

The Anti-Immunization Activists: A Pattern of Deception

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I'm a licensed physician, board-certified in both anatomic and clinical pathology. I operate the world's largest public [pathology](#) site, which has become the largest free one-man medical helpline on the internet. Generally, I am a therapeutic nihilist, and operate a sympathetic page devoted to [alternative medicine](#). I give myself out to be a Christian.

I'm a man of integrity, and I demand basic truthfulness from others.

This site focuses SOLELY on the misuse of scientific articles by anti-immunization activists.

It is impossible to know the mind of another person. But I suspect that some of these people actually intend to deceive their readers.

And I could find no objections from the more responsible critics of immunization -- most of whom seem to be good, public-spirited people.

I am making this posting solely for the sake of health and truth. By doing this, I will...

... become the target of abuse by militants, and...

... hopefully put a few decent, thoughtful people's minds at ease.

I have nothing else to gain. As a professional man, a university instructor, and an expert who testifies in court, I have everything to lose if I'm not telling the truth here. As always, I am speaking only for myself.



Concurrently with this project, I am undertaking an online project to publish the significant findings in the autopsy reports of children of who have died as a result of immunizations.

I will not be able to correspond with anyone about the larger issues involved in immunization, pro or con. I operate the internet's largest free personalized [health information service](#), and will not take time from this to argue with militants. Please take your concerns to one of the major pro-immunization sites instead.

This is by no means a complete study of any of the internet sites in question. I'll add more instances of mis-citation as time (and my distaste for this subject) allows.

If you want to know who's lying and who's telling the truth, simply take a copy of this page to your local public library, and obtain the articles I've cited by interlibrary loan. Most libraries can do this. There may be a small fee, but it's worth it to find out who the crooks really are.

Dispelling Vaccination Myths

[Link now down.] The main feature of this inflammatory site is heavy referencing to the scientific literature. Someone who does not have the time to check the scientific references could be impressed.

The most sensational claims for vaccine ineffectiveness (for example, 29,972 smallpox deaths in Japan, all in vaccinated people) are referenced only to the writings of old anti-immunization activists. If they were true, the author would be able to find something in a refereed medical textbook, or even a history book.

Here is how the author uses his scientific sources.

Lancet 338: 715, 1991. The author cites this article to claim that polio vaccine is ineffective. He says, "In 1989, the country of Oman experienced a widespread polio outbreak six months after achieving complete vaccination." This is clearly untrue. If you will examine the article, you'll discover:

- The epidemic actually began in January, 1988. Because of immunization, Oman had experienced a dramatic drop in its incidence of polio in the early 1980's. However, there was only 88% coverage by 1987, just before the epidemic began.
- In October through December, 1988, the government undertook an aggressive immunization program, and the epidemic stopped ended in March, 1989. This is apparently where the anti-immunization activist got the six-months business. But there is nothing in the article to indicate that complete immunization was ever achieved before, during, or after the epidemic.
- The vaccine mostly did what it was supposed to do, protecting most of the children from paralysis. "A primary series of OPV (3 doses) reduced the risk of paralysis by 91% (adjusted estimate); two doses reduced the risk by 80%."
- The authors suggested that because sanitation is so poor in the affected areas, the large inoculum of the wild virus was sufficient to overcome the vaccine-induced immunity. They specifically note that in industrialized countries, the vaccine is statistically much more effective.
- The article would make most parents in Oman want to be certain that their children were fully immunized with the oral polio vaccine.

MMWR 33(24): , June 22 1984. The author cites an outbreak of measles among previously-immunized high-school students as proof that the vaccine is not effective. Given that the measles vaccine is (and was known at the time to be) only 90-98% effective in preventing the disease, it is not surprising that there would be a cluster in a high school sooner or later. Here's what the article actually said:

- In this outbreak, vaccinated persons were at greater risk of clinical illness if they had close exposure to a measles patient and if 10 or more years had elapsed since their most recent measles vaccinations.
- Five people who were not in close contact with the index patient got sick with measles. All five were previously unvaccinated. The CDC concluded: "That measles transmission can occur among vaccine failures makes it even more important to ensure persons are adequately vaccinated. Had there been a substantial number of

unvaccinated or inadequately vaccinated students in the high school and the community, transmission in Sangamon County probably would have sustained."

NEJM 332: 500, 1995. The author cites "a very recent study in the New England Journal of Medicine which revealed that a substantial number of Romanian children were contracting polio from the vaccine." The reference, however, is to the Washington Post. If the real reference had been given, it would have been easier for readers to find the author's misrepresentation.

- It is known that following oral polio vaccine, there is a very low rate of paralytic polio. In Rumania, though, the risk of 1 in 196,000 was 5-17 times higher than everywhere else in the world.
- The authors found the obvious explanation: in Romania, it was customary to give intramuscular injections of antibiotics to children with fever. It has been known for generations that intramuscular injections during the prodromal phase of polio increase the risk of its becoming a paralytic disease.

AJDC 145: 1379, 1991. The author cites the article in support of his statement that outbreaks of Hib have occurred despite immunization. Again, examining the actual article shows how the activist is trying to trick you.

- Before the Hib vaccine, the annual incidence of Hib disease (meningitis, cellulitis, septicemia) among children under age 2 was 100 per 100,000. Following the introduction of the Hib vaccine, failures were reportable, and reporting was strongly encouraged. The Hib vaccine was improved in Dec. 1987 (PRP-D), and this study actually demonstrates that effectiveness was increased by 2/3. In fact, the government could find only 26 failures in the whole country.

Br. Med. J. 283: 696, 1981 The authorites this study of whooping cough and adults and states, "England actually saw a drop in pertussis deaths when vaccination rates dropped from 80% to 30% in the mid 70's. Swedish epidemiologist B. Trollfors' study [this one] of pertussis vaccine efficacy and toxicity around the world found that 'pertussis-associated mortality is currently very low in industrialized countries and no difference can be discerned when countries with high, low, and zero immunization rates are compared.' He also found that England, Wales, and West Germany had more pertussis fatalities in 1970 when the immunization rate was high than during the last half of 1980, when rates had fallen." Once again, examining the actual article shows that it has been misrepresented.

- The cause of the increase in whooping cough in the early 1970's in Sweden was faulty production of the vaccine. "A pertussis vaccine giving 90% immunity was introduced in Sweden during the late 1940s. From the early 1960s about 90% of all infants were vaccinated and pertussis became rare. In the first years of the 1970's whooping cough returned, and since 1974 the disease has been endemic. The return of the disease seems to have been related to changes in production of the vaccine at the beginning of the decade."
- The reason there was a tremendous amount of whooping cough in Sweden during the 1970's was that adults' immunization had worn off and they were catching it from unimmunized children.
- Anti-immunization activists sometimes allege that whooping cough is a mild disease. In this study, 22 out of 174 adults were unable to work for more than a month.

