization. ***"We certainly concur with the WHO that this is a very serious threat. Whether it is a threat that will manifest itself, there's no way to know, until it actually happens,"*** Tweed said. *"Whether it will happen this week, this month or never, we simply can't predict,"* she said. *"But we wouldn't want to take the chance, and not be as prepared as we can."* The federal government acknowledged the threat in Wednesday's budget. A Vancouver-based company will receive about \$20 million to develop a bird flu vaccine. *"Symptoms of bird flu are said to consist of a fever, shortness of breath and a cough. Five patients there was a history of sputum production, and in three of these patients, the sputum was blood-stained. Two patients reported pleuritic pain. Diarrhea was reported in seven of the patients. Bleeding from the nose and gums was noted in one patient on the fourth day of*

illness. No patient had a sore throat, conjunctivitis, rash, or a runny nose. Physical examination in nine patients revealed fever, rapid respiratory rate (median 55 breaths per minute; range 28-70), respiratory distress, and crackles on examination of the chest.” <http://www.cbc.ca/health/story/2005/02/24/avian-flu050224.html>

2005 Jan/Feb -13 additional cases of bird flu have occurred in Vietnam since December 2004, 12 fatal.

2005 (February) First report of a bird flu case from Cambodia. A report of probable person to person transmission of bird flu in Vietnam is published (New Engl. J. Med, 352 333–340). WHO has made prototype "H5N1" vaccine strains available to a number of institutions and companies and several vaccines have been developed for clinical testing. 15 additional cases of "H5N1" infection in Vietnam, and one additional case in Cambodia, are reported. Bird flu has spread to 10 countries, including Democratic People's Republic of Korea, and killed around 50 million chickens.

2005 Evidence that vaccine adjuvants like squalene (MF-59), when they have been added to certain lots of anthrax (and perhaps "HIV") vaccines given to soldiers on threat of court martial if they don't roll up their shirt on command, have induced autoimmune syndromes in almost 100% of every sick Gulf-War I veteran tested, and have evoked antibodies to squalene in their blood (Gary Matsumoto. Vaccine A, Basic Books Publisher, 2005). Squalene and other adjuvants have been used by scientists for many years to induce rodents to develop arthritis, macrophagic myofasciitis, multiple-sclerosis (demyelinating syndromes), and lupus (Holmdahl et al. Arthritis induced in rats with nonimmunogenic adjuvants as models for rheumatoid arthritis Immunol Rev. Dec;184:184-202, 2001; Gherardi NK. Lessons from macrophagic myofasciitis: towards definition of a vaccine adjuvant-related syndrome. Rev Neurol (Paris). Feb;159(2):162-4), 2003).

2005 An "encephalitis vaccine" mandated by the CDC for collage-age (young adults) withdrawn for safety reasons (see FDA's 2005 recall list). Also see CDC's MMWR www.cdc.gov/mmwr/preview/mmwrhtml/mm5541a2.htm

2005 Merck claims that its Human papilloma vaccine: "was 100 percent effective in preventing precancerous cervical disease, but only when given to women and girls who had never engaged in sex at the time of the shots," yet, "documents prepared by the FDA suggest some women with persistent HPV infections could be at higher risk of cervical cancer after taking the vaccine."

Dr. Schiffman heads the HPV Troup in the Division of Cancer, Epidemiology, and Genetics at NCI and is a tenured senior investigator. In mid March, Dr. Mark Schiffman, MD, MPH, called CAP TODAY's editor to voice a troubling concern: that laboratories are failing to clinically validate their HPV tests" (September 2005 issue of Pathology/Laboratory Medicine/ and Laboratory Management article released monthly by The Collage of American Pathologists-CAP).

"What surprises me is that this {the certainty with which these tests for HPV and cervical cancer} could in any way be controversial, he says. "The issue is not so much controversial, of course, as it is loaded-with money and competitive claims, scientific complexity, and grave medical concerns" (Dr. Schiffman).

In the same article, Even Attila Lorincz, PhD, chief scientific officer and senior VP of research development at Digene (one of the HPV test-kit makers) says that "much of the confusion simply boils down to analytical and clinical accuracy is not well enough understood or described by people who write or talk about it," and that "the problem surfaces in the HPV literature with distressing regularity."

2005 (April) Vietnam has reported a total of 60 laboratory confirmed human cases of "H5N1" avian influenza since the outbreaks began, with 35 deaths; Thailand has confirmed a total of 17 infections of which 12 have been fatal, while Cambodia has confirmed two fatal cases.

2005 (May) Rumour of human deaths in China from "H5N1" remain unconfirmed, while the virus has killed more than 1000 migratory birds. Indonesia's government confirms reports of "H5N1" infection in pigs.

2005 (May) WHO reports 97 cases and 53 deaths from bird flu in Vietnam, Cambodia and Thailand since January 2004. news@nature.com publishes that heightened security after flu scare sparks biosafety debate (11 May 2005) doi:10.1038/435131a

2005 (June) Indonesia confirms a man exposed to sick chickens has been infected with a deadly strain of avian flu virus. The farm labourer shows no symptoms, but his blood carries antibodies to the "H5N1" strain. Bird flu becomes resistant to the low-cost amantadine family of antiviral drugs. Chinese farmers' use of the compound in chickens is blamed, a claim formally denied by Chinese authorities who pledge to investigate the claim.

2005 (July) At the end of a three-day conference in Malaysia, World Health Organization officials announce that \$150 million is needed to fight the spread of the disease in people and another \$100 million to stop its spread in animals in Asia. The Philippines, so far the only Asian country unaffected by bird flu, report their first case in a town north of the capital, Manila, but do not confirm whether it is the "H5N1" strain. On 29 July, the World Health Organisation confirms that samples from an 8-year-old girl who died on the 14 July, two days after the death of her father, who was Indonesia's first confirmed human infection of influenza A ("H5N1").

