

DO VACCINE DISCRIMINATE AGAINST WOMEN

**Subject: DO VACCINE DISCRIMINATE AGAINST WOMEN****Date:** Fri, 14 May 1999 23:56:45 -0700**From:** karin schumacher <via@access1.net>**Reply-To:** Andy Schlafly <aschlafl@yahoo.com>**Organization:** vaccine information and awareness**To:** via <via@access1.net>

Andy Schlafly wrote:

In a recent article in Vaccine Weekly, Dr. Chen of the CDC casually admitted that there is "a striking female predominance" of highly severe adverse effects from vaccines. "The female predominance among disabled vaccinees irrespective of vaccine, also observed in many autoimmune disorders, bears further exploration," Chen et al. observed. See Hepatitis B Vaccine Adverse Events: Reporting Artifact?, Vaccine Weekly, April 12, 1999, Author DeNoon, Daniel J.

I looked a bit further and found an article about hair loss after vaccines. The article was published in the AMA-controlled JAMA, and therefore downplays the significance of this minor adverse effect. But the data itself revealed that "the majority of our cases (34 of 39 adults) were women whose hair loss followed immunizations." Hair loss after routine immunizations, JAMA, The Journal of the American Medical Association, Oct 8, 1997 v278 n14 p1176(3), Authors Wise, Robert P.; Kiminyo, Kitonga P.; Salive, Marcel E. In addition to adults, the article also cites specific examples of infants suffering hair loss, and each example was a female.

If females are more likely to be injured by vaccines than males, then this is enormously helpful to both political and legal efforts to stop the mandatory vaccine laws. Any information on this issue would be useful to all of us. Has the CDC been hiding this discriminatory effect?

Michael Belkin Wrote:

With regard to female vaccine question:

Hepatitis B vaccine adverse events

VAERS data 1990-October 1999

23,000 reports with data on sex.

14,969 female (65%)

8031 male (35%)

Andy Schlafly wrote:

Michael's data shows that females are nearly twice as likely to be hurt by the Hepatitis B vaccine as males. I think this is a bombshell revelation. Legally, laws that have a discriminatory impact on females are subjected to closer scrutiny by the courts. Courts often presume that a law must be invalid if it has a discriminatory impact on females. Politically, legislators are terrified to support anything that has a discriminatory impact on women, particularly women's health. How could a legislator justify imposing a law that hurts females twice as much as males?

Scientifically, the discriminatory impact is alarming. It suggests that the vaccines have a harmful effect that scientists do not yet understand. Yet I cannot find a single research article discussing the discriminatory impact of vaccines on females. The CDC and drug manufacturers must know about this discriminatory impact,

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and must be covering it up for the above reasons. If possible, it might be worth trying to get a vaccine perpetrator to answer questions about this issue under oath at a hearing. The quote from Chen and Michael's VAERS data could be used as backup when the vaccine perpetrator attempts to dodge the question.

\*\*\*\*\*

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**Subject: Re: MD SPEAKS ABOUT HEP B VACCINE**

**Date:** Wed, 12 May 1999 09:12:00 -0700

**From:** karin schumacher <via@access1.net>

**Reply-To:** Andrea Valeri <avaleri@arcanet.it>

**Organization:** vaccine information and awareness

**To:** via <via@access1.net>

Andrea Valeri, MD wrote:

I'm an italian medical doctor . I want to reply to Dr Jenni Levy, MD. I apologize for my strange english.

1) the basic point is that hepatitis B vaccine is NOT well studied. The basic studies for every drug (also for vaccines) are double blind randomized controlled trials against placebo. To assess adverse reaction, it's necessary that you have 2 groups: the first one take the drug, the second a placebo . Dr. Jenny Levy says: " The vaccine had been studied for five years prior to FDA approval" but there is no bibliografic quotation in his words. I report a quotation: what says smithkline beecham (one of the companies that produce the vaccine)

" ADVERSE REACTIONS ....

ten double blind studies involving 2.252 subjects showed no significant differences in the frequency or severity of adverse experiences between Engerix-B and plasma-derived vaccines " (from physician's desk reference 1998, pag. 2821).

As you can see, the control group DID NOT TAKE placebo; it took plasma derived vaccines. So, the basic studies proved only that recombinant vaccine does not produce more adverse effects than plasma-derived vaccine, but we don't know if produce adverse effects more than placebo!!! This way, we don't know the adverse effects of vaccine on previously

healthy people: we know only a comparison between two different vaccinations. In short, we don't know the complete adverse effects.

So, we have 2 possibilities

a- we accept that placebo controlled trials are no more useful: this way, one of the foundation of modern farmacology is destroyed. This way, we must also accept all unconventional therapies that, until now, have few or no placebo controlled trials

b- we admit that is highly unethical to use in the general popolation (not in selected risk-groups!!) drugs (in this case a vaccine) if we don't have complete adverse effects data, expecially if there is no epidemic of highly dangerous disease (i don't think that anyone can seriously define hepatis B as highly dangeorus disease : if so, which is the definition for example of ebola virus epidemic?).

I think any MD must choose the b- answer. Shortly, for this reason, i think we must sospend mass vaccination against Hepatis B

Andrea Valeri, MD

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**Subject: MEDICAL COMMUNITY BLASTS THE INTERNET**

**Date: Wed, 12 May 1999 09:03:56 -0700**

**From: karin schumacher <via@access1.net>**

**Reply-To: Carolyn <ppva@velocity.net>**

**Organization: vaccine information and awareness**

**To: via <via@access1.net>**

WHAT I WANT TO KNOW IS ARE ANY OF US IN THERE?????

Carolyn wrote:

The subject heading I've included on this message was the ACTUAL title on the news item introduction! I think these doc's ought to do some soul searching and they might see that the same is true of Public Health!!!!!!!!!!!!!! AND MORE SO! Notice at the bottom of the article they advertise how much the Book cost's!!!! ARE THEY MAD? I can't believe this ran this way! They're the ones selling something here. Now granted, there are those who would sell you the "silver bullet" to health, there's good and bad in everything, but C'MON! What are THEY doing?

[http://www.foxnews.com/js\\_index.sml?content=/health/main.sml](http://www.foxnews.com/js_index.sml?content=/health/main.sml)

Medical Experts Publish

Guide to Web's Medical Sites

10.34 a.m. ET (1434 GMT) May 11, 1999 By David Morgan

PHILADELPHIA - Two medical researchers, fed up with a hodgepodge of useless and misleading health information on the Internet, have published what they believe is the first consumer guide to medical sites on the World Wide Web. The 400-page book, The Doctor's Always In, features 1,100 medical sites which the authors judge to be the best the Web has to offer on subjects ranging from AIDS and allergies to cancer and sports medicine.

