Extract from "Just a Little Prick"

by Peter and Hilary Butler

74 Vaccines: How Safe? How Toxic?

(Updated 10 March 2007.)

> ***"If they were willing to look at all the studies that were done with vaccines, they would find that they are, I think without question, the safest, best-tested thing we put into our bodies," says Offit. "I think they have a better safety record than vitamins"[1]***

"The safest, best testing thing we put into our bodies." ?? Interesting statement don't you think, from a US vaccine expert. It seems Dr Offit wasn't at an FDA Scientific workshop in December 2002[2], convened to work out how to test vaccines for toxicity. Someone had done a review only to find that, apart from the pertussis tests mentioned previously in this book, there isn't that much testing done in terms of "toxicity". Why is that? And what do they mean by safety anyway?

The FDA definition[3] of safety, which is ***"relative freedom from harmful effect to persons affected directly or indirectly by a product when prudently administered, taking into consideration the character of the product in relation to the condition of the recipient at the time."***

Which can mean all things to all people depending on what they want to explain away.

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[1] Dr Paul Offit, USA's most outspoken vaccine pusher. (CBS) *60 Minutes*, 20 October 2004

[2] (Scientific) workshop on Non-Clinical safety evaluation of Preventive Vaccines: Center for Biologics Evaluation and Research, Held in Arlington, Virginia, Monday December 2, 2002. The transcript from tape recordings can be found <http://www.fda.gov/cber/minutes/tox120202.htm> . To enable easy use of quotes in this book, this transcript was downloaded, and put into a standard page set-up WORD document so that quotes could be ascribed page numbers. To get a sense that I have not misquoted anything, reading the whole laborious transcript would be useful, and give a much broader education than a short review.

[3] FDA Code of Federal Regulation (21 CFR 600.3

The reason that this workshop was convened was that in the past, toxicity testing hasn't been done, because, as Dr Midthun says on page 4: ***"Historically, the non-clinical safety assessment for preventive vaccines has often not included toxicity studies in animal models. This is because vaccines have not been viewed as inherently toxic, and vaccines are generally administered in limited dosages over months or even years"***

Dr Sutkowski follows that up on page 6 with this statement:

". . . As Dr. Midthun mentioned, the Office of Vaccines is giving consideration to whether or not, prior to proceeding into phase I clinical trials, there is going to be extra consideration given to whether or not non-clinical safety assessments will need to be supported by toxicity testing in animals." And on page 10: ***"For which product category type should toxicity testing be performed? And, how to best design appropriate toxicity tests for preventive vaccines".***

Later on page 23 when someone points out that since vaccines are given to newborns with fragile immune systems, shouldn't they be tested in juvenile animals to get some close approximation of similarity? Well, yes, says a Dr Verdier on page 23, but there is only one problem: ***"I think today we need to get more information about the immune system of juvenile animal models. We are not yet ready to use these juvenile animals in toxicology."*** And he also admits on page 17, that vaccines were considered safe ***"ipso facto"***, seventy years ago, when the use of aluminium started, so few vaccines were given to babies, no one even thought to think about it.

And yes, on page 24 he agrees: ***"To what extent this (juvenile animal models) can be used for toxicology and to assess the potential risk that we have there, I think that there is a whole bunch of work to be done there. And we know that for some adjuvants it's probably important to look at young animals as well, because we see different types of reactions. But the knowledge is still quite limited."***

Dr Midthun[4] and others, admit that toxicity studies were never done on aluminium in vaccines or other potential toxicity issues for which they now have to formulate some guidelines. A bit late, don't you think?

None of this will come as a surprise now to Vancouver neuroscientist Chris Shaw, who was looking at the anthrax vaccine for something else[5], when he found that the aluminium hydroxide in the vaccine, which is the same as that in childhood vaccines, was causing symptoms associated with Parkinson's, amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease) and Alzheimer's. In a 20 week study of mice, 38 per cent had statistically significant increases in anxiety and memory deficits and 20 per cent had an increase in allergy. When they killed the mice and looked at the brains, in a part that controls movement, 35 per cent of the cells were destroying themselves. Two comments he made stand out:

"No one in my lab wants to get vaccinated," he said. "This totally creeped us out. We weren't out there to poke holes in vaccines. But all of a sudden, oh my God – we've got neuron death!"