- The supposed quotation ("Pertussis-associated mortality...") does not appear in the article. One might conclude that the author of "Dispelling Vaccine Myths" simply made it up.
- The statement that England saw a drop in pertussis deaths after immunization rates dropped doesn't appear in the article either. If it means "total deaths", then it's very surprising; and if it were true, the author would have a genuine scientific reference. If it means "percentage of pertussis patients that died", it's probably true. When immunization rates are high, the disease occurs primarily among very young babies, who have not been immunized. Very young babies are more likely to die. Thanks to the anti-immunization campaigns, the disease became much more common, affecting lots of older people who were more likely to survive and take the disease home to the babies.

Pediatr. Inf. Dis. 13: 34, 1994. The author cites this article to make the true statement that outbreaks of measles have occurred in immunized populations. Not everybody makes antibody in response to the measles vaccine. Here is how the article begins:

- "The incidence of measles in the United States declined from over 400,000 reported cases annually before the introduction of measles vaccine in 1963 to less than 1500 reported cases in 1983."

J. Inf. Dis. 169: 77, 1994. The author cites this article to make the true statement that an outbreak of mumps has occurred in an immunized population, this one in Tennessee. As with measles, not everybody makes antibody after immunization. Here is how the article begins:

- "Beginning in 1968, the widespread use of live attenuated mumps virus vaccine in the United States was followed by a 98% decrease in the incidence of mumps. In prelicensure field trials, mumps vaccine produced an immunologic response and clinical protection against mumps in ~95% of recipients."

MMWR 38(18): 329-30, May 12, 1989. The author directly quotes this as saying that "[Measles epidemics] have occurred in all parts of the country, including areas that have not reported measles for years."

- The cited article says nothing of the sort.
- It actually deals with an outbreak of measles in Quebec. When measles appeared in December, 50,000 of the 285,000 Montreal primary and secondary school students were unimmunized. By the end of March, 60% of the unimmunized kids have been immunized.
- Unlike the US, Quebec does not require measles immunization. The MMWR adds, "School immunization requirements in the United States have been shown to be an effective means of increasing vaccine coverage among school-aged children and of decreasing the incidence of measles."

Neurology 32: A169, 1982. The author cites this article as confirming "Both national and international studies have shown vaccination to be a cause of SIDS."

- The citation is actually from an unrefereed paper by one presenter at a scientific meeting; he reviews 70 cases and says he has a statistically significant clustering of SIDS deaths, though he doesn't give his statistics.

- The anti-immunization activist actually cites no international study. His only other reference is to a book by another activist.
- Since 1982, the idea that SIDS (sudden infant death syndrome) is more likely to follow DPT immunization has been examined statistically on a massive basis. If there were a real relationship, there'd be a great scientific reputation to be made. It turns out there is none (J. Ped. 129: 695, 1996; Am. Fam. Phys. 54: 185, 1996). In fact, the latest from Edinburgh (FEMS Immuno. Med. Micro. 25: 183, 1999) is that DPT immunization seems to protect against SIDS. Pertussis itself is probably a cause of SIDS (Eur. J. Ped. 155: 551, 1996.)

Am. J. Epidem. 139: 229, 1994 "There are studies that claimed to find no SIDS-vaccine relationship. However, many of these were invalidated by yet another study which found that 'confounding' had skewed their results in favor of the vaccine."

- What actually happened was this. The New England Journal of Medicine (319: 618, 1988) published a study in which kids who had just received a DPT injection were only 18% as likely to die of SIDS. That's not "no SIDS-vaccine relationship". The authors concluded that this was an artifact, probably because kids who are mildly sick (and thus maybe at increased risk for SIDS) aren't going to be immunized. As a sometime medical examiner, I would have added that kids who are neglected (and thus not immunized) are also more at risk for SIDS.
- The actual reference was a point-counterpoint in which both participants agreed that "confounding" in this case could not plausibly have masked the vaccine being a cause of SIDS.
- The anti-immunization activist author goes on with inflammatory, unreferenced stuff. After doing a computer search of the literature back to 1965, I am convinced that some activist simply made up the business about SIDS in Japan. He follows it with rhetoric about the need for a massive study of the whole business, not telling his readers that this has already been performed and that no correlation has been found.

April 10: Jennifer Bankers-Fulbright wrote me about the explanation for the Japan SIDS business.

JAMA 257: 1375, 1987: "In Japan, the problem of vaccine-associated SIDS was eliminated not by the introduction of acellular pertussis vaccines, but by the change of immunization from 3 months to 2 years."

The rate of SIDS in Japan did not change, but because the immunization schedule was changed, people stopped blaming the vaccine.

I have spent a lot of time looking for this often-cited Japanese evidence, and have found so little that I must believe that the story originated with the misinterpretation of one person and spread like wildfire (as all the really "good" stories do). The rate of SIDS, I recall, did not change over the time-frame when this vaccination schedule shift occurred... Clearly it is the "vaccination-associated" classification of SIDS that went away; not SIDS itself.

6/7/00: A correspondent shared an account of the SIDS in Japan business. An online account of further deceptions involving vaccines and SIDS is also down.

The author of "Dispelling Vaccine Myths" has NO refereed data to document his obviously false claim that immunization has not led to a reduction in the diseases for which it is administered.

P.A.V.E. Parents Advocating Vaccine Education

[Link is now down.] This site describes its mission as "to help the public make informed and intelligent decisions about childhood and adult vaccines."

With such a mission, we would expect extensive and honest documentation. You won't find it here.

There is a citation, supposedly from the AMA, to a non-existent issue of the journal "Science" ("March 26, 1977"). An editorial in a real issue from the previous day merely bewailed the fact that regulations and the threat of baseless litigation were making it nearly impossible even for valuable vaccines to get produced.

JAMA 274: 446, 1995 reviews the work on cellular and acellular pertussis vaccine. The author heaps ridicule and sarcasm on the study. (Again, for some reason she has the date of the issue off by a day.)

Here's what happened. The classic vaccine, minus boosters, proved only 36% effective in preventing pertussis in Italian babies during the post-vaccine-scare pertussis epidemic.

The author claims that this means the vaccine is effective only if the patient is not exposed to the disease. This is a shameless misrepresentation. The truth is that the whooping cough bacterium is ubiquitous, and whether you get sick depends both on your immune status and how much of the bacterium you inhale.

Of course, the epidemic itself was the result of anti-immunization activism. Thanks to people like this, there'll be pertussis epidemics for the foreseeable future.

The same JAMA issue contains an essay, "Brad Missed the Miracle", about a young boy who was almost completely paralyzed in the polio epidemic. When he was a teenager, his parents bought him a car so that the other teenagers could drive him around town.