2005 (August) The World Health Organisation (WHO) confirms three new cases of "H5N1" in Vietnam. Of the three individuals infected, two died. Since mid-December 2004, 20 of the 63 cases of "H5N1" in Vietnam have been fatal. The Lancet publishes an article on 12 August 2005 saying the flu drug Relenza is at least as effective as Tamiflu, but has fewer side effects and there is no evidence of resistance to Relenza, compared with resistance levels of up to 18% in those taking Tamiflu. The researchers recommend

stockpiling both drugs. Vaccine manufacturer Maine Biological Labs is fined \$500,000 for smuggling a chicken flu virus into the US. In 1998 the Maine biotechnology company illegally imported the virus from Saudi Arabia so that it could develop a vaccine for a disease-plagued poultry farm in that country. The company then used falsified documents to send 8000 bottles of the newly-created vaccine back to Saudi Arabia. WHO recommends that regional offices stockpile drugs against bird flu. The plan suggests that each office should stockpile drugs for a 5-day course of Oseltamivir (Tamiflu) for 30% of workers and their families. Both Russia and Kazakhstan report outbreaks of avian influenza in poultry in late July that are confirmed "H5N1" in early August. Outbreaks in both countries were attributed to contact between domestic birds and wild waterfowl via shared water sources. In early August, an outbreak of "H5N1" in poultry was detected in Tibet. Mongolia then issues an emergency report following the death of 89 migratory birds at two lakes in the northern part of the country.

2005 (August) Deception appears to be the name of the game when the facts reveal that current medical practices are doing major harm to America's children. The media is often deceived by medical "experts" whose agenda the reporters don't recognize. NBC's moderator, Tim Russert, appears to have been "had" when he accepted as Gospel what Dr. Feinberg's false claim that since 2003 there has been no Thimerosal preservative used in any vaccines given to infants (other than flue vaccine).

FDA's current table of vaccine contents calls the lie.

(See: www.FDA.gov/cber/vaccine/thimerosal.htm). *"The latest table still lists Multiple dose DT by Aventis Pastuer ltd as fully preserved; TT vaccine is preserved with Thimerosal; Japanese encephalitis vaccine JE-VAC is thimerosal preserved; Meningococcal vaccine (Menomune) in multidose vials is preserved with Thimerosal. Tim Russert's effort to reassure parents that there is no longer any thimerosal in any vaccines was inappropriate--as it helps perpetrate deceptions.*

21CFR610.15(A) is part of the Code of Federal regulations. It is a law and it is legally binding. It states that a manufacturer must prove that the component is "safe" before putting it into a vaccine as a preservative. This SAFETY test has never been done. And FDA has never been taken to task for allowing preservatives that are known to cause neurological damage to be used in vaccines. According to our testing results from January of this year, there are vaccines that contained from .019 micrograms up to 66 micrograms per mL that either expired in 2005 or won't expire until 2006. The flu vaccine we tested that expired in June 2005 contained 48 micrograms per mL, or 24 micrograms per adult dose (and I assume 12 micrograms per adolescent dose) and that it is being used as a preservative." Dawn Winkler, Executive Director, Health Advocacy in the Public Interest (HAPI) www.hapihealth.com.

2005 Biodefense and Pandemic and Vaccine and Drug Development Act of —a bill to amend the Public Health Service Act to enhance biodefense and pandemic preparedness activities, to use untested vaccines, drugs, medical products, or "security countermeasures." without any liability for claims for loss of property, personal injury, or death arising out of, reasonably relating to, or resulting from the design, development,

clinical testing and investigation, manufacture, labeling, distribution, sale, purchase, donation, dispensing, prescribing, administration, or use of a security countermeasure or qualified pandemic or epidemic product distributed, sold, purchased, donated, dispensed, prescribed, administered, or used in anticipation of and preparation for, in defense against, or in response to, or recovery from an actual or potential public health emergency that is a designated security countermeasure or a qualified pandemic or epidemic product..." (<http://thomas.loc.gov/> Search Bill Title or Number – S.1873RS click ‘enter bill number).’

2005 Newsweek reports that VaxGen, a little-known California biotechnology company, will start its first delivery of its anthrax vaccine to the government six months later than originally slated. The company was awarded an \$877.5 million contract to produce and manufacture the vaccine, which was developed by the U.S. Army Medical Research Institute of Infectious Diseases (USAMRIID). Seventy five million doses of VaxGen's vaccine are to be procured for the Strategic National Stockpile under Project Bioshield, a joint Department of Homeland Security (DHS) and Department of Health and Human Services (HHS) initiative to stimulate the creation of a domestic biodefense industry. Five million doses of Vaxgen competitor Bioport's vaccine were procured earlier this year in response to Bioport's aggressive lobbying and anti-VaxGen campaign. VaxGen's vaccine has not been approved by the Food and Drug Administration. Bioport's vaccine, which has been used by the Defense Department, has been controversial because of its side effects and its FDA approval has been disputed (Project On Government Oversight, Vera Hassner Sharav).

2005 (September) Three more laboratory-confirmed cases of "H5N1" strike Indonesia. A 37-year-old woman dies on 10th September and is the fourth fatality associated with "H5N1" to hit the country. Indonesia's third laboratory-confirmed case of "H5N1" since July 2005 involves an 8-year-old boy who survives. Later, a 27-year-old woman from Jakarta, who developed symptoms after direct contact with diseased and dying chickens in her household, dies on 26 September. Viet Nam officials retrospectively confirm an additional fatal case of "H5N1" infection, bringing the total in Viet Nam since mid-December 2004 to 64 cases, a third of which (21) were fatalities. Two independent studies, each reaching different conclusions, suggest it would be possible to contain an emerging pandemic if the virus was detected quickly, if it did not spread too fast, if sufficient antiviral drugs were deployed around the outbreak's epicentre, and if strict quarantine and other measures were also used employed. President George W. Bush calls for an international partnership that would require countries facing an influenza outbreak to share information and samples with the WHO. But experts say research would speed up if the US Centers for Disease Control and Prevention's (CDC) influenza branch threw open its databases of virus sequences and immunological and epidemiological data, and complain that too few of the flu data collected by the CDC are made generally available.

