HOW TO PREDICT EPIDEMICS.

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. Plague is spread by rats, and fleas, but other “forms” are thought to exist.

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, as was 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 true relationships, that once recognized and avoided, hopefully might serve to improve human health and well being.

We know so little about vaccines and their relationship to epidemics. There are certain principles that seem to emerge though, by examining this history, other than they don't always work:

1. Epidemics caused by humans are predictable to the extent that vaccine campaigns and epidemics have been frequently associated. Evidence from the 1800's in the Lancet and from elsewhere shows that the medical profession of that era was aware of this alarming relationship, which is why they tried to stop compulsory vaccination as shown by the British Parliament outlawing the practice. In the 1900's, much evidence demonstrates that through proper nutrition, sanitation, adequate care of the sick, or 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 with a history of the infusion of lymph puss (cells), cellular materials, associated microbes, toxins, and other substances into the human body that are foreign. 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 discussion 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 rabiesvirus 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 in dogs.

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, and should be regarded as such by the scientific and medical communities, as well as the general public. To exclude even more people from medical insurance and save our astronomical health care debt, on medical questionnaires, next to the box that asks if you have ever had a blood transfusion, organ transplant, or cancer, there should also be a box asking about what vaccines you have had. The infusion of foreign cells such as lymph early during the vaccine era is not unlike the early experiments that revealed graft versus host disease at the beginning of the 1900's. In graft versus host disease, 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 context 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 no longer infused, their components are, and some of these components can evoke massive responses of the immune system.

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. On 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 pre-vaccinated with Pasteur's anthrax vaccine before they were challenged with live anthrax. 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 humans at this point. These accomplishments remain intriguing for the experimentalists, but should not constitute carte blanche permission to try out in humans a medical procedure that may alter the entire immune system. A medical intervention such as vaccination, although usually harmless to most individuals, is extremely harmful to some groups of people, and in so doing, lacks a predictable outcome, not to mention a sound theoretical and empirical foundation. When ten million vaccinations are given, however, the so-called sensitive group(s) can amount to tens or even hundreds of thousands.

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 and revaccination. Thus, the negotiating tongue, rather than the poisoned needle, would go far in preventing epidemics such as the 1918 "Spanish Flu," or “Gulf-War Syndrome.” Next in the hierarchy of human guinea pigs have been 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 handicapped, have also been extensively used as victims of vaccinology.

6. Similar problems have been associated with vaccines both before and after the molecular era. For instance, contamination has always been an issue. Early vaccinologists in the middle 1800's were afraid that diseases such as leprosy were transmitted through cuts caused by the vaccinator's lancet in regions of the world such as Hawaii, 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 vaccination caused outbreaks of both leprosy and syphilis, as well as out breaks of other diseases. Similarly, vaccinologists in the middle of the 1900's, were afraid that the Salk and Sabin vaccines were contaminated with SV40, the so-called simian virus that was shown 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). Even in the 35 year post-polio vaccine mortality studies, initiated because a so called potent cancer-causing virus, SV-40 was inoculated into millions of people, 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 showed that out of 1073 newborns that were vaccinated and carefully followed for 35 years, (which the authors claim is not really long enough) 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, 2001), although others would contest this claim and argue that the polio vaccine has contributed greatly to certain cancer rates, such as lymph cancers.

7. 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 faulty isolation (as demonstrated by the more than 60 or more so-called "HIV" trails that have completely failed), 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 Mr. Jenner's hypothesis is not applicable in practice.

8. 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.

9. Vaccinology has 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 threaten you to believe 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 if they test "HPV" positive, 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).

10. Finally, regarding conflicts of interests and fear-mongering, is it ethical or for the good, that VaxGen, and similar Challenger-sized disasters, 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 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 technological achievements such as box-cutters, but little discussion for some reason regarding the source and destructive potential of the weaponized anthrax derived from Utah's Dugway Proving Ground "found" in the mail of Tom Brokaw and Senator Daschl shortly before the Homeland security vote in the Senate. This could have been a new chapter in the History of Vaccine timeline, but wasn't.

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."

1824 English scientist John Cooke observed: 'The fumes from these metals, or the receptance of them in solution into the stomach, often causes paralysis.' Metal workers had suffered for centuries from a paralysis similar to polio caused by the lead and arsenic in the metals they were working with.

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, I867.

"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.

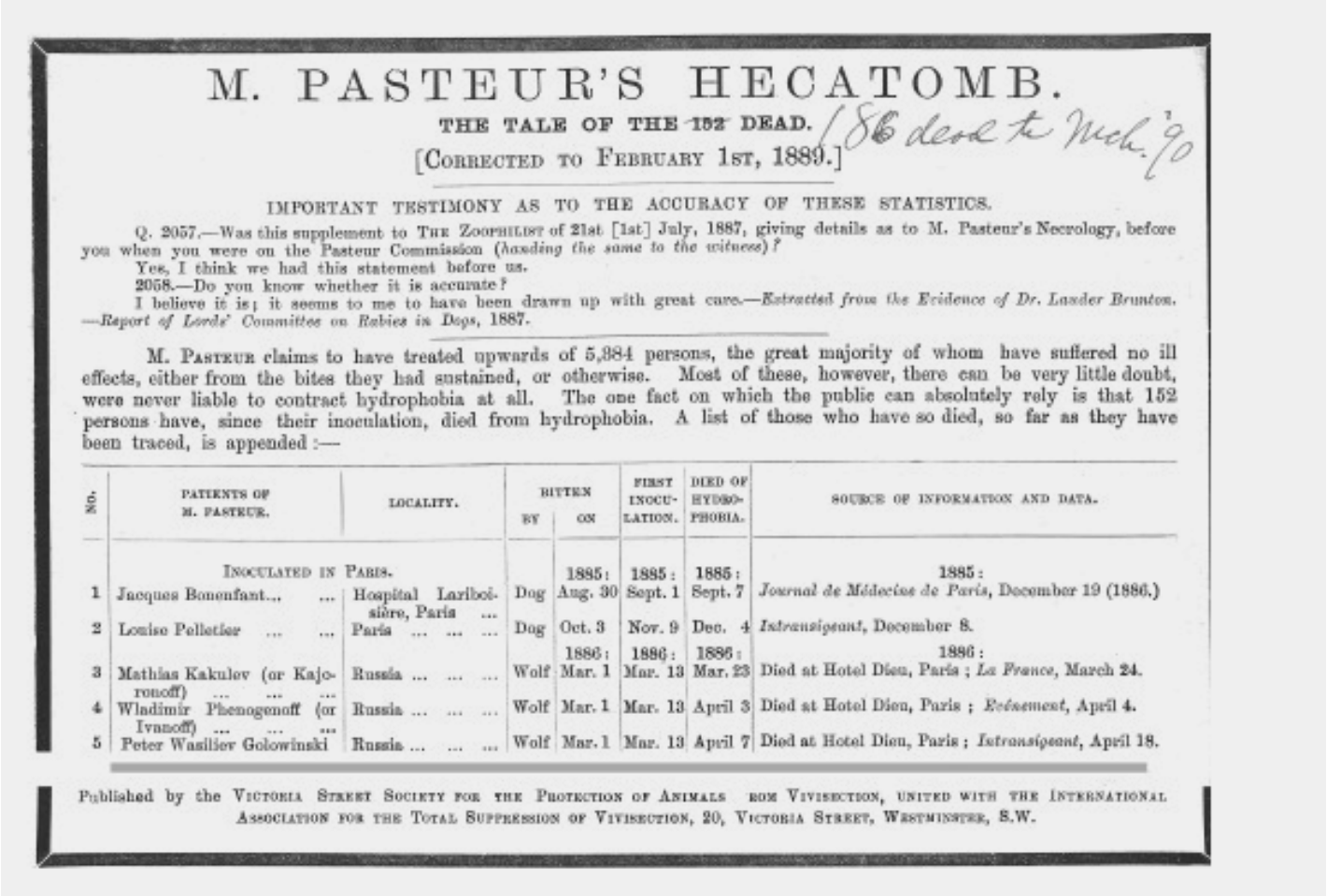
1885 (July 6) It was widely acknowledged that Pasteur's vaccination of the nine-year old boy, Joseph Meister, whom Pasteur injected with the "weakened microbes" of *hydrophobia* (rabies) 2 days *after* the boy had been bitten 14 times by a rabid dog, " saved the boy, and heralded a true revolution in 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 leprous 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.

[CORRECTED TO FEBRUARY 1ST, 1889.]

IMPORTANT TESTIMONY AS TO THE ACCURACY OF THESE STATISTICS.

Q. 2057.—Was this supplement to THE ZOOPHILIST 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 BY	BITTEN ON	FIRST INOCULATION.	DIED OF HYDROPHOBIA.	SOURCE OF INFORMATION AND DATA.
	INOCULATED IN PARIS.			1885:	1885:	1885:	1885:
1	Jacques Bonenfant... ...	Hospital Lariboisière, Paris ...	Dog	Aug. 30	Sept. 1	Sept. 7	*Journal de Médecine de Paris*, December 19 (1886.)
2	Louise Pelletier	Paris	Dog	Oct. 3	Nov. 9	Dec. 4	*Intransigeant*, December 8.
				1886:	1886:	1886:	1886:
3	Mathias Kakulev (or Kajoroncff)	Russia	Wolf	Mar. 1	Mar. 13	Mar. 23	Died at Hotel Dieu, Paris; *La France*, March 24.
4	Wladimir Phenogenoff (or Ivanoff)	Russia	Wolf	Mar. 1	Mar. 13	April 3	Died at Hotel Dieu, Paris; *Evénement*, April 4.
5	Peter Wasiliev Golowinski	Russia	Wolf	Mar. 1	Mar. 13	April 7	Died at Hotel Dieu, Paris; *Intransigeant*, April 18.

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Note: Died Of Hydrophobia column. The rest of the list regarding vaccine "successes," looks much the same.

1890 First recorded recent influenza pandemic.

1890 Lead arsenate pesticide started to be sprayed in the US up to 12 times every summer to kill codling moth on apple crops.

1890 In 1890, as Professor of Hygiene in Berlin, Koch introduced a remedy for turberculosis made from the bacillis 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 Liliuokokalani, 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."*

1892 Paralysis outbreaks began to occur in Vermont, in an apple growing region. In his report the Government Inspector Dr. Charles Caverly noted that parents reported that some children fell ill after eating fruit. He stated that 'infantile paralysis usually occurred in families with more than one child, and as no efforts were made at isolation it was very certain it was non-contagious' (with only one child in the family having been struck).

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&section=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.

1907 Calcium arsenate comes into use primarily on cotton crops.

1908 In a Massachusetts town with three cotton mills and apple orchards, 69 children suddenly fell ill with infantile paralysis.

1909 The UK bans apple imports from the States because of heavy lead arsenate residues.

1909 Landsteiner and Popper ground up the spinal cord of a 9-year-old paralysis victim and injected a cup of the suspension directly into the brains of two monkeys. One died immediately and the other slowly became paralyzed.

1910 Flexer and Lewis ground up human spinal cord of a paralysis victim and injected the suspension directly into a monkey's brain, the monkey became paralyzed, then they extracted some fluid from its brain, and injected it into another monkey's brain, and so on through a series of monkeys paralyzing all of them in the process. But making the monkeys drink the liquid or injecting into their arms, the suspension did not paralyze them.

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			
All ages	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

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.

1921 Franklin D. Roosevelt develops polio after swimming in Bay of Fundy, New Brunswick.

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, artharaliga, 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."*

1943 DDT is introduced, a neurotoxin pesticide. Over the next several years it comes into widespread use in American households. For example, wall paper impregnated with DDT was placed in children's bedrooms.

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."

1944 Albert Sabin reports that a major cause of sickness and death of American troops based in the Philippines was poliomyelitis. US military camps there were sprayed daily with DDT to kill mosquitos. Neighboring Philippine settlements were not affected.

1944 NIH reports that DDT damages the same anterior horn cells that are damaged in infantile paralysis.

1946 Gebhaedt shows polio seasonality correlates with fruit harvest.

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, pertussin and tetanus. . .Hypo-immunization against pertussin (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."

1948 Dalldorf and Sickles took excrement from a polio victim and prepared a 20% suspension with ether and centrifugation, then injected it directly into the living brains of suckling mice 3-7 days old. They became paralyzed.

1949 Enders of Harvard claims he can make this 'virus' from human embryonic cells, making it far easier to make a vaccine. Their conclusion was that this was the successful isolation of a virus that must be causing polio paralysis in humans. But all they proved was that a faeces-derived suspension of human cellular material caused illness in lab animals. They called this suspension 'poliovirus' and it was to become a 'vaccine seed' for modern polio vaccines. Enders receives the 1954 Nobel Prize.

1949 Endocrinologist Dr Morton Biskind, a practitioner and medical researcher, found that DDT causes 'lesions in the spinal cord similar to human polio.'

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

1950 US Public Health Industrial Hygiene Medical Director, J.G. Townsend, notes the similarity between parathion poisoning and polio and believes that some polio might be caused by eating fruits or vegetables with parathion residues.

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.)

1950 A small ball like particle, 24-30 nm in size, was isolated from human excrement, and made visible with an electron microscope. It was named the 'poliovirus.'

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**)** Ralph 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).

1950 Dr. Biskind presents evidence to the US Congress that pesticides were the major cause of polio epidemics. He is joined by Dr. Ralph Scobey who reported he found clear evidence of poisoning when analyzing chemical traces in the blood of polio victims.

1951 Scientists report they cannot find the designated polio virus in many polio victims.

1951 Dr. Biskind treats his polio patients as poisoning victims, removing toxins from food and environment, especially DDT contaminated milk and butter. Dr. Biskind writes: 'Although young animals are more susceptible to the effects of DDT than adults, so far as the available literature is concerned, it does not appear that the effects of such concentrations on infants and children have even been considered.'

1951 Other doctors report they are having success treating polio with anti toxins used to treat poisoning, dimercaprol and ascorbic acid. Dr. F. R. Klenner reported: 'In the poliomyelitis epidemic in North Carolina in 1948 60 cases of this disease came under our care... The treatment was massive doses of vitamin C every two to four hours. Children up to four years received vitamin C injection intramuscularly... All patients were clinically well after 72 hours.'

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).

1952 Prof Konstantine Vinodouroff of the Institute of Neurology, Russian Academy of Medical Science, tells the Americans that Russia has never had an outbreak of polio. The Americans are amazed.

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).

1953 Clothes are moth-proofed by washing them in EQ-53, a formula containing DDT.

1953 Dr. Biskind wrote: 'It was known by 1945 that DDT was stored in the body fat of mammals and appears in their milk... yet far from admitting a causal relationship between DDT and polio that is so obvious, which in any other field of biology 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 this overwhelming evidence. Libel, slander, and economic boycott have not been overlooked in this campaign.'

1954 Legislation recognizing the dangers of persistent pesticides is enacted, and a phase out of DDT in the US accelerates along with a shift of sales of DDT to third world countries. DDT is phased out at the same time as widespread polio vaccinations are about to begin.

1954 Dr. Jonas Salk developed the first commercial polio vaccine with a virus found in 'the pooled feces of three heathly children in Cleveland (not polio victims). The 'poliovaccine' is

administered as a safety test to 400,000 US children. The official safety report stated that it protected '30-90 percent' of recipients. This was a vague statistic. However, manufacturers could make a 300% markup on the vaccine.

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

1955 Salk marketed his patented vaccine 'seed' —derived from the excrement of healthy children— to manufacturers. The next step was to sprinkle it into vast quantities of minced monkey kidneys and allow the virus to multiply, then add formaldehyde to kill it. They made 27,000,000 vaccination doses.

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.

1955 President Dwight Eisenhower awarded Salk the Congressional Medal declaring the polio vaccine a great victory for American science.

1956 Health Authorities change the rules for defining polio. Doctors are instructed to diagnose polio only if the patient has paralytic symptoms for 60 days or more. Milder cases of polio are no longer reported.

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."

1958 CDC changes the rules for defining polio again. Cases of inflammation of the membrane that protects the brain and spinal neuron cells, causing muscular weakness and pain, but not paralysis, are no longer to be classified as polio. These cases must now be called viral or aseptic meningitis. Non-paralytic cases were now to be re-named meningitis even if the poliovirus is present. The reported figures for polio were officially to exclude 'cases of aseptic meningitis due to poliovirus or other enteroviruses.' Reported cases of aseptic meningitis went from near zero to thousands, and polio cases dropped the same amount.

1958 Officials reduce the definition of polio again. Now all cases with classic polio paralytic symptoms are to be diagnosed initially as Acute Flaccid Paralysis (AFP). Two stools are taken from the patient and sent to the CDC to see if they can find polio in them. If not, they are declared as not polio, even if the children have all the classic symptoms. Making fewer cases of polio by changing the definition was a fraudulent way to make it seem like the polio vaccinations were working.

1958 Officials triumphantly declared large parts of the world polio free, even while the newly defined Acute Flaccid Paralysis (AFP) suddenly became common. Credit for this great victory over disease was given to Salk, Sabin and the vaccine manufactures.

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).

1961 Journal of the American Medical Association, Feb 25, 1961: "It is now generally recognized that much of the Salk vaccine used in the U.S. has been worthless." Live strains produced by Sabin and put in sugar cubes were adopted instead.

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 rearched 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.