The author shows that she knows how to cite the medical literature. Some of her claims, including the obviously false one that rubella immunization has placed women of childbearing age at increased danger, are referenced only to the works of other anti-immunization activists.

Occasionally a woman who has been immunized against rubella contracts the disease anyway, but in this case, injury to the unborn child almost never occurs: Harefuah [122: 291, 1992](#) was the most recent, lone report.

Claims which are completely unreferenced include:

- Simian CMV or a related virus causes chronic fatigue syndrome, autism, and attention deficit disorders and may have been present in the polio vaccines grown in monkey kidneys.

At present, there is ONE reported case of an apparent human infection, in an obscure journal ([Pathobiology 64: 64, 1996](#)), based entirely on gene sequencing. The person previously had chronic fatigue syndrome, and then developed encephalitis leading to permanent vegetative state. The lone author, from the

"Center for Complex Infectious Diseases" (Rosemead, California), speculates that it was acquired from oral polio vaccine. I had never heard of this organization, and it turns out that the author (W. John Martin MD PhD, Rosemead CA) is a stealth virus and anti-immunization activist. This seems to be the only thing he publishes about, and he is the only person who publishes about stealth viruses. Apparently nobody else believes they even exist. We can assume by now that several other workers have checked out the "stealth virus" claims, since simply confirming this finding would make a scientist's reputation. We can also assume that no one has been successful.

- The MMR vaccine has been confirmed to carry virus fragments from chicken viruses.

Retroviruses are ubiquitous in nature, and proteins derived from two chicken retrovirus were found in some lots of MMR recently (J. Virol. 73: 5843, 1999). Despite much effort, the retrovirus people at the CDC could not actually grow any of them from any batch of MMR, indicating that the vaccines don't contain live, infectious retrovirus.

- Some diseases are becoming more common. The author says that this could be the result of immunization.

The author correctly notes today's mysterious, ongoing increase in the prevalence of childhood diabetes mellitus. But if immunization were the cause, we would have seen a spectacular increase in the late 1950's and early 1960's, when widespread immunization became the norm. We didn't.

The two writers who caused all the excitement over hemophilus B immunization as a cause of diabetes are independent thinkers offering their own idiosyncratic immunotherapies which they present as alternatives to the usual vaccines. See Br. Med. J. 318: 193, 1999; Br. Med. J. 319: 1133, 1999. Anti-immunization activists will be interested to know that one of them also claims that "early immunization is associated with the prevention of diabetes in humans" (Autoimmunity 27: 35, 1998).

It's my judgement as a pathologist that when you control for people living longer and smoking more, cancer isn't becoming more common.

If the author had provided references, readers could have determined easily that she had yelled "Fire!" where there is no fire.

Of course, the author attributes the vilest motives to physicians, government, and industry. You're free to believe her if you want.

[ThinkTwice](#) [Immunization Studies: Scientific & Medical References](#)

This is another catalogue of citations from the actual scientific literature dealing with vaccine problems. Some citations are fair, while others are deceptive.

Science 256: 1259, 1992. "ThinkTwice" says, "*Science* reported on a possible link between polio vaccines and the origin of AIDS."

- This is actually a pair of letters dealing with a popular article in "Rolling Stone" magazine, not a report by the journal as ThinkTwice misrepresents.
- Since the AIDS viruses evolved from monkey and chimp viruses, and the early polio

vaccines were crude extracts of cultures of monkey tissues (no longer true), people have wondered about the viruses having hopped species in this way. So far, this is idle speculation, as the letter-writers admit.

- According to the letter, "These vaccines, responsible for the virtual elimination of paralytic poliomyelitis either through direct exposure or through the establishment of 'herd immunity' from live virus vaccines, have been of unquestionable benefit to the entire family of man".

JAMA, August 24/31, 1994. According to "ThinkTwice", "Reputable studies show correlations between the pertussis vaccine and asthma. In fact, children vaccinated with pertussis were shown to be 5 times more likely to become afflicted with this serious respiratory ailment."

- The lone study (not studies) was actually a single letter to the JAMA. A group of physicians asked if children had ever been diagnosed with asthma. Of 243 immunized against pertussis, 26 had been diagnosed with asthma. Of 203 not immunized, only 4 had been diagnosed with asthma. The obvious explanation is that children who do not get standard health care from a physician are less likely to get their asthma diagnosed.
- ThinkTwice doesn't tell you about the follow-up. This report led to a study of almost 10,000 kids in England, No correlation whatever was found between having been immunized against pertussis and having had asthma (Br. Med. J. 318: 1173, 1999); another writer (Br. Med. J. 318: 193, 1999) cited scientific misconduct in a previous report alleging a connection.
- ThinkTwice isn't telling something else. Among the 243 children in the immunized group, there had been one case of whooping cough. Among the 203 children who had not been immunized, 16 had already gotten whooping cough.

J. Inf. Dis. 165: 444, 1992. According to ThinkTwice, "A recent study published in the Journal of Infectious Diseases showed that children who received the DPT vaccine were significantly more likely to contract paralytic polio than children who were not vaccinated with DPT."

- Despite the misleading description, all that the study actually showed is that if a child presently has acute polio at the time he or she receives the DPT shot, the polio is more likely to take the paralytic form. Again, it is common medical knowledge that injections in general tend to make polio turn paralytic -- which is what ThinkTwice doesn't tell its visitors.

Pediatrics 91: 699, 1993. "Despite immunization programs targeting high-risk groups, the incidence of hepatitis B has risen 37% since the introduction of the vaccine."

- The high-risk group is intravenous drug abusers. What ThinkTwice doesn't tell you is that the vaccine has never reached most of these people, and that the vast majority of people contracting new hepatitis B infections are unimmunized.

NEJM 311: 1030, 1984. According to the author, "Studies have investigated the probability that recipients of the plasma-derived hepatitis B vaccine may have received inoculations contaminated with undetected viruses, especially HIV, a precursor to AIDS."

- The original hepatitis B vaccine was made from sterilized pooled human plasma. This article, from the era before the AIDS virus was discovered, looked at whether there

was any evidence that live AIDS virus was injected. There wasn't.

- The article begins, "The safety and efficacy of hepatitis B vaccine have been established in controlled trials."
- The article ends with a statement that serologic studies of the newly-discovered HTLV-III (HIV) virus in hepatitis B recipients were underway, "and if preliminary results are borne out, they should provide even more evidence for the safety of hepatitis B vaccine."
- I received three doses of the pooled-plasma vaccine as soon as I could. If I received some killed HIV virus (I couldn't find anything, one way or the other, in the literature), I'm none the worse for it. And on the evidence since this article was published, neither is anybody else.
- An honest writer would have said that studied investigated a "possibility" rather than a "probability", and added that no one had found any evidence that infection was transmitted.