Co-author Jay Schneider, a neurology professor at Thomas Jefferson University in Philadelphia, said the aim was to provide people with medical knowledge they can use in discussions with their doctors. "There have been other guidebooks, but they're mainly for medical professionals. This is aimed specifically at the consumer," Schneider said Monday. He and co-author Theodore Lidsky, a neuroscientist at the Institute for Basic Research on Developmental Disorders in Staten Island, N.Y., came up with the idea of a guidebook after trying to help Schneider's neighbor find information on his daughter's brain tumor.

A conventional Internet search on the girl's condition quickly produced an information wilderness consisting of tens of thousands of Web sites, many of them useless and some downright misleading. "Some of the health information on the World Wide Web is posted by electronic-age snake-oil salesmen," Schneider said. "This is really a daunting task for anyone. I'm a trained medical scientist and it's overwhelming for me. You can spend hours wasting your time." Last month, a U.S. government panel of doctors, health insurers and public health officials and others also warned of questionable medical information posted on the Internet. The group recommended that Internet newcomers begin with the government's own Web site.

Schneider and Lidsky, neither of whom is a medical doctor, decided to produce a book rather than an online consumer guide, believing that the computer novices they hope to reach are likely to feel less intimidated by the familiar printed page. They also have found that books are faster than computers when it comes to locating Web site addresses. "As strange as that sounds, I think it's true," Schneider said. The Doctor's Always

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In is published by the Cherry Hill, N.J.-based NeuroInformatics Publishing and retails at \$24.95.

Pennsylvania Parents for Vaccine Awareness  
P.O. Box 173  
Mill Village, Pa. 16427  
Email: [ppva@velocity.net](mailto:ppva@velocity.net)  
Web Page: <http://www.erie.net/~noshotz>

\*\*\*\*\*  
> The information contained in this message  
> should not be construed with medical or legal  
> advice. The vaccination decision is yours  
> alone to make.  
> \*\*\*\*\*

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**Subject: NEW THEORY ON THE IATROGENIC ORIGIN OF AIDS**

**Date: Wed, 12 May 1999 08:48:38 -0700**

**From: karin schumacher <via@access1.net>**

**Reply-To: maggi@olypen.com**

**Organization: vaccine information and awareness**

**To: via <via@access1.net>**

Margaret Ann wrote:

A NEW THEORY ON THE IATROGENIC ORIGIN OF AIDS

by Leonard G Horowitz, DMD; Walter Kyle, JD; and Alan R Cantwell, Jr., MD

We propose a new theory regarding the origin of human immunodeficiency virus (HIV-1). The simian immunodeficiency virus from the chimpanzee (SIVcpz) is generally considered the closest nonhuman primate virus related to HIV-1. We believe this virus, or a closely related simian virus, most likely contaminated the experimental hepatitis B vaccines that were administered to gay men in New York City and to blacks in Central Africa during the 1970s. The introduction of a monkey virus into the human species via contaminated vaccine programs could have given rise to a new and unprecedented human immunodeficiency disease, now commonly known as AIDS.

Robert Gallo, the foremost authority on AIDS, has theorized that HIV-1 evolved from a virus in African green monkeys that "jumped species" to infect the black African population. Based on our extensive review of the scientific literature, we conclude that HIV-1 most likely evolved and jumped species due to iatrogenic (i.e. man-made) causes.

In the late 1970s the simultaneous emergence of the earliest cases of AIDS in Central Africa and in New York City closely followed a period of major scientific advances in molecular recombinant biology and retrovirology. By the early 1970s researchers had already isolated RNA-dependent DNA polymerase. Synthetic RNA and cat leukemia retrovirus templates were added to human type-C viruses associated with lymphatic cancer.

Experimental infection with these genetically engineered hybrid viruses were reported to cause leukemia, lymphoma and sarcoma. By the mid 1970s the role of T-lymphocytes in immunosuppression was clarified. Specific enzymes and other biochemical processes needed to induce immune system collapse were also identified. In 1971 Fujioka and Gallo designed experiments in which tumor specific cell tRNA was added directly to "normal" human white blood cells. To achieve this, simian monkey virus 40 (SV-40) and mouse parotid tumor (polyoma) virus were routinely employed to deliver foreign cancer-causing tRNA into these "normal" human white blood cells. In other experiments the DNA in SV-40 was commonly replaced with RNA from various animals, including RNA associated with cat leukemia and chicken sarcoma. Gallo and other researchers commonly modified monkey viruses enabling these viruses to induce AIDS-like immunosuppression, cancer, and wasting and death in primates and lower animals.

It is widely believed that HIV-2 (which purportedly preceded the evolution of HIV-1) and HIV-1 both share a common viral ancestor, the so-called simian immunodeficiency virus from the African green monkey (SIVagm). In addition, SIVmac, a macaque monkey virus laboratory contaminant, has also been found to be identical to HIV-2. Because HIV-2 has never been found in macaques in the wild, humans who are now infected with HIV-2 were most likely infected via contaminated vaccines. The experimental hepatitis B vaccines and polio vaccines have been implicated by some investigators as possible sources of HIV virus contamination and intercontinental transmission. Although one report exonerated the experimental hepatitis B vaccine used in gay men in 1980

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in Denver and San Francisco, no analysis was performed on possibly contaminated hepatitis B vaccines that were administered in New York City and in Africa, as early as 1972.

HIV and its progenitors more likely evolved from simian (i.e. monkey) viruses altered by the deliberate or inadvertant insertion of cancer-causing viral particles from other animal species. We hypothesize these man-made mutants crossed over to infect the human population via contaminated vaccine experiments and vaccine programs. Such experiments and outcomes were commonplace in cancer virus research laboratories during the 1970s, at a time when collaborative vaccine developmental programs were ongoing, and before the initial outbreak of AIDS.

The transmission of hybrid viruses from contaminated animals and laboratories involved in vaccine production might also best explain the simultaneous outbreak of the first cases of AIDS in Africa and in New York in the late 1970s, as well as the peculiar epidemiology of AIDS which initially affected white homosexual men in the U.S. and black heterosexual Africans. Additional confirmatory studies are required to provide the scientific and health professional communities, as well as the general public, with all the facts.