1959-1968 Quadrigen (DPT-IPV combo) used routinely pulled off the market in1968 for safety and efficacy reasons.

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 arthalgia 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.

1975 Robert Gallo published a paper saying he had isolated a new human virus - human leukaemia virus 23 http://www.virusmyth.net/aids/data/javirus.htm.

"Gallo was jubilant, it was the justification for years of dedication. 'We got permanently growing cell lines eventually, and it was a great eureka. We succeeded ten times in ten different cell lines, and we thought we had made the discovery, the genuine article, that retroviruses exist in humans. A year or more of analysis went by. We thought it was a triumph."

"This period of research turned from being Gallo's greatest triumph to date into his greatest disaster. When other scientists looked at this virus they discovered it was a mixture of three animal viruses: from a gibbon, a baboon and a woolly monkey."

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 from1950–1951, 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).

1978-9 Robert Gallo claims he then isolated the first examples of a so-called leukemia virus, HTLV-I in 1978-9 and the results were published in 1980 and early 1981 (from Virus Hunters http://www.virusmyth.net/aids/data/javirus.htm).

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"Gallo is credited with isolating and describing the first human retrovirus. Japanese and American researchers confirmed by analyzing the RNA of both isolates that the Japanese and American viruses were related strains of the same virus. They could never be exactly the same because of the mutations which occur as the virus replicates, but the RNA sequence was close enough in the two isolates."

"Once the virus had been described, other laboratories looked for it. It was found in black patients born in the US, Caribbean countries or South America; Caribbean-born black people in England, Africans and Japanese. What could tie these disparate regions together mused Gallo."

"The answer he came up with was the slave trade. Miyoshi in Japan found Japanese macaques had antibodies to HTLV-I and he suggested the monkeys had the disease first and infected people. Researchers at Gottingen, Germany, and in Gallo's lab found that many species of African monkeys had antibodies which reacted with HTLV-I. African green monkey and chimpanzee viruses were most closely related to the virus Gallo had found in leukaemic cells."

"Gallo suggested:

'HTLV-I originated in Africa where it infected many species of Old World primates including human beings. It reached the Americas along with the slave trade.'

Curiously, it may well have arrived in Japan the same way. In the sixteenth century Portuguese traders traveled to Japan and stayed specifically in the islands where HTLV-I is now endemic. Along with them they brought both African slaves and monkeys, as contemporary Japanese works of art show, and either one or the other may have carried the virus.'

"The discovery of HTLV-I infection on Hokkaido, one of the northern islands of Japan, immediately challenged this view of events but Gallo and his colleagues have remained attached to the monkey-virus theory."

"So, why is it thought that this virus causes the leukemia? 'First because of the coincidence between virus and leukemia - find one and you will find the other, Gallo says."

*"The incidence of adult T-cell leukemia in Japan (***175 miles from Nagasiki***) is estimated to be only 0.06 per cent based on 339 cases of T-cell leukemia among 600,000 subjects who are antibody-positive for HTLV-I. Why is this?"*

"Because of the ***latency period****, responds Gallo. It will cause leukemia, but it may take as long as forty years."*

1981 June 5th. "Pneumocystis Pneumonia--Los Angeles," by Dr. Michael Gottlieb and colleagues of University of California at Los Angeles, appeared in Morbidity and Mortality

Weekly Report (vol. 30, pp. 250-52), a Centers for Disease Control and Prevention (CDC) publication. This was the first article about AIDS in the medical literature.

By the end of the year, Gottlieb and colleagues had published two reports (the first MMWR and the second in the NEJM) that detailed nine case studies, noting the commonalities among the cases, such as sexual preference and quick development of a rare form of pneumonia. All (100%) of the patients were claimed to be previously healthy individuals who had laboratory-confirmed cytomegalovirus (CMV) infection within five months of PCP diagnosis and candidal mucosal infection, according to the report
http://www.infectiousdiseasenews.com/200606/discovery.asp.

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

1983 to **1985** First Hib (Hemophilus influenza B) vaccine (taken off the market in1985 for safety and efficacy reasons).

1983 LAV is "isolated" from a young male homosexual, with a previous history of treatment for gonorrhea, syphilis, Herpes I and II, and EBV by Luc Montagnier's Pasteur group. The paper is rejected, but shepherded through to publication the next year by Robert Gallo.

1984 Announced in a media press release by Dr. Robert Gallo and Health and Human Services Secretary Margaret Heckler, "HTLV-III" is named as "the probable cause of AIDS" and is thought to be "**a variant of a known human cancer virus**." At the "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.

1984 Evidence is presented that "HIV" causes AIDS. As reviewed by Michael Gieger, Executive Director of HEAL San Diego:

“Robert Gallo's claim that HIV is the cause of AIDS was first put forward on the basis of four papers he published in Science, May 4 1984 issue. (Popovic M, Sarngadharan MG, Read E, et al. Detection, Isolation,and Continuous Production of Cytopathic Retroviruses (HTLV-III) from Patients with AIDS and Pre-AIDS. Science 1984;224:497-500.; Gallo RC, Salahuddin SZ, Popovic M, et al. Frequent Detection and Isolation of Cytopathic Retroviruses (HTLV-III) from Patients with AIDS and at Risk for AIDS. Science 1984;224:500-502; Schupbach J, Popovic M, Gilden RV, et al. Serological analysis of a Subgroup of Human T-Lymphotrophic Retroviruses (HTLV-III) Associated with AIDS. Science 1984;224:503-505; Sarngadharan MG, Popovic M,Bruch L, et al. Antibodies Reactive to Human T-Lymphotrophic Retroviruses (HTLV-III) in the Serum of Patients with AIDS. Science 1984:224:506-508)."

"The New York Times (Lawrence K. Altman) reported the news of the claim but his article contained six or seven caveats to the effect that the claim might not bear out."

"When the papers were published for all to see, it turned out to be insufficient to demonstrate the claim. Gallo had found the virus in too few of the AIDS patients with actual AIDS symptoms -

only 26 out of 72, or 36% - to substantiate his claim. He was unable to demonstrate the presence of the virus in two thirds - 64 per cent - of the AIDS patients sampled.

Here are the figures as shown in Table 1 of the paper "Frequent Detection and Isolation of Cytopathic Retroviruses (HTLV-III) from Patients with AIDS and Risk for AIDS", Robert C. Gallo, Syed Z. Salahuddin, Mikulas Popovic, et al, Science, May 4, 1984: 224:500-502:

Group Diagnosed: Number positive for HTLV-III/Number tested/Percent positive

Pre-AIDS: 18/ 21 85.7%
Clinically normal mothers of juvenile AIDS patients: 3/4 7 5.0%
Juvenile AIDS: 3/ 8 37.5%
Adult AIDS with Kaposi's sarcoma: 13/ 43 30.2%
Adult AIDS with opportunistic infections: 10/ 21 47.6%
Clinically normal homosexual donors: 1/ 22 4.5%
Clinically normal heterosexual donors: 0/115 0%

***Or as noted in the article**:*

As summarized in Table 1, we found HTLV-III in 18 of 21 samples from patients with pre-AIDS, from three of four clinically normal mothers of juvenile AIDS patients, 13 of 43 adult AIDS patients with Kaposi's sarcoma, and 10 of 21 adult AIDS patients with opportunistic infections.

This result partly veiled the stark failure of the sampling to identify persuasively HIV as a cause of AIDS. For the sum total of AIDS patients with symptoms of AIDS - the groups in bold in the table above - was that in ONLY 26 (3 +13 +10) out of 72 (8 + 43 + 21) cases was the Gallo lab able to show HTLV-III virus detected and isolated.

26 of 72, or 36%, was insufficient to demonstrate that HIV was the plausible cause of the AIDS symptoms or their underlying immune deficiency. If anything, the testing demonstrated that HTL-III was certainly not a plausible cause of AIDS.

"These studies of HTLV-III isolates from patients with AIDS and pre-AIDS and from healthy individuals at risk for AIDS provide strong evidence of a causative involvement of the virus in AIDS."

Thus contrary to subsequent headlines the paper did not state firmly that HTLV-III (later renamed Human Immunodeficiency Virus) was the cause or even a "probable" cause of AIDS, only that there was evidence of a "causative involvement of the virus in AIDS."

In another paper of the four (Sarngadharan MG, Popovic M,Bruch L, et al. Antibodies Reactive to Human T-Lymphotrophic Retroviruses (HTLV-III) in the Serum of Patients with AIDS. Science 1984:224:506-508), however, the claim was bolder:

"The data presented here and in the accompanying reports suggest that HTLV-III is the primary cause of AIDS."

The low figure of only 36% of AIDS patients with symptoms that had HTLV-III virus present was excused in an accompanying news report in a Science Research News column by Jean Marx as possibly due to deterioration of the samples.

"When the investigators calculated the percentage, they used the total of all the AIDS samples sent to them, even though some had deteriorated to the point where they were of questionable value for analysis."

The paper itself had noted:

The incidence of virus isolated reported here probably underestimates its true incidence since many tissue specimens were not received or handled under what we now recognize as ideal conditions. This is particularly so for the samples received from late stage AIDS patients.

That is to say, 26 of the 72 with AIDS tested positive for the virus, 22 of the 47 who did not have AIDS (asymptomatic or pre-AIDS (i.e. mild and non AIDS specific symptoms), suggesting that HTLV-III positivity was a poor guide as to who would develop AIDS symptoms. Later, this problem was solved by counting as AIDS only those who were HTLV-III positive.

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."* (Flosie 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), the so-called specific enzyme of retroviruses, 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).

1987 National Academy of Sciences member Peter Duesberg publishes a monumental review article in the journal Cancer Research demonstrating that "HIV" is a harmless passenger virus that can not possibly cause the symptoms attributed to AIDS (Peter H. Duesberg, "Retroviruses as Carcinogens and Pathogens: Expectations and Reality. Cancer Research 47, 1199-1220, March 1, 1987).

1988 In Clinical Investigative Medicine, (Vol. 11, no. 4, August 1988, pp. 304-9), it says that:

"17 had been vaccinated for measles. All 17 experienced measles again, showing IgM antibodies indicating acute infection. "A history of prior vaccination is not always associated with immunity nor with the presence of specific antibodies."

1988 Hib added to vaccine immunization schedule.

1988 Vaccine Injury Compensation Program Funded.

1988 A serological survey was performed on 573 subjects aged 3-80 years or older to evaluate presence of neutralizing antibodies for types 1,2,3 Sabin vaccines strains as well as a wild strain of poliovirus type 1 isolated in France (Virologie. 1988 Oct-Dec;39(4):241-5) reported that:

*"The results obtained indicate a satisfactory polio immunity level in all the 4 groups: seropositives, 96.7%-98.9% for type 2, 91.8%-98.2% for type 1 (Sabin vaccine strain), 89.3%-96.6% for type 3 and 84.2%-96.4% for type 1 wild strain. The highest immunity levels were found in group D (children with recorded history of complete polio vaccination) and in group A (**unvaccinated people but contemporary with the past polio epidemics**). A special comment is made with respect to 14 subjects showing satisfactory antibody titres for all the three types of Sabin-vaccine strains but who have proved to be seronegative (less than 4) for the wild type 1 poliovirus strain."*

Translation: In other words, the best "neutralizing" antibody levels were found in groups A and D: the completely vaccinated (having had all their shots), and group D, the non-vaccinated who never received vaccine, but who were said to have lived during past polio epidemics-and who are thought to have acquired polio naturally, and overcome it naturally. Moral of the story: either get completely vaccinated, or don't bother and you will end up in either group A or D with the highest neutralizing antibody levels.

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.

1989-1990 *Shyh-Ching Lo finds Mycoplama incognitos in 22/34 AIDS patients and in 0 non-AIDS patients.*

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 Illinois cases of hepatitis B vaccine injury from 1991 - 1998, 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** (**uninfected-seronegative**) 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. Roberts et al. provided a good excuse for non-uptake of measles, mumps, and rubella catch up immunization and side effects of the vaccine during a measles epidemic (BMJ Jun 24;310(6995):1629-32, 1995):

*"Many of the objections raised by parents could be overcome by emphasizing that primary immunisation **does not necessarily confer immunity** and that **diagnosis of measles is unreliable**."*

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).

1995. Research Advisory Committee (ARAC) of the National Institute of Allergy and Infectious diseases (NIAID) (1995 Congress of the United States: Office of Technology assessment. Adverse Reactions to HIV Vaccines: Medical, Ethical, and Legal Issues. Roger C. Herdman, Director).

The conclusions of this 1995 assessment recommended that Phase III clinical trials with enveloped vaccines should **not** proceed in the United States because of scientific, political, and ethical issues, and because of the significant level of scientific uncertainty about the wisdom of immediate trials. Not only were warnings presented about the danger of giving an "HIV" vaccine to already immunocompromised individuals (such as ARC or AIDS patients). Some of the other conclusions of this assessment included:

"A number of vaccines are being developed that use new strategies and each of these strategies carry special risks:"

1.Vaccines using live vectors, such as the vaccinia virus shown to be attenuated in laboratory animals, may prove to be inadequately attenuated, producing the disease caused by the unattenuated vector.

2. Naked DNA vaccines have been shown to create potent immune responses, but there are theoretical reasons to be concerned that they might produce tumors or autoimmune diseases, or be transmitted from mother to fetus.

*3. Although inactivated whole virus vaccines have generally been successful in protecting from infection with other viral diseases**, it would be difficult** to assure that all HIV particles in such a vaccine were inactivated.*

*4. Live attenuated virus vaccines have also been successful in protecting from other viral diseases, but there is the potential for the viruses to be inadequately attenuated, for an adequately attenuated viral vaccine to cause disease in immunocompromised individuals **(Read AIDS patients)**, and for an adequately attenuated virus to revert to virulence. There is also concern that a live attenuated vaccine could induce tumors.*

The document goes on to say that:

"A number of social harms-non-medical adverse consequences-may result from vaccination:"

1.Vaccines may cause a false-positive HIV screening testing test…resulting in discrimination against vaccine recipients in, for example, military service, health insurance, life insurance, employment, and travel.

2.Participation in an HIV vaccine trial, itself, may result in stigmatization, as others may assume that all vaccine trial participants are members of groups, such as injection drug users and men who have sex with men, who are at increased risk for HIV infection.

3.Vaccinees, relying on the protection afforded by an experimental vaccine, may engage in behaviors that increase their risk for HIV infection.

4.The AIDS Research Advisory Committee (ARAC) of the National Institute of Allergy and Infectious Dieases (NIAID) recommended that Phase III clinical trials with enveloped vaccines should not proceed in the United States. Factors contributing to the decision included scientific, political, and ethical issues, and the significant level of scientific uncertainty about the wisdom of immediate trials. Phase I and II clinical trials of HIV will continue."

From pages 2 and 3. There are 15 ethical issues in HIV vaccine development identified. The last one states:

 # 15. "Although vaccine sponsors have no legal obligation to provide compensation to subjects for injuries incurred as a result of their participation, there is an ethical obligation to do so."

From page 3. ("Liability and Compensation for Adverse Reactions"):

"Any system that limits compensation to injuries from one specific cause, like an HIV vaccine, raises questions of fairness to people with similar injuries from a different vaccine. A compensation system limited to persons with adverse reactions to an HIV vaccine invites the question why people living with injuries from other vaccines or from other causes should not be compensated as well."

"More companies are engaged in HIV vaccine research than in research for any other type of vaccine. Potential liability may have discouraged some companies, but it has not stopped HIV vaccine development."

Because the panel believed that *"vaccines may cause a false-positive HIV screening testing test resulting in discrimination"* suggests that in 1995, the AIDS establishment and the scientific community fully expected that "HIV" would obey the rules that pertain to immunological self versus non-self, and follow the established immunological rules that account for and predict the generation of antibodies in a host presented with foreign molecules in a vaccine.

Other issues are raised in the document included the suggestion that:

"The virus can spread through direct cell-to-cell contact, avoiding immune activation."

Comment: Then why immunize against it if once incorporated by even a single cell, "HIV" is hidden from the immune system?

And:

*"HIV can be transmitted as free virus as well as virus inside cells**; it is more difficult** to block the transmission of virus inside cells."*

Comment: If the immune system cannot see "HIV' once it has incorporated its RNA that has become reverse transcribed to DNA (the first step of viral infection), then how "is it more difficult," instead of impossible to block transmission thereafter from cell to cell?

From Page 10: ("ADVERSE REACTIONS TO HIV VACCINES"):

"As of May 1994, 10 neoplasms (tumors) were observed among participants in 9 vaccine trial protocols. One of the neoplasms was benign."

Comment: That is not comforting information! Cancer was only seen in 10 cases in 9 trials, and 9 of them were potentially fatal.

From page 15 ("Informed Consent"):

"Potential subjects of HIV vaccine trials need to be informed of the following:

*1.The experimental vaccine has not been demonstrated to be effective, **and it is unlikely that any HIV vaccine will be completely effective…**Compensation will **not** be provided for failure of the experimental vaccine to protect research subjects from HIV infection.*

*2.Receipt of the experimental vaccine may complicate the diagnosis of HIV, **because vaccinees may falsely test positive on conventional HIV screening tests…***

3. Trial participants should not be tested for HIV outside of the study, since knowledge of their assignment could bias the study's results.

4. Social harms may result from testing positive on an HIV screening test, such as problems with health or life insurance, employment, military service, and travel. All subjects will be provided with documentation of trial participation."