2005 (October) Greece becomes the first EU country with a bird flu infection as the country's Centre for Veterinary Institutes detects bird flu in one turkey on the eastern Aegean island of Chios. Officials confirm the virus is a member of the "H5 strain," but not yet identified as "H5N1." The WHO reiterates that the level of pandemic alert

remains unchanged at phase 3: a virus new to humans is causing infections, but does not spread easily from one person to another. On 13 October WHO states that tests conducted by the World Organisation for Animal Health (OIE) confirm the presence of “H5N1” avian influenza in samples taken from domestic birds in Turkey. Days later, the presence of the virus is confirmed in Romania. A fifth laboratory-confirmed case of “H5N1” is reported from Indonesia on 10 October 2005. The 21-year old Sumatran man had contact with diseased chickens shortly before he became ill. The case brings the total number of human infections with influenza A (“H5N1”) since December 2003 to 117.

<http://www.nature.com/nature/focus/avianflu/timeline.html>

2005 (November) Chinese scientists report “H5N1” avian flu infection in pigs, raising concerns that the virus could exchange genes with human flu strains in this 'mixing vessel'. None of these pigs was ill, according to National Geographic article, Nov. 2005. "H5N1" virus has spread throughout most of SE Asia, resulting in the culling of over 100 million chickens. In Vietnam and Thailand, the pandemic has infected at least 37 people, with 26 deaths.

2006 (March) Article appears in the New England Journal of Medicine confirming that "HIV" tests show positive results after recent flu vaccination. (Christian, P. Erickson, Todd McNiff, Jeffrey D. Klausner. Influenza Vaccination and False Positive HIV Results New England Journal of Medicine, Number 13, Volume 354:1422-1423, March 30, 2006).

2006 (March) An article in the March 10, 2006 issue of the Journal of American Physicians and Surgeons (JPandS.org) shows that since mercury was removed from childhood vaccines, the alarming increase in reported rates of autism and other neurological disorders (NDs) in children not only stopped, but actually dropped sharply – by as much as 35%.

Using the government’s own databases, David A. Geier, B.A. and Mark R. Geier, M.D., Ph.D. analyzed reports of childhood NDs, including autism, before and after removal of mercury-based preservatives. The authors analyzed data from the CDC’s Vaccine Adverse Event Reporting System (VAERS) and the California Department of Developmental Services (CDDS) in “Early Downward Trends in Neurodevelopmental Disorders Following Removal of Thimerosal-Containing Vaccines.”

"The numbers from California show that reported autism rates hit a high of 800 in May 2003. If that trend had continued, the reports would have skyrocketed to more than 1000 by the beginning of 2006. But in fact, the Geiers report that the number actually went down to only 620, a real decrease of 22%, and a decrease from the projections of 35%. This analysis directly contradicts 2004 recommendations of the Institute of Medicine which examined vaccine safety data from the National Immunization Program (NIP) of the CDC. While not willing to either rule out or to corroborate a relationship between mercury and autism, the IOM soft-pedaled its findings, and decided no more studies were needed. The authors write: "The IOM stated that the evidence favored rejection of a causal relationship between thimerosal and

autism, that such a relationship was not biologically plausible, and that no further studies should be conducted to evaluate it.”

2006 (March) Chiron Recalls Nearly 5.5 Million Vaccine Doses. California-based biotechnology company Chiron Corp. announced Thursday that it's recalling and withdrawing almost 5.5 million doses of a measles, mumps and rubella vaccine distributed to developing countries and in Italy. The move was made because the vaccine caused a higher rate of such adverse effects such as fever, allergic reactions and glandular swelling than other similar vaccines, the Associated Press reported. The reactions occurred just after inoculation and do not indicate any long-term risk, according to Chiron, which described the recall and withdrawal as a precaution. About five million doses of the vaccine were distributed to developing countries and about 450,000 doses were distributed in Italy. Other Chiron vaccines are not affected by the recall, the AP reported. In 2004, Chiron failure to deliver half the United States' expected 100 million flu shots triggered widespread public health concern. The company couldn't fill the order because contaminated vaccine was discovered at its plant in Liverpool, England. Last fall, Chiron said problems at the same plant meant the company wouldn't ship out as many flu shots as initially planned.

2006 (April) Associated press releases article claiming that Bangladesh will vaccinate about 18 million children aged 5 and under to combat polio, which recently re-emerged after authorities believed it had been eradicated five years ago, the country's health minister said Saturday. Bangladesh carried out extensive vaccination programs in 1995-2004, with the last polio case reported in August 2000, according to the government and WHO.

2006 During National Infant Immunization week, statistics are released that show to date, the National Vaccine Injury Compensation Program (VICP) has paid \$1.2 billion to families who have proven that their children suffer permanent disabilities or have died from a vaccine reaction. Less than 25 percent of families who apply through VICP ever get compensated. Many more families never apply for compensation since they do not recognize the symptoms of vaccine damage.

2006 (Sept 1) Polio reported on the rise in Nigeria Lagos, Nigeria despite near-universal vaccination. Nigerian authorities on Friday reported a sharp rise in the number of polio cases in Africa's most populous country over recent months, despite a government immunization drive.

"A total of 784 cases of the disease were registered in 17 states at the end of July, the National Programme on Immunisation said. In June the figures were 501 cases in 15 states, compared to 244 cases in 18 states for the same period in 2005, it said in a statement."