NEJM 309: 614, 1983. The anti-immunization activist cites this article as showing that hepatitis B vaccine causes acute polyneuropathy.

- Actually, the article merely reports a single man who got polyneuropathy ten days after his second hepatitis B immunization. He had also just gotten over a cold, which is commonplace when otherwise-healthy people get acute polyneuropathy. The authors emphasize that there's no reason to suppose the immunization caused the polyneuropathy, but since this illness is very uncommon and nobody's likely to see two cases, there's a need for organized surveillance.
- Surveillance has been continued. The alleged link hasn't been supported. And there's no conspiracy of silence about polyneuropathy. It's the reason the swine flu vaccine was stopped in the 1970's. And polyneuropathy has been added as a rare known side effect of tetanus toxoid.

Lancet, Sept 26, 1992, p. 786. According to the agitprop author, "The United Kingdom quietly withdrew 2 brands of MMR vaccine following several confirmed cases of mumps meningitis after administration of the vaccine."

- This actually happened, but there was nothing quiet about it. It was a major story in "Lancet", the major British medical newspaper. The fact that this happened quickly and effectively should say something about the care with which real vaccine hazards are addressed by the real scientific community.

Vaccinations -- Not Safe, Not Effective.

[The link is also down.] Despite the dark talk about "evidence which is being suppressed by the authorities", this is primarily a catalog of letters to medical journals expressing possible hazards of immunization. When they haven't panned out, the source remains silent.

NEJM 310: 198, 1984. "A report on a study of 11 healthy individuals to determine the effects of routine tetanus booster vaccinations showed that the vaccinations weaken the immune system of the recipients."

- This is simply untrue. The study comes from the era when HIV infections was

diagnosed by looking at OKT4/OKT8 ratios and OKT4 counts in the peripheral blood. The investigators actually looked at counts just before, and over the weeks following, a tetanus booster. OKT4 counts tended to drop, though not into the dangerous range, while OKT8 counts sometimes rose. Various kinds of immune activation will drive OKT4 cells out of the blood to the sites where they are needed. The report merely warned about possible confusion.

- Of course, the anti-immunization activist author won't tell you that all 11 patients' bloodwork "returned to normal subsequently" after a month, when the immune activation by the toxoid was over.

Pediatrics 80: 270-274, 1987. The activist cites this article as saying, "This vaccine [H. flu meningitis] has been shown to cause serious reactions including convulsions, anaphylactoid allergic reactions, serum sickness-like reactions and death."

- "Shown to cause?" Bite your tongue.
- The actual abstract: "An analysis of adverse reactions occurring after receipt of Haemophilus influenzae type b vaccine and reported to the Food and Drug Administration during the first year of marketing of the product was performed. During the period April 1985 to May 1986, adverse reaction reports on 152 patients, excluding those of vaccine failure and concurrent infection, were received. Several adverse reactions not previously recognized, including convulsions, allergic reactions such as anaphylactoid-like and serum sickness-like reactions, and vomiting were received. The vast majority of adverse reactions were benign. Because there are many biases that result in the reporting of or failure to report an adverse reaction, it is not possible to derive a rate of reactions from these data. Furthermore, causality cannot be inferred from any single report. The data, however, indicate that, in light of widespread use of the vaccine, its use appears to be safe."
- There was one reported death, a 42 month old boy found dead in bed four hours after the injection. There was no other evidence to suggest that the vaccine was the cause.

JAMA 239: 285, 1978. Here's how the author summarizes this article. "Of the 18 reported cases of paralytic polio in 1977, three of the patients were person who were in the United States but who were not residents, and 2 of the other 15 victims apparently contracted the disease abroad. Three cases occurred in recent vaccine recipients, and 10 cases had been in close contact with recently vaccinated people. Only 3 cases occurred in persons "without any known vaccine association."

- The article seems to be about paralytic polio. It still pops up in the US among foreigners who are not immunized, immunized people who get a very large dose of the wild virus where it is rampant overseas (thanks to failure to mass-immunize over there), and unimmunized people who are around somebody who's taken the live vaccine. Very rarely, the live vaccine causes paralytic polio. None of this is news. The authors wanted to remind people that polio is still around, and that there was an ongoing debate about which vaccines work best and when to give them.
- The author does not quote this section: "Of course, these totals do not compare in scope with the 57,879 cases reported in 1952 before mass immunization."

JAMA 244: 804-6, 1980. The author describes atypical measles, which is wild-strain measles in people who received only the killed vaccine as "a very severe form of the disease in which it appears that, because of the vaccination, there is an increased

susceptibility to measles virus, resulting from a damaged immune system."

- The truth is that atypical measles is not "very severe". The article describes two cases in siblings -- one severe, one mild. Both recovered nicely.
- Atypical measles results from vaccine-enhanced antibody production against an infection by wild-type measles virus in the absence of concurrent cell-mediated immunity. (Some people obviously had a good antibody response, but a poor T-cell response, to the killed virus vaccine.) This paper gave this as the likely mechanism, and it's been verified in an animal model (Nat. Med. 5: 629, 1999). The other possibility which the 1980 paper considered was a vaccine-enhanced cell-mediated response preceding antibody production. The problem is that the immune response to wild virus after administration of the killed vaccine is poorly-balanced.
- This was clear at the time that the article was written, as it is today. Saying that the vaccine "increases susceptibility to measles virus" or that it results from a "damaged immune system" is simply untrue, and the author should have realized this. The author also fails to tell the reader that the killed vaccine was withdrawn in 1970 because of the problem with atypical measles.

MMWR 38: 101-105, 1989. The anti-immunization activist implies, falsely, that the mumps vaccine has increased the incidence of mumps in teens and adults, who risk sterility as a result.

- The truth is that when children are well-protected by recent immunization, the percentage of adults and teens (whose immunizations may be wearing off) is higher. Gee whiz!
- If there had been any doubt, the article clears it up. The anti-immunization activist didn't share the key fact: "Nonetheless, despite this age shift in the epidemiology of reported mumps, the overall risk of disease in persons 10-14 and ≥ 15 years of age is still lower than that in the prevaccine and early postvaccine licensure periods."
- The article adds, "Reported incidence rates continue to be affected by school immunization laws." An upward blip in the incidence of mumps in the late 1980's resulted from the efforts of anti-immunization activists.

Other Misleading Sites

As this site grows, I'll examine other people's use of the medical literature.

Vaccines -- A Second Opinion

[The link is down.] The author is a prolific writer and publisher, an alternative-medicine activist, an HIV-doubter, and apparently a physical fitness buff.