Then later when he said that he couldn't find any studies that looked further than immediately post vaccination, he said: ***"This is suspicious. Either this [link] is known by industry and it was never***

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[4] Pg 37 Aluminium Workshop transcript, Pg 69, Dr Garcon admits very little is known about aluminium in vaccines.

[5] Wooley, P. "Vaccine show sinister side" *The Georgia Straight*. Available from <http:// www.straight.com/content.cfm?id=16717> now peer reviewed:Petrik, M.S. et al, 2007 "*Aluminium adjuvant linked to gulf war illness induces motor neuron death in mice"* Neuromolecular Med. (1); 83-100 *PMID 17114826* < http://www.a-champ.org/documents/Petrik_Shaw_et_al.,%202006_Mar_10b.pdf>

made public, or industry was never made to do these studies . . . I don't know which is scarier . . . if anyone has a study that shows something different . . . put it on the table. That's how you do science."

In order to understand the "safety" of vaccines, you have to know several things, including how a baby's immune system works from birth onwards, and what vaccines do biochemically in the body. That work has never been done. In Italy in 1998 big-wigs from vaccine companies and interested parties attended a meeting[6] where vaccine issues were discussed. On the final day there was a nearly two hour "Concluding Round-table" euphemistically called "How to Move the Field." R Rappuoli, the Head of Research of *Chiron Vaccines* when asking himself what knowledge had been gained about the functioning of the immune system in infants below the age of 6 months, said that his answer would have to be nothing. Professor Nossal, an immunopathologist from the University of Melbourne, remarked that in Japan 36% of children had atopies[7] and in Australia, 25% of children had asthma. He said that more intensive research was needed in the field of allergy and that "It is strange how little we know about immunity in the first 6 months of life".

The Sunday Times[8], UK recently revealed that severe allergic reactions had increased 146% in the last five years, and that epi-pen use had increased 122%. The article also reported a 2003 study which showed that admission of serious allergies had jumped dramatically over the previous decade. There are no grey areas with allergies in the UK. Children only get epi-pens after testing for high allergic sensitivity.

A lawyer friend of mine, tracked down the 1998 – 2004 information. What was found, but not printed in the article is that 1 in 53 children in the UK; in other words, around 1 in 20 UK families now have a child with a life-threatening allergy. Also, roughly 99.5% of cases are in children under 16. Given that there were signifi cant changes to the immunization schedule in the UK in the early 1990s, with a greatly increased intake of toxic chemicals like thiomersal, aluminium hydroxide etc at a much earlier age, I think some questions need to be asked of these "safer than vitamin" biological substances doctors want to spread with liberal abandon.

Allergy increase in children is not just a UK problem either. The Grand Forks Herald[9] reported that: ***Physicians don't understand why food allergies are becoming more prevalent, though they have plenty of theories."*** Two weeks after the *Times* article, the *Observer*[10] analysed the data finding a 54 per cent increase in severe allergy between 2003–2005 and a 610 per cent increase between 1995–2005.

We have a situation where the experts know very little about a baby's immune system up to six months. They haven't tested the toxicity of adjuvants and other compounds in vaccines, because they assumed there was none. We DO know that to have serious allergies, a person has to have high levels of IgE antibodies, and to have a Th2 skewed immune system. And we also know that aluminium-adjuranted injected vaccines don't activate the first defences (Th1) that infections normally trigger in the cellular immune system. Instead they activate the last defences of the humoral system, antibodies,

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[6] Protection of Newborns and Infants from Infectious Diseases. Interplay of Immunology and Biotechnology An EU-US workshop, June 3 – 5 1998, Siena, Italy.

[7] Atopy = hypersensitivity to environmental allergens, principally asthma, allergies and atopic dermatitis, proven by IgE antibodies.

[8] Foggo, D. 2006. "Number of children treated for nut allergies soars" *Sunday Times* (UK) April 2. Available from <http://www.timesonline.co.uk/article/0,,2087-2114328,00. html>

[9] Olsen, J. 2006. "Doctors see more food allergies, few remedies." February 23. <http:// www.grandforks.com/mld/grandforks/living/13938632.htm> 10 Doward, J. 2006. "Big rise in patients with deadly allergies. Children are worst hit by rise in killer reactions".