"From June 29 to July 3, Nigerian health officials in collaboration with United Nations health agencies launched an ambitious five-day Polio Plus immunization campaign of

10-million children in northern Nigeria aimed at eradicating the deadly disease from the country by the end of 2006."

2006 One of the chief dissenters of AIDSVAX, Robert C. Gallo, who helped discover the human immunodeficiency virus, scoffs at the notion that the trial will be successful. *"I thought we'd learn more if we had extract of maple leaf in the vaccine,"* he said derisively.

2006 Toronto International AIDS Conference. Barre-Sinoussi (one of Montagnier's original group who thought "HIV" was associated with AIDS) "came out of the closet" <http://www.aids2006.org/PAG/PSession.aspx?s=653>):

"It is not clear if therapeutic vaccines might be useful, since 15 trials to date have not demonstrated definitive evidence of improved outcomes."

2006 (October 6) FDA recalls Home Access Health Corporation (Hoffman Illinois) Home Access and Home Access Express HIV-1 Test System lots 042108, 042109, 042110, 042111, 042113, 052101, 042010, 042011, 042012, 042013, 042014, 042015, 042016, 042017, 052001. ***"The lancets may not be sterile as of the printed "Use By" date. These lots should have been labeled with a "Use By" date of October 2006. HAHC recommends that these lots be removed from distribution and they will not be able to provide results for any blood specimen collected after October 31, 2006."*** It isn't clear how aseptically-sealed blood-letting lancets lose their sterility over time.

2006 December Senate approves Burr's bioterrorism bill-a bill to establish the Biomedical Advanced Research and Development Authority, commonly referred to as BARDA, which passed by unanimous consent. The bill describes how forced vaccines and quarantines should be signed into law as the 'debate' regarding Bush's war in Iraq continues.

2006 FDA recalls Vironostika HIV-1 test kit lots: 259606, 121566, 1008926, 259606, 121567, 1008926, 259606, 121568, 1008926, 259605, 259717, 160342, 1011220, 259605, 259717, 160339, 1011021. *"These HIV-1 finished kit lots in the field have been reported to contain EnzAbody reagent that appears noticeably cloudy and/or flocculent, instead of clear and non-turbid as expected 30 minutes after reconstitution. Use of cloudy EnzAbody could possibly increase your risk of inaccurate HIV test results in patients and therefore should be avoided."*

2006 A nationwide team of AIDS researchers led by doctors Benigno Rodriguez and Michael Lederman of Case Western Reserve University in Cleveland dispute the value of viral load tests-a standard used since 1996 to assess health, predict progression to disease, and grant approval to new AIDS drugs after their study of 2,800 HIV positives concluded viral load measures failed in more than 90% of cases to predict or explain immune status...*"Viral load is only able to predict progression to disease in 4% to 6% of HIV-positives studied, challenging much of the basis for current AIDS science and treatment policy"* (Rodriquez B, Sethi AK, Cheruvu VK, et al. Predictive value of plasma HIV

RNA level on rate of CD4 T-cell decline in untreated HIV infection. JAMA 296(12):1498-506, 2006).

2006 (November) Cervical cancer vaccination funding for Australian girls rejected CSL Limited, Australia's leading biopharmaceutical company, announced that the Pharmaceutical Benefits Advisory Committee (PBAC) rejected CSL's funding application for its cervical cancer vaccine GARDASIL(r). CSL applied to the PBAC for National Immunisation Program funding for the vaccine for three groups of women, based on the use approved by the Therapeutic Goods Administration (TGA). An ongoing cohort of 11-12 year old girls delivered through a schools-based program at the end of primary school, a catch-up program for high-school girls (aged 13-18) delivered through secondary schools and a general practice based program for women aged 19-26. Although disappointed, CSL remains committed to securing Government funding for GARDASIL in Australia and will continue to work closely with the Government and PBAC until this is achieved.

2006 (December) Despite the 2004-5 west African polio eradication campaign intended as a final push to stamp out the disease in the region and is part of the World Health Organization's 15 year drive to halt transmission of the poliomyelitis virus across the world by 2005, the CDC, and WHO report that Nigeria now leads the world in new polio cases

http://www.who.int/vaccines/immunization_monitoring/en/diseases/poliomyelitis/afpextract.cfm.

-Country: Nigeria

-Year: 2006

-AFP cases (acute flaccid paralysis) reported: 4937

-Non-polio AFP rate:6.7%

-AFP rate with adequate specimens: 88

-Total confirmed polio cases: 1044

-Wild-virus confirmed polio cases: 1043

-Polio cases attributed to vaccine: 9

2007 Virological failure is a technical term among "HIV-AIDS" proponents that simply means, a drug has failed to suppress virus because it doesn't work. Today, January 11, 2007 in the New England Journal of Medicine, it was reported by Max Essex's group that nevirapine increase the failure of the drug cocktail by 41.7% compared to controls:

"Nevirapine remains central to the prevention of mother-to-child transmission of human immunodeficiency virus type 1 (HIV-1) and to combination antiretroviral treatment throughout much of the developing world. Nevirapine administered as one dose to the mother and one to the newborn reduces mother-to-child transmission of HIV-1 by 41 to 47%, and well over 875,000 women and infants have received a single dose of nevirapine. A single dose of nevirapine is the cornerstone of the regimen recommended by the World Health Organization (WHO) to prevent mother-to-child transmission among women without access to antiretroviral treatment and among those not meeting