<ftp://ftp.win.net/winnet/tetra/pub/Origin of AIDS.txt>

\*\*\*\*\*  
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**Subject: MD SPEAKS ON HEP B VACCINE**

**Date:** Tue, 11 May 1999 10:02:13 -0700

**From:** karin schumacher <via@access1.net>

**Reply-To:** shaunsharp <shaundo@clear.net.nz>

**Organization:** vaccine information and awareness

**To:** via <via@access1.net>

shaunsharp wrote:

>  
> Dr Jenni Levy, MD - AN AMERICAN DOCTOR:  
>  
> Hepatitis B is the most common form of infectious hepatitis in the  
> world. It is far more easily transmitted than HIV through the same  
> routes - mother-to-child during birth, injection drug use, blood  
> transfusion and occupational injury in health care. Occupationally  
> acquired Hepatitis B kills more health care workers in the US every year  
> than HIV has ever killed.  
>  
> Hepatitis B has a 5% immediate mortality rate, and a 30% incidence of  
> conversion to chronic disease. Of those who develop chronic infection,  
> 40% will go on to cirrhosis and liver failure and death, and about 15%  
> will develop liver cancer.  
>  
> Since 1986, the only Hep B vaccine used in the US has been the  
> recombinant vaccine. The way recombinant vaccines work is that they  
> make a piece of the viral genetic material that codes for a protein on  
> the surface of the virus; it is that protein which your immune system  
> thinks is the virus and which causes antibodies to be produced. There  
> is no actual viral material in the vaccine. Yes, your immune system is  
> activated, but not in any way that could be harmful to you. The  
> vaccine had been studied for five years prior to FDA approval, and has  
> been used in millions of people over the past eleven years.  
>  
> The precautions listed on the package inserts are dictated by lawyers  
> working for the drug companies who are trying to predict and prevent  
> lawsuits. Adverse event reports are not reliable indicators of adverse  
> events (I know it seems as if they should be but they're not.  
> Individual physicians are under no compulsion to report, and there's no  
> verification done to ensure that events are really linked to medications  
> or procedures.)  
>  
> You will find those adverse event categories listed for every vaccine  
> licensed by the FDA, and you will notice they are also the common  
> symptoms of most viral illnesses, including colds and influenza.  
>  
> >From the Centres for Disease Control and Prevention:  
>  
> >>Pain at the injection site (3%-29%) and a temperature greater than  
> 37.7 C (1%-6%) have been among the most frequently reported side effects  
> among adults and children receiving vaccine. In placebo-controlled  
> studies, these side effects were reported no more frequently among  
> vaccines than among persons receiving a placebo. Among children receiving  
> both hepatitis B vaccine and DTP, these mild side effects have been  
> observed no more frequently than among children receiving only DTP. The  
> recommendation to begin hepatitis B vaccination soon after birth has  
> raised the concern that a substantial number of infants will require an  
> extensive medical evaluation for elevated temperatures secondary to  
> hepatitis B vaccination. Several population-based studies to evaluate  
> this possibility are in progress.  
>  
> Adverse Events In the United States: surveillance of adverse reactions

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> indicated a possible association between GBS and receipt of the first  
> dose of plasma-derived hepatitis B vaccine (CDC, unpublished data; ).  
> {NOTE: THIS IS THE OLDER VACCINE, NO LONGER IN USE} However, an  
> estimated 2.5 million adults received one or more doses of recombinant  
> hepatitis B vaccine during 1986-1990, and available data concerning  
> these vaccines do not indicate an association between receipt of  
> recombinant vaccine and GBS (CDC, unpublished data).  
>  
> Based on reports to the Vaccine Adverse Events Reporting System (VAERS),  
> the estimated incidence rate of anaphylaxis among vaccine recipients is  
> low (i.e., approximately one event per 600,000 vaccine doses  
> distributed). Two of these adverse events occurred in children (CDC,  
> unpublished data). In addition, only one case of anaphylaxis occurred  
> among 100,763 children ages 10-11 years who had been vaccinated with  
> recombinant vaccine in British Columbia (D. Scheifele, unpublished data),  
> and no adverse events were reported among 166,757 children who had been  
> vaccinated with plasma-derived vaccine in New Zealand. Although none of  
> the persons who developed anaphylaxis died, this adverse event can be  
> fatal; in addition, hepatitis B vaccine can in rare instances cause a  
> life-threatening hypersensitivity reaction in some persons. Therefore,  
> subsequent vaccination with hepatitis B vaccine is contraindicated for  
> persons who have previously had an anaphylactic response to a dose of  
> this vaccine.<<  
>  
> There is no legal or customary requirement for informed consent prior to  
> vaccination in the US, although most practitioners provide an  
> information sheet and all should be willing to answer questions.  
> Hepatitis B is a devastating, fatal disease with an increasing incidence  
> worldwide, and it is completely preventable.  
>  
> \*\*\*\*\*  
>  
> HILARY BUTLER RESEARCHER FOR IMMUNISATION AWARENESS SOCIETY, NEW ZEALAND;  
> REPLIES  
>  
> >From Hilary Butler To Doctor Jenni Levy MD (72320,275@compuserve.com)  
>  
> who quoted from CDC Disease control and Prevention.  
>  
> You have obviously been into the FDA inter net site. You have quoted  
> that no adverse events were reported among 166,757 children who were  
> vaccinated with Hepatitis B Vaccine in New Zealand.  
>  
> The CDC quotes from a book called ADVERSE EVENTS ASSOCIATED WITH  
> CHILDHOOD VACCINES, (editor Katherine Stratton) pg 229. I will specify  
> this quote:  
>  
> "Anaphylaxis was not observed in the 166,757 children vaccinated with a  
> plasma-derived vaccine in New Zealand (Morris and Butler, 1992)"  
>  
> My name is Hilary Butler, and I am co-author of that report. The  
> original submission sent to NIH included the complete Health Department  
> Report in which were detailed 2 cases of anaphylaxis. We also included  
> several Health Department memorandum detailing many cases of  
> anaphylactoid reactions.  
>  
> On 30 September 1996, after viewing the FDA web site I sent Katherine  
> Stratton the following E-mail:  
>  
> >>Dear Dr Stratton, As you may (or may not) remember, I wrote you a detailed  
> six page letter of 7 January 1994 regarding a major error on pg 229 in  
> your book on Adverse Events associated with childhood vaccines... you  
> refused, or chose not to reply to it again.  
>