[10] *Observer*, April 16. Available from <http://observer.guardian.co.uk/uk_news/story/0,,1754840,00.html>

which are preferentially Th2. That is the job that aluminium is designed to do.[11] But no-one has looked to see if the increasing numbers of vaccines, by skewing the baby's immune system to exactly the state it needs to be to provoke serious allergy, are implicated.

What do doctors know about how vaccines work? You saw the explanation in the previous chapter, but is that explanation correct? According to these vaccine researchers, the antibody theory has some holes, which it would if you haven't any idea how vaccines work in the first place[12]:

"Vaccines work simply by producing antibodies, right? Well, probably not. And this misconception coupled with basic ignorance of how they do work is stalling the urgent quest for an AIDS vaccine . . .

'I'm amazed by the amount of basic science we don't know,' Philippe Kourilsky, director of the Paris-based Pasteur Institute . . . The assumption that successful vaccines work by simply producing antibodies is almost certainly wrong, Neal Nathanson, director of the US Office of AIDS Research, warns. 'Hepatitis B vaccine is a good example. It's amazingly effective but no one knows how it works.'

The whole press release does media over-kill with ad nauseum phrases like ***"highly successful"***, ***"amazingly effective"***, as if they need to keep maximum hype to detract from the fact that they know very little about what vaccines ***DO*** in the body. Unfortunately, researchers have to admit what they don't know, if they want more money to figure it out. You mean, they really don't know how the immune system works?

You be the judge:

"It is known that in many instances, antigen-specific antibody titers do not correlate with protection. In addition, very little is known on parameters of cell-mediated immunity which could be considered as surrogates of protection."[13]

The Russians discovered a thing or two in the 1990s about how the body fights diphtheria as evidenced by information provided to me by an Israeli doctor of Russian origin, Dr Alexander Kotok.

Studies on children with diphtheria in Russia in the 1990s proved quite clearly that there was no difference ***in the clinical course*** of diphtheria in the vaccinated and non-vaccinated.[14][15] Serious diphtheria was almost always seen in patients with pre-existing conditions like an immunodeficiency,[16] alcoholism, etc. Doctors found that the course of diphtheria did not depend on

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[11] Del Giudice. G. et al. 2002. "What are the limits of adjuvanticity?" *Vaccine*, Oct 15; 20 Suppl 1: S38–41. PMID: 11587808. S39 under "Immunological targeting".

[12] http://www.eurekalert.org/pub_releases/2000-05/NS-Whal-2305100.php

[13] Del Guidice. G. et al. 2001. "What are the limits of adjuvanticity?" *Vaccine*, Oct 15; 20 Suppl 1: S38–41. PMID: 11587808.

[14] 13 Ivanova, V.V. et al. 2002. *Difteriia u detei* (Diphtheria in children). St Petersburg, p. 41. Ibid., p. 114: the last outbreak casts doubt the common opinion that toxic diphtheria is observed in the non-vaccinated children exclusively . . . According to the Research Institute for Children Infection's observations, there were 14.0% of the fully vaccinated, 42.4% of the partially vaccinated and 43.6% of the non-vaccinated among those children who fell ill with toxic diphtheria.

[15] Nekrassova, L.S. et al. 2000. "Epidemic diphtheria in Ukraine, 1991–1997". *J Infect Dis*, February: 181: Suppl 1:S35–40. Among 5- to14-year-old children who died from diphtheria, 24% had been fully immunized (according to the immunization schedule at this time.) also Table 3, pg S39

[16] Kuz'menko, L.G. and Ariziamova, V.V. 2004. "Nedostatochnost' produktsii protivodifteriinyh antitel u detei s timomegaliei pri immunizatsii vaktsinoi AKDS". (The insufficiency of the anti-diphtheria antibodies production after immunization with DPT vaccine). *Detskie infektsii* (Children infections), Vol. 2(7): 23–26. Thymomegalia is registered in every third child in some regions [of Russia]. In this paper the authors confirm that after DPT-immunization of the children with thymomegalia, the anti diphtheria antibodies are not being produced at all or in an insufficient quantity.

the level of the antitoxin antibodies, but on the cellular TH1 immunity; i.e. interferon, Patients who had serious problems with their body's ability to produce interferon fell victim to diphtheria regardless of their antitoxin antibody status.