*treatment criteria. However, nevirapine resistance is detected (with the use of standard genotyping techniques) in 20 to 69% of women and 33 to 87% of infants after exposure to a single, peripartum dose of nevirapine. Among 60 women starting antiretroviral treatment within 6 months after receiving placebo or a single dose of nevirapine, **no women in the placebo group and 41.7% in the nevirapine group had virologic failure (P<0.001).** Women who had received a single dose of nevirapine had significantly higher rates of virologic failure on subsequent nevirapine-based antiretroviral treatment than did women who had received placebo. This apparently deleterious effect of a single dose of nevirapine was concentrated in women who initiated antiretroviral treatment within 6 months after receiving a single dose of nevirapine. We did not find that a previous single dose of nevirapine compromised the efficacy of subsequent nevirapine-based antiretroviral treatment in women who started antiretroviral treatment 6 months or more after delivery. Among the 30 HIV-infected infants, a single dose of nevirapine (one each to mother and infant) as compared with placebo was associated with significantly higher rates of virologic failure and smaller CD4+percentage increases in response to subsequent nevirapine-based antiretroviral treatment” (Lockman S. et al., Response to Antiretroviral Therapy after a Single, Peripartum Dose of Nevirapine. The New England Journal of Medicine 356 january 11, 2007).*

2007 (January) *“It was the start of a bizarre episode at the medical center: the story of the epidemic that wasn’t. For months, (beginning in April, 2006) nearly everyone involved thought the medical center had had a huge whooping cough outbreak, with extensive ramifications. Nearly 1,000 health care workers at the hospital in Lebanon, N.H., were given a preliminary test and furloughed from work until their results were in; 142 people, including Dr. Herndon, were told they appeared to have the disease; and thousands were given antibiotics and a vaccine for protection. Hospital beds were taken out of commission, including some in intensive care. Then, about eight months later, health care workers were dumbfounded to receive an e-mail message from the hospital administration informing them that the whole thing was a false alarm. Not a single case of whooping cough was confirmed with the definitive test, growing the bacterium, Bordetella pertussis, in the laboratory. Instead, it appears the health care workers probably were afflicted with ordinary respiratory diseases like the common cold. Because we had cases we thought were pertussis and because we had vulnerable patients at the hospital, we lowered our threshold,” she said. Anyone who had a cough got a P.C.R. test, and so did anyone with a runny nose who worked with high-risk patients like infants. “That’s how we ended up with 134 suspect cases,” Dr. Kirkland said. And that, she added, was why 1,445 health care workers ended up taking antibiotics and 4,524 health care workers at the hospital, or 72 percent of all the health care workers there, were immunized against whooping cough in a matter of days. They could only get suitable blood samples from 39 patients — the others had gotten the vaccine which itself elicits pertussis antibodies. But when the Centers for Disease Control tested those 39 samples, its scientists reported that only one showed increases in antibody levels indicative of pertussis. The disease center did additional tests too, including molecular tests to look for features of the pertussis bacteria. Its scientists also did additional P.C.R. tests on samples from 116 of the 134 people who were thought to have whooping cough. Only one P.C.R. was positive, but other tests did not show that that person was infected*

with pertussis bacteria. The disease center also interviewed patients in depth to see what their symptoms were and how they evolved.”

“It was going on for months,” Dr. Kirkland said. But in the end, the conclusion was clear: There was no pertussis epidemic. “We were all somewhat surprised,” Dr. Kirkland said, “and we were left in a very frustrating situation about what to do when the next outbreak comes.” Dr. Cathy A. Petti, an infectious disease specialist at the University of Utah, said the story had one clear lesson. The big message is that every lab is vulnerable to having false positives,” Dr. Petti said. “No single test result is absolute and that is even more important with a test result based on P.C.R.” As for Dr. Herndon, though, she now knows she is off the hook. “I thought I might have caused the epidemic,” she said.

(Ginal Kolata, New York Times, January 22, 2007

http://www.nytimes.com/2007/01/22/health/22whoop.html?_r=1&oref=slogin)

2007 (January 9), Current Vaccine Schedule CDC Recommendations (<http://www.nytimes.com>).

Last week, the Centers for Disease Control and Prevention issued new immunization schedules, including the first separate ones for adolescents. The recommendations cover two new vaccines for teenagers: one for the virus that causes cervical cancer and the other for a bacterium that causes meningitis and other diseases.

The agency has updated its recommended list of vaccines several times over the past 15 years, always after lengthy debate. Each state, rather than the C.D.C., decides which vaccines to make compulsory for entry into school. And some new vaccines are recommended rather than required because their prices are so high. The timing of injections is complex, and must be overseen by a doctor. But in general, these are the recommendations:

By age 6

Polio, Measles, Mumps, Rubella, Chickenpox, Diphtheria, Tetanus, Whooping cough, Hib (meningitis), PCV (pneumonia), Rotavirus (diarrhea), Hepatitis A, Hepatitis B, Flu (annually)

By age 18

Cervical cancer* (Caused by human papillomavirus)
Meningococcus (bacterial infection)

From 18-65

Between ages 18-65, the vaccination you should get depends on risk factors:
Flu (annually when available, always after age 50)
Tetanus and diphtheria (every 10 years)
Measles, mumps, rubella, chicken-pox (for everyone not previously infected)

Some high-risk categories:

MULTIPLE DISEASES: Military recruits, health care workers, emergency

responders, sewer workers

HEPATITIS: Gay men, sex workers, drug injectors

PLAGUE, RABIES: Veterinarians, animal handlers

ANTHRAX: Hide handlers

BY REGION: Travelers and immigrants may need vaccination, depending on their location. People with compromised immune systems should not take some vaccines.

By age 65

Pneumococcal pneumonia flu (annually)

*Girls only; an HPV vaccine for boys is being developed.

(Source by Centers for Disease Control and Prevention)

CONCLUSIONS

We know so little about vaccines and their relationship to epidemics. However, there are certain principles that seem to emerge from a close analysis of the vaccine timeline, by examining this history, other than the fact that vaccines don't work. The best conclusion from the historical data, is that to date, vaccines are the most reliable cause of epidemics.