From page 19: (Product liability)"
***"Almost 30 candidate vaccines have been in clinical trials"* (before 1995).**

Comment: Don't 30 clinical trial failures suggest that some kind of reappraisal is in order?

From page 20: ("Design defects"):
"An increasing number of states have held that makers of FDA-approved prescription drugs or vaccines are entirely exempt from strict liability for design defects, regardless of the product in question, largely for reasons of public policy."

Comment: What are these "reasons of public policy" that allow manufacturers to be "entirely exempt from strict liability for design defects?

From page 20: ("Learned Intermediary Rule"):
"Although the general rule is that all manufacturers have a duty to warn those who use their products of dangers that are not readily apparent, an exception, known as the "learned intermediary rule," permits the maker of prescription drugs or vaccines to warn ***only*** *the prescribing physician, and* ***not*** *the patient who receives the product…" "…thus vaccine manufacturers do not ordinarily have a duty to provide a warning directly to a vaccine recipient."*

"…Under the learned intermediary rule, a warning is generally not considered inadequate unless the missing information would have caused a physician NOT to give the vaccine to the patient."

From page 21: ("Development of Cancer"):
"There has been speculation that, because HIV is a retrovirus, an HIV vaccine might cause cancer many years after vaccination. Although a manufacturer is not liable for injuries caused by unforeseeable dangers in its products, there may be some question as to whether a manufacturer adequately investigated a suggested risk (i.e. induction of cancer). Given THE NEED (EMPHASIS MINE) for an HIV vaccine, it appears ***unlikely*** *that a manufacturer would be held responsible for distributing a vaccine with a risk (causing cancer) that* ***could not be verified*** *at the time it was released."*

Comment: Sort of like SV-40, the "virus" thought to have caused cancer in the polio vaccines of the 1950's and 1960's?

From page 22: ("Susceptibility of HIV vaccines to Liability Claims"):
"Plaintiffs rarely succeed on a claim of design defect, probably because of the difficulty of proving that a safer, equally effective vaccine could have replaced a vaccine that was approved by the FDA. Although most states still permit claims that a vaccine was defectively designed, only one vaccine (Quadrigen) has been found to have a defective design (in warranty, not product liability, action). No reported court decision after 1969 has held a vaccine maker liable for a design defect. Few courts have found a vaccine maker liable for an inadequate warning of risks."

From page 38, ("Immune Correlates of Protection").
"While primate studies have shown examples of protection under limited circumstances, ***as yet*** *the immune responses required for a successful HIV vaccine remain* ***"undefined."*** *Levels of antibody induced in primates by vaccines are, in themselves****, not*** *well correlated with protection against HIV infection."*

Comment: But non-human primates don't get AIDS.

Thus, neither in an animal model or in humans, antibody levels aren't correlated with either normal expected rates of seroconversion OR protection, as shown by the STEP trial.

"What is the evidence for natural immunity to HIV infection in man? Studies of the natural

history of long-term survivors of HIV infection have helped us know what are the clinical indicators of sustained favorable prognosis in HIV infection. But these studies have been less useful in helping us understand the requirements for a protective immune blockade to HIV infection (57). Studies of individuals who have remained seronegative (14) despite intense exposure to HIV, such as infants of seropositive mothers (78) and multiply-exposed men (17) have shown that some of these individuals have developed protective patterns of immune response, suggesting that "natural immunization" to HIV infection may occur."

This is really good news-that ***"natural immunization"*** to HIV infection may occur."

From page 48:
*"Some experts have questioned whether priming with an HIV vaccine can potentiate subsequently acquired natural HIV infection (12). The historical prototype giving rise to this concern is dengue virus, a tropical viral disease. The presence of serum antibodies induced by a first attack of mild dengue can facilitate the development of severe disease on subsequent infection with a related dengue virus (40). This "**antibody-dependent enhancement" (ADE**) of infection can be demonstrated in the laboratory by an increase in growth of virus in cell culture in the presence of antibodies from the serum of exposed individuals. Recipients of envelope vaccines have been shown to develop small amounts of enhancing antibodies (66). The clinical significance of HIV vaccine-induced ADE is unclear. **No direct evidence exists at this time that ADE has any clinical significance.** Many scientists consider it to be an unrelated laboratory phenomenon only. Enhancement of disease has not been duplicated with HIV-1 or SIV in primate experiments, although it has been recommended that studies in primate models should continue" (59, 67).*

Translation:
What this quote from The Office of Technology Assessment is stating is that is possible that "HIV" vaccines will increase the rate of "HIV infection" (maybe because it makes "more and fatter" cellular targets as suggested by Dr. Feinberg, whatever "fatter" means at the molecular level)? Moreover, can we say that there is evidence now because of the results of The STEP trial that "an HIV vaccine appears indeed to potentiate subsequently acquired natural HIV infection?" Alternatively, as mentioned in The Introduction, perhaps it is better to attribute the seroconversions seen in the STEP trial simply to testing error, fatter molecular targets (whatever that means) or simply continue to blame the "HIV" vaccine recipients for behaving badly after they got their shots (after all these were "high risk folks" who received the vaccine)?

"Other mechanisms of Enhanced Disease"
*"Historically, two other vaccines have been associated with an accompanying subsequent natural infection that is atypically severe: an experimental respiratory syncytial virus (RSV) vaccine and a licensed measles virus vaccine (27, 54). Both were vaccines composed of whole virus inactivated by formalin (like the Salk vaccine). While the mechanisms of disease enhancement remain unclear, they both appear to occur by mechanisms unrelated to ADE of the dengue fever type. The **enhanced disease** experiences with these vaccines were wholly unexpected and have had a significant effect on further vaccine development. For measles, a live attenuated vaccine has supplanted the inactivated vaccine, and currently there is no licensed RSV vaccine. It has been suggested recently that inactivated RSV vaccine may induce*

inappropriate cytokines, or cell-to-cell communication substances, that are responsible for enhancement."

Translation: These vaccines cause the diseases for which they are meant to prevent. This is what vaccine makers call **"enhancement.'**

On page 33, it is claimed that:

*"The number of infectious agents for which **we have failed** to develop a satisfactory vaccine, even those targeted as high priority (49**), is far greater** than the number for which we have been **successful.** Examples of VIRUSES for which we have failed include the viruses Herpes simplex, infectious mononucleosis, cytomegalovirus, respiratory syncytial virus, and rotovirus; vaccines against many sexually-transmitted disease agents, such as syphilis and gonorrhea; vaccines against parasitic diseases, such as malaria and schistosomiases; and vaccines against numerous bacterial infections, including tuberculosis."*

There are four primary safety concerns about attenuated viral vaccines that have been recognized:

1. Level of attenuation. *Inadequate attenuation (reduction of virulence) of virus may result in a vaccine that induces the disease that it was designed to prevent; over-attenuated virus may fail to induce protective immune responses. However, even an appropriately attenuated virus may show virulent behavior when not constrained by a competent immune system, such as in vaccine recipients with immune systems compromised by cancers, immunosuppressant drugs, and other non-AIDS causes. The highly infectious nature of SIV administered orally to monkeys at birth, before the monkey's immune system has developed, has rasied new questions about safety of vaccines in immunocompromised individuals (79).*

2. Stability of attenuation. *The vaccine strain could undergo genetic reversion to a more virulent form during the lengthy course of replication in the vaccine. This risk is of particular concern with vaccines using attenuated strains of HIV, as the human immunodeficiency virus is characterized by rapid and frequent genetic mutations.*

3.Possibility of secondary spread. *Spread of attenuated virus to contacts of vaccines (secondary spread) may provide the virus with further opportunity to revert to virulence (e.g. vaccine-induced poliomyelitis in contacts of vaccinees.) However, if it can be assured that the level of attenuation of the virus remains stable, secondary spread of the virus may be beneficial, because the attenuated virus could induce protective immunity in contacts. Sufficient spread of the attenuated virus would result in the induction of herd immunity (as had occurred with poliovirus vaccine."*

4.Possibility of induction of tumors. *Other members of the retrovirus family regularly produce tumors (e.g., mouse tumors and a form of human leukemia). Theoretically, the prolonged residence of a live attenuated HIV vaccine strain in vaccinees could allow the retrovirus to produce **tumors.** Recent evidence for a direct role for HIV infection in the etiology of some T-cell lymphomas suggest a need to proceed cautiously while continuing to investigate the long-*

term potential of these vaccineees to produce tumors (92, 104)…(From page 52, 2nd pararaph)…The protective mechanism of attenuated SIV vaccine is unclear. ***It is <u>not</u> correlated with 1) antibody or 2) cytotoxic T lymphocytes responses, and 3) mucosal immunity is not involved."***

Question: regarding the failure to show correlation with antibody or cytotoxic T lymphocyte responses, or mucosal immunity: If the protective mechanism of attenuated "SIV" doesn't involve antibody production, cytotoxic T lymphocyte responses, or mucosal immunity in an animal model, then why have they proceeded into human clinical trials to induce these normal vaccine reactions? "SIV" is often said to be the monkey equivalent of "HIV," and it always has been a better model of "HIV infection" than "HIV infection." This is because it is well known that "HIV" doesn't cause AIDS or anything like AIDS in non-human primates, or in any other creature, so a different "virus," "SIV," is given to monkeys (orally in some trials-remember "HIV" can't be spread through kissing anyone) **to not cause** antibody production, cytotoxic T lymphocyte responses, or mucosal immunity.

It is an interesting way to do science to say the least. The tell tale signs of immune generation **can't** be achieved in an animal using something different than "The AIDS" virus" which in some cases causes illness in young monkeys when given orally ("SIV"), so it becomes a good idea to try injecting its presumed components in vast numbers of human beings? Also it is important to note that The Office of Technology assessment is claimed here that there might be a direct role for "HIV infection" in the etiology (cause) of some T-cell tumors (an interesting concept because "HIV/AIDS" is supposedly a disease of too few T-cells, which is why doctors are always taking your T-cell count if they accuse you of "being "HIV-positive").

Finally, at the end of the Office of Technology Assessment, we encounter the expression "**original antigenic sin."**

Perhaps the immunological mechanism of "original antigenic sin" can account for vast human failed vaccine trials that had used human beings (instead of those expensive monkeys) as lab rats, and perhaps the concept may be helpful for devising future vaccine trials that will fail? However, original antigenic sin, if it is a distinct and important immunological mechanism that accounts for vaccine trial failures, should not be confused with past suggested mechanisms as "antigenic shift" that have been used to account for past vaccine trial failures. For instance, the phrase "antigenic shift" was used to describe the failure of the flu vaccine to protect soldiers entering World War II:

"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.

The Office of Technology Assessment defines ***original antigenic sin*** in the following way (see **Figure 2**):

Original antigenic sin (OAS).
"HIV infection induces an abundance of antibodies, including neutralizing antibodies (neutralizing antibodies are those antibodies that inactivate "HIV"): however, several groups have shown that the generation of neutralizing antibodies tends to lag behind the generation of viral escape mutants by several months or even years (DAMN MUTANTS AGAIN)! One explanation for this observation involves the phenomenon of ***original antigenic sin*** *(OAS), the fixing of an immune response in a non-adaptive pattern."*

"When exposed to HIV, however, vaccinated individuals exhibiting OAS ***may be no worse off*** *than unvaccinated individuals* ***because unvaccinated*** *individuals* ***also have a lag in generation of antibody to HIV*** *because their immune response has not been "primed" by vaccination. It is not known whether the lag in antibody production in unvaccinated individuals is greater than the lag in the production of antibody directed by contemporaneous HIV strains in vaccinated individuals exhibiting OAS."*

"Vaccine-induced OAS may occur when a vaccinated individual is exposed to a noncross-reactive strain of HIV that induces the production of antibodies specific for the vaccine strain."

1995. In Rev. Soc. Bras. Med. Trop., vol. 28, no. 4, Oct-Dec pp. 339-43, 1995, we read:

"The history of previous vaccination [in very early childhood] did not diminish the number of complications of the cases studied."

Then why vaccinate?

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 interraction 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).

1997 *"US Defense Secretary Donald Rumsfeld served 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. The forms don't reveal the exact number of shares Rumsfeld owns. Gilead made a loss in 2003,*

the year before concern about bird flu started. Then revenues from Tamiflu almost quadrupled, from $35 to $44.6m, helping put the company well into the black. Sales almost quadrupled again, to $161.6m in 2005. Mr Rumsfeld sold some of his Gilead shares in 2004 reaping - according to the financial disclosure report he is required to make each year - capital gains of > $5m (£2.9 m)[ref]. The report showed that he still had up to $25m-worth of shares at the end of 2004. Rumsfeld isn't the only political heavyweight benefiting from demand for 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. 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. Rumsfeld recused himself from any decisions involving Gilead when he left Gilead and became Secretary of Defense in early 2001(http://money.cnn.com/2005/10/31/news/newsmakers/fortune_rumsfeld/index.htm).

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, 1998, the hepatitis B Vaccine is mandated for school age children in in first 46 and then 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.

The Lancet, vol. 353, January 9, 1999, pp. 98-102):

" Subclinical measles occurred in 45 percent of vaccinated children exposed to natural measles."

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

1999 (The Lancet, vol. 353, January 9, 1999, pp. 98-102):

*" Subclinical measles occurred in 45 percent of **vaccinated** children exposed to natural measles."*

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).

1999/2000 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 M.A. Fisher et al. publish that adverse events are associated with hepatitis B vaccine in U.S. children less than six years of age, in 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 (Pazchez 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).

2001CDC, Revised November 29. Isolation and Identification of Measles Virus in Culture. Written by Janine Roberts, from 'Fear of the Invisible. "Monday, 18 August 2008.

How 'Measles Virus' is isolated for a Vaccine.

In an online paper entitled 'Isolation and Identification of Measles Virus in Cell Culture,' the CDC, the central Health Research authority of the USA, lays out how isolation of this virus should be done so it can be used, say for a vaccine. It instructs, first obtain from the patient a small sample of urine or fluid from the nose or mouth.

Next 'sacrifice' a marmoset monkey, take some of its cells, then make these cancerous, perhaps by exposing them to radiation, and then give them, on top of this, Epstein-Barr disease! Such extremely sick cells, the CDC informs us, are '10,000 times' more sensitive to the measles virus than are normal human cells.

Now add to these cells a toxin called trypsin. The CDC tells us to expect some cells to fall off the sides of the vessel as if they have been poisoned. They have been. Now add nutrients and glucose and leave for two or three days so the cells can somewhat recover.

Now add to the cells the sample gathered from the patient. After an hour, inspect the cells in the culture with a microscope to see if any of the cells are becoming distorted, or are floating free as they did when trypsin was added. If they are, the CDC says this is proof that measles virus is present and making the cells ill.

This statement made me sit back and think. Why should this illness now be caused by a virus? They had poisoned the cells, made them cancerous..... and now the CDC was saying the cells must be ill because they had measles. Where was the logic in this?

The next stage involves the addition of two antibiotics, Penicillin and Streptomycin, to the culture and leaving it alone for a day. Again the cells are inspected - and if small holes now

appear between cells, it is now presumed that measles virus has caused these. If no sign of such damage, this process is repeated. If after this there are still no signs of damage, then the culture is discarded. However, if 50% or more of the cells are now seriously ill and distorted, the culture is set aside and kept in the fridge as 'isolated measles virus stock suitable for vaccines!' All this without actually detecting the virus itself!

This is the whole process as recommended by the CDC. There is no mention of the need to have a control culture, no mention of any need to isolate the measles virus or even to see it with an electron microscope. The cells are poisoned - and an unseen measles virus is blamed - even thou' the disease the cells have is totally unlike measles. Where is the logic in this?

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 (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 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).

2004 "HIV" and "HBV" sequences found present in normal human genome analyses:
McClure MA, Richardson HS, Clinton RA, Hepp CM, Crowther BA, Donaldson EF. Automated characterization of potentially active retroid agents in the human genome. Genomics. Apr;85(4):512-23, 2005).

2004 The American Red Cross reported that even after repeated "HIV" testing using different test kit types, that "low-risk" populations, such as blood donors (or military recruits or nuns) will typically yield **12 (PCR) positive or 2 (ELISA) positive results out of 37,000,000 million units of blood**, which means that 10 out of 12 were false positives. In a follow-up analysis of this Red Cross study, it was then claimed that 6 of the 12 PCR-positive subjects tests seroconverted within several months, thereby obtaining a "HIV" molecular signature in 8/12 cases, out of 37 million negatives. Again, these numbers could represent statistical artifact, or, the several who seroconverted may represent the detection of some kind of auto-immune condition in those who test positive, like psoriasis, arthritis, warts, or physiological stress, or a genetic polymorphism.

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. Alelina 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. Diarhea was reported in seven of the patients. Bleeding from the nose and gums was noted in one patient on the forth 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, mutliple-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 on the front page of the Chicago Tribune 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 ofAmerican Pathologists-CAP)."

"What surprises me is that this {the certainty with which these tests for HPV and cervcal 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

Note: There are over 30,000 deaths reported in the U.S./year due to "influenza." **53** deaths, spread over 3 countries is now considered a pandemic.