Most of this extremely long paper, only a portion of which is available online, seems to be quotations from various alternative thinkers (largely homeopaths) about why vaccines should not work.

When the author gets down to citing facts, he simply lies or repeats the obvious lies of other writers. For example...

Children born with agammaglobulinemia (an inability to produce antibodies) develop

and recover from measles and other infectious or contagious diseases almost as spontaneously as other children. The truth is that these children recover from most viral illnesses because their T-lymphocytes are intact, but if they do not receive supplemental immunoglobulins, they die of bacterial or picornavirus infections in early childhood.

The author claims that when German pertussis immunization rates dropped in the 1970's, the illness did not become more prevalent. This is a bald-faced lie. In the 1980's, pertussis was rampant in Germany, but there are no hard numbers simply because it was not reportable (Tok. J. Exp. Clin. Med. 13 S: 97, 1988).

The author cites Lancet June 5, 1985 (actually the article is in the January 5 issue) in which one investigator found a statistical correlation between serologic immunity to measles with no history of rash, and various autoimmune diseases. The anti-immunization writer claimed that Danish authors suggested that the measles vaccine places people at risk for future autoimmune disease. The article is not even about the measles vaccine, but did include some speculation about the possible impact of the old gamma-globulin passive immunization, which he thought might have permitted measles to function as a slow virus. The paper has only one author. People have looked at both measles virus and measles immunization since then (Pediatrics 104: 12, 1999) and I could find no one who was able to support the claims of the lone investigator.

The author goes on to list "chemicals" found in some vaccines, with the suggestion that they may be harmful. These include glutamate, sodium phosphate, sodium chloride, and glycine, all of which are basic building-blocks of life. This is shoddy work from somebody who feels qualified to tell the world that HIV does not cause AIDS.

Unknowing Women Victims of Hidden Birthcontrol Vaccine

[Link is down.] Possible contraceptive vaccines using hCG (the hormone that sustains pregnancy) complexed to tetanus toxoid have been under research for years, for women desiring lasting birth control. The tetanus toxoid functions as an adjuvant, causing women to make autoantibodies against their own hCG (Proc. Nat. Acad. Sci. 91: 8532, 1994).

This activist charges that a campaign to immunize women of childbearing age against tetanus and childhood diseases caused miscarriages and sterility. According to the activist, hCG was actually present in the tetanus vaccine.

None of the scientific references given in the paper describe anything of the sort ever really happening. I could find no report on a computer review of the medical literature back to 1966. If it had actually happened, it would have been a huge news story (both medicine and human-rights), and medical journals would have rushed to publish it.

It is hard to imagine how hCG would have gotten into a batch of vaccine by accident. But unlike its apparent source, below, this isn't a conspiracy buff site.

The author also cites **Lancet June 4, 1988, p. 1273** in support of his claim. The article only says that some women in Nigeria believed that they would be given a contraceptive vaccine and hid in the bushes.

On the evidence, this site borrowed heavily from Miller's site, below. We'll have to guess who invented the stories about the vaccine actually causing miscarriages.

James A Miller (link is now down), an anti-contraception activist, charges that conspirators have already put hCG drugs in tetanus toxoid which was given to poor women in the developing world, in order to sterilize them.

Miller claims that when pro-life activists suspected a WHO conspiracy to sterilize unwilling women, a lab in Manila tested four lots of a vaccine which was being given to women of childbearing age. "And all four vials tested positive for hCG!" Miller doesn't give any levels.

Evidently, this never saw publication in a medical journal, or even a legitimate medical newspaper. I'm a pathologist, and I believe that I know why....

Lab testing isn't like counting sheep. Because of the nature of extremely sensitive assays, some tests for hCG ALWAYS give a positive number, even if no hCG is really present.

Miller suggests that there must be a sinister motive in targeting women of childbearing age. Really, the campaign had the reasonable aim of protecting newborn children by means of maternal antibodies.

Miller cites the same "Lancet" article, above, and claims on this basis alone that "Nigeria, too, may have been victimized" (see Lancet 4 June 1988 p. 1273).

I am pro-life, without any apology. I'm also a Christian and believe that lying is generally a sin. I am asking other honest people like me to stand up against this kind of bunk.

[Vaccines and Disease: An Investigative Report](#)

I found this in 2006. It's by Roman Bystryanyk, and uses graphs to document that death rates from infectious diseases were already declining markedly prior to the introduction of the vaccines against them.

The author relies on rhetorical questions and selective use of statistics. However, he clearly wants readers to conclude that they should not have their children immunized, and that the vaccines are a fraud perpetrated for some reason by the government and big corporations.

Anyone who visits an old graveyard will realize childhood mortality dropped substantially during the century before the vaccines were introduced. The vast majority of childhood deaths have historically been from the infectious diseases.

The obvious fallacy in Brstrianyk's paper is that he never cites the TOTAL NUMBER OF CASES of the diseases in question, only the death rates. If the vaccines really don't work, somebody as diligent as Brstrianyk would present data from public health sources indicating equally dramatic declines in the numbers of people who got the diseases and recovered. **Rather than conclude that the vaccines do not work, Brstriank's graphs merely show that between 1900 and 1950, we got better at keeping sick people from dying.**

Brstrianyk has only a single actual citation of a real medical publication that he claims says that a single vaccine did not "play a major role" in decreasing the number of cases of the disease. At the time that Brstrianyk wrote his own article, the paper was a quarter-century old. The quotation from this weird single-author paper (Lancet, Jan 29, 1977, pp 234-237) is genuine, but the conclusion does not follow from the author's own data. Click [here](#) to see the impact of immunization on whooping cough in Scotland. It's general knowledge that the

vaccine confers only partial immunity. However, since the Y-axis is logarithmic, this is about a two-third decline in the deaths from whooping cough in the two years after immunization was introduced.

Anyone considering Brstrianyk's notes also needs to know some facts that the author failed to share.