1. Epidemics are predictable to the extent that vaccine campaigns and epidemics have been frequently associated. Evidence from the 1800's in the Lancet and elsewhere shows that the medical profession of that era was aware of this alarming relationship, which they tried to stop as shown by the British Parliament outlawing inoculation in 1840. In the 1900's, much evidence demonstrates that through proper nutrition, sanitation, adequate care of the sick with appropriate hydration, nutrition, and supplemental vitamins or trace elements, and lack of war or vaccination, that epidemics can be avoided, and common diseases vanquished. The positive examples that Dr. Tom Spies and others who helped erect our public health system without vaccination during and after the FDR era are numerous (De Kruif, 1949).

2. Vaccination began as a history of the infusion of lymph puss (cells), cellular materials, associated microbes, toxins, and other substances that are foreign into the human body. From a tissue grafting point of view, inoculation was practiced in Persia and elsewhere as an operation where the surface of the body was injured with needles or lancets, and foreign puss from "pox" or perhaps other eruptions similar to pox was made to have contact directly to the bloodstream (or mucus membranes of the nose-as in the case of the Chinese method of smallpox inoculation). This practice suggested moreover, that the smallpox of that era was not particularly frightening with respect to its virulence, although there are reports that natural epidemics carried off 50% of the population during small outbreaks (Crookshank, History and Pathology of Vaccination Vol 1, p 7). In this context, there was intense legitimate debates regarding whether to use year-old puss

(dried out from a previous bout of illness), versus obtaining material directly from an ill person. The application of aged versus fresh lymph from a pock probably made quite a difference in the severity of the inoculated disease. Pasteur's later findings with rabies virus are relevant to this claim in that he found that drying of neural tissue infected with highly virulent rabies for at least 10-12 days could attenuate the most virulent (8-day-lethal) strains of that virus and provide immunity. However, intracranial infusions are different from natural routes of infection, because it bypasses the host's natural defense mechanisms.

3. In a real sense, inoculations, as well as vaccinations were and are a complex and dangerous medical procedure, not unlike blood transfusions or liver transplants. They should be regarded as inherently dangerous by the scientific and medical communities, as well as the general public. On medical questionnaires, next to the box that asks if you have ever had a blood transfusion or cancer, there should also be a box detailing the effects and symptoms one may experience in relation to and associated with various vaccines. The effects from the infusion of foreign cells such as lymph early during the vaccine era are not unlike the early experiments that revealed graft versus host disease at the beginning of the 1900's. In graft versus host disease, in 1911 it was shown by Miller that foreign lymphocytes were infused into mice, and these foreign lymphocytes rejected the host's lymph nodes first. The Peyer's patches of the intestines were affected soon after the infusion, as were the cervical, axillary, and inguinal lymph nodes of the neck, arm-pit, and groin, followed by massive rejection of the recipient's tissues, followed by extreme morbidity and death in >50% of the recipients, depending upon their genetic background. In the case of vaccination, history suggests that it should never be forgotten that one is attempting to alter the entire immune system and its future responses to the universe of antigens. Although intact and living eukaryotic cells are generally no longer infused, their components are, and some of these components can evoke massive responses of the immune system. Consider that if we found that individuals with type Ss blood were superior in a particular circumstance such as resistance to malaria, would we try to infuse the rest of humanity with that blood type to protect against malarial outbreaks? There is little difference between this scenario and a scenario that ignores the natural resistance of individuals to disease, while mounting an impassioned crusade to vaccinate everyone on the planet with foreign antigens (and pathogens) that do not belong inside the body.

4. Pasteur was challenged to give an anthrax vaccine demonstration that was very well documented before the Agricultural Society of Melun, at the farm of Pouilly-le-Fort. Europe's most famous horse doctors, human doctors, animal breeders, senators, reporters from the San Francisco Chronicle and London Times, farmers, and scientists anxiously waited, and watched, as 24 out of 24 anthrax-inoculated sheep grazed happily next to a row of 22 out of 24 dead ones, because the 22/24 dead ones weren't vaccinated with Pasteur's anthrax vaccine. The promise of this experiment alone deserves support for continued intensive experimental research (on animals), but by no means signals the wholesale and wanton experimentation on human beings. Pasteur's accomplishments remain intriguing for the experimentalists, but no theoretical, or, especially experimental evidence to date constitutes any compelling reason to grant carte blanche permission to experiment with vaccines in human beings. Vaccines may alter the entire immune

system and lack a predictable outcome, according to history, other not evoke a reaction or immunity in most recipients, and in susceptible individuals, cause the diseases for which vaccines are given (as indicated by Salk before his 1972 senate subcommittee hearing), or cause other diseases such as vaccination syphilis, leprosy, autoimmune diseases such as arthritis, lupus, chronic fatigue syndrome, Gulf War Syndrome, demyelination syndromes, autism, Stephen-Johnson's Syndrome, and a host of others.

5. Soldiers (young adults) have always been the best victims for vaccine experimentation, and war efforts have always been associated with epidemic disease, and in recent times, with mandatory vaccination. Thus, the act of negotiation and peace-making, rather than the poisoned needle, would seem to go far in preventing epidemics such as the 1918 "Spanish Flu," or 1991 Gulf-War Syndrome. Next in the hierarchy of human guinea pigs sacrificed on the alter of vaccination, have been the offspring of unsuspecting new parents who would do anything authorities told them to do to protect their cherubs. Blacks, gay persons, and those groups deemed to be impoverished, inferior, prisoners, or the handicapped have also been extensively used as choice victims of vaccinology, because their lives do not matter.