> Now I see that the FDA has put your error onto the Inter net.  
 >  
 > As I said to you at the time: "This misrepresentation does a serious  
 > disservice to those who might believe that your book reports accurate  
 > data submitted to the Vaccine Safety Committee. If you disagree with  
 > this assessment, I will welcome your reasons for disagreement. However,  
 > if you agree that there is misrepresentation, I will welcome information  
 > on your planned corrective action."  
 >  
 > You did neither, and as a result of your inaction, a lie has been  
 > perpetrated.  
 >  
 > For the third time: What do you intend to do to correct an error brought  
 > to your notice two and a half years ago??? It would be nice to think that  
 > this time you might have the courtesy to reply, since the fault is yours,  
 > not mine.">>  
 >  
 > Dr Katherine Stratton's reply was as follows:  
 >  
 > >>"I have just now reread material you and Dr Morris sent in 1992. I assume  
 > that the cases were not counted as positive indications of vaccine-caused  
 > anaphylaxis because the material presented was not specific enough to  
 > meet the criteria for anaphylaxis as laid out in the report. The report  
 > is final, and there is no action that can be taken to address your recent  
 > fax."<<  
 >  
 > The health Department report was very specific. Those two cases of  
 > anaphylaxis were accepted as vaccine related, and were listed as such in  
 > the table.  
 >  
 > So, as the author of a very specific report sent to the NIH, with clear  
 > documentation of two clear-cut cases of anaphylaxis, which were dismissed  
 > because they did not fit the NIH criteria, I would like to ask some  
 > questions:  
 >  
 > 1) What right have the NIH to dismiss two cases of reported  
 > anaphylaxis, accepted by the NZ health Department medical assessor?  
 >  
 > 2) What right have the NIH to specifically change clear-cut  
 > information presented by myself to say something I did not say?  
 >  
 > I have no confidence in the NIH so-called "gold-standard" book on vaccine  
 > safety, because my report was deliberately grossly misrepresented. I  
 > consider therefore, that the scientific accuracy of everything else  
 > published by the NIH to be similarly tainted. I do not have the luxury  
 > of studying everyone else's factual reports to know whether similar  
 > statistical sculpturing has been achieved. But I do have the "luxury" of  
 > being able to put my submission and the book together, and knowing that  
 > NIH totally stuffed it up.  
 >  
 > Knowing that the FDA continues this myth, and that on the 16 September,  
 > so did you, gives me even less confidence in the truthfulness of the rest  
 > of your information.  
 >  
 > You also quote nice little statistics about the mortality rate (5%) and  
 > incidence of conversion to chronic disease (30%). I have had Hepatitis B  
 > twice, lived to tell the tale, and am not a chronic carrier. I would  
 > suggest that anyone reading this site obtain a book called FOLLIES AND  
 > FALLACIES IN MEDICINE, by Petra Skrabanek and James McCormick, both  
 > reputed medical people, and on pg 40, they talk about the difference  
 > between absolute and relative risks. If you still believe in such  
 > statistics at the end of the book, there is not hope for you.  
 >  
 > And remember this: On pg 41 these doctors quote:



>  
> "Since life itself is a universally fatal sexually transmitted disease,  
> living it to the full demands a balance between reasonable and  
> unreasonable risk. Since balance is a matter of judgment, dogmatism has  
> little place."  
>  
> FORWARDED WITH PERMISSION FROM HILARY BUTLER  
>  
> \*\*\*\*\*  
>  
> THE DOCTOR RETURNS:  
>  
> I know of no reasonable pathophysiologic explanation for anaphylaxis to a  
> recombinant vaccine.  
>  
> The information I posted came from the CDC site, not the FDA site, and is  
> relevant to adverse events from the vaccine currently in use in the US,  
> which is recombinant. Older vaccines, no longer used here, were made  
> from pooled plasma and had a very different side effect profile.  
>  
> Flippant statements about life being 100% fatal do little justice to a  
> serious problem. Hep B kills more health care workers in the US every  
> year than have ever contracted HIV from occupational exposure. It is one  
> of the primary causes of liver cancer and, worldwide, the most common  
> cause of cirrhosis and liver failure, and it is completely preventable.  
>  
> All vaccines carry some risks, but this one is the least risky of all the  
> ones we use and may well be the most beneficial to adults.  
>  
> I stand by my statements and my recommendation that all sexually active  
> adults and certainly all health care workers should be vaccinated.  
>  
> -----  
> \*\*\*\*\*  
> \*  
>  
> MORE FROM HILARY:  
> 1) You have missed the point. In quoting something from whatever  
> source (CDC info used to be on FDA site), you quoted a lie. Why use that  
> information in the first place if you are now maintaining that it has no  
> relationship with recombinant vaccines? Your use of the information and  
> response are fallacious.  
>  
> 2) Your conclusions are also incorrect. the recombinant Hepatitis B  
> vaccine has even more side effects than the blood based vaccine. What's  
> more, I have a letter from Dr Katherine Stratton, stating that the IOM  
> committee has found "the strongest level of causality" between Hepatitis  
> B vaccine, and anaphylaxis and that "no stronger level of association can  
> be assigned." Further, the book deals with both blood based AND  
> recombinant vaccines and states:  
>  
> "The possibility of a causal relation between hepatitis B  
> vaccination and anaphylaxis is supported by biologic plausibility, by the  
> temporal sequence of observed events following vaccination, and by the  
> observation of a spectrum of host responses to the Hepatitis B vaccine  
> that follow a logical biologic gradient from true anaphylaxis to milder  
> hypersensitivity reactions... a possible explanation for the occurrence  
> of anaphylaxis after the first vaccine injection is that the patients  
> were sensitised to thiomersal or yeast protein, both of which are  
> components of recombinant vaccines."  
>  
> Regardless of how I feel about the accuracy of scientific information, I  
> know this: that to ADMIT something such as this, it takes huge numbers  
> of reports, and research to drag people like IOM kicking and screaming