- Brstrianyk begins by quoting the CDC ("Now, thanks to the measles vaccine, the number of measles [cases] each year is a fraction of what it was then"), then quotes a Swiss paper that points out that overall mortality from infectious diseases was declining during the decades before immunization. Brstrianyk says that this represents a "different conclusion", which of course it does not.
- It is common knowledge that whether a child with measles will die or recover depends primarily on his/her nutritional status. In the poor nations, around 800,000 children die every year from measles. Almost all of them are unimmunized.
- It is also common knowledge that scarlet fever affects primarily poorly-nourished children who live in crowded environments. It is no surprise that the rate dropped as the United States became more prosperous. Mortality became essentially zero in the late 1940's with the introduction of penicillin. It is also puzzling that the author mentions scarlet fever, since there is no scarlet fever vaccine.
- Good sanitation (i.e., not having to get your drinking water from a river that people upstream use as a toilet) was the cause of the drop in typhoid cases. Again, no one claims this was due to a vaccine.
- Typhus was controlled by people being cleaner and not having lice. Again, it is surprising that this was emphasized by the author, since there is no typhus vaccine.
- The author fails to mention that passive immunization against measles using gamma globulin was introduced in the 1940's and was standard until the vaccines of 1963.
- The author fails to mention that passive immunotherapy of diphtheria using antitoxin was introduced in the 1920's and turned an often-fatal disease into a painful but treatable disease. Further, public health measures helped control diphtheria before the immunization era, and better nutrition and supportive care reduced the mortality.
- The author does not address tetanus mortality or immunization at all. The statistics must be available and the author has chosen not to share them. There is nothing about congenital rubella syndrome, which made unborn children blind, deaf, and/or retarded. As recently as the 1950's, it was extremely common, but it disappeared with the introduction of mass immunization. There is nothing on the drop in fatal hepatitis B, especially among health-care workers, since the introduction of the vaccine. There is no account of the virtual disappearance of mumps. There is nothing about the obvious impact of the H.flu vaccine on deaths from meningitis. Most striking, there is no mention of the impact of immunization on epidemic polio.

There are at least two other sites that show mortality curves for polio, showing mortality dropping to zero in 1957. Thanks to the iron lung, fewer people were dying of polio during the previous decade. The sites show the vaccine as having been introduced in 1957. It was actually introduced in 1955. Since polio disappears from countries as soon as widespread immunization is introduced, and reappears when it is neglected, one would have to be very foolish to doubt the effectiveness of the vaccine.

Several people have written me asking about a **Raymond Obomsawin**, variously described as an MD or PhD, who writes anti-immunization materials which you can buy. According to some websites, which I'll let you find on your own, Dr. Obomsawin was commissioned in 1992 by the Canadian International Development Agency to prepare a report to guide its immunization policy. But when Dr. Obomsawin's report was submitted, it was suppressed by sinister conspirators. A search of the NIH database shows that Raymond Obomsawin has only one peer publication, a popular article from 1978 for Canadian nurses about Indian health issues. If you want to believe that the Canadian government really hired this guy as an elite scientific consultant, you're free to do so. Of course, I don't know one way or the other.

Added in May 2006: I am still occasionally checking the anti-immunization sites. One phenomenon I've noticed is that, since I put this page online, the obvious disinformation artists are much less likely to reference their quotations so that the public can actually check them.

I have received a few inquiries about **J. Anthony Morris**, who is presently cited on many of the anti-immunization sites as having been "the chief vaccine control officer for the United States Food and Drug Administration." On the record of his publications, he was a virologist at the NIH from the 1940's to the time of the swine flu vaccine business. He helped develop several experimental vaccines that did not work, most notably the failed attempts to create an influenza B vaccine in the 1960's following the obvious success of the influenza A vaccine. Not everything works out, in fact most things don't, and this is no reflection on him. His one major paper deals with the discovery that some anti-influenza antibodies are protective and some are not; you can read it in *NEJM* 274: 527, 1969. In the paper, his title is listed as "Chief, Section on Respiratory Viruses, Division of Biologic Standards, National Institutes of Health." In other words, he was a microbiologist who supervised the standardization of some of the viruses used for research. He is also third author on a paper in *Science* 116: 117, 1969, which lists his affiliation as "Division of Biologic Standards, National Institutes of Health." He has no major publications after this, and I could find nothing more about him except from anti-immunization activists. I would conclude that the claim that he was "the chief vaccine control officer for the United States Food and Drug Administration" is just one more lie. If Dr. Morris or his family wish to show me evidence to the contrary, or they have something else to say about the whole anti-immunization business, I will post it here.

Sites with Greater Integrity

Immunization -- Christian activist in Arizona; no scientific papers cited. Link is down.

[Vaccinations and Children](#) -- Yahoo club. So far the main contributors seem fair-minded and eager to get at the truth.

National Vaccine Information Center.

[The link is down.] The people who caused all the trouble about whooping cough some years ago.

Here's their current whooping cough page. As of 12/11/99, it gives no traceable reference more recent than 14 years old. Newer papers are cited but references are not given. If you pursue the matter yourself, I think you'll discover why.

Most of this site is devoted to concerns about adverse reactions to current vaccines, and these people simply ask readers to weigh risks (which you can read about here -- though you won't learn which are real and which have been discredited scientifically) and benefits (which the site does acknowledge).

The lady who runs this site sometimes testifies under oath. I don't think the site contains any actual falsifications.

Last Thoughts

If you are interested in the diseases against which immunization is effective, you can visit my own brief notes. **In the era before immunization, there would have been no need to describe these to any adult.**

- [Poliomyelitis](#) usually causes a mild diarrheal illness, but especially when contracted after infancy, it sometimes causes permanent damage to the spinal cord and weakness / paralysis. Thanks to herd immunity generated by mass-immunization, wild polio is now extinct in the western hemisphere. It is still common in the places in the eastern hemisphere where mass immunization has not been practiced. The live vaccine causes very rare cases of paralytic polio -- allowing anti-immunization activists to claim the vaccine is more dangerous than the disease. Do you see the fallacy?



- [Smallpox](#) is now extinct, thanks entirely to mass immunization. It probably still resides in secret weapons installations around the world.
- [Pertussis](#) is seldom fatal to people over six months old, but it lasts 1-2 months and is very debilitating. There were around 120,000 cases yearly in the US before the vaccine; as soon as its use became widespread, new cases dropped off dramatically, to a low of 1010 in 1976. With anti-immunization activism in the US, this had increased to 5457 by 1993 (Ped. Inf. Dis. J. 13: 343, 1994). Again thanks to the anti-immunization movement in Europe, pertussis enjoyed a tremendous resurgence in the early 1980's. In 1982 alone, there were 65,000 cases in England, and left dozens dead or brain-damaged (Arch. Dis. Child. 59: 162, 1984; CDC review 6(6): R86, 1996). The overall impact of the anti-immunization movement, which targeted DPT in particular, was millions of cases of the disease and hundreds of dead or brain-damaged children (Lancet 351: 356, 1998) in those countries where people fell for it. This was in glaring contrast to countries which maintained mandatory DPT immunization, which kept the same low rates. Today there is general agreement that if the (whole-cell or acellular) vaccines cause SIDS and/or brain damage at all, it is rare (J. Inf. Dis. 174 S3: S-259, 1996.) The new acellular (DPaT) is less likely to produce side-effects just after administration than the old whole-cell (DPwT) vaccine.
- [Diphtheria](#) is an agonizing disease in which the throat and inside of the windpipe literally rot while the person is still alive, and choke him/her to death. At the same time, the heart is weakened so badly that the person can drown in his/her own lung fluids. Thanks to immunization, it is nearly unknown in the US today. Thanks to non-immunization during the social turmoil of the post-communist era, there have been 70,000 cases in the former Soviet Union alone (Br. Med. B. 54: 635, 1998).
- [Hepatitis B](#) is mostly preventable, but kills about a million people every year, including several thousand in the US, mostly through its long-term effects. Having the virus on board will also be a social and professional problem. The vaccine is not completely effective, but it gives fairly good protection. Countries such as Taiwan which have instituted nationwide immunization have had spectacular declines in acute and long-term disease (NEJM 336: 1906, 1997). You cannot know what kind of risks your baby will take as a teen. Unprotected heterosexual intercourse is one common way in which hepatitis B is transmitted. You've been warned.
- [Mumps](#) is a painful disease of childhood, and if a grown man catches it, he has a good chance that he'll never be able to be a father. Immunization has almost entirely eliminated it from the US.
- [Measles](#) kills thousands upon thousands of children in the developing world every year. It is especially hard on children whose vitamin A stores are marginal. (On the evidence, the anti-immunization activists don't even think about the world's poor kids, but write about "good sanitation in the developing world is the reason our diseases are controlled", etc., etc.) Before the measles vaccine, one kid in 1000 in the US ended up with obvious brain damage after measles. After the vaccine was introduced and came into near-universal use, new cases of measles plummeted to just over 1000 per year. Thanks to anti-