Even more interesting was that in thymomegalia immunodeficient children, the DPT caused not only reactions but reduced immunity.[17] I wonder what they would find if they studied other immunodeficiencies as well.

The only reason that the medical profession's basic ignorance about the immune system and vaccines hasn't been found out, is that parents don't know what doctors haven't studied. We assume that doctors wouldn't be doing something if they didn't know the basics.

American subscribers to Babytalk[18] magazine, woke up one morning in 2005 to read:

"In fact, Dr Offit's studies show that in theory, healthy infants could safely get up to 100,000 vaccines at once."

There was considerable discussion on Internet boards as to what this astonishing statement meant, and whether he really meant that. There can be no doubt that Dr Paul Offit meant that, because he is the Henle Professor of the Immunologic and Infectious Diseases at the Children's Hospital of Philadelphia and made sure that this article was put onto his section of the University's website[19].

What interested me even more, was that the original article in *Pediatrics*[20] (which said 10,000 vaccines, not 100,000) was apparently an estimate which appears to assume that the immune system of a baby/child is the same as that of a fully grown adult with HIV[21]. Furthermore, Dr Offit appears to take no account of the fact that babies are far more sensitive to heavy metals and drugs than adults. Most mothers who are concerned have babies, who do not have the same immune system as adults[22]. This article shows very clearly that neonatal peripheral blood leucocytes act quite differently to adults.

You may ask who is this man who considers vaccines safer than vitamins, and babies capable of receiving 10,000 vaccines in one day? And where are these studies that back up such theory?

Dr Offit is the USA's most prominent provaccine advocate and has received hundreds of thousands of

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[17] Ivanova V.V. et al. 2002. *Difteriia u detei* (Diphtheria in children). St Petersburg, p. 41: the factors of the specific cell immunoreactivity and non-specific mechanisms of defence are of significance as well. Page 43: The system of IF (interferon) has neither specialized cells, nor all the more organs, it exists in every cell, for every cell is able of becoming a victim of the antigen aggression, thus it has to possess its own system of recognizing and further eliminating of the foreign genetic information . . . By its importance the system of IF-genesis may be well compared with the immunity system in total, while by its universality it even surpasses the latter. Just this universality of IF makes it the most important factor of the non-specific resistance. There is the tight coordination between the systems of IF and immunity in the macroorganism. Pages 47–48 The fi ndings confirmed that the severity of the disease depended upon the ability of the body to synthesize α- and γ-IF. "The represented clinical and experimental findings testify to the complicated interactions between the system of IF-genesis and diphtheritic toxin and confirm the important role of the system of non-specific resistance in creating immunity to diphtheria.

[18] Howard, B. 2005. "10 vaccine myths – Busted". *Babytalk*.

[19] Retrieved on 27 February, 2006 from <http://www.chop.edu/consumer/jsp/division/ generic.jsp?id=81553>

[20] Offit P et al. 2002 "Addressing Parents' Concerns: Do Multiple Vaccines Overwhelm or Weaken the Infant's Immune System?" *Pediatrics* 109(1):124-9. PMID: 11773551 http://pediatrics.aappublications.org/cgi/content/full/109/1/124

[21] "However, because naive B- and T-cells are constantly replenished, a vaccine never really "uses up" a fraction of the immune system. For example, studies of T-cell population dynamics in HIV-infected patients indicate that the human T-cell compartment is highly productive. Specifically, the immune system has the ability to replenish about 2 billion $CD4^+$ T lymphocytes each day. Although this replacement activity is most likely much higher than needed for the normal (and as yet unknown) $CD4^+$ T-cell turnover rate, it illustrates the enormous capacity of the immune system to generate lymphocytes as needed".