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 bird flu 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 Thimerasol; Japanese encephalitis vaccine JE-VAC is thimerasol preserved; Meningococcal vaccine (Menomune) in multidose vials is preserved with Thirmerasol. Tim Russert's effort to reassure parents that there is no longer any thimerasol 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 Organization 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 January. Virological failure is a technical term among "HIV-AIDS" proponents that simply means a drug has failed to suppress virus because the drug doesn't work. On 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 who received placebo:

"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 April. FDA recall of Combivir/Ziagen (lamivudine and zidovudine) Tablets, counterfit labels.

2007 June. HIV infection theory challenged

"T cells are lost at a slow rate. A longstanding theory of how HIV slowly depletes the body's capacity to fight infection is wrong, scientists say."

"The researchers used a mathematical model of the processes by which T cells are produced and eliminated."

"Using this they showed that the current theory of an uncontrolled cycle of T cell activation, infection, HIV production and cell destruction - dubbed the "runaway" hypothesis - was flawed."

"They concluded that it could not explain the very slow pace of depletion that occurs in HIV infection."

"If the theory were correct, then T helper cell numbers would fall to very low levels over a number of months, not years."

2007 July. Six health care workers that were to be placed before a firing squad in Libya for "infecting 426 children" are released because "black health care workers from sub-Saharan Africa are blamed instead by Luc Montagnier for spreading "the infection:"

Epilogue in Libya: A spreading AIDS epidemic
By Elisabeth Rosenthal
Thursday, July 26, 2007

ROME: Five Bulgarian nurses and a Palestinian doctor landed in Sofia this week, freed of a death sentence after eight years in Libyan prisons, an apparent victory of diplomacy at long last.

Officially, two visits to Libya by Cécilia Sarkozy, the French president's wife, precipitated the release of the six medics who had been found guilty - not once, but twice - of infecting more than 400 children with HIV as part of a plot by the Israeli secret service.

Sarkozy's visit was only the latest in countless pilgrimages by diplomats and scientists to the Libyan leader, Muammar el-Qaddafi, to plead the medics' cause. Recent visitors included the U.S. secretary of state, Condoleezza Rice, the European Union's external relations commissioner, Benita Ferrero-Waldner, and Richard Roberts, a Nobel laureate, who represented more than 100 Nobel Prize winners.

But the drawn-out drama also reflects a complex structure of Libya's internal politics that prevented an obvious solution from being reached, experts in the case said. And the sad epilogue will be in Libya, too: an AIDS epidemic that has never been fully acknowledged and that continues to spread, as well as the 426 children dependent on treatment in a system ill-prepared for the task.

It was completely clear scientifically since 2002 that they were not guilty," said Vittorio Colizzi, a renowned AIDS expert who was invited by the Qaddafi family to study the hospital in Benghazi where the infections took place and was given wide access to wards and medical records. "But the nurses suffered for years from the incapacity of diplomacy and politics to free them in a timely manner.

*He and another expert, Dr. Luc Montagnier, the French virologist whose team discovered HIV, concluded that the AIDS virus was present in the hospital before the nurses arrived**, probably brought to Libya by guest workers from countries in sub-Saharan Africa.***

(In other words, it the fault of the blacks, if this quote from Montagnier is accurate). In other words, Blacks from sub-Saharan Africa "infected" those 436 children, somehow, according to Luc Montagnier. How? Because they were black of course!

2007 On Monday, July 23, 2007, in Nkange, Botswana, it was reported that (Craig Timberg Washington Post Foreign Service that in Botswana, step to cut AIDS proves a formula for disaster:

Doctors noticed two troubling things about the limp, sunken-eyed children who flooded pediatric wards across Botswana during the rainy season in early 2006: They were dying from diarrhea, a malady that is rarely fatal here. And few of their mothers were breast-feeding, a practice once all but universal.

After the outbreak was over and at least 532 children had died — 20 times the usual toll for diarrhea — a team of U.S. investigators solved the terrible riddle.

A decade-long, global push to provide infant formula to mothers with the AIDS virus had backfired in Botswana, leaving children more vulnerable to other, more immediately lethal diseases, the U.S. team found after investigating the outbreak at the request of Botswana's government.

2007 July - A total recall of an important AIDS drug widely used in developing countries has disrupted treatment for tens of thousands of the world's poorest patients, with no clear word from the manufacturer on when shipments will resume.

The recall of the drug, Viracept, by Roche Pharmaceuticals of Switzerland, went largely unnoticed in the developed world when it was announced in early June, after the company had discovered that some batches made at its Swiss plant contained a dangerous chemical. But the recall has caused growing concern among global health officials and in AIDS programs in many poor nations. They say the company did an inadequate job of informing patients and officials about the potential risks and helping them find affordable access to newer alternative drugs.

2007 *"September AIDS Effort Suffers Big Blow As Merck Vaccine Fails to evoke seroconversion or protection from "HIV,"* by Marilyn Chase and Mark Schoofs:

"In a major setback, one of the leading experimental AIDS vaccines not only failed to prevent test subjects from becoming infected with HIV, but it didn't offer any indication it might delay the onset of full-blown AIDS, which had been a key hope."

The collapse of the trial leaves Merck & Co., which had spent a decade developing the vaccine, with no remaining prospects in the global hunt for an AIDS immunization. The vaccine was tested in a network funded by the National Institutes of Health."

"We've been kicked in the teeth," said Bruce Walker, a veteran AIDS researcher at Harvard University who wasn't involved in the study. Lawrence Corey, a leader of the NIH-funded HIV Vaccine Trials Network, said he was 'mourning.'"

"The results are particularly disappointing because it is widely agreed that only a vaccine could end the epidemic. Last year, more than four million people world-wide contracted HIV, the virus

that causes AIDS, and nearly three million died, according to United Nations estimates. Almost 40 million people are currently living with HIV."

"But researchers cautioned against overreacting. Merck's vaccine is one of many in or heading into clinical trials, and different types of vaccines are known to stimulate different kinds of immunity. For example, an experimental immunization now in human trials that was developed by the HIV Vaccine Research Center of the NIH had shown more-promising results in monkey trials than did the Merck vaccine."

"It isn't the end of the line," said Mitchell Warren, executive director of the AIDS Vaccine Advocacy Coalition, a New York group advocating prevention. Merck's data "aren't the answers we wanted, but they will help improve our other vaccine candidates."

"Tuesday, the trial was stopped early by independent overseers known as the Data & Safety Monitoring Board. Comparing two groups -- those who received the vaccine and those who received a placebo -- the overseers determined there was virtually no statistical difference in infection rates between them, indicating the vaccine wasn't working. Also, the amount of HIV in the blood of those who did get infected, a predictor of how fast a person will get full-blown AIDS, was virtually the same in each group."

"The ultimate fear among researchers is that the whole theory underlying the Merck vaccine might be flawed, which, if true, could doom an entire class of experimental vaccines."

"Most classical vaccines, such as those against smallpox or polio, stimulate the body to produce antibodies that ward off infection. But stimulating antibodies that neutralize a broad range of HIV strains has been notoriously difficult, so researchers focused on the other arm of the immune system: killer T-cells, which attack and kill cells that HIV has already infected. Such vaccines have been considered less likely to prevent someone from getting infected; instead, it was hoped they would enable an infected person to suppress the virus and so delay, perhaps for many years, the onset of disease."

"Given that this study was the leading edge" of research on T-cell based HIV vaccines, said Mark Feinberg, vice president for medical affairs and health policy in Merck's vaccine division, "there was great disappointment."

"There is nothing on the horizon" at Merck, he said. "We don't have any other vaccine candidates we've identified as promising enough to advance into clinical studies." Dr. Feinberg added that "Merck is "committed to finding ways to share information accumulated over two decades to facilitate the broader effort" to develop an AIDS vaccine".

"The Merck vaccine did stimulate the immune system's T-cells -- a notable development -- but not in a way that helped infected test subjects control the virus. Now, researchers will try to figure out why."

"Merck's shares, reflecting downplayed hopes that such an early vaccine would work, were up 44 cents to $51.82 at 4 p.m. Friday in New York Stock Exchange composite trading."

“Merck HIV vaccine fails, trials halted.”

“Trials of the most promising HIV vaccine to date have been halted following news that the vaccine did not protect against HIV infection, according to a press release issued on Friday by developer Merck.The STEP study (HVTN 502, Merck V520 Protocol 023) was a multicenter, randomized, double-blind, placebo-controlled phase II test-of-concept clinical trial. The trial enrolled 3,000 HIV-negative volunteers from diverse backgrounds between 18 and 45 years of age at high risk of HIV infection.”

*“The vaccine did not prevent infection: in volunteers who received **at least one** dose of the three-dose vaccine series, **24** cases of HIV infection were observed in the **741** volunteers who received vaccine and **21** cases of HIV infection were observed in the **762** participants in the placebo group.”*

*“In the subgroup who had received **at least two** vaccinations and who were HIV negative for at least the first 12 weeks of the trial, **19** cases of HIV infection were observed in the **672** volunteers who received vaccine and **11** cases were observed in the **691** volunteers who received placebo.”*

“The failure of this trial is being grieved as a huge disappointment to virtually everyone working in the field of “HIV/AIDS.””

The leading hypothesis offered by the AIDS industry for the vaccine’s failure and the increase in acquiring "HIV infection" among the “HIV” vaccine recipients was that:

*" People who received the vaccine had greater-than-normal activation and consequently produced **more** and **fatter** cellular targets for HIV. That then increased their chances of becoming infected should they encounter the virus in unprotected intercourse."*

Yet two facts make this claim unlikely:

"People have been suffering immune-activating infections and getting vaccines for years, and there has never been evidence that those events increased a person's risk of acquiring HIV. These vaccine trials would be odd places to first notice such a thing. Furthermore, people in the STEP study who got the vaccine did not have more activated CD4 cells than people who got placebo -- something that Merck vaccine executive Mark B. Feinberg called "kind of an interesting and unexplained observation."

Dr. Anthony S. Fauci, head of the National Institute of Allergy and Infectious Diseases, which sponsored the trials said:

"There is something very, very peculiar going on in the vaccine trials."

In an interview with these and other top AIDS researchers of this "Challenger disaster-sized" vaccine failure, Ed Silverman suggested that this failure and insurmountable problems included

such possibilities as (http://www.pharmalot.com/2008/03/aids-vaccines-a-catastrophe-like-the-challenger/):

"The multiple surprises have reminded researchers how much they still do not know about HIV's biology. It has also focused attention on questions they never asked."

"For example, none of the monkey experiments with the Merck vaccine subjected animals to the kind of sexual exposure that people in the trial had -- namely, repeated encounters with low doses of HIV, with no single exposure being especially high-risk."

"Why not?"

*"The researchers did not have any reason to believe the vaccine might be harmful (although they acknowledged it might not be effective), and in any case such a study would have required quite a large number of monkeys, **which are expensive to acquire and maintain for research.**"*

*"Instead, researchers vaccinated a relatively small number of monkeys with the Merck vaccine and then injected them with the **monkey equivalent of HIV** in a manner that guaranteed they would become infected. Those animals did **much better** over the long run than infected but unvaccinated ones."*

The vaccine's failure to protect recipients from acquiring "HIV" was also a big disappointment to the recipients of the anti-"HIV" vaccine. The "HIV" vaccine recipients tested positive for "HIV" slightly more frequently than the non-"HIV"-vaccinated, but the differences between the groups were not significant in any arms of the STEP trial, or in any other "HIV" vaccine trial. All of these men who now test "HIV-positive" will be regarded and treated now as AIDS patients.

2008, January. Prince George's County, Upper Marlboro, Maryland (CNN).

A crowd of frustrated parents gathered on a chilly Saturday morning outside Prince George's County Circuit Court to comply with an order from the school system to have their children vaccinated -- or else.

Prince George's County State's Attorney Glenn Ivey, whose office began the effort, was at the courthouse to answer questions.

Judge C. Philip Nichols, who signed the letters threatening parents with jail or fines, said he felt the tactic worked.

"We got a thousand kids back in school just by sending one letter," he said.

Nichols ordered parents to come to court Saturday to either immunize the children on the spot, or to provide proof that they already had their shots, according to The Associated Press.

Families who failed to comply could face 10 to 30 days in jail.

"The schools started out with phone calls, even home visits, and this became a last resort for parents who wouldn't comply one way or another," Ivey said.

All states require school-age children to be immunized against diseases (http://topics.cnn.com/topics/contagious_and_infectious_diseases) such as mumps, measles and polio. But the parents said they objected to the heavy-handed way Ivey has handled the issue.

Families could opt out of the required shots by providing medical or religious waivers. Citing cases of serious adverse reactions, some parents worry about the safety of vaccines.

"The patient should have a choice. I just don't think Big Brother should have that much power," said Donna Hurlock, a physician and activist concerned about parental rights and privacy issues.

Jim Moody was among the parents protesting the policy.

"There are serious considerations for safety that need to be addressed before compelling people to get vaccines," he said.

Public health officials said the benefits of vaccinations against childhood diseases outweigh the risks.

Some parents who received letters saying they were not in compliance with the vaccination mandate complained that it was the fault of the school system, which they described as disorganized.

"It was the school's mistake. [My daughter] didn't have documentation. This is the second or third time we had to redo her again because her shot records got misplaced," Ron Brooking told CNN.

Authorities said they will decide in the next few days what to do with families who refused to obey the vaccination order.

Ivey was still mulling whether to prosecute parents not in compliance.

"We have to sit down with school and health services," he told the AP. "We haven't ruled anything out. We need to figure out where we stand."

The parents of about 1,700 children received letters from Ivey reminding them of the consequences for not complying, said John White, spokesman for Prince George's County Public Schools.

That number was down to 1,111 by Thursday, and was reduced to 939 children by Saturday evening, he said.

White said that number was the lowest since since a law requiring additional vaccinations went into effect January 1.

But "obviously, we still have some more work to do," he told the AP. 101 vaccinations were administered at the courthouse and 71 records were updated, he said.

2008, January 3,
NEJM Volume 358:93-94, Number 1

Early Thimerosal Exposure and Neuropsychological Outcomes
By Thompson, W. W.

To the Editor: Thompson et al. (Sept. 27 issue)1 report the results of a study investigating the neuropsychological outcomes of early exposure to thimerosal. As a dissenting member of the panel of external consultants for this study, I object to the authors' conclusion that there is no causal association between thimerosal and children's brain function. The sample comprised children who were least likely to exhibit neuropsychological impairments. Specifically, children with congenital problems, those from multiple births, those of low birth weight, and those not living with their biological mother were excluded. The sample was skewed toward higher socioeconomic status and maternal education — factors that are associated with lower rates of neurobehavioral problems and higher intervention rates and that were not measured. The sampling frame included only children enrolled from birth in the health maintenance organization (HMO) and still enrolled after 7 to 10 years, excluding children in higher-mobility families, who tend to have lower academic and behavioral function.2 Children with neurobehavioral problems may have been less likely to remain with the HMO. Only 30% of families selected for recruitment participated, a low rate for scientific research. Among the families selected for recruitment, 26% refused to participate. Another 28% "could not be located," which included families that did not respond to multiple recruitment attempts (internal documentation from the study contractor, Abt Associates) — another form of refusal.

2008, *June. HPV Vaccination: Is It Cost-Effective?*

Immunizing preteens before sexual exposure makes economic sense; cost-effectiveness of vaccinating older teens and young-adult females is less clear. By Ann J.

*In June, 2008, the **reported** (<10% of adverse reactions are known to be reported) the adverse events tally increased to **8,864**: (http://tinyurl.com/6dkht7)*

Death toll linked to Gardasil vaccine rises. Complications include shock, 'foaming at mouth,' convulsions, coma. Posted: June 30, 2008 10:18 pm Eastern, 2008 (WorldNetDaily).

"Anaphylactic shock," "foaming at mouth," "grand mal convulsion," "coma" and "now paralyzed" are a few of the startling descriptions included in a new federal report describing the complications from Merck & Co.'s Gardasil medication for sexually transmitted human papillomavirus – which has been proposed as mandatory for all schoolgirls.

The document was obtained from the U.S. Food and Drug Administration by Judicial Watch, a Washington group that investigates and prosecutes government corruption, and it has details of 10 deaths just since September.

"Given all the questions about Gardasil, the best public health policy would be to re-evaluate its safety and to prohibit its distribution to minors. In the least, governments should rethink any efforts to mandate or promote this vaccine for children," said Judicial Watch President Tom Fitton.

The organization's work uncovered reports of about one death each month since last fall, bringing the total death toll from the drug to at least 18 and as many as 20. There also were 140 "serious" reports of complications including about three dozen classified as life- threatening, 10 spontaneous abortions and half a dozen cases of Guillain-Barre Syndrome.

"The document reveals the case of an 18-year-old woman who got the Gardasil vaccine, was found unconscious that evening, and died. Another woman, age 19, got the drug and the next morning was found dead in her bed."

*"The new documents also reveal a total of **8,864** Vaccine Adverse Event Reporting System records, up from a total of **3,461** that had been reported in a document just last fall."*

July 10, 2008. 12 Babies Die During Vaccine Trials in Argentina. (Trading Markets).
At least 12 infants who were part of a clinical study to test a pneumonia vaccine have died in Argentina over the course of the past year.

The study was sponsored by GlaxoSmithKline, and uses children from poor families. According to the Argentine Federation of Health Professionals, the families are "pressured and forced into signing consent forms".

The vaccine trial is still ongoing despite the denunciations.