> into the real world. For them to actually ADMIT the highest possible  
 > linkage, shows that the problems are more than real. In the few  
 > instances where IOM admits something. I'd rather take the word of six  
 > specially chosen, supposedly highly qualified vaccine/immunology experts,  
 > than one MD who purports to know the A - Z's of the issue.  
 >  
 > Life is 100% fatal - that is not a flippant statement. My point was that  
 > it is not for you, or any other doctor (who does not realise that they  
 > are not omnipotent), to put forward their own dogmatism - which has  
 > little place in the light of an individual deciding what is, or is not a  
 > reasonable risk for them to take.  
 >  
 > The recombinant Hep B vaccine is causing high numbers of demyelinating  
 > conditions, as well as other permanently crippling conditions, and is  
 > presently the subject of huge discontent world-wide, especially France,  
 > Australia and Great Britain, but you will find little information in the  
 > so-called "good" medical journals, who are primarily funded by companies  
 > who make vaccines. Because of the large numbers of medical people  
 > becoming permanently maimed (and winning cases in court) as a result of  
 > this vaccine, it would be wise for your comments to be a little more  
 > circumspect.  
 >  
 > I recommend to any readers of this site, that for your own safety and  
 > protection, research the issue for yourself. Dr Horton, Editor of the  
 > Lancet in his book review of FOLLIES AND FALLACIES IN MEDICINE finished  
 > his review stating:  
 >  
 > "And that's Skrabanek and McCormick's message: always be skeptical,  
 > especially about what your television, newspaper, or doctor tells you."  
 >  
 > And this is not a flippant statement either - for me, and others it is  
 > deadly serious.  
 >  
 > The first case of GBS from Recombinant Hep B vaccine in New Zealand was  
 > well known to me. Three weeks after the jab, the child was first  
 > diagnosed as having the flu, then Epstein Barr. The mother was quite  
 > distraught, and I persuaded her that her child had Guillaine Barre, (I  
 > can just hear someone say - "and what would she know?" - some of us do  
 > have brains...) and to take her child to the hospital. I also talked to  
 > the grandmother, and asked her to go with her, because I knew there would  
 > be a fight. She did, and there was. Well away from the child, the  
 > family and staff argued for over two hours, then the mother,  
 > unfortunately, got hysterical because the hospital staff wanted her to  
 > take her daughter home, and it got to the point where the staff were on  
 > the verge of attempting to get her committed.  
 >  
 > Fortunately for the child and mother, right at that end moment in a  
 > separate room, the daughter dramatically deteriorated, and was on life  
 > support within five minutes. the next problem was to get the staff to  
 > say what it was, and it was only when the grandmother confronted the head  
 > paediatrician with medical literature on GBS that he admitted that that  
 > was what the granddaughter had. The relationship was established,  
 > admitted, and eventually, through family pressure, the case was reported  
 > in the New Zealand Medical Journal.  
 >  
 > But my point here is that had the family not taken the stand they did,  
 > that girl would have died, and this is what it takes to get something  
 > reported.  
 >  
 > I know of many cases of hospitalised serious reactions to vaccines, some  
 > THIS YEAR, where similar scenarios were played out.  
 >  
 > All the staff concerned sincerely believe (note that word - belief does  
 > not equate to fact) that vaccines cause no damage. They all say "ALL

> vaccines have some risk", but "never in my back yard".  
>  
> An item in Lancet, nearly 60 years ago, bears repeating:  
>  
> "Those who have had to take detailed notice of the immunisation  
> accidents of the past few years know that to get the truth of what really  
> went wrong generally calls for the resources of something like a secret  
> service."  
>  
> Lancet, January 1, 1938, pg 48.  
>  
> Now, with so many different vaccines on offer, I believe I'd have more  
> chance looking inside the head of a nuclear bomb, than finding out the  
> real truth.  
>  
> While it's time for the medical profession to wake up, and get real, few  
> are prepared to be honest enough.  
>  
> POSTED WITH PERMISSION BY HILARY BUTLER  
>  
> -----

-----  
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**Subject: AMAQ POSITION STATEMENT WHICH SUPPORTS COMPULSORY  
VACCINATION**

**Date:** Fri, 14 May 1999 23:49:49 -0700

**From:** karin schumacher <via@access1.net>

**Reply-To:** meryl@avn.org.au

**Organization:** vaccine information and awareness

**To:** via <via@access1.net>

Meryl Dorey wrote:

- >
- > Hi,
- >
- > Trevor Wilson, an AVN member extraordinaire who has written a 38 page
- > document entitles "A Profile of the Vaccination Awareness Movement in
- > Australia" compiled on the results of the AVN Members survey and the Survey
- > in Practical Parenting, has sent this paper out to many government and
- > medical departments. The replies he has been receiving are insulting -
- > that's the most charitable way I can put it! His well thought out and well
- > researched paper has been getting replies that indicate that the person
- > responding has not even read the paper - it's just the same old party line.
- > We support vaccination (and funny thing is - all of the letters seem to
- > refer to fluoridation of water as well - comparing the two) but thanks for
- > sending us this stuff anyway.
- >
- > The AMA Queensland (AMAQ) has sent them their Position Statement which has
- > blown my mind completely! (I know - what mind? ;-)
- >
- > It reads as follows
- >
- > Childhood and lifelong immunisation is a community health care priority.
- >
- > General practitioners are the most appropriate providers of vaccination
- > services in the community.
- >
- > AMAQ supports the collaborative association between the AMAQ, Divisions of
- > General Practice and public health services towards achieving NHMRC
- > immunisation targets.
- >
- > Measures which aim to increase immunisation participation rates are
- > encouraged and supported.
- >
- > The concept of compulsory childhood immunisation (in accordance with NHMRC
- > recommended schedules) as a prerequisite for entry to child care facilities
- > and schools is supported, with exemptions permitted on the basis of
- > conscientious or religious objection or genuine medical contraindications.
- >
- > The AMAQ supports the development of a protocol that addresses:
- >
- > 1- the supply, distribution and administration of quality vaccines (an
- > oxymoron if I ever heard one!)
- >
- > 20 the provision of an effective and efficient recall reminder system that
- > is monitored and evaluated appropriately to ensure that NJMRC schedules are
- > being achieved; and
- >
- > 3- the provision of a system of local follow-up for "non-responders" to the
- > recall reminder system (can you spell b-i-g- b-r-o-t-h-e-r- boys and girls?)

>  
> AMAQ supports the concept of legislation to access information on births and  
> deaths from the Registrar General and hospital birth data to establish and  
> maintain an effective and accurate database.  
>  
> That's it - notice that the AMAQ does NOT support the reporting of vaccine  
> reactions, compensation paid to those who are killed or injured by vaccines,  
> or the rights of parents to make free and informed choices in regards to  
> vaccines. Funny that...  
>  
> Take care,  
> Meryl  
>  
> Meryl W. Dorey,  
> President  
> The Australian Vaccination Network, Inc.  
> PO Box 177 02 6687 1699 Phone  
> Bangalow NSW 2479 02 6687 2032 FAX  
> van@mypostbox.com <http://www.ozemail.com.au/~shotinfo>  
> "All truth goes through three stages. First it is ridiculed. Then it is  
> violently opposed. Finally, it is accepted as self-evident."  
> (Schopenhauer)  
>  
-----  
> Any information obtained here is not to be construed as medical OR legal  
> advice. The decision to vaccinate and how you implement that decision is  
> yours and yours alone.