[22] Tishon A, 1996. "A model of measles virus-induced immunosuppression: Enhanced susceptibility of neonatal PBLs" *Nat Med.* 2(11): 1250-4. PMID: 8898755

dollars in grant money from Merck Vaccines Division, holds a vaccine patent, and acts as a consultant to them. He is also a member of the CDC Advisory Committee on Immunization Practice. He has written a book on vaccines, which a friend of mine borrowed from her doctor to find inside, a letter inside, donating the book to the doctor saying, "Merck Vaccine Division is pleased to present you with a copy of the recent publication, 'What Every Parent Should Know About Vaccines,' . . . The authors designed the book to answer questions parents have about vaccines and to dispel "misinformation" about vaccines that sometimes appears in the public media."

Dr Offit's view of his ACIP[23] work is:

"It provides no conflict for me," he insists. "I have simply been informed by the process, not corrupted by it. When I sat around that table, my sole intent was trying to make recommendations that best benefited the children in this country. It's offensive to say that physicians and public-health people are in the pocket of industry and thus are making decisions that they know are unsafe for children. It's just not the way it works." . . . "Science," says Offit, "is best left to scientists."

Because parents bring up their children they have every right to research all issues and ask scientists questions like, "What does mercury or aluminium in vaccines do in the body?" They are also entitled to honest answers . . . The medical establishment continues to say that mercury in vaccines has nothing to do with autism, and that it's quite safe. The problem is there are many studies from way before 1999 that show thiomersal had problems:

"The present study[24] confirms the high frequency of sensitization to thimerosal in atopic children and suggest that vaccination can cause clinical symptoms in sensitized children."

Of course the medical establishment concluded that that doesn't prevent those children from continuing to be vaccinated. If they hadn't said that, the study probably wouldn't have been published.

The first study showing thiomersal allergy and vaccination reactions in the UK was in 1988[25] which said, ***"individual cases of severe reactions to thiomersal demonstrate a need for vaccines with an alternative preservative."*** Even more forthright was a 1990 study[26] which pointed out that the reactions can be ***"very long lasting"***.

Twenty-three years ago Russian researchers[27] said that thiomersal was highly toxic and should not be used in children's vaccines.

Others can argue the toss as to whether thiomersal in vaccine causes immune dysfunction contributing to autism but the fact is that scientists know that thiomersal is immunosuppressive and provokes autoimmunity in mice.[25] The study showed that in terms of the immune system, thiomerosal (EtHg) leads to a much stronger immunostimulation and autoimmunity than organic mercury (MeHg), but

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[23] Robert F. Kennedy Jr "Deadly immunity" June 16, 2005 Salon/Rolling stone Joint investigation. Available from <http://www.salon.com/news/feature/2005/06/16/ thimerosal/print.html> Accessed 18 June, 2005 & 27 February, 2006.

[24] Patrizi, A. et al. 1999. "Sensitization to thiomersal in atopic children". *Contact Dermatitis*, February: 40(2): 94–7. PMID: 10048654.

[25] Cox, N.H et al. 1988. "Thiomersal allergy and vaccination reactions". *Contact Dermatitis*, April: 18(4): 229–33. PMID: 3378430.

[26] Rietschel, R.L. et al. 1990. "Reactions to thimerosal in hepatitis B vaccines". *Dermatol Clin.*, January: 8(1): 161–4. PMID: 2137393.

[27] Kravchenko, A.T. et al. 1983. *Zh Mikrobiol Epidemiol Immunobiol.*, Vol. (3), March, pp. 87–92. "The toxic action of preparations kills and damages the cells at the site of injection, thus inducing the formation of autoantigens whose effect on the body cannot be predicted. Thus thimerosal, commonly used as a preservative, has been found not only to render its primary toxic effect, but also to be capable of changing the properties of cells. This fact suggests that the use of thimerosal for the preservation of medical biological preparations, especially those intended for children, is inadmissible." PMID: 6845931

now, what possible relevance could mice have to babies?