2008 Tuesday, November 11, Gardasil Linked to Seventy-Eight Outbreaks of Genital Warts
by: Joanne Waldron http://www.NaturalNews.com/024774.html" target="_blank" title="

Gardasil Linked to Seventy-Eight Outbreaks of Genital Warts

The Gardasil vaccine has been linked to 78 outbreaks of genital warts, according to an article in The Fiji Times entitled "Are our girls guinea pigs?" by Matelita Ragogo. That's right. In addition to all of the other adverse reactions to this controversial vaccine, children who receive it are subject to outbreaks of genital warts. Unfortunately, not too many doctors take the time to educate parents about some of these possible reactions prior to giving little girls this expensive jab.

Deaths, Miscarriages and Other Adverse Events

While genital warts are certainly disgusting, parents who think that genital warts are the worst possible adverse reaction to the vaccine should think again. According to Ragogo, as of August 14th, including the 78 outbreaks of genital warts, there have been 9,748 adverse events reported as per Judicial Watch, a non-profit watchdog group. Judicial Watch also reports that there have been 21 deaths, not including the deaths (by miscarriage) of 10 unborn babies.

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	Diphtheria
Tetanus	Whooping coughHib (meningitis)
PCV (pneumonia)	Rotavirus (diarrhea)
Hepatitis A and B	Flu (annually)
Measles	Mumps
Rubella	Chickenpox

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)

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 of 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

RESIGNATION LETTER OF DR. STOLLER

K.P. Stoller/Medical Veritas 5 (2008) 16991700 1699 Les Incompétents:
My open letter to the American Academy of Pediatrics
K. Paul Stoller, MD
President, International Hyperbaric Medical Assoc Medical Director, Hyperbaric Medical Center of New Mexico
Email: hbotnm@netzero.net Website: www.hbotnm.com

Abstract
A protest resignation from the American Academy of Pediatrics (AAP), by a pediatrician with two decades of membership, is precipitated by the organization's sellout of the world's children by a policy that arrogantly and blindly ignored basic toxicology and safety limits when it involved vaccine and enabled a dangerous immunization mandate by the compromised Centers for Disease Control (CDC) via publication of CDC sponsored low quality epidemiology studies showing no connection between vaccines with Thimerosal written by individuals involved in producing Thimerosal-containing vaccines without disclosure (the conclusion of the studies showed Thimerosal removal caused autism). The AAP is fully aware of the untainted CDC analysis presented at the secret Simpsonwood conference and has known for almost a decade that Thimerosal causes neurodevelop-mental disorders. Perpetuating the myth that affected children have come to the fore only because of better diagnosing, or because of a genetic epidemic (there are no genetic epidemics), the AAP has helped to subject the world's children to environmental triggers that effect both mitochondrial function and brain activity. Driven by hubris and the largesse of vaccine manufacturers, the AAP has helped cause the loss of valuable time to rectify the crisis, the loss of a generation of children and perpetuated untold suffering worldwide.

Keywords: autism, immunization policy, mercury, mitochondrial dysfunction, Thimerosal, vaccine

"Diet, injections, and injunctions will combine, from a very early age, to produce the sort of character and the sort of beliefs that the authorities consider desirable, and any serious criticism of the powers that be will become psychologically impossible. Even if all are miserable, all will believe themselves happy, because the government will tell them that they are so."
-Bertrand Russell, The Impact of Science on Society p50, 1953

As a pediatrician, who has been a fellow of the American Academy of Pediatrics (AAP) for two decades, I find the AAP's approach to the autism epidemic to be deeply disturbing. Not only have they allowed the myth of better diagnosing (as the reason for all the notice given to affected children) to be perpetuated, but when they were put on notice at the Center for Disease Control and Prevention's (CDC's) Simpsonwood meeting in 2000, that the mercury in the preservative Thimerosal was causing speech delays and learning disabilities, they obfuscated and hid that information. They never made good on their 1999 pledge to have Thimerosal eliminated from

vaccines and almost a decade later joined in the protest against a fictitious TV show (Eli Stone) because it was critical of mercury being in vaccines.

Out of about 120 million doses of the worthless [1] flu vaccine shipped for the 2007-08 flu season, no more than about 15 million doses, including the less than 4 million live-virus doses, were no-Thimerosal doses. That means that about 87% contained some level of Thimerosal and at least 42% contained the maximum level (0.01%) of Thimerosal.

If a pregnant woman got a flu shot in 2001 and her child followed the flu shot recommendations, the baby/fetus would have received six flu shots with the full amount of Thimerosal by the year 2005.

Today, in some states, the flu vaccine given to those under 3 year of age are supposed to contain no more than a trace level of Thimerosal, but with no government agency testing vaccines for mercury, the only ones who know whether a preservative-free vaccine (flu or otherwise) actually is mercury free are the manufacturers themselves.

Vaccines with "trace" amounts of Thimerosal are supposed to contain less than 1 microgram of mercury (Hg) per 0.5 ml dose (1 microgram [ìg] of Hg per 0.5 mL is the same as 2 ìg of Hg per mL which is the same as 2000 liter; micrograms per liter is parts per billion [ppb][2])

0.5 parts per billion (ppb) mercury = Kills human neuroblastoma cells (Parran et al., Toxicol Sci 2005; 86: 132-140).

2 ppb mercury = U.S. EPA limit for drinking water
(http://www.epa.gov/safewater/contaminants/index.html#mcls).

20 ppb mercury = Neurite membrane structure destroyed (Leong et al., Neuroreport 2001; 12: 733-37).

200 ppb mercury = level in liquid the EPA classifies as hazardous waste
(http://www.epa.gov/epaoswer/hazwaste/mercury/ regs.htm#hazwaste)

25,000 ppb mercury = Concentration of mercury in multi-dose, Hepatitis B vaccine vials, administered at birth from 1991-2001 in the U.S.

50,000 ppb mercury = Concentration of mercury in multi-dose DTP and Haemophilus B vaccine vials, administered 8 times in the 1990's to children at 2, 4, 6, 12 and 18 months of age and currently "preservative" level mercury in multi-dose flu, meningococcal and tetanus (7 and older) vaccines.

For years the Infectious Disease division at the CDC (and others) has said the reason for the dramatic increase in autism is due to "better diagnosing" and "greater awareness." They have encouraged those like the AAP to manufacture uncertainty by publishing articles that were less than truthful. The AAP shame-fully played along, perhaps encouraged by the largesse of vaccine manufacturers who significantly contribute to the AAP's yearly budget. To publish studies that

showed the removal of a known neurotoxin (mercury) from vaccine caused the incidence of autism to increase was shameful pseudo-science.

There is another budget to consider for eighty percent of autistic Americans under the age of 18, and we will soon begin to see a dramatic impact on Social Security in coming years as these children become dependent adults. There are no studies that have found the previously undiagnosed or misdiagnosed autistic individuals among older Americans. They simply aren't there. So what is coming will significantly impact on society.

As there are no genetic epidemics, which leaves an epidemic linked to some sort of exposure. Now, the increase of autism has been linked to the increase in mercury exposure through fish and industrial sources, amalgam and additionally, through increased parenteral exposure to Thimerosal - no controlled, randomized study regarding the safety of amalgam or Thimerosal exists.

A recently released Scientific Consensus Statement on Environmental Agents Associated with Neurodevelopmental Disorders (by the Collaborative on Health and the Environment's Learning and Developmental Disabilities Initiative) concludes that environmental contaminants are an important cause of learning and developmental disabilities.

Delayed detoxification of mercury severely impairs methylation reactions (required for the correct expression of DNA, RNA, and neurotransmitters), which further adversely affects growth factor derived development of the brain and attention abilities. Phospholipid methylation, which is crucial for attention, is impaired in autistic and attention deficit hyperactivity disorders.

In a first analysis of the VSD datasets, Verstraeten et al. had described a 7.6 to 11.4 fold increase of autism risk in children at one month, with the highest mercury exposure levels compared to children with no exposure. In four subsequent separate gen-erations of the analysis, which involve the exclusion of children with no Thimerosal exposure and less than two polio vaccines, the statistical significance disappeared. This is what was pub-lished by the AAP even though they knew the truth. How did they know the truth?

Again, they were presented at the Simpsonwood meeting in June 2000, a meeting that was illegal to hold. No Federal agency is allowed to call a meeting together with representatives of private industry (all the vaccine manufacturers were represented at this meeting) without opening the meeting to the public.

Thimerosal was tested only once, by Eli Lilly on 22 adult patients suffering from meningitis. There was no chance for follow- up to observe long-term effects, as all of the patients in this "study" died. Even if follow-up had been possible, damage to the developing brains of very young children would have remained an unknown. Eli Lilly said it was safe and the medical community accepted it. After the creation of the FDA, its use was simply continued. The federal government has never tested the type of mercury in vaccines for toxicity. This is an unconscionable oversight failure at best, at worse it is an example that we have left consensus reality to be created by the liars, thieves, cheats, killers, and the junk scientists they employ.

How it came to pass the AAP joined these rogues and be-came an active participant in this skullduggery is beyond reason even beyond greed. They have remained silent as mercury-laden vaccine continues to be exported and used in all third world and second world countries.

We are living in a time where an incredible overplay and lies, self-aggrandizing behavior and non-science are the norm. We have tolerated the junk science that has covered up the true cause of this epidemic at a considerable cost to science, the public, and our very way of life in this country. Is it a stretch to realize that by putting our collective heads in the sand about the autism epidemic we have made it possible for the destruction of our very civilization?

Not something easy to contemplate? Then ask why haven't pediatricians come forward to demand the end of the use of Thimerosal once and for all, and to advocate for the treatment of these children before it is too late? Why are they not at the front of the line protesting the amounts of mercury allowed to come out of coal-fired power plants? Why aren't they leading the charge to stop the use of mercury amalgam dental fillings that are placed in the mouths of young children and pregnant women?

The very Federal agencies that should have been sounding the alarm bell about environmental pollution creating future generations of mentally disabled citizens did less than remain silent because they have become arms of the very corporations that profit from selling and distributing poisons. Just look who sits on the FDA's Scientific Advisory Boards the conflicts of interest are so glaring as to suggest that the FDA has become a trade arm of Big Pharma.

Nevertheless, the hand writing is on the wall as the US government has quietly conceded a vaccine-autism case in the Court of Federal Claims [3]. Pediatricians will no longer be able to hide behind the skirts of "Standard of Care" if they are giving autistic children heavy-metal laden vaccines, or children with mitochondrial dysfunction vaccine, or when it is established most "autistic" children have mitochondrial dysfunction.

The AAP should proactively be bringing in risk management specialists to determine how this could affect pediatricians in civil litigation for following the CDC recommendations on vaccinations after a diagnosis of any type of neurodevelopmental delay in a child. Of course, this is what they are afraid of and this is what the law of attraction will bring in upon the AAP and their minions who just followed the recommendations and drank the Kool-Aid that Big Pharma wanted them to drink.

For all the above reasons, I will no longer enable the AAP to be party to the damage that is being done to the world's chil-dren by sending in my dues for a third decade. It is a token pro-test, but it has to begin with someone.

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THE ORIGIN OF FEAR OF EPIDEMICS, CONTAGION, AND THE HEALTHY CARRIER STATE:

This time-line also reveals that those who advocate for universal vaccination are acting like prophets or religious seers when they tell you that, “if this or that vaccine were not available, the rates of disease would have been much higher, or they will be much higher.” As the periodic and unpredictable occurrences of the bubonic plague illustrates, natural epidemics have been for the most part unpredictable. How will Mankind meet his end, or will our ride on this planet ever end? Will our population size become decimated because of climate change and a drop in the food supply as may have happened during any one of the 12 ice ages that have occurred during the past 1,000,000 years according to geologists? Will it happen because of natural selection at all because we have so removed ourselves from most ecological constraints? Will we control our own reproduction and our child’s immune systems through use of “our special intelligence,” and our ability to control our behavior, through education, through religious practices and mandates such as PEPFAR, through forced limitations on the numbers of children permitted with abortion, or with genetic screening pogroms? Should we control our birthing rate based on cultural values or traditions that value a particular gender? Or will warfare, and events that could occur such as nuclear winter constrain our numbers? Will our population become decimated by something like an “AIDS” epidemic or Rumsfeld’s “bird flu” that has boosted tamiflu’s sales through the roof without any scientific or medical evidence that bird flu exists, and which has resulted in the culling of millions of birds in Asia and elsewhere? Perhaps our species will eventually be culled by some other constraint or constraints that combine natural forces, and our own ecology-independent behavior?

The concept of a healthy carrier state continues to dominate our thinking and strategies for global health, and direct the funding and kind of pogroms designed to improve human health. Are fear mongering campaigns, and other initiatives and infrastructure that accompany these pogroms even necessary? Is our fear of contagion and epidemics and “healthy carriers” justified? Why has our fear of contagion and the healthy carrier state become one of the most powerful forces that shape our collective behavior, our decisions to expose our offspring or ourselves to things like a polio vaccine derived from feces extracts, and which compel us to jab our infants with hepatitis B vaccines before their immune systems are even developed, and a decade and a half before we are told they will become drug addicts and prostitutes?

Has our fear of the healthy carrier state originated from the biological basis of human behavior, from our culture, our learned behavior, or from some mixture of these phenomena? Is it “pure instinct,” for example, that compels some parents who belong to day care centers or groups, to shun other children in those day care centers whose parents refuse to vaccinate or who don’t receive vaccinations, and who seemingly believe with all of their hearts, that not to vaccinate everybody is to recklessly endanger the vary life of their own child? Are these fears of the parents warranted who fear that an unvaccinated child is a walking plague-generator, and how have they come about?

The fascinating topic of anthropology provides a long view of our history, so we will apply its information to these big questions.

Population geneticists and ecologists distinguish between genetic polymorphisms, and rare random molecular markers in human blood. They can tell us why our blood groups are distributed around the planet the way they are. AIDS scientists tell us of the CCR5 "HIV-receptor" mutation, and how white European "low risk" persons may be more resistant to catching "HIV" than blacks, or other people who may harbor the CCR5 receptor. Although the AIDS epidemic is "over" according to de Cock, except of course in Africa and Washington D.C. and New York, where a lot of African Americans live and who harbor the CCR5 receptors at high frequency we are told, CCR5 receptor distributions are unlikely to be of much use in explaining how Michael Gottleib's first white patients acquired "HIV/AIDS."

Recently, it was even reported that if bone marrow cells are taken from one of two "low-risk" CCR5-white people who were "HIV-positive," and who lived in Germany (and near L.A), and whose cells contained a double mutant of CCR5, that such cells can be extracted from these persons and used successfully for bone-graft transplants after total body irradiation for leukemia. After the CCR5 negative cell transplant, it was claimed that these 2 leukemia patients lost their "HIV-positive" test results, and news reports were then flashed about the globe, that of these one out of the two cancer patients treated in this manner so far (although the guy from LA wasn't a verified mutant), and that only one of the two patients died of the treatment in four months, it was proclaimed in all the media as a "walk on the moon achievment" that the one surviving leukemia patient has lost his "HIV-positive" test result for almost 2 years. So knowledge about population distributions of CCR5 receptors, or any other cell receptor polymorphism, is unlikely to be of much help in settling this question at this point.

Primate and human cytogeneticists teach us that some people have 47 chromosomes instead of 46, but you can't tell they have one more chromosome by any behavior they exhibit that is different, or by the way they look. Persons with Down syndrome hold jobs and may have certain features in common, but they also can live independently, and some of them can play music. Some mammals like different groups of Muntjaks are morphologically indistinguishable from one another, although they very in chromosome numbers by as much as 20 chromosomes. The tree shrew thought to occupy the branch of evolution at the base of mammalian divergence more than 70 million years ago has 62 chromosomes: Tarsius, almost as ancient, and one of the oldest known haplorhine primates which is thought to have given rise to our very early lineage, lives in Borneo, and has 80 chromosomes, which is more than any other mammal. However, a similar ancient group of prosimians called slow lorises, have only 5 chromosomes, and all of them look like perfect bow ties (are metacentric) including their X and Y chromosomes. Callicebus lugens, not quite as distant to diverge as the prosimians or Tarsius, and which were thought to diverge some 50 million years ago in the New World (South America), have 16 chromosomes, which is less than any other primate. Howler monkeys, however, that live in the same jungles of South America as Callicebus with its 16 chromosomes, have 47 chromosomes, or 48 chromosomes like gorillas and chimps,

or 49 chromosomes. Squirrel monkeys, another New World primate have 44 chromosomes. Old World monkeys, thought to diverge after the New World Monkeys about 30 million years ago, and which currently live in Africa and Asia (like macaques, Papio baboons, and cercopithicus) have as many as 60, 66, and as many as 72 chromosomes, and there is almost complete banding homology between baboon and human chromosomes. The apes, including us have 50 (siamangs), 44 (gibbons), 48 (orangutans) 48 (gorillas) 48 (chimps) and 46 (most of us). The rigidity of chromosome numbers among the different groups of primates demonstrates how Nature conserves the genetic invariance of lineages living over geological time periods, but also shows that a chromosomal evolutionary clock does not exist. For example, it is well established that we haven't really lost or gained genes during evolution despite the vast differences in the way our genes have become packaged into chromosomes. There are examples of siabon apes, whose chomosome numbers are a mixture between the more distant to diverge siamangs and the more recent to diverge gibbons, and which appear to violate the genetic chromosome combination rules that govern the definition of a species. These siabons are called introgressive hybrids. Banding of the chromosomes (which is a far more accurate method of comparison) shows that the loss of a pair of chromosomes in the human complement of 46 compared to the 48 of chimps, gorillas, and organutans, is probably the result of chromosome fusion resulting in our chromosome 2's current structure and morphology. A chromosome 5 to chromosome 7 translocation has also occurred in gorillas, that isn't found among our chromosomes, or those of chimps or orangutans.