--

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**Subject: VACCINE ASSOCIATED POLIO TEST**

**Date:** Fri, 14 May 1999 00:04:55 -0700

**From:** karin schumacher <via@access1.net>

**Reply-To:** Carol <carol.roper@cableinet.co.uk>

**Organization:** vaccine information and awareness

**To:** via <via@access1.net>

Carol wrote:

Does anyone know if there are any tests that can be carried out to determine whether a child or individual suffered from poliomyelitis years later. Much of the records of symptoms I described to gps and doctors at the time are going to either mysteriously disappear and be treated as anecdotal - that seems to be the way the system works... Although, my child did have NMR scans which are safely sitting in a German hospital.

\*\*\*\*\*

Karin Schumacher

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12/5/99  
re: karin  
12/5/99

**Subject: FDA EXPLORES PATIENT SAFETY**

**Date:** Wed, 12 May 1999 23:57:12 -0700

**From:** karin schumacher <via@access1.net>

**Reply-To:** "Deakin, Brad R5800" <brad.deakin@maxxumfund.com>

**Organization:** vaccine information and awareness

**To:** via <via@access1.net>

"Deakin, Brad R5800" wrote:

FDA Explores Patient Safety

May 11, 1999 01:35 PM PDT

WASHINGTON, May 11 (AP) Faced with growing concern over drug safety, the FDA announced plans Monday to help patients use powerful medicines more safely \* but said much depends on getting doctors, other health workers and patients themselves to help. "Safe doesn't mean no risk," stressed FDA Commissioner Jane Henney, saying doctors and patients both must understand that every drug has side effects and that there are ways to minimize risk. An estimated 2 million Americans are hospitalized annually from drug side effects, and 100,000 die. Some problems are largely unavoidable, like the fact that cancer chemotherapy can leave patients vulnerable to dangerous infections.

Others are a surprise. New drugs are tested on only a few hundred to a few thousand patients before they're sold to millions, meaning rare side effects that didn't show up in small clinical trials can wind up hurting hundreds of people. But doctors aren't required to report side effects to the FDA, which has only about 80 employees to monitor the more than 3,000 prescription drugs sold. In addition, critics say the FDA's approval process isn't strict enough. The agency has had to ban five drugs since September 1997; in the previous decade, it banned just six others. Still, experts say most side effect-caused deaths are preventable.

Doctors may prescribe the wrong drug \* sometimes confusing drugs with similar names \* or wrong dose. The medicine may interact dangerously with another drug the patient takes but forgot to mention. Doctors may not monitor how the patient's liver or kidneys process the drug closely enough to avert a brewing problem, or patients may never be told to report early symptoms. Doctors may not even know all the side effects. Time-strapped physicians may not fully read FDA-approved prescription labels, and it's hard to remember warnings for so many drugs. The FDA on Monday defended its approval process, saying the percentage of drugs banned has not increased even though the agency is approving dozens more medicines in recent years than it once did.

But Henney said the agency is planning new ways to improve patient safety, including a meeting this fall with doctors' and patients' groups to address ways they, too, can improve. Many of FDA's plans are evolving, but they include: \*Seeking \$15.3 million from Congress this year to improve drug monitoring, including an upgraded computer network to speed reports of side effects.

\*Designing a new drug label to help doctors find safety information quickly, instead of fumbling through pages of fine print.

\*Exploring how to limit early sales of certain drugs, so that fewer people risk unexpected side effects.

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EXPLORES PATIENT SAFETY

training.

Doctors already are moving to improve patient safety, particularly with computer programs that automatically flag medication errors, said American Medical Association president Dr. Nancy Dickey. But FDA's plans fail to acknowledge some of its own failures, said critic Dr. Sidney Wolfe of the consumer advocacy group Public Citizen. For example, the FDA didn't require liver testing for patients taking the new diabetes drug Rezulin until after some patients were injured, even though studies signaled that liver toxicity might arise, he said. At least 28 Rezulin patients have died of liver failure.

Also, FDA approves drugs that work no better than older competitors but wind up being more dangerous, Wolfe said. For example, doctors already had 58 blood pressure drugs when FDA approved Posicor, which it then had to ban for causing killer drug interactions.

The AMA's new National Patient Safety Foundation is conducting its own study of drug safety, including whether FDA's process needs improvement. The idea isn't to point fingers when deadly side effects erupt, but "to say, 'what went wrong in the process so we can fix it so these things don't happen again,'" Dickey explained.

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SM STATS FROM US DEPT OF EDUCATION: NATIONWIDE

**Subject: AUTISM STATS FROM US DEPT OF EDUCATION: NATIONWIDE****Date:** Wed, 12 May 1999 23:58:37 -0700**From:** karin schumacher <via@access1.net>**Reply-To:** truegrit@gti.net**Organization:** vaccine information and awareness**To:** via <via@access1.net>

RAYMOND GALLUP wrote:

&gt;From the U.S. Dept. of Education

Comparison of the 16th and 20th Annual Report to Congress on the  
Implementation of the Individuals with Disabilities Education Act

Number and Change in Number of Children Ages 6-21 Served Under IDEA,

Part B

&gt; -AUTISM-

	Number Served		Change In Number Served	Percentage Change In Number Served
State	1992-93	1996-97	1992-1997	1992-1997
> Alabama	68	352	284	417.65
> Alaska	8	70	62	775.00
> Arizona	199	437	238	119.60
> Arkansas	30	287	257	856.67
> California	1605	3913	2308	143.80
> Colorado	14	134	120	857.14
> Connecticut	164	437	373	227.44
> Delaware	15	160	145	966.67
> District of Columbia	0	62	62	100.00
> Florida	582	1682	1100	189.00
> Georgia	262	674	412	157.25
> Hawaii	52	101	49	94.23
> Idaho	39	141	102	261.54
> Illinois	5	1101	1096	21920.00
> Indiana	273	1098	825	302.20
> Iowa	67	386	319	476.12
> Kansas	74	232	158	213.51
> Kentucky	38	309	271	713.16
> Louisiana	409	711	302	73.84
> Maine	37	168	131	354.05
> Maryland	28	711	683	2439.29
> Massachusetts	493	568	75	15.21
> Michigan	288	2051	1763	612.15
> Minnesota	296	870	574	193.92
> Mississippi	0	218	218	100.00
> Missouri	336	693	357	106.25
> Montana	20	90	70	350.00
> Nebraska	4	140	136	3400.00
> Nevada	5	115	110	2200.00
> New Hampshire	0	99	99	100.00
> New Jersey	446	1100	654	146.64
> New Mexico	16	124	108	675.00
> New York	1648	2969	1321	80.16
> North Carolina	786	1464	678	86.26
> North Dakota	9	52	43	477.78
> Ohio	22	292	270	1227.27
> Oklahoma	31	266	235	758.06
> Oregon	37	1351	1314	3551.35
> Pennsylvania	346	1455	1109	320.52
> Puerto Rico	266	357	91	34.21
> Rhode Island	19	105	86	452.63