Doctors like to brush aside worries about aluminium by talking about "70 years of use" and aluminium being very common. There's two problems with these sorts of dismissals. When you check the articles quoted you find the studies discussed hypothetical statements based on 1960 studies with single antigens on mice. In those days babies started a limited schedule at an age when the now-crowded primary neonatal schedule is finished. Furthermore, it is not possible to compare aluminium in food or water, to an injection. As one study says,[28] ***"Accumulation of aluminium in the body tends to occur when the gastrointestinal barrier is circumvented."***

Medical people also like to say there is no replacement candidate for aluminium. There is. It's called Inulin. What is inulin? Fructose with small amounts of glucose. Inulin has been extensively tested before and since 1991[29], using many different candidate vaccines in mice, rats, rabbits, dogs, horses, monkeys and man. With the exception of small granulomas when very high doses are injected subcutaneously, inulin has none of the problems of aluminium. If you are someone who wants to have a vaccine, inulin adjuvant creates Th1 cellular immunity as well as Th2[30].

Sometimes it seems the wheels of change suffer from the severe lack of an axle jack. Instead we read that some would like to revisit previously rejected Freund's incomplete adjuvant,[31] but in general all articles rave over aluminium considering it safe, very efficient at making the immune system take notice, which it is, but best of all, very cheap.[32] This same author dismisses many side effects saying, ***"Some side-effects seen after vaccination with adjuvanted vaccines, must, however be attributed to the vaccine preservatives, like thiomersal, betapropriolactone or formaldehyde or . . . to bacterial toxins from the antigen preparation."*** (p. 3665)

Theoretically the most interesting issue is that aluminium is only of any "use" for the first shot of any series. It "wakes up" the immune system. After that, it's not needed in booster shots.[33] But it's given, because it's cheap and much less complicated to only have one set of bottles, rather than a primary dose, and aluminium free booster doses. Never mind that since 1965[34] it's been known that you can induce an encephalopathy and neurofibrillary tangles in the brains of animals by injecting aluminium salts. Or that since 1973[35] neurofi brillary degeneration after injection of aluminium can result in

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[28] Monteagudo, F.S. et al. 1989. "Recent de *ed* velopments in aluminium toxicology".*M Toxicol Adverse Drug Exp*, Jan–Feb; 4(1): 1–16. PMID: 2651849.

[29] Cooper, P.D. et al. 1991. "The adjuvanticity of Algammulin, a new vaccine adjuvant". *Vaccine*, Jun; 9(6): 408–15. PMID: 1887671. (In this study it was used with aluminium.)

[30] Petrovsky, N. 2005. (In Press. Still!). "Novel human polysaccharide adjuvants with dual Th1 and Th2 potentiating activity". *Vaccine*, February 5

[31] Eidkhoff, T.C. et al. 2002. "Workshop summary. Aluminium in vaccines". *Vaccine*, May 31; 20 Suppl 3: S1–4. PMID: 12184358

[32] Lindblad, E.B. et al. 2004. "Aluminium compounds for use in vaccines". *Immunol Cell Biol*, Oct; 82(5): 497–505. PMID: 15479435.

[33] Eidkhoff, T.C. et al. 2002. "Workshop summary: Aluminium in vaccines". *Vaccine*, May 31; 20 Suppl 3: S1–4. PMID: 12184358

[34] Klatzo, I. et al. 1965. "Experimental production of neurofi brillary degeneration". *J Neuropathol Exp Neurol*, Apr; 24: 187–99. PMID: 14280496.

[35] Crapper, D.R. et al. 1973. "Aluminium induced neurofibrillary degeneration, brain electrical activity and alternations in acquisition and retention". May; 10(5); 935–45. PMID: 4736728.

decline in learning and memory. So really, Vancouver neuroscientist Chris Shaw shouldn't have been too surprised to find that aluminium hydroxide injected as a vaccine into mice could do exactly this.

You have to understand what aluminium can do in a body to see the multi-facetted significance of aluminium. In the previous chapter, when the pretty coloured body was making antibodies, they missed out the bit where the nasty is handed to what we call an antigen presenting cell. Rather like a postie who is given a letter to deliver to where its supposed to go. These are called "dendritic" cells. Aluminium switches them on, and leaves them on.