Chromosome cytogenetics doesn't appear to exhibit numerical trends during the evolution of amphibians, reptiles, or other mammalian groups either, and as a peripheral consideration, these different numbers of chromosomes don't signal more propensity or pre-disposition for the development of cancers. Moreover, chromosome numbers cannot really be used to account for any behaviors that demonstrate an awareness of a "heathy carrier state," a fear of epidemics, Muslim behavior, Judeo-Christian behavior, Hindi behavior, Taoistic behavior, Shinto behavior, Zorastrian Behavior, homosexuality versus heterosexual preference, and other belief systems, behavioral preferences, or instincts. These phenomena cannot be explained by any genes either, because the same genes have been merely packaged in different ways amongst different groups, but they still churn out the same proteins such as collagen, fibrinogen, albumin, and all the others. There is no gene for "aggression," there are only genes that code for proteins, such as melanin, casein kinase, tubulin, actin, etc. Genetics is of no help in answering how the healthy carrier state, or our fear of epidemics has arisen.

The anthropologists and epidemiologists who study blood also can inform us as to how a few human diseases have become to be distributed the way they are around the globe and why. For instance, the sickle-cell trait, designated by geneticists as SS for normal, Ss for mixed, and ss for recessive carriers which exhibit full blown disease, is a balanced polymorphism in the way it has been inherited and distributed throughout the globe. As a possible adaptation to malaria as the selection pressure that has shaped the global distribution and S or s mode of inheritance, sickle-cell resulted in carriers who harbored sickled and fragile red blood cells associated with the carrying of the ss

genetic locus. These “s-containing” blood cells don’t support the life cycle of the malarial parasites as efficiently as do normal “S” red blood cells, and half the red blood cells of somebody harboring Ss are sickled (or fragile). Because the parasite is transmitted by mosquitoes in parts of the world where malaria is endemic, and humans that live in these regions tended to have Ss or ss more frequently than populations living in non-malaria occurring regions of the world. The ss carriers can exhibit profound medical problems, but they may also live to reproduce. The AIDS scientists and prophets like Kevin de Cock tell us that heterosexual AIDS is over, except in Africa, where of course black people have some kind of superstition-driven “different heterosexual behavior” that we are told is practiced by the African male, and which still increases heterosexual AIDS only there, and are behaviors practiced by Africans that the men believe protect them, from acquiring AIDS.” Some of these behaviors we are told include “dry sex,” “raping young girls,” or even perhaps, “the tendency of African children to play with dead monkeys as toys,” or the practice by their parents of “smearing blood on their loins to increase sexual desire,” as was reported in The Lancet, or acquired when Africans built cities 100 years ago and had some kind of close relationship with chimps some 80 years before the declaration of the AIDS era as recently reported last month in Nature, or when sub-Saharan health care workers went to Libya to somehow infect 426 children, as was suggested by Luc Montagnier. But these types of information don’t help us solve the problem of the origin of our fear of “heathy carrier state,” or help us come to grips with our irrational fear of contagion, or of “healthy carriers.” They are simply examples of this fear, and how it has been published in top scientific journals during the AIDS era.

The medical anthropologist can tell us why there are no human races from a genetics point of view in the first place, so Mr. de Cock should talk to them regarding why African heterosexual AIDS is different and is still occurring, and ask them why other peoples on the planet somehow have suddenly learned to quell the wily “HIV” during their heterosexual escapades such as the porn industries, that thrive in every major city of the world, and during rapes that happen all over the world, especially in the large American cities. If you take race, skin color, and sexual behavior out of the picture, what really is different about African skies and soil that favor “HIV” transmission there, one might ask Mr. de Cock, while it has been “ended” elsewhere? If the Africans are predominantly heterosexuals like all reproducing peoples on the planet, what is the problem with their reproductive behavior other than the fact that they are perceived as black, perceived as savages, and perhaps as some authors have suggested, closer to non-human primates?

For these and many other reasons, it is unlikely that our genes, chromosomes, “dry sex,” “building cities while having “close contact” with chimps, or any other reason mentioned above explain why we fear a healthy carrier state, or, why we fear contagion or healthy carriers. Then let’s consider how 70 million years of living in trees and on the ground may have set the stage for the emergence of these fears.

It is a complex story. Our totally upright posture, mode of locomotion, binocular vision, our ability to communicate with spoken language, our grooming behavior, our sexual

postures and limitations, or our altruistic or at times aggressive behavior, our innovative behavior, our methods of passing down traditions, and other tendencies, all have perhaps contributed to our fear of the healthy carrier state, fear of contagion, and fear of epidemics, but how? Specifically, what types of events, transitions, or historical episodes should we identify in order to explain our fear of contagions, epidemics, or healthy carriers?

Perhaps chimps and gorillas continue to enjoy a life in their small groups among the African mountain jungles, while we develop cities and hospitals. Ecological constraints and geographic history could account for our fear, which has nothing to do with the emergence of our long chromosome 2, and which might extend back tens of millions of years? Because of their geographical distribution, chimps and gorillas have been constrained to the trees and jungles for a few millions of years longer than we were, as is suggested by both the chimps and gorilla's great toe, and knuckle-walking and bipedal abilities, their diets, their teeth, by the human-like sexual postures practiced by some groups of chimps and orangutans in the trees and on the ground, by their similar generation overlap time with their offspring, and perhaps many other reasons all dictated by geographically constraints?

Did fear of epidemics, the healthy carrier state, and contagion perhaps extend as far back as the times in our history when the limitations of the size of the human birth canal, and the time periods of our gestation and its physiology were shaped, compared to other apes? How much did the slow development and relative helpless dependence of human children and their overlapping of generations contribute to our instincts, development of culture, current lifespan, fear of the healthy carrier state, fear of contagion, and our fear of epidemics?

Except among the great apes, infant survival among monkeys always has heavily depended on the ability of their infants to understand Darwinian selection, and to tightly grasp the hair of their mothers so they wouldn't fall out of the trees to their deaths. If infants would fall to their deaths from trees when their parental taxi cabs brachiated or climbed through the trees, then the infants would die, their inefficient grasping reflex "gene" or their defective grasping ability would die with them, and those constellations of genes or traits would become extinct. This had to do with some complex interaction between mother and offspring that was contemporary with marsupials, and their more primitive pouches. Nature was experimenting at the time between such things as protherians (egg laying mammals), metatherians (marsupials) and placental mammals or eutherians. If the infant monkey had an adequate reflex to grasp fur during parental locomotion shortly after its birth or after emergence from the cloaca, then Darwinists might argue that the mother or troop could travel further during their foraging trips, eat more food, produce healthier and more robust offspring, and this ability would be passed on, and perhaps over time, improved. Nobody can deny, however, that logically, a heavy premium and stringent ecological and survival constraint has been placed on a monkey infant's grasping ability, its corresponding neural developmental stage, its extent of myelination and motor unit coordination established by the time of birth to execute such motor abilities, and the infant's other overall abilities as a newborn.

Although our fear of epidemics, contagion, and healthy carriers seems almost instinctual at day care centers when today's parents are seen to withdraw their children if others aren't vaccinated, or when judges in New Jersey rule to fine parents 500 dollars a day and prohibit entrance into school for each day they don't prove their children were vaccinated, all of these geographically constrained adaptations had to have long preceded our fear of contagion. In other words, we cannot identify any ecological constraint among these or others that might be proposed, that can explain why Ryan White was refused entrance into school because he was "HIV-positive."

It is well established that learned parenting behavior among the larger apes led to more able humans, and a longer period of child-play during which time spontaneous creative behaviors could develop. Although all primates and indeed mammals play in their youth, perhaps humans were forced to care for their slow-developing and relatively helpless infants for a longer period of time than non-human primates, and due to this developmental delay or retardation, the dependence of the infants on their parents became relatively increased, as did the protective instincts of the parents?

With the growth delay and increase, the large head size and the necessary birthing canal size needed to accommodate that larger head, the consequent changes to the pelvis to allow that large head passage during birth, the loss of the tail for balance and in some monkeys, prehensile tails, and the increasingly total ground-dwelling behavior of our early human ancestors all could be elements that set the stage for the terrestrial methods of holding or support of the infant during their locomotion on the savannahs. Still there is no obvious physiologic stage-setting or pre-adaptations regarding our reproductive physiology that I am aware of in this context which can explain the origin of fear of contagion, fear of epidemics, or fear of the healthy carrier state. The young learn to eat what their parents eat: there is no reason to learn suspicion of strange foods. There is learned xenophobia, however. More about xenophobia later.

Apes and humans are what ecologists call K- selected than R-selected compared to monkeys with respect to their care of their offspring. However, alligators carry their youth in their mouths to protect them, and alligators are good mothers and are k-selected compared to other reptiles, so this behavior was being explored by nature at least as far back as the dinosaurs. In other words, K versus R-selection isn't unique among humans, or even the great apes, mammals, or birds or reptiles. Therefore, although humanity might be different only because we care about our children longer than other primates or alligators due to the slow development and relative helplessness of our offspring, K-selection doesn't specifically explain the origin of fear of the healthy carrier state, of contagion, or fear of epidemics.

How our pelvic girdle-femur architecture, our post-natal grasping Babinski reflex of the foot and our hand Moro reflex for post-natal grasping changed from those of by our ancestors' doesn't explain the emergence of the fear of the healthy carrier state, fear of epidemics, or our fear of contagion either. All of these constraints, and many not mentioned here, came together, and resulted in our current femur-hip architecture and head size at birth, and along with these changes in anatomy, our plastic pelvis, more

than any other feature, could have set the stage for our “special intelligence,” with which we learned to fear the healthy carrier state, epidemics, and contagion? I’m skipping a lot of intermediary steps here, and a lot of information, but precisely when or why did these fears become part of our collective consciousness? The human toddler’s walk still is adult-chimp-like, and it is still unknown as to what event could have stimulated the growth of the human femur neck during childhood differentially from our gorilla and chimp cousins, so that the factor that initiated this change in our physiology is unknown to science, and its specific role toward the development of things like our capacity to communicate. This developmental acceleration, however, and whenever it occurred, was important, so that our weight when we walk would be “centered” over our feet after the age of about two, because our femur necks grow out during our childhood, and the joint becomes remodeled, which is relative to our head size at birth, which needs to be what it is, and which set the stage perhaps, for our “special intelligence” because these things eventually confined us to savannah life away from the trees?

In this context, evidence exists regarding such observations as the fact that all great ape infants waddle when they walk on two legs as toddlers, because the neck of a human child’s femur doesn’t extend until about the age of two, which causes them to waddle as infants like adult chimps when they are walking bipedally. When they walk on two legs, adult gorillas and chimps must rotate their hip slightly from side to side or “waddle,” in order to swing the advancing leg forward when they walk. Carefully watch a human toddler when they walk, and then observe an adult chimp when it walks on two legs. The locomotion of human toddlers and adult chimps is almost identical because neither the human toddler or the adult ape have a long enough femur neck to simply swing the leg forward, until that neck region of the femur bone augments in length and extends the bone outward away from the hip only during human childhood. Could that developmental acceleration of the femur in humans have been the prime event that set the stage for our increasing head size, birthing canal size, increased gestation period, “special intelligence,” and eventually, our fear of epidemics, the healthy carrier state, or contagion?

Many of these subtle kinds of developments and changes in evolution are due to what Steven Gould and others have described as paedomorphism: an alteration of the timing of important developmental events that can have major morphological consequences. The evidence strongly suggests that “our special intelligence” had to be due to the emergence of behaviors selected not only through slow and sequential Darwinian selection.

The more recent evolution of language, our social behavior, and eventually our culture that has emerged from this anatomical foundation, have likely been far more important in shaping why we became “human,” and why we fear contagion than any aspect of our biology, except perhaps for a few minor but specific developmental changes that may have been necessary in order to spread the fear of pandemic contagion through such things as media. For example, our vocal cord becomes spit into two fibers after we are born, and this modification doesn’t occur at any time during chimp or gorilla

development, or during their adulthood. It was thought that this modification of that throat ligament set the stage for the production of a large array of sounds when air was exhaled out, and joyously, these bifurcated ligaments could produce an array of sounds unlike any other primate. It is unlikely that this difference can be attributed to the fusion of gorilla and chimp chromosomes to form the long human chromosome 2, and it probably arose through slow developmental augmentations and diminutions over perhaps as long as 70 million or more years. Along with the difference in vocal cord anatomy, and unlike any non-human primate, adult human faces have remained flat like all ape faces are at birth (orthograde), whereas most other primate's skulls and faces extended outward and become prognothic during their childhoods, due to an augmentation of many of the bones of the face during childhood. The cute round-headedness or paedomorphism is legion among most mammals at birth and infancy. Why is this "cuteness" maintained among humans while chimps, gorillas, and most mammal's faces become prognothic to varying degrees during their post-natal development, and how could this retardation occur only in humans? Until DES (the synthetic oestrogen) was finally banned in the United States because it caused ovarian cancers in the daughters of the women who took the drug, and increased miscarriages instead of decreased them as doctors said, the medical establishment and agriculturists strongly advocated use of the drug in a variety of contexts: so our mothers would form fatter babies and to counter "potential problems" during pregnancy, so that the growth of girls would be stunted during their childhood to make them more attractive to men, and to fatten up livestock to increase profits. Therefore, it is possible that similar molecules or hormone analogs and their antagonists may have accelerated or delayed subtle anatomical features of our anatomy, depending on our diets, our environments, and our behaviors. Many foods (and behaviors) stimulate or anatagonize increased levels of hormone production. Perhaps because our faces remain flat, the corresponding anatomical co-variables such as the emergence of split vocal folds during infancy was a retardation or loss of an early infant-period growth stimulus? No other ape or primate can talk like we can although many use complex vocal communication. And it should be borne in mind that all vertebrates have gill-like slits like fish early during their gestation. The throat, jaw, and gill arch region of the neck was relatively plastic during vertebrate evolution and development, and this anatomical region could be easily become modified in numerous ways due to slight developmental delays or augmentations. Slight developmental delays or accelerations could be produced due to differences in climate, or exposure or non-exposure to environmentally-acquired nutrients, or availability of food. The sex of an alligator is determined not only by its genes or chromosomes, but by the temperature at which alligator eggs are incubated influences how far the sex-organ-producing cells migrate in the embryo along the genital ridge. If they migrate far, they become ovary-like, if they stay at the base of the abdomen, they become testis-like, we were taught. Many primates have extremely elaborate vocalizations and vocalization equipment, aural communication, and even throat sacs. Howler monkeys show these traits or "preconditions," quite markedly, and they are not even apes like chimps, gorillas, orangutans, gibbons, siamangs, or humans, but diverged tens of million of years before the emergence of apes like us.

Moreover, these developmental hypotheses that involved simple developmental delay or acceleration, seem more likely to be able to account for the development of physical differences such as language or orthograde versus prognothic facial features, and many other subtle anatomical differences, than the idea that one of our ancestors suddenly acquired a random mutation or a fusion of chromosomes to form our chromosome 2, that caused the bifurcation of the vocal fold and the ability to walk bibedally, because that mutation was inherited, endowed more “fitness” or some advantage, and then eventually replaced the grunting or communication ability that any non-bifurcated vocal cord could generate.

All of these adjustments tell us that at least to have radio or town-hall meetings where people talk, vocal cords are necessary, but this doesn’t help us figure out what to talk about, such as fear of contagion.

In the series of embryos presented below, can you pick out the human or the fish? At this developmental stage, that task can be almost impossible, unless you are a trained embryologist. The series includes from left to right, a fish, salamander, tortoise, chick, hog, calf, rabbit, and we are on the far right. Note the gill arches at this stage, and compare such regions as the tail and back. Only the embryo on the far right will learn to fear epidemics, contagion, and healthy carriers.

Let us explore a slightly different set of anthropological ideas that involve elements of behaviors and behavioral changes in our long pre-history, that may more appropriately address this thorny topic regarding how and when we acquired our fear of contagion, fear of epidemics, and fear of the healthy carrier state.

It was once taught by anthropologists that “forethought” was needed to fashion tools in advance of the men’s hunting trips, and that tool making early in human prehistory set the stage for our increasing mental capacity, and that tool-use eventually led to the technology explosion of our recent historical ancestors.

Such forethought allowed us to save food for next year when it might not rain, to build cities, invent alphabets and writing, practice inoculations with dried puss when our Arabic ancestors “purchased the pox,” or which compelled our Chinese ancestors to blow the year before’s small pox powder up their infant’s noses, and also, such

forethought allows us to prepare Strain A or Strain B flu vaccines for next year, because H1N1 only mutates, unlike "HIV," back and forth to its previous form, from year to year. (Sorry for the bad joke).