6. Similar technical problems have been associated with vaccines both before and after the molecular era. For instance, contamination has always been an issue. Early inoculators in the middle 1800's provided evidence that diseases such as leprosy were transmitted through cuts caused by the vaccinator's lancet in regions of the world where lymph was derived from potentially leprosy-bearing peoples, and there is some evidence from the middle to late 1800's to support the idea that in some instances, smallpox inoculation caused outbreaks of both leprosy and syphilis, as well as other diseases. Similarly, vaccinologists in the middle of the early to middle 1900's, were afraid that vaccines were the prime reason for increasing rates of encephalitis: the Salk and Sabin vaccines were shown to be contaminated with SV40, the so-called simian virus that was experimentally demonstrated to be capable of causing mesotheliomas, lymphomas, brain tumors, and other cancers in animals. During the "polio era" this fear accounted for published statements suggesting that *"The Soviets would lose the 1964 Olympics because their athletes would all have tumors thanks to SV40"* (Bookchin and Schumacker, 2004). However, it should be remembered that even in the 35 year post-polio vaccine mortality studies, initiated because the so called potent cancer-causing virus, SV-40 was inoculated into more than 100,000,000 Americans, along with "the polio virus," has not been long enough to determine if SV-40 is contributing to escalating cancer rates. Indeed, the thirty-five year mortality study on people now in middle age following receipt of SV40-simian-(cancer) virus-contaminated polio vaccine show that out of 1073 newborns that were vaccinated and carefully followed for 35 years, (which the authors claim is not really long enough), of the 100,000,000 individuals or more that were given this "cancer virus-contaminated vaccine," between 1959 and 1963, there was no apparent increase in cancer above the expected background incidences in this carefully followed subgroup (Carroll-Pankhurst et al., British Journal of Cancer 85 (9) 1295-1297), although others would contest this claim and argue that the polio vaccine has contributed greatly to certain cancer rates, such as mesotheliomas, brain, and lymph cancers (see Carbone).

Among the acellular or molecular vaccines, the fear is finally beginning to emerge that the effects of contaminants such as adjuvants like squalene used by vaccinologists to bolster the non-specific immune response can cause autoimmune diseases with high frequency. Yet, these adjuvants are thought to be necessary in modern vaccinology, because it is clear that the molecularly designed vaccines or highly purified components of antigens seldom can be shown to evoke an adequate, or any, immune response on their own, probably because the antigens are too pure, too fragmentary, or they are non-immunogenic because of sterilization, or faulty isolation (as demonstrated by the more than 15 or more so-called "HIV" trials that have completely failed to even evoke antibodies in recipients), or too denatured because of harsh reagents used to isolate or purify the various pathogens or their parts, or because the immune system doesn't really work the way the textbooks say it does (or the way Jenner hypothesized that it does-that a single or even multiple exposures of a foreign substance, organism, or molecular epitope will protect for life). The frequent tetanus vaccines foisted on us at hospitals every few years, despite the fact we constantly are cutting ourselves, or the failure of the hepatitis B vaccine to prevent rather than promote the syndrome in Gambian teenagers, and the increase in polio and smallpox rather than their abatement following near universal vaccination campaigns are all good examples why Jenner's hypothesis was wrong.

7. So-called epidemic diseases have historically been, and continue to be, a hodge-podge of various syndromes and symptoms lumped together under a single name or disease entity. Reassignments of symptoms to other disease labels have often been used to show the success of vaccinations (e.g. polio-encephalitis, yaws-African AIDS).

8. Both inoculation and vaccine campaigns have always been fraught with politics and financial interests. Despite the fact that inoculation was outlawed by the British Parliament in 1840, in 1853 The Compulsory Vaccination Act in England was passed by Parliament and every parent was required to have their baby vaccinated within 3 months of birth or face a fine of 20 shillings. In modern times, we face similar threats that our children won't be admitted to school unless they are jabbed with the hepatitis B vaccine (a rare syndrome) and whose safety data we have yet to see. The school nurse and Public Health Department, or school admittance policies should not be used to threaten you that you cannot enroll your kid, based on the madness surrounding the possibility that your 5-year-old will transmit a sexual, or needle-borne, or blood-product-transmitted "syndrome" that has a 99% or greater spontaneous resolution rate in otherwise healthy individuals, to someone else's 5 year old, (when they have sex or shoot heroin in the gym locker-room, or if they share razor blades-are the reasons typically given to support mandatory vaccination) as the pharmaceutical company and Public Health Service logic goes. Currently, parents are being threatened that their daughters have a 70% chance of acquiring cervical cancer unless they fork over \$300.00 dollars for a series of 3 HPV shots. More frightening and more egregious, and as the co-founder of the National Vaccine Information Center recently wrote:

"There is no question that, right now, the fear and hysteria that is being whipped up by politicians and public health officials about bioterrorism in the aftermath of September 11 is paving the way for a serious threat to informed consent to vaccination. The passage

of oppressive Emergency Health Powers Acts in the states will allow public health officials to use the state militia to arrest, quarantine and forcibly medicate and vaccinate citizens without their consent. It gives unprecedented power to public health officials who, in some states, will not even have to have a state of emergency declared by the Governor in order to detain and forcibly vaccinate whole families without a court order if they so choose. It is the most serious threat to civil liberties since the Constitution was written..."(Barbara Loe Fisher, co-founder of the National Vaccine Information Center (NVIC).

Regarding conflicts of interests and fear-mongering, is it ethical or for the good, that VaxGen be awarded an \$877.5 million contract from our tax money to produce and manufacture a new Anthrax vaccine (potentially loaded with squalene or other adjuvants), against a rare disease that Pasteur with his 2 lab technicians and his somewhat limited resources at the farm of Pouilly-le-Fort in 1881 successfully immunized ungulates against over 100 years ago?

In this regard, since 9/11, there has been much discussion and even Hollywood movies made regarding the destructive potential of Mankind's considerable technological achievements such as box-cutters, but little discussion for some reason regarding the source, and lack of destructive potential of the weaponized anthrax derived (it is claimed) from Dugway Proving Ground, that was "found" in the mail of Tom Brokaw and Senator Daschl hours before the Homeland Security Act was voted in by a frightened Senate.