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## MSTATS FROM US DEPT OF EDUCATION: NATIONWIDE

> South Carolina	141	314	173	1226.95
> South Dakota	36	81	45	125.00
> Tennessee	304	507	203	66.78
> Texas	1444	2933	1489	103.12
> Utah	105	222	117	111.43
> Vermont	6	66	60	1000.00
> Virginia	539	1005	466	86.46
> Washington	476	444	-32	-6.72
> West Virginia	101	151	50	49.50
> Wisconsin	18	669	651	3616.67
> Wyoming	15	45	30	200.00
> American Samoa	0	0	0	0.00
> Guam	0	3	3	100.00
> Northern Marianas	1	1	0	0.00
> Palau	0	0	0	0.00
> Virgin Islands	5	6	1	20.00
> Bur. of Indian Affairs	10	9	-1	-10.00

> US AND OUTLYING AREAS	12,238	34,101	21,863	178.65
> 50 States, DC & PR	12,222	34,082	21,860	178.86

> This is just the tip of the iceberg. More news coming out in a week or so regarding U.S. autism statistics.

> The following is a letter attached that was given to some of the NJ media and NJ Legislators.

> Increase in Autism Across the U.S. We Can No Longer Ignore the Numbers.

> Autism is increasing in the United States. To ignore the numbers is to do so at our own peril. On April 15, 1999, the state of California issued an Autism Report that showed that autism had increased 273% over the last ten years. Recently, in Brick, NJ, 40 cases of autism was reported in a township of 6,000 children.

> Attached are figures from the 16th and 20th Annual Report to Congress on the Implementation of Individuals with Disabilities Education Act comparing the years 1992-93 to 1996-97. This is from the U.S. Department of Education showing the number and change in number of children ages 6-21 served under IDEA, Part B for autism.

> These figures show that there has been an increase in autism nationwide. To write this off as better diagnosis is to do so at our own peril and to write off thousands of autistic children. Make no mistake about it; we have a problem, a medical health problem and that is a growing epidemic of autism. The immune insult that is causing these increasing numbers has to be investigated. I have been in contact with numerous parents including parents who are professionals in the medical field including MD's and RN's.

> To do nothing or to deny, will doom our generation and future generations to more human suffering, strains on our medical system and higher economic costs. More children and grandchild will be affected!

> Raymond Gallup, President  
> Autism Autoimmunity Project

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\*\*\*\*\*  
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**Subject: TOM BETHELL'S AMERICAN SPECTATOR'S ARTICLE RESPONSE**

**Date:** Fri, 14 May 1999 00:17:44 -0700

**From:** karin schumacher <via@access1.net>

**Reply-To:** Gary L Krasner <gk-cfic@juno.com>

**Organization:** vaccine information and awareness

**To:** via <via@access1.net>

Gary L Krasner wrote:

>  
> Tom Bethell informed me that his article on Hep-B received the most  
> response than any previous column he has written for TAS--which was one  
> per month for 20 years!  
>  
> Thanks to those who wrote in!  
>  
> (He also said that he'll attend the Congressional Hearing on Hep-B next  
> Tue.)  
>  
> Coalition For Informed Choice. Gary Krasner, Director  
> PO Box 230426, Hollis, NY 11423  
> fax/phone: 718-479-2939, email: gk-cfic@juno.com  
> "Protect your rights! Become an advocate and inform others"  
>  
>  
> You don't need to buy Internet access to use free Internet e-mail.  
> Get completely free e-mail from Juno at <http://www.juno.com/getjuno.html>  
> or call Juno at (800) 654-JUNO [654-5866]

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12/5/99  
Kary  
12/5/99

**Subject: HEP B VACCINE QUESTIONS**

**Date:** Fri, 14 May 1999 23:46:47 -0700

**From:** karin schumacher <via@access1.net>

**Reply-To:** Jonathan Saturen <jsat@trib.com>

**Organization:** vaccine information and awareness

**To:** via <via@access1.net>

Jonathan Saturen wrote:

>  
> >Date: Wed, 14 May 1997 12:32:06 -0700  
> >From: jsat@trib.com (Jonathan Saturen)  
> >  
> >Norm-  
> >Here are some ideas for questions for your televised interview with Dr. Green;  
> >  
> >1) Why is the Hep B vaccine mandatory for extreme low risk children &  
> >infants, when it isn't mandatory for high risk health care workers?  
> >  
> >2) Do you have a risk/benefit analysis for the Hep. B vaccine?  
> >  
> >3) How can you justify the mandatory HBV for 85 million infants & children  
> >when there has been no risk/benefit analysis?  
> >  
> >4) What is the sense of a mandatory HBV for school kids when it is not  
> >mandatory for teachers or other school workers?  
> >  
> >5) Why is Hep B considered an epidemic when the numbers have been  
> >declining for over a decade down to 8,749 total U.S. cases in 1997-  
> >according to Dr. Eric Mast of the CDC?  
> >  
> >6) Why have so many people been denied their valid religious and medical  
> >exemptions by the Wyoming Pub. Health Dept. causing boycotts and lawsuits?  
> >  
> >7) If HBV is so safe and reactions so rare, why have 15,000 lawsuits been  
> >filed against it in France causing the vaccination it to be halted in that  
> >country?  
> >  
> >8) If HBV is so safe and reactions so rare, why is it currently under  
> >investigation by the U.S. House, as on May 18th?  
> >  
> >9) The NVIC- Nat'l Vaccine Info Center- has reported that there were 3  
> >times as many cases of adverse reactions to HBV than reported cases of the  
> >DISEASE in the 0- 14 age group....How can you justify the continuation of  
> >the vaccine in young children?  
> >  
> >10) Why are Wyoming infants and school children given this shot which has  
> >been shown to wear off in 7 years, when the average age in Wyoming of  
> >those who actually get the disease is 37?  
> >  
> >11) Vaccines are designed to give us immunity from disease, how do you  
> >explain the need for the pharmaceutical industry's immunity from  
> >prosecution/liability related to vaccine side effects since 1986 given  
> >from Congress?  
> >  
> >12) Do you think the recent N.Y. Times front page story about the  
> >pharmaceutical companies' 5.3 billion dollar marketing budget changes the  
> >traditional Hippocratic Oath for physicians to work for the well being of

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schumacher  
12/5/99



BACTERIAL: LETTER TO US NEWS

**Subject: KILLER BACTERIAL: LETTER TO US NEWS**

**Date:** Thu, 13 May 1999 00:01:31 -0700

**From:** karin schumacher <via@access1.net>

**Reply-To:** janclarke <janclarke@clear.net.nz>

**Organization:** vaccine information and awareness

**To:** via <via@access1.net>

janclarke wrote:

Dear US News:

It is astonishing that you can publish a seven page layout about the overuse of antibiotics and never get to the underlying problem. Worse yet, you cite the underlying problem as a possible solution: "New...vaccines may ease the crisis somewhat".