immunization activism plus the politics of medicine in poverty areas, there was a decline in immunization against measles in the mid-1980's. A measles epidemic in the US from 1989-1991 had 55,000 cases, 11,000 hospitalizations, and left 130 people dead (Statistical Bulletin -- Metropolitan Insurance Companies 75: 2, 1994). The story is usually the same -- the disease rips through an underclass community's unvaccinated preschool children, and they take it home to their baby brothers and sisters.

- [Tetanus](#) is an horrible disease that will kill you unless you go on a respirator for a week or so. I've seen one case clinically, and I'd rather be Rambo-tortured than go what this guy went through. Before the toxoid, it was all too familiar. If you believe that keeping wounds clean will always prevent tetanus, as the anti-immunization activists claim, try getting the last speck of rust out of a rusty-nail wound. There are 277,000 deaths worldwide each year from neonatal tetanus alone. See MMWR 47(43): 928, 1998 for the weird story of an anti-immunization family whose child (unprotected by maternal antibody) developed neonatal tetanus. Although she considered immunization unsafe, the mother gave her child a horrible mixed anaerobic infection of the umbilical cord by plastering it with "health and beauty clay" (ironically from Death Valley). Even after the child recovered, she wouldn't have it immunized because of "concern about possible adverse effects."
- [Rubella](#) is a mild, painful childhood disease. If an expectant mother catches it, her unborn child is likely to be brain-damaged, blind, deaf, and/or badly deformed. The Amish have exercised their right not to be immunized against rubella. As a result, by 1995, one Amish kid in 50 was born severely damaged (Ped. Infect. Dis. J. 14: 573, 1995).
- [Hemophilus influenzae B](#) is a major cause of meningitis in young children, with severe pain and the likelihood of brain damage. The vaccine has greatly reduced its incidence. See the citation above.

Nothing in life is completely safe. Despite the wild accusations of cover-ups, anyone can read the CDC's 35-page summary of the known hazards, contraindications, and precautions in MMWR 45(RR-12): 1-35, Sept. 6, 1996.

It's hard to know whether the public is well or poorly served by early reports of possible hazards. The flap over MMR and autism happened because of an article in Lancet 351: 637, 1998 with only 9 autistic children -- and an obvious ascertainment bias, since most of the parents apparently already believed that the immunization had caused the behavioral changes. The anatomic pathology in the children with lower GI upsets, though "consistent", is unimpressive. The author's naive approach is shown by their citing some perfectly normal findings that everybody has as part of the "consistent" anatomic lesion. I think this remains an open question, but nobody's duplicated the findings and if it happens at all, it must be rare.

No reasonable person would question that there are hazards associated with the present vaccines.

In particular, anecdotes of marked, permanent behavioral changes following immediately after DPT injections have impressed me. Everybody seems to agree that the current negative (for example, JAMA 271: 37, 1994), inconclusive (for example, Vaccine 11: 1371, 1993) or suggestive (Vaccine 8: 531, 1990; Neuropediatrics 21: 171, 1990) statistical studies cannot rule out very-rare cases of DPT-induced acute allergic encephalomyelitis, with the bordetella toxin serving as an adjuvant. In fact, the Institute of Medicine estimated that there are "0.0 to 10.5" cases of AAE per million immunizations in excess of the expected rates (JAMA 271: 68, 1994). The fact that there's no easily-characterized syndrome in these children (Am. J. Dis. Child. 146: 327, 1992) is very much in keeping with the protean nature of acute allergic encephalomyelitis. However, I've been unable to find an autopsy report of this using the usual medical literature search techniques. In the hopes of settling this business to my own satisfaction (and perhaps that of others), I am soliciting autopsy reports from children who are supposed to have died of immunization side-effects.

Plenty of genuine scientists dedicate their careers to vaccine safety. There are huge monetary profits to be made for corporations who can make the safest vaccines. Science is driven primarily by the desire of scientists to enhance their personal reputations. They will jump at any chance to discover (and be the first to publish) a genuine public health hazard.

In particular, an academic scientist who could spot misbehavior by a corporation would have his career made.

The burning question is whether you are better off accepting immunization against polio, measles, Hib, hepatitis B, mumps, rubella, diphtheria, tetanus, and pertussis. **There is a level of consensus, rare in either science or politics, that ordinary folks and ordinary communities are better off accepting the standard immunizations.** I think you can skip smallpox.

It is also the responsible thing to do, since by immunizing yourself and your children, you diminish your own chances of transmitting disease to those for whom the vaccine fails. This seems painfully clear from the small epidemics that have resulted from activism. You're being asked to assume some risk, for your own good and for the good of the community. **Your neighbors have already taken the risk on YOUR behalf.**

Read carefully. Despite some reasonable concerns, **much of the rhetoric from anti-immunization parents boils down to, "I DON'T CARE if my kid infects YOUR kid."** It's a harsh thing to say -- but it's the truth.

This would all seem totally obvious. But people often simply choose to believe lies that make them feel intellectually and morally superior. A "cause" lets you find friends and meaning. **A certain percentage of people will decide to believe the radical anti-immunization activists for emotional reasons.** That's human nature. But it makes for bad decisions, both public and private. And activists who leave movements that they learn are founded on lies are often tremendously saddened.