In some people dendritic cells won't turn off. And when they don't, you can land up with something called Systemic lupus erythematosus (SLE). The problem with lupus is that the antigen presenting cells get switched on, stay on, and eventually abnormal autoimmune antibodies form. The scientists have no idea why that happens. It's clear an environmental trigger plays a role, but none of them are looking at aluminium, even though aluminium's function is to overstimulate antigen-presenting cells to force the immune system to respond to antigens it wouldn't otherwise take note of. That's why almost all vaccines contain aluminium.

However, aluminium also affects other cells called "macrophages", which become loaded with aluminium which disrupts their function. When those macrophages cross into the brain, they take the aluminium with them, which can demyelinate neurons, which could result in diverse disorders. Aluminium also makes the blood-brain barrier weaker,[36] making the brain more accessible to other toxins. Aluminium hydroxide in vaccines is highly reactive and separates spontaneously. And since it is injected through the skin right into your tissue, it is instantly absorbed and enters the brain.[37][38][39]

The fact that thiomersal is immunosuppressive, and that injected aluminium has a high affinity for brain cells, has been known since 1980.[40]

In terms of research looking at what vaccines do in babies, the early research before 1970 wasn't reassuring. And for whatever reason, that work hasn't been repeated, even though babies are now getting so many more vaccines than 35 years ago. So why hasn't the research been repeated? And why don't doctors even know about the research that was done then?

A very interesting report published in 1969[41] showed very significant changes. For instance:

"It is necessary to admit firstly that vaccination is always a trauma of considerable intensity . . . Satisfactory safety of vaccines on a mass level does not necessarily coincide with total safety on an individual level."

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[36] Banks, W.A. et al. 1989. "Aluminium-induced neurotoxicity: alterations in membrane function at the blood-brain barrier". *Neurosci Biobehav Rev*, Spring; 13(1): 47–53. PMID: 2671833.

[37] Redhead, et al. 1992. "Aluminum-adjuvanted vaccines transiently increase aluminium levels in murine brain tissue". *Pharmacology and Toxicology*, Vol. 70: 278–280. PMID:1608913.

[38] Yokel, 2000. "The toxicology of aluminium in the brain: a review". *Neurotoxicology*, October: 21(5): 813–25. PMID: 11130287. (Not related to vaccines, but essential reading.)

[39] Verstraeten, et al. 1997. "Myelin is a preferential target of aluminium-mediated oxidative damage". *Archives of Biochemistry and Biophysics*, Vol. 344(2): 289–94.PMID: 9264541.

[40] Zheng, W. 2001. "Neurotoxicology of the brain barrier system: new implications". *J Toxicol Clin Toxicol*, 39(7): 711–9. PMID: 11778669.

[41] Del Campo, A. 1969. "Physiological changes of the vaccinated organism: a basis for the interpretation of the clinical complications due to prophylactic vaccines". *Prog Immunobiol Stand*, Vol. 3: 280–4. PMID: 5379945.

Dr Del Campo found albumen decreases, heavy rise in the sedimentation rate, decreased transferring, retention in the tissues of various electrolytes, alkali reserve decreased conspicuously and for a rather long time. Serum glucose and serum cholesterol decreased, but lipemia increased steadily. Some enzymes showed an increase while others showed a decrease. Prothrombin time was lengthened. Changes in the EEG reading of the cerebral cortex of the brain were seen. There was in increased excretion of 11 cortico-costeroid, and rises in serum complement for an extended time. Phagocytic activity increased at a marked rate. He showed that properdin and lysozyme decreased, which explains the easy occurrence of secondary infections after vaccinations.

But he also stated that:

"every effort must be made to prevent individuals just vaccinated from being exposed to a new stress be this of a physical or infectious type while weakening of the natural defence and the disorder of the biochemical activities are still operating. Only in this way does it seem possible on the one hand to reduce the intensity and the duration of this post-vaccinal syndrome, and on the other to limit its consequences and the danger of the real clinical complications which arise from it."

And that was in the days when they only used a few vaccines. Safer than vitamins eh?

Furthermore, as was stated in a letter to the doctor about the testing of the Hep B vaccine in babies, not only had Merck not looked at the effect of the Hepatitis B vaccine on immune parameters, but that:

"Estimates of the frequency of various complaints following vaccination have usually been based on uncontrolled studies, i.e. there has been no parallel unvaccinated group in the study."[42]

Bearing in mind that the studying of a large group of people cannot assess the exact outcome for any individual, it's interesting to consider the following.