The anthropological name of Mankind at one time was "Homo Faber;" "the man who makes tools." This hypothesis was challenged the instant chimps were seen making and using termite sticks to hunt for the insects. If chimps could "termite" by making tools to extract the insects from their nests, then the origin and development of tool use by our ancestors millions of years ago, may not have been the defining event that signaled what was distinctively human, or the spark that lit our "special intelligence" as depicted in the beginning of Arthur Clark's Movie, 2001, A Space Odyssey, despite the fact that we've since developed the behavior of technology much more intensively than chimps or any other animal on earth. A few years ago, it also was published that "Betty the crow" was seen bending a wire to fish out food from a long-necked vessel. Birds also used tools and built homes, so tool use, by itself, was not initially what made us different, lit "the spark," or made us special. Jane Goodall never was offered the Nobel Prize for her observation of chimps fashioning termite sticks that re-defined what it was to be human as something other than "Homo faber." Like Gadjusek, I believe she also first described cannibalism among chimps, but unlike Gadjusek, she came up with no "slow virus," so she was out of luck so far as the Nobel committee is concerned. Years later, however, she would argue for the construction of twenty-million dollar retirement homes for a colony of more than 100 of her beloved chimps, who hadn't acquired AIDS through direct injection of AIDS-patient sera or "HIV," because for more than 20 years, the chimps never became sick, but needed to be maintained under humane conditions. Perhaps Jane was born without the fear of epidemics gene, and she wasn't afraid of contagions or her healthy carrier chimps?

It can be argued in the context of our hand's evolution, the human thumb, fingers, and fine precision motor control of our hand are not as mechanically fine-tuned as a chimp's hand and finger movements. The only thing it seems that humans could do that a chimp can't, perhaps, is to play a scale on the piano smoothly. Pianist-anthropologists know that the human hand can pass our longer thumb under the palm more easily to play the 8 notes with 5 fingers than could the hand of a chimp with its relatively shorter thumb. By tucking the thumb under the hand, as piano teachers taught, humans could play the 8 notes of the scale rapidly without the interruption caused by having to place too short of a thumb under the palm to play the last 3 notes of the scale. However, the thumbs and fore-fingers of lemurs, organ-grinder monkeys, baboons, or gibbons all are capable of precise manipulation, and some of the specialized behaviors these primates exhibited are more finely controlled as that same movement in humans. Even the fingers of primitive lemurs have become specialized and extended to "termite" for insects.

But this science gets tedious, and much of it is difficult to prove. Why don't we just believe what God told Man in a not widely known conversation that happened a few years ago?

The discussion went something like this:

God:

"Look Man!!!!!!!I'd like to explain to you how epidemics, fear of contagion, and fear of healthy carriers have come about!!!! Chimps engage in sand fights in zoos with their family members, friends, or cage mates. They sometimes kick or throw some sand into another's eye. Then, after a fight is over, an offer of friendship is advanced to the loser by the victor."

"Like doctors, the victor then painstakingly removes any and all sand particles from the loser's injured eye with their thumb and index finger, with more, or at least with the same precision, as any of you miserable humans can. While this is an example of the extreme fine motor ability of the chimp, perhaps it is even more interesting that, while not considered by most as "evidence based medicine," this behavior by chimps suggested to
me that they at times also behave like doctors. So that's why I have designed medical education programs at medical schools the way I have. Knowledge of sand removal was passed down through the generations of doctors, and rigid protocols are designed nowadays so that doctors won't get sued, while at the same time, they can continue to experiment on whomever they wish, as long as they feel an intervention to be appropriate."

Man:

"God, is the practice of medicine then, which largely has to do with spreading fear of epidemics, fear of the healthy carrier state, and fear of contagion, at least as old as this behavior and them corresponding motor abilities required for removing sand grains among the chimps? My anthropologist friends inform me that humans haven't become special in The Natural Order because of our brains or intelligence. Chimps and gorillas are taught American Sign Language, and they can communicate quite well by using it. Some gorillas keep pets, like cats. There was a famous chimp that was taught how to be a bartender, and I once saw a picture of him in his bar-suit smoking jacket, in which he kept his cigarettes. And bar tenders still constitute some of the world's best psychologists I know. I even saw a film once where it was shown that elephants can paint portraits using their trunks? Some birds like canaries have bigger brain to body ratios than we do, but they do not have the same elaboration of furrows and surface folds that create such a large amount of surface area on our brains cerebral cortex, although they have been used in wars as letter carriers, and in some instances, have saved soldier's lives. Elephant or whale brains are also much larger than ours, but relative to their body size, their brains are smaller, or about the same."

"Therefore, were the improvements in fine motor control of the hand and brain you gave us, Oh Lord, the kind of things that set the stage for the invention of knives, axes, spears, bows and arrows, catapults, guns, cannons, flame throwers, hydrogen bombs, weaponized anthrax, box cutters to hijack airplanes, or vaccines?"

God:

Look Man!!!! It was not hunting, weapons making, or tool use at all, but the family unit, and the way behaviors were passed along between generations, and particularly the stable influence of females in the group, which was how the first innovative behaviors among your wretched and

vile ancestors occurred, and how they became passed down through generations. Don't you read your own science literature? Japanese researchers had placed foods like sweet potatoes never seen before by the macaques on the beech of Koshima Island far away from the waters edge. Imo the Japanese macaque had no fear of the new objects (or contagion, healthy carriers, or epidemics presumably), and she began to experiment with them like a new Assistant Professor setting up her research program. Spontaneously, through experimentation, Imo learned to wash potatoes in the ocean, and then rice, when researchers next placed this foreign food on the beach. The spontaneous potato and rice-washing behavior of Imo was then learned by the other juveniles, and then by the older females in her family, and then passed onto females and juveniles in other families. During the washing of potatoes and rice, the innovative female and juvenile macaques eventually were seen to enter the shallows of the ocean off the island to obtain new marine plants never before eaten, potentially expanding the group's collective adaptability, and menu."

"Like officials of the CDC and public health service, however, the older males, remained in the trees shaking branches, warning the females and juveniles on the ground to be wary of the foreign foods and perhaps the Japanese researchers. These Japanese monkeys were the first to show fear of contagion and epidemics!!!!"

"Eons before written communication developed, old age itself, and the ability to remember the past contributed to your ancestors early survival. Half a world away from Koshima Island where innovation was happening amongst the young females, male juveniles, and mothers, it was only the oldest and most experienced dominant male baboons, because of their long life and decades of experience, who knew where to dig during 10 or 20 year draughts for water buried deep under dried sand for his family on the savannahs of Africa. In so doing, the old males became the guardians of tradition. The spontaneous experimentation and creativity exhibited by the juveniles and mothers who invented and taught potato and rice washing, and the ability to remember the past in the minds of the old African dessert-dwelling baboon males, are both examples of behaviors in living non-human primates that explain how the emergence of specific features of human behaviors may have occurred. By setting the stage for increasing human creativity, and your increasing ability to remember the past through passed down traditions, similar behavioral developments explain how your fears, and instincts first emerged as well."

Man:

"But God. Sir! To fear contagions, Oh Lord, it wouldn't be enough, like Imo taught her mothers and playmates, to teach somebody else to be afraid of invisible things like infectious disease agents? Wouldn't there also need to be certain other social capacities and social practices and perhaps even institutions in place first, generated perhaps, by underlying predominantly peaceful and altruistic behavioral tendencies: the practice of religion to glorify and fear your brutality and the barbaric acts of punishment like the plagues you release on us from time to time, the formation of laws, the practice of agriculture, the practice of medicine, the practice of government, the practice of educating our youth and learning how to learn, the advent of art, architecture, engineering, and writing, the emergence of science, math, and philosophy, a concept of history, the widespread practice of giving drugs, inoculations, and then vaccines, the existence of movie theaters or swimming pools to ban children from during feared paralysis

epidemics, the practice of insuring drivers from accidents, the practice of paying taxes to support fire departments and police and the Iraq and Afghanistan wars, the practice of forming an FDA to protect individuals from harmful food additives or Donald Rumsfeld's biomedical initiatives like "bird flu," the AIDS drug atripila, and aspartame, or the formation of the CDC to protect the public from contagion or to alert the population as to potential dangers of sex for 25 years because of AIDS, hepatitis B, HPV, etc. Overall, it appears that a tendency for the exhibition of altruistic behaviors or altruism is far more important during our evolution and history anyway, than behaviors deemed to be aggressive or destructive."

"An idea was once proposed, God, that if an ethogram scoring chart of all of our behaviors was created, and then analyzed, the observed human behaviors or acts judged as peaceful or for the good would far out number human behaviors deemed to be aggressive or destructive (an ethogram is a chart created by behavioral biologists that counts a series of different habits or behaviors, like drinking water, time spent walking, grooming, time spent having sex, aggressive actions, littering, etc., and where the number and frequency of different behaviors are recorded). God, such an analysis of modern human behavior would reveal that the multitudinous number of small peaceful acts executed daily, like borrowing sugar from your neighbor, far out-number behaviors of aggression and war, or supporting organizations such as Cheney's Halliburton."

"If you don't believe me, God, compare the number of trips made by emergency medical vehicles throughout the world that rush people to hospitals because of injuries caused by accidents, to the number of trips made by emergency vehicles in Iraq or Afghanistan (due to The Bush Administrations aggression there that he claims you sanctioned in order to "get them terrorists who want to come to heaven and make love to 70 virgins)," casualties which only number about 20-50 of our children's lives per week, and which only costs about 10 billion of our dollars/month. The peaceful acts in China, Germany, and South America, Iraq, Afghanistan, and probably even acts of peace committed in Darfur like sharing water, far out number the aggressive acts that are daily executed in any of these places. Quantitatively speaking, and as a species, that our peaceful acts far out-number the number of aggressive acts is good and hopeful news for us."

God:

"Fear of epidemics, contagion, or healthy carriers doesn't arise from altruism, an altruistic impulse, and from any quantitatively predominant altruistic tendencies you may have, if any. Do you think that the Chinese people of long ago, who blew dried small-pox puss up the noses of their infants and others, did so out of altruism? Because I am omniscient, and quite old, I can tell you that the Arabians who purchased the pox didn't execute any randomized double blind clinical trials that demonstrated the health advantage gained through the behavior of purchasing the pox, or cutting open their arms with a lancet, and then smearing that live small pox ointment into their cuts. The practice in ancient China of exposing infants to dried small pox, and in Arabia of purchasing the pox, simply were behaviors borne of superstition, like when Greeks put a Euro in the bread at Easter to bring good luck to the person who selects that piece of bread or the idea of getting rhino horn or elephant tusk or Viagra among some peoples of the world to enhance sexual performance, or perhaps, drinking a toast to usher in good luck for the New Year, or like knocking on wood, or keeping ones fingers crossed, or like praying to me and asking me

for help when you are about to get killed. Like baptism, purchasing the pox and/or squirting dried small pox pustules up the nose was a kind of ritual, done to “protect” that child from an eternity in Purgatory, if that child should die before confirmation. Fear of contagion or epidemics is fear of something that might happen. It is a fearful prediction of the future, and a corresponding thought or act is generated to combat that fear and to avoid a potentially negative situation."

“The advent of all the religions I told your kind to worship me with all have some aspects to them that may explain fear, fear of contagion, fear of epidemics, and fear of healthy carriers. Like dogs who bark at thunder because they fear it or don’t understand it, religion has provided me with a nearly perfect way of controlling your behaviors and lives. Lepers and plagues were described in the Bible you know, and I caused them to happen because those damn Egyptians just wouldn't let the Hebrews go."

Man:

"But God? Anthropologists claim that artifacts had been placed into Human graves at least as far back ago as 80,000 years. The oldest ritual Human burial graves uncovered so far are located in the Pre-Neolithic Shanidar Cave in Northern Iraq. Men were laid down within these graves with great care and concern. Artifacts and flowers had been placed around his carefully laid-out body. His spirit, or soul, could take the flowers and artifacts to some kind of imagined afterlife. Anthropologists cited Shanidar as the oldest known evidence they had yet found for the possible practice of human religion, which meant that religion is at least 80,000 years old according to the evidence of the anthropological record. But Your Eminence, elephants also bury the bones of their dead, and because they do, does not that make them as religious as any Pope, Rabbi, shaman, Holyman (or Holy women, as were the Oracles of Delphi)? But perhaps it isn’t this dimension of religion, however, that could set the stage for the fear of contagion, epidemics, or the healthy carrier state. Presumably, neither elephants, nor our Iraqi ancestors at Shanidar were burying their dead because they feared disease or contagion, or healthy carriers: the religious ritual as shown by the presence and nature of the artifacts around the tomb or grave, was more about an impulse to convey continuance of the dead persons life into an afterlife in the case of humans, and who knows what the elephants might be thinking?"

God:

"Fear of death, however, is palpable amongst your kind, almost instinctual, because I can snatch your life from you at any time I so desire, you worthless piece of clay! I designed you so that fear also affects your immune system."

"When doctors tell you that you are going to die with 100% certainty, it is like what primitive Shaman do when they bone-point at somebody and tell them they are going to die, and then, they die. Great faith in the power of the bone, and the Shaman (and me) is involved here, that the Shaman knows what he is talking about, and death will certainly happen to those the bone of death is pointed at, if the outcast believe in the bone." Today, the Shaman are called doctors and their all wear white robes, with things dangling about their necks. They perform sprinkling of waters at birth (known as vaccines), perform ancient Hebrew and Egyptian ritual circumcisions,

threaten you with prophecies when you go to see them, and usher you into death with potions, and finally transport you to the next world when you die at the hospital."

"After that bastard Unitarian Darwin wrote his two books, the power of religion, instead of being solely the ward of religious men like Shaman, Holymen, priests, rabbis, and the like, became transferred completely to doctors and the Church of Modern medicine. This is why to this day I demand of doctors to wear white robes, have things dangling about their necks, why they besprinkle holy waters like vaccines upon the youth, perform ritual sacrifices such as circumcisions and tonsillectomies, and convince your kind that you need their care from the moment of birth until your deaths. Your kind could no longer, after Darwin, believe that you were inherently sinful, but, you could buy the idea that you were perpetually sick from the moments of your birth in hospitals which are the Churches of Modern Medicine, until your whimpering deaths in those same cathedrals."

"No longer would you believe that if you behaved properly, you will go to heaven, and if you sin, you are going to hell and serve out eternity, Damn you, in Dantes inferno!!!!!! The 10 commandments I gave you to direct your behavior, as are cleanliness laws regarding food, such as not having blood and milk on the same plate if you are a Jew, and keeping those dishes in different cabinets, was overshadowed by this English Unitarian's musings about man coming from monkeys, and about such things as 'Natural Selection'. Fear in religious practices, which is largely a fear of death and a fear of supernatural beings (like me) to punish you, became irrelevant if indeed the pageant of evolution had occurred from simpler forms advancing toward more advanced forms! I felt so.,.well…un-needed and alone. That Nietzsche, despite the fact I gave him syphilis when he was 21, which presents as an inversion of the ratio of Th-1 and Th2 T-cells identical to AIDS, accompanied late in infection by dementia as well, wasn't much help to me either, by saying things over and over again, like God is dead. So the question you should be asking is, does fear of contagion, epidemics, and healthy carriers arise from an altruistic or religious impulse at all?"

Man:

"If fear, then, of fear of the supernatural is part of religion (and retrovirology), and if religion contributes to fear of contagions, fear of epidemics, and fear of healthy carriers, then perhaps it is only the capacity of faith, and not the fear of the wrath and disobeyed laws of supernatural beings, as Jesse Helms believed (and perhaps Reagan believed as well) that AIDS was about Gods revenge against homosexuals, that set the stage for our fear of the AIDS epidemic, the fraudulent or flawed studies showing it is contagious, and that everybody should be tested to see if they are healthy carriers?"

"Fear of the supernatural requires the following preconditions to be set into place: faith, fear of death or harm, and perhaps, some awareness of history or the natural world around us that doesn't need to be correct, like the observations advanced only slightly more than a century ago, when many scientists debated whether or not mice are generated by old blankets in barns, or when doctors believed that malaria was spread by bad air from swamps (hence the disease's name), or when they thought yellow fever was caused by rotting coffee on Philadelphia's docs, as was argued by Dr. Benjamin Rush, one of the signers of the Declaration of Independence.

The observation of nature doesn't need be a true fact, it only needs to be believed. To satisfy all of these variables, which human activities involved blind faith, fear of death or harm, and an awareness of history or the natural world that doesn't need to be correct, and perhaps a belief in the fact that they were your chosen ones?"

God:

"I will admit it. It was I who directed the ancients during warfare to catapult the bodies of plague victims into the fortresses of their enemies, or give blankets laden with small pox to the Indians in order to commit genocide against those heathen savages. My militaries have always had a long association with contagion and vaccines, precisely for this reason, and it is always your damned children who the old silverback generals or presidents send to war, who are the most heavily vaccinated and revaccinated (revaccinated despite that worthless Mr. Jenner's paradigm or when you need to get tetanus shots every so often) when they enter the military. Moreover, it can be unequivocally shown that it is warfare that is typically associated with the fear that somebody in the army may carry a disease so that the emergence of that disease among the troops during battle could weaken the entire army, and lose the war. So aggression-associated behavior like war, rather than altruistic behavior like the doctoring exhibited by chimps, is the behavior that underlies the true source or impulse, or seeming instinct that fears contagion, epidemics, and healthy carriers, you understand! It is true that there are no atheists, or unvaccinated in any foxholes!@#$#$@$@#$@#."