I am not an attorney, and I cannot advise you on what to do if you, or a family member, has been harmed as a result of these misinformation campaigns. I would be angry if my child was a non-responder, and then caught an infection from a child whose parents had refused immunization. I would be more than angry if my child became sick or died because I read something that the author knew to be untrue.

If you visit some (not all) anti-immunization sites, the links to organized, big-money health quackery are obvious. It is also easy to recognize other signs of pseudoscience -- beautiful rhetoric, claims of being spiritual and humanitarian, mud-slinging, lack of internal criticism, lack of original experimentation, lack of any real support from genuine scientists working in the areas, wild charges of massive corporate and government conspiracy (no specifics), and occasional outright lying.

If you are a responsible critic of today's immunization policies, you should start demanding that others withdraw their clearly false allegations.

If you are an ordinary citizen, and you still want to believe these people, then that is your business.

But don't let your concern for your health, and the health of others, allow you to be deceived by disinformation artists.

Health and friendship.

[Vaccine Page](#) -- world site, lots of links.

[ImmunoFacts](#) -- lots of links

[Institute for Vaccine Safety](#) -- Johns Hopkins. Real scientists. Unlike activists, if a scientist lies or misrepresents his material, his career is over.

[Back to Ed's.](#)

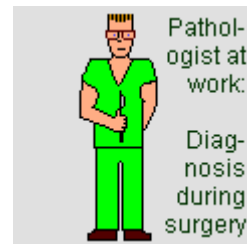


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Follow Up

Three days after posting, I'm already receiving plenty of visitors. As above, I do not have time to correspond with individuals -- pro or con -- on the subjects raised here. Don't take my silence as lack of interest or appreciation.

A few people have written to remind me that activists are right to bring studies on various limits and hazards of immunizations to the attention of the public. Of course I agree. But don't falsify your evidence in the process.

I have received two replies from parents who believe they have lost children to immunization. Please visit my other page -- where you'll see entirely different faces of this controversy and this physician.

The author of one of the sites described at length on this page wrote to me in 2005. He accused me at considerable length of not being a genuine Christian, but did not deny that he had falsified his evidence. Draw your own conclusions.

The MMR business is back in the media following a report at a meeting in early 2006 on work-in-progress by Dr. Steven Walker (Phys/Pharm, Wake Forest) that his group had isolated vaccine-type measles virus from the gut of children with regressive autism. We all await (April 2007) publication, whether peer-reviewed or not, especially considering the seriousness of the subject. No one questions that other behavioral disorders of children can follow exposures (even "PANDAS" was unknown when I was in medical school). Of course, the impact of these on a family is devastating. I remain undecided as to whether MMR (by immunity, infection, or toxicity) may on rare occasions be etiologic. I've cited Wakefield's much-criticized work [elsewhere](#); despite the problems, he shows none of the signs of charlatanism described elsewhere on this page, and I would be enormously pleased if his friend Dr. Walker has something solid to add -- especially since he's from one of my old institutions. Even in a world full of politicians, lawyers, and emotion, science still seems to correct itself. Stay tuned.

* * *

Nineteen days after posting, I have withdrawn my offer to review autopsies.

Here is the text as it appeared:

Immunization Deaths: The Online Autopsy Series

When it is developed, this site will catalogue the significant findings of autopsy reports from children who have died (or who are thought to have died) as a result of childhood immunizations.

I am uniquely qualified to do this.

- *I give myself out to be a Christian, and I am a man of integrity. I am a university teacher in a scientific discipline, under constant, rigorous scrutiny by over 200 disputatious medical students every year. I testify in court and get hammered by elite lawyers, where anything is fair game. In other words, I have nothing to gain, and everything to lose, by trying to deceive the public.*
- *Like most pathologists, I am generally a therapeutic nihilist, preferring as few medical interventions as reasonably possible. I have written a sympathetic page on [alternative medicine](#).*
- *My focus is [autopsy](#), and although I do not have boards in forensics, I have worked for the office of the KCMO medical examiner as an autopsy pathologist.*
- *At the same time, I demand honesty of others. Elsewhere I have reviewed the pattern of deliberate deception in which some (not all) anti-immunization activists engage. I look forward to responsible critics of immunization demanding that these false allegations be withdrawn.*

The purpose of this site is not to discuss the larger issues involved in immunization decision-making. Despite the risks, which are real, I believe that immunization is good personal and public policy. I doubt that developing this site will change my mind. In the meantime, I will not be able correspond with anyone on this business.

As of this posting, I have e-mailed the authors of the major responsible anti-immunization sites requesting copies of the autopsies on children who are reported to have died following immunization.

I especially hope to find a credible report of acute allergic encephalomyelitis following pertussis immunization. It is hard not to be impressed by anecdotes of (thankfully rare) permanent behavioral changes in children after DPT shots. The current statistical studies, though large, clearly lack the sensitivity to detect very low frequencies of this protean reaction. Collecting a series of autopsy reports with A.A.E. would be very helpful for me, and for others who are concerned with the truth of this business. And perhaps in the process we might discover something else.

In the meantime, please visit these sites, which contain first-hand accounts of deaths reported to be due to immunizations. Whatever each of us may decide, as scientists or human beings, about the actual causation, it is impossible not to be touched emotionally by the love and grief which the surviving parents show -- and to admire their concern for others.

[Four links followed.]

If you have autopsy reports, please fax them to me at 816-283-2251.

If I decide that there is not a link between the vaccine and your child's death, you have my word of honor that this will stay between us. Neither readers of this site, nor anyone else, will hear about it.

If I can make a connection, I will give you whatever help I can, pro bono.

Thank you very much.

I have had only three correspondents who have been gracious. I thank these people for their kindness and thoughtfulness, and for staying with what they see to be a good cause.

Although this is not my first controversy, I have never gotten this much hate mail -- twenty at current count. I have been called "butcher", "murderer", "totally closed-minded", "brainwashed", and "idiot". Despite a wealth of detail about supposed corporate and government wrongdoing, the level of overall ignorance is astonishing. It's revealing to hear these people say that "the germ theory of disease is now discredited" and so forth.

I must of hit pretty close to the mark to get her all riled up like that, huh kid? -- Han Solo

More germane to my decision to withdraw the offer, I was informed that the activists have urged each other, via their online newsletters, not to let me look at their cases, both for their own legal reasons and out of the belief that I intended to break my promise of secrecy should I arrive at a negative conclusion.

What disturbs me the most is that only one of the more responsible anti-immunization activists had anything to say about the obvious pattern of deception carried out by their less-scrupulous colleagues. **Draw your own conclusions -- I've drawn mine.**

More favorably, one of the responsible activists has agreed to help me gather material from older cases. I look forward to the chance of perhaps finding an anatomic signature for vaccine injury.