This could have been a new chapter in the History of Vaccine Timeline, but wasn't.

9. From classical times, medical treatments have been predicated on either a rationalist allopathic or empiricist homeopathic philosophy (Harris L. Coulter, *Divided Legacy*, North Atlantic Books, 1994.). Rationalists, as a group, tend to regard and approach disease as caused by a localized entity or manifestation and attack "it" directly by attempting to reduce or reverse its cause or primary symptoms. Radiation, mainstream cancer chemotherapy, and targeted immune therapy are principal examples of a rationalist approach. Antiretroviral therapy, combined chemotherapies such as HAART, Tamiflu, bactrim, ciprofloxacin, and the trial of thousands of other drugs are also examples of the rationalist allopathic approach, which employs Ehrlich's "law of contraries," to target some aspect of a supposed exogenous invader directly.

Empiricists (homeopaths) such as those who champion vaccines tend to regard and approach disease as an imbalance in the living organism, which they attempt to restore by aiding the body in re-establishing its lost balance in ways that increase "resistance," or which non-specifically alert the organism via a "danger signal," toward mounting a response against "a little of the poison or weakened microbe that causes, or is associated with, what is thought to cause the full-blown syndrome. Microbial immune therapy, antiangiogenesis therapy, and hyperthermic therapy are examples of an empirical homeopathic approach. AIDSVAX, poliovaccine, DPT, rotovirus, rabies, and the host of other vaccines are the prime examples of an empiricist homeopathic approach, as they all are based on "the law of similars," to provide the organism with a similar substance (and

not target the hypothesized cause directly), that alerts the organism to subdue the exogenous invader.

Neither allopathic or homeopathic approaches have worked in humans to avoid or reduce the death and morbidity of any epidemic, although there is evidence from epidemics such as yellow fever, and polio, that gentle homeopathic approaches have greatly reduced the morbidity of diseases, while allopathic approaches have increased death and morbidity.

Letter to opt out of vaccination written by the American Academy of Pediatrics, with advice regarding how to coerce parents who are unsure about vaccination:

Refusal to Vaccinate

Child's Name: Child's ID #

Parent's/Guardian's Name(s):

My child's health care provider, has advised me that my child (named above) should receive the following vaccines:

Recommended Declined

- Hepatitis B vaccine
- Diphtheria, Tetanus, acellular Pertussis (DTaP) vaccine
- Diphtheria Tetanus (DT or dT) vaccine
- Haemophilus influenzae* type b (Hib) vaccine
- Pneumococcal conjugate vaccine
- Polio vaccine (IPV)
- Measles, mumps, rubella (MMR) vaccine
- Varicella (chickenpox) vaccine
- Influenza (flu) vaccine
- Meningococcal vaccine
- Hepatitis A vaccine
- Other

I have read the Centers for Disease Control and Prevention's (CDC) Vaccine Information Sheet(s) explaining the vaccine(s) and the disease(s) they prevent. I have had the opportunity to discuss these with my child's health care provider, who has answered all of my questions regarding the recommended vaccine(s). I understand the following:

The purpose of and the need for the recommended vaccine(s)

The risks and benefits of the recommended vaccine(s)

If my child does not receive the vaccine(s), the consequences may include:

- contracting the illness the vaccine should prevent
- transmitting the disease to others
- the need for my child to stay out of daycare or school during disease outbreaks

My health care provider, the American Academy of Pediatrics, the American Academy of Family Physicians, and the Centers for Disease Control and Prevention have all strongly recommended that the vaccine(s) be given. Nevertheless I have decided to decline the vaccine(s) recommended for my child, as indicated above, by checking the appropriate box under the column titled "declined."

I know that failure to follow the recommendations about vaccination may endanger the health or life of my child and others that my child might come in contact with. I know that I may re-address this issue with my health care provider at any time, and that I may change my mind and accept vaccination for my child anytime in the future. I acknowledge that I have read this document in its entirety and fully understand it.

Parent/Guardian Signature Date

Witness Date

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(Continued) Letter to opt out of vaccination written by the American Academy of Pediatrics, with advice regarding how to coerce parents who are unsure about vaccination:

Documenting Parental Refusal to Accept Vaccination

All parents and patients should be informed about the risks and benefits of preventive and therapeutic procedures, including vaccination. In the case of vaccination, federal law mandates this discussion. Despite the health care provider's best efforts to explain its importance, some families may refuse vaccination for their children. The use of this or a similar form, demonstrating the importance you place on appropriate immunizations and focusing the parent's attention on the unnecessary risk for which they are accepting responsibility, may in some instances induce a wavering parent to accept your recommendations.

In addition to concern for the health of their unimmunized patient, health care providers may be concerned about liability. The American Academy of Pediatrics Committee on Infectious Diseases states:

Documentation of [vaccine risk communication] in the patient's record may help to reduce any potential liability should a vaccine-preventable disease occur in the unimmunized patient (American Academy of Pediatrics. Informing Patients and Parents. In: Pickering LK, ed. *2003 Red Book: Report of the Committee on Infectious Diseases*. 26th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2003:pages 4 to 6). Health care providers may decide it is in their best interest to formally document a parent's refusal to accept vaccination for a minor child. This form may be used as a template for such documentation, but should not be considered a legal document and should not substitute for legal advice from a qualified health care attorney. Completion of a form, in and of itself, never substitutes for good risk communication nor would it provide absolute immunity from liability. After completion of this form re-discussion of these issues at another time may still be appropriate. **Completion of this form also does not provide a family with exemption from state school or day care entry requirements.** This form may be duplicated or changed to suit your and your patients' needs.

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