Man:

"God, is that why the NIH, and CDC are military organizations, where, for instance, at Fort Dietrich, biological weapons and vaccine research continue to this day? The Epidemiological Intelligence Service, with soldiers such as Larry Altman of the New York Times on the front lines of disseminating information for the health generals like Fauci, Gallo, Gerberding, Frist, and the others, took courses at the CDC in epidemiology to be able to alert the nation as quickly as to possible to perceived epidemics that may be launched by our enemies like Muslims that attack our Nation by deftly slipping into Dugway proving ground, stealing aerosolized anthrax before the eve of the Homeland security vote, and put it into the mail of Brokaw and Daschl, and to heighten and maintain irrational fears of contagions? Surgeon General C. Everett Coop and other leaders of the health establishment all have military uniforms hanging in their closets; Donald Rumsfeld was the Secretary of Defense and atripila was the best selling AIDS drug last year, tamiflu (and bird-flu), and aspartame all emerged under his cold and calculating (and destructive) guidance, and the guidance of his peers; military recruits are among the most heavily vaccinated individuals on earth; and the great 1918 flu epidemic has some really lose ends in relationship to pathology reports that the lungs of victims appeared to be more like those seen who died of mustard gas, than any pneumonia, which couldn't even be shown to cause disease in volunteers who had throat swabs intentionally given, that need to be explored, or at least discussed. I mean really god, how can you expect us to believe that H5N1 is a new mutated 'Spanish flu' bug, which is incubating in pigs and lions, just about to jump to our species to destroy us? Tamiflu is Rumsfeld's drug, and AIDS is one of his best diseases that can be 'treated" with the life-saving drug, atripila, isn't that correct?"

God:

"You think this is all.....coincidence!!!!"

Man:

“But if it was our aggressive and war-like associated behaviors, combined with our capacity for religion and fear of death, were preconditions that set the stage for the fear of contagion, then, something is still missing. For this missing piece of the puzzle, God, don’t at least we need to revisit that period during which it was first established that invisible things can cause disease, and where disease was seen as caused by swamp air, rather than your revenge for our wretched sinfulness?”

“It seems to me that the extent to which the discovery of microorganisms changed our destiny is vastly under appreciated. When the Dutch microscopist Antonie van Leeuwenhoek discovered “animalcules” using the lenses he ground, it changed our world forever. Far more momentous of an advance than Christopher Columbus’s discovery of the New World (the Indians knew they were here), or Alexander’s discovery of the Far East (the Asians knew they were there and that men could travel far distances), the discovery of a universe of invisible living things in a drop of water like supernatural beings was like discovering life on a different planet, except that planet was our own. These invisible creatures were all around us, and in another Century, through the experiments of Spallanzi, Pasteur, and Koch’s with his solid broth media, these animalcules were shown to be associated with horrendous diseases such as TB, anthrax, and cholera. For the first time in our history, illness could be due to these animalcules, rather, I beg your pardon, than from your punishments or wrath, Oh God!”

“But it wasn’t quite so simple, then, or now, to understand or predict how micro-organisms might behave or cause disease for a variety of reasons. For instance, the century-old debate between “seed” or soil” that were first articulated in discussions between Louis Pasteur and the eminent French pharmacologist Pierre Jacques Antoine Beauchamp were settled in Pasteur’s favor, that it is the germ that causes the illness, not the susceptibility of the victim that determines the disease. Although on his deathbed, it is rumored that Pasteur conceded to Beauchamp that “the soil is everything,” this claim is not substantiated, or is it correct. We now know, God, that diseases, infectious or otherwise, are always interactions between the “seeds” and the “soil” the seed interacts with. Another corollary of the seed versus soil debate was that microorganisms either could or could not change their appearance or morphology. After the molecular genetic revolution of the 1960’s and 70’s, and after the primary sequence of various pathogens’ DNA could be shown to be invariant despite vast morphological changes occurring, pleomorphism (multiple forms) versus monomorphism (one single form) had been settled in favor of morphological pleomorphism, especially with clear examples of various fungi associated with illness and which can change between hyphal growth forms and spore-forming or round forms, and despite no change in DNA sequence or mutation. Also morphological pleomorphism is now known to be legion among bacteria that alternate as free-floating forms that are completely sensitive to antibiotics, radiation, heat, or other lethal treatments, while the biofilm-forming growth pattern of the same organism becomes completely resistant to all drugs, all in the absence of any mutation. These polysaccharide-protected forms are responsible,

according to the CDC, for more than 80% of the fatal hospital infections you inflict on us –and they all occur without any mutation of the DNA."

"And even if we consider "non-infectious diseases," all of the available evidence to date implores that if you study Alzheimer's, muscular dystrophy or heart disease, the organism determines as a unique biological individual, how the course of disease, if any, develops. It is not only the negative or pathogenic nature of the "cause," or inducer, that should be the subject of study, or "attacked" allopathically. Pasteur, Chamberlain, and Roux may have forgotten their bacterial cultures on the shelf when they went on vacation which ushered in the finding they could "inactivate" or "attenuate" pathogens such as anthrax simply by letting them rot, or by heating up the cultures to the blood temperatures of birds (which don't get the disease) or by serial passage for several generations, as was shown with "rabies." Or as in the case of rabies, they could both increase or diminish the virulence of the viral strain simply by passaging the virus in rabbits or by drying the inocula for 12 days in a bell-jar (like the ancient Chinese did with small pox for a year before blowing it up the nose) before weakened "rabies virus" or rabies sera, were produced for vaccination."

"But Pasteur also found that in order to cause 100% of his experimental dogs to become infected with rabies instead of the typical 50% through oral exposure to infected sputum (that he, Roux, and Chamberlain would heroically wrestle out of the mouths of rabid dogs), they found they needed to perform intracranial inoculations, to reliably produce the disease in 100% of the dogs. Perhaps Joeseph Meister, the boy "he saved" from rabies would have gotten better on his own, despite the 14 dog bites he received? Meister had not acquired rabies through intracranial inoculation, but supposedly through dog bites (14 of them). The soil, and route of exposure, can determine to a large extent, whether or not someone acquires a disease, and may determine more than "the seed" who will become ill. Extracts of paralysis victims given serially to monkeys intracranially by Flexner can paralyze and sometimes kill all of them, but when the same solution is imbibed, no paralysis results."

"If the "seed" was the important component of the disease process, then how can one explain the fact that hundreds of millions of humans are said to be infected with so-called cancer-ASSOCIATED "viruses" or genomic sequences such as hepatitis B (or hepatitis C, HPV, SV-40, or "HIV"), for instance, and never show signs of illness whatsoever? The reasons have to be mostly in the nature of "the soil," and in the organism, as McClintock had said in her book, "Feeling for the Organism," and not only the nature of "the seed." Why are polioviruses endemic in the water supply and normal human intestines, and why did it only cause one of ten in my wife's family to develop paralysis in only one of her legs? Was she "kept more clean" by her mother than my wife or the other 8 children, so she never encountered her own fecal material to become immunized earlier in life like my wife did, and her other 8 sibs, as what used to be believed? How can an infant go through a year of life without encountering their own E. coli?" Why did you give my wife's sister polio, God? She was from a religious catholic family!"

"The belief in the power of the seed over the soil almost explains how our fear of contagion becomes acted upon by doctors, or day care moms who find out your child isn't vaccinated and calls you criminally irresponsible, or public health officials, or a legal system that charges African American parents in New Jersey a 500 hundred dollar fine/day until they vaccinate their

children against common, relatively non-pathogenic childhood illnesses that spontaneously resolve, but it does not explain why the biomedical establishment has emphasized, and continues the practice of giving deadly toxic drugs, or vaccines. To understand these "practices" of "evidence-based medicine," which are practices not unlike removing a sand grain from the eye by a chimp, we need to examine our assumptions regarding how doctors at medical schools are taught to view both health and sickness, and how seed and soil play into their diagnoses and decision making processes."

"Evidence of fungi eating and drug taking have been recorded in the bones and teeth of the primate skeleton. The teeth of currently living shistosomiasis-bearing baboons are specialized to eat tough anti-shistosomiasis drug-containing plants demonstrating a long co-evolutionary relationship among the baboons, the plants they eat, and shitosomiasis, so there is a long primate evolutionary history of drug treatment and drug taking among primates. Among ancient humans, the anthropologists say that the Aztecs ate mushrooms so drug use is part of our history that goes back thousands, if not millions of years. Tetracycline ingestion from fungi produces a distinctive fluorescent stain on bones that is preserved, and its presence was found in on the bones of Aztecs. So drugs and drug use isn't new."

God:

"Look Man, with all of your wisdom, you haven't even made a dent in the diseases I can cause. AZT may have killed an entire generation of gay men, and HAART, or vaccines haven't made a dent in the AIDS epidemic although that epidemic is now over according to that servant of mine, Kevin de Cock, and according to your own studies such as Concorde and that recent North American-European Collaborative survey of more than 22,000 drug naïve AIDS patients who took HAART(see History of AIDS). I'll admit that HAART has improved what you think are "viral load" test results by suppressing the cells that kick out the molecular markers you call "HIV," but it hasn't made a difference in mortality. The thousands of cancer chemotherapy trails have not appreciably changed cancer mortality. Very few if any of these studies have included drug-naïve control groups because of what you call "your compassion." You don't know how to do a complete experiment! Drugs, inoculations, and, vaccines, or anything else you've tried haven't been much help in curing AIDS or cancer, but they have been quite effective in quelling your collective fear of the healthy-carrier state, contagion, or in quelling our fear of epidemics. They have made some of you, a great deal of that money that corrupts you, and which one of my sons had a lot of negative things to say about when he turned over those money-changer tables."

"But although you are "drug-happy" apes, you should not forget the "rare good news about AIDS" (presented in Chapter Four), that according to the promoters of AIDS, that this biblical approach has worked best, as the "Rare good news" article about circumcision suggests, and that it is that circumcision of African men in STD clinics, especially if most of them have been treated for penile ulcers and a majority of them have syphilis, that reduces "HIV-positive" test result incidence, and is superior to AZT, HAART,

microbicides, vaccines, breast feeding dissuasion, nevirapine, condom crusades, and abstinence speeches. Where do you think circumcision first was practiced?”

Man:

But please God, before you go, hear me out…”

“From classical times, medical treatments have been predicated on either a rationalist or empiricist philosophy. Rationalists, as a group, tend to regard and approach disease as a localized entity and attack "it" directly by attempting to reduce or reverse its cause or primary symptoms. Radiation, mainstream chemotherapy, and targeted immune therapy are principal examples of a rationalist approach. Antiretroviral therapy (ARV) or HAART (Highly Active Anti Retroviral Therapy) are also examples of the rationalist approach, which employs the "chemical law of contraries," to target a supposed exogenous and biologically unique virus. For example, in the case of "HIV," the virus which is a supposed variant "of a known cancer virus" thought to be now responsible for 48 different syndromes when an “HIV” test is positive, that were all previously known before "HIV" tests were developed, is targeted with toxic anti-retroviral drugs. “

“Empiricists however, tended 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." Microbial immune therapy, antiangiogenesis therapy, and hyperthermic therapy are examples of an empirical approach. AIDSVAX, The Step Trials, the cancelled PAVE trail, and the failed GP120-based "HIV" vaccine are examples of an empiricist approach, as they employs "the chemical law of similars,” to provide the organism with a similar substance (an attenuated virus or molecule of the pathogen) , to alert the organism in advance to subdue the exogenous invader, which is "HIV." Also, reconstitution of the immune system through nutrition therapy would be considered by this logic a form of empiricist therapeutics for immune suppressed individuals. “

“According to the "chemical law of similars," cells and organisms “push back” against a physical or chemical assault. Normally, the organism is in health at homeostatic balance, until illness results. Empirically, it has therefore been hypothesized, that when a similar disease-causing agent (like an active or inactivated virus, or its components) or a chemical is given to a patient that can produce the same disease symptoms in healthy people, the organism’s own natural defenses are more strenuously evoked, and the illness overcome. Vaccines, cancer immunotherapies, hyperthermic therapies, histamine (not antihistimine) therapy for asthma, are all examples of using "the law of similars" in clinical practice.”

"The chemical law of contraries," that is principally touted by allopathic medicine (and advanced to extinguish all thought or practice involving homeopathy, except of course for vaccinations, which derives from the homeopathic idea of the "chemical law of similars", derives from the notions of Ehrlich, Koch, and Virchow. Following "chemical the law of contraries,” it is believed that one can specifically target the molecular basis of a disease-causing agent or entity without harming the soil, much like dyes bind to fabrics, as this idea was borne out of the German dye

development era of the 1800's during Virchow's, Erhlich's, and Koch's era. Anti-retrovirals and antibiotics, glucocorticosteroids, aspirin, heart transplants, heart surgery for clogged arteries instead of nutritional therapy, mastectomies, antihistamines, are a good examples of "the law of contraries" in clinical practice. Cut out the primary syndrome-associated symptom: with heart disease, replace the heart or clean out or remove clogged arteries; with bacterial infections-kill the bacteria; with AIDS, kill the virus; with asthma-too much mucus in the airway-give whopping doses of steroids or antihistamines to suppress the natural immune response; with cancer of the breast; chop it off! If you can't kill it with one drug because the microbe is "mutating around the drug," use cocktails that target the virus at different points of its cycle."

"Both approaches are 'scientific' (accept the cocktail approach) depending of course on how an experiment or trial is conducted (whether it is terminated prematurely as most, if not all of the FDA AZT and other antiretroviral trials have been for "compassionate reasons"), or whether or not there are consistent results generated in a human patient, such as testing "HIV positive," "HIV positive," and "HIV positive." In science, a finding that repeats 2 times might be a fluke, while 3 points define a straight line, and constitute a minimum requirement to establish 'consistency,' or even 'a trend.' Rationalists also perform their medical experiments on an " average" or idealized patient harboring some "average" symptoms of "a disease," to the extent that even adverse or idiosyncratic reactions to medications such as amoxicillin are believed to fall into stereotypic responses, while empiricists perform their medical experiments in an attempt to restore the apparent imbalance manifested by person-specific, individualized symptoms that may appear different in each patient."

"Combine all of these ideas together and what can be presented as a rational explanation for the emergence of our fear of contagion, epidemics, and healthy carriers? The following pre-conditions at a minimum had to have been in place: It seems rational to conclude that these fears could only occur and be transmitted amongst:

A) Highly social primates that perhaps developed bipedalism, technology, and a high degree of language acquisition, and which exhibited relatively increasing generational overlap and who passed on learned behavior, but these preconditions also have occurred amongst all of the great apes and even monkeys, as suggested by studies done on Koshima Island or baboons living on the desserts of Africa;

B) This behavior could only occur among mammals such as primates with fine-motor control like chimps who sometimes behave like doctors (or perhaps dogs that lick the wounds of other dogs in their pack-not discussed here) and whose fine precision grip wasn't necessarily a precondition for a fear of contagion, epidemics, or healthy carriers, because primates that also possess fine motor behaviors like Imo, or chimps who doctor other chimps, don't seem to fear contagion, epidemics, or healthy carriers, although the males of the Koshima study shook branches and warned against strange food and perhaps Japanese researchers, as shown by the observations of these behaviors on Koshima island.

C) These fears may not have evolved from altruistic impulses like the chimp's doctor-like sand removal behavior at all, and may have arisen instead from our rarer ethogram verifiable aggression-associated behaviors, such as war, and the maintenance of military organizations;

D) These fears may also have required certain "religious" elements to be in place, such as the capacity of faith in doctors, as exhibited by bone-pointing, which seems to have evolved into endless pharmaceutical adds peddling blood pressure and arthritis medicines on television, along with such admonishments as "make sure you ask your doctor if you are healthy enough for sexual activity before taking cialis or Viagra." Other religion-associated preconditions also were needed such as the tendency to prophesy the future, fear death, propagate religious legends, such as God's punishments of plague, locusts, rods turning into snakes, rivers turning into blood, or avoiding mixing of the blood with milk and other clean-laws.

E) Fear of epidemics, contagions, and, healthy carriers eventually needed to be based upon more specific knowledge of invisible beings such as germs and how they propagate, and evolution, but this information didn't need to be scientifically correct, and it was information that could be biased as a result of a failure to appreciate the influence of both seed and soil, coupled to allopathic and homeopathic belief systems and practices, such as allopathically-targeted treatments using drugs thought to target specific seeds (both infectious or non-infectious) without hurting the soil, or superstitiously, and homeopathically-derived treatments, such as inoculations and vaccines, whereby a little poison is given to the victim in advance to prime the immune system into quelling that poison in the future, or minimize its effects."

"Doctors Without Borders says they don't need drugs to perform their Lazarus-like resurrection of the children of Niger-all they need to do is feed them plumpynut, which they can't seem to get enough funding for. It appears that Doctors Without Borders aren't afraid of contagion, global AIDS pandemics, or the healthy carrier state, so how did they develop characteristics that are more sophisticated than monkeys shaking branches, and that are lacking among workers of the NIH, CDC, WHO, ABC, NBC, The New York Times, The Washington Post, and almost everybody else? Some chimp, or Doctor Without Borders, perhaps, needs to remove the sand from the eyes of those who run the Church of Modern Medicine?

"In conclusion then, perhaps what is needed most to quell our fear of epidemics, contagion, and healthy carriers, is not the appointment of a new Surgeon General, with his uniform, and chimp-like doctor behavior and credentials like C. Everett Coop delivering letters to every household in America about the threat of AIDS, but a Professor of Nutrition, with a new nutritious and non-pesticide-rich menu, who knows how to use an electron microscope?