There are vast numbers of medical articles showing, for instance, high and unexpected duration of the IgE responses to DT boosters[43] in humans, which from animal studies[44] would indicate that allergies would worsen. There are an equally large number of more recent ones showing the opposite. It's always been the case with vaccines, that when something is hypothesized, you will get a downpour of studies pouring scorn on the hypothesis. It's become such a pattern now, that I usually look for information on who has funded any material before I minutely scrutinize the full body of the article.

However, it pays to think seriously about the positive studies, because regardless of the hail of negative studies, you have to consider that where there is smoke in the absence of knowledge, there may well be a lot more fire, in the absence of water.

There was some hope that the IgE production after pertussis vaccination would decrease with the new acellular vaccines, but that hasn't turned out to be so. In fact, the acellular pertussis vaccines provoke a lot more Pertussis Toxin-stimulated IgE than the so-called crude whole-cell vaccines.[45]

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[42] Letter: Dr J.W. West to Dr D.F. Woolner; 20 September, 1988

[43] Mark, A. et al. 1997. "IgE and G antibodies two years after booster dose on an aluminium-adsorbed or a fluid DT in relation to atopy". *Pediatr Allergy Immunol*, May: 2: 83–87. PMID: 9617777

[44] Frick, O.L. et al. 1983. "IgE antibodies to pollens augmented in dogs by virus vaccines". *Am J Vet Res*, March: 44(3): 440–5. PMID: 6301317.

[45] Nilsson, L. et al. 1998. "Pertussis IgE and atopic disease". *Allergy*, Vol. 53(12): 1195–1201. PMID: 9930597.

Bearing in mind the recent vaccine drive in Auckland with the BCG,[46] of a vaccine that's only marginally better than useless, it should be noted that the BCG increases sensitivity to house dust mites.[47]

Another study showed:[48]

"The odds of having a history of asthma was twice as great among vaccinated subjects than among unvaccinated subjects (adjusted odds ratio, 2.00; 95% confidence interval, 0.59 to 6.74). The odds of having had any allergy-related respiratory symptom in the past 12 months was 63% greater among vaccinated subjects than unvaccinated subjects (adjusted odds ratio, 1.63; 95% confidence interval, 1.05 to 2.54). The associations between vaccination and subsequent allergies and symptoms were greatest among children aged 5 through 10 years."

Almost as if the authors suffered an allergic reaction to their own findings, they conclude:

"CONCLUSIONS: DTP or tetanus vaccination appears to increase the risk of allergies and related respiratory symptoms in children and adolescents. Although it is unlikely that these results are entirely because of any sources of bias, <u>the small number of unvaccinated subjects</u> <u>and the study design limit our ability to make firm causal inferences about the true magnitude of effect</u>***."***
(Underlining mine.)

A study in Sweden, however, didn't find an increase in allergies, but did find a positive association between whooping cough vaccine and asthma by 2½ years of age[49].

As to all the other immunological pointers that are missing in this discussion, don't even get me started. The issue of how safe vaccines are won't be sorted out as long as medical people only want to play number crunching games like giving 10,000 kids a lolly. Looking at actual individual risk to real people seems to be much too dangerous. Perhaps something might be found that they would rather not see.

You be the judge. Are vaccines the safest, best tested thing you've had put in your body?

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46 Mentjox, L. 2005. "Children at risk from TB". *The Aucklander*, 24 August: 7. (7500 shots a year).

47 Mommers, M. et al. 2004. "Infant immunization and the occurrence of atopic disease in Dutch and German children: a nested case-control study". *Pediatr Pulmonol*, October: 38(4): 329–34. PMID: 15334511

48 Mommers, M. et al. 2004. "Infant immunization and the occurrence of atopic disease in Dutch and German children: a nested case-control study". *Pediatr Pulmonol*, October: 38(4): 329–34. PMID: 15334511

49 Nilsson, L. et al. 1998. "A randomized controlled trial of the effect of pertussis vaccines on atopic disease". *Arch Pediatr Adolesc Med*, August: 152(8): 734–8. PMID: 9701130.