What has led to the overuse of antibiotics? Why are children chronically ill with ear and respiratory infections? This is a direct result of vaccination. All vaccination lowers white count and T lymph cells for up to two weeks post vaccination leaving the infant susceptible to disease. Try to find one study that compares the rate of antibiotic usage and incidence of illness among vaccinated versus unvaccinated children.

There are none. The glaring reality is this; unvaccinated children use far fewer antibiotics and have far fewer illnesses than vaccinated children. Due to vaccination, organisms such as pertussis are mutating. All living things attempt to adapt to survive, whether it is to survive a disease, antibiotic or vaccine. However, bacteria and viruses are winning the race due to our own intervention. Blame ourselves? I blame the medical establishment. The medial industrial complex has been very successful at creating self perpetuating products. Create a cure that leads to another disease which needs another cure, etc.

Sincerely,

Dawn Winkler

Vice President

Concerned Parents for Vaccine Safety

Spokane, WA

(509) 456-8767

dwinkler@sisna.com

<http://home.sprynet.com/~noshots/index.htm>

\*\*\*\*\*

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AC RESPONDS TO THE HEP B MEETING IN WASH, DC!

> These subcommittee members need information that will provide  
> balance to the stories of those who report that they or their  
> children have had adverse reactions to the vaccine. If you have  
> information about hepatitis B-infected children, case reports  
> describing how serious this disease can be, the lack of effective  
> treatment modalities, or descriptions of people who suffered or  
> are suffering from chronic hepatitis B infection, your voice is  
> needed.

> Please act today.

> Deborah L. Wexler, MD  
> Executive Director  
> Immunization Action Coalition

> -----  
> All individuals listed below can be contacted at:

> Criminal Justice, Drug Policy and Human Resources Subcommittee  
> Committee on Government Reform  
> United States House of Representatives  
> B-373 Rayburn House Office Building  
> Washington, D.C. 20515  
> (202) 225-2577

> Congressperson, Phone, Fax

- > 1. Representative John Mica \*, tel. 225-4035, fx. 226-0821  
> 2. Representative Bob Barr \*\*, tel. 225-2931, fx. 225-2944  
> 3. Representative Benjamin Gilman, tel. 225-3776, fx. 225-2541  
> 4. Representative Christopher Shays, tel. 225-5541, fx. 225-5879  
> 5. Representative Ileana Ros-Lehtinen, tel. 225-3931, fx. 225-5620  
> 6. Representative Mark Souder, tel. 225-4436, fx. 225-3479  
> 7. Representative Steve LaTourette, tel. 225-5731, fx. 225-3307  
> 8. Representative Asa Hutchinson, tel. 225-4301, fx. 225-5713  
> 9. Representative Doug Ose, tel. 225-5716, fx. 225-1298  
> 10. Representative Patsy Mink \*\*\*, tel. 225-4906, fx. 225-4987  
> 11. Representative Edolphus Towns, tel. 225-5936, fx. 225-1018  
> 12. Representative Elijah Cummings, tel. 225-4741, fx. 225-3178  
> 13. Representative Dennis Kucinich, tel. 225-5871, fx. 225-5745  
> 14. Representative Rod Blagojevich tel. 225-4061, fx. 225-5603  
> 15. Representative John Tierney, tel. 225-8020, fx. 225-5915  
> 16. Representative Jim Turner, tel. 225-2401, fx. 225-5955

> \* Chairman  
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> \*\*\* Ranking Member

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> E-mail: [admin@immunize.org](mailto:admin@immunize.org) (<mailto:admin@immunize.org>)  
> =====

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**Subject: LOUISIANA: UNLOCKING AUTISM BILL**

**Date:** Sat, 15 May 1999 06:21:54 -0700

**From:** karin schumacher <via@access1.net>

**Reply-To:** truegrit@gti.net

**Organization:** vaccine information and awareness

**To:** via <via@access1.net>

RAYMOND GALLUP sent:

PSALMS444@aol.com wrote:

I am Jeana, the Secretary for [www.littleangels.org](http://www.littleangels.org) Unlocking Autism. I am the mommy of identical twins, one is autistic because of a vaccine reaction. Today we presented a bill before legislation that would require the M, M, and R to be given in 12 month intervals. Before legislation started we were outvoted 0-9. We were not expecting it to pass, and it would not have had Aidan and Shelley Reynolds not been there to give their testimony and many statistics. It passed with a vote of 7-2. It now needs to go to the House and Senate. Immediately after this happened DHH was in the hall screaming in anger. Within hours MERCK (the company that manufactures the MMR) was in contact with all of the senators and representatives. It was on our local news and completely in our favor. If you are interested, I can send you a copy of the tape.

Please send us all the info you have regarding the MMR and reactions. Also, we want to have as many personal stories that we can get. Give our e-mail address to anyone that may have a story. We have all of your weblinks, so do not need that, just MMR statistics and personal stories. Any help you can give us to fight this fight will be greatly appreciated. Need to do it soon. Thank you...JEANA

\*\*\*\*\*

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398  
12/15/99  
nalsam  
12/17/99



HIB LINKED TO DIABETES

**Subject: HIB LINKED TO DIABETES**

**Date:** Sat, 15 May 1999 06:22:33 -0700

**From:** karin schumacher <via@access1.net>

**Organization:** vaccine information and awareness

**To:** truegrit@gti.net, via <via@access1.net>

RAYMOND GALLUP wrote:

Hemophilus Meningitis Vaccine Linked to Diabetes Increase

<http://www.pslgroup.com/dg/fc486.htm>

--

\*\*\*\*\*

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397  
17/5/99  
reference  
17/5/99

**Subject: HIB VACCINE LINKED TO DIABETES**

**Date:** Fri, 07 May 1999 19:29:33 -0700

**From:** karin schumacher <via@access1.net>

**Organization:** vaccine information and awareness

**To:** via <via@access1.net>

> Bart Classen wrote:

> > For Immediate Release

> > Classen Immunotherapies, Inc.

> > 6517 Montrose Avenue

Baltimore, MD 21212 U.S.A.

> > Tel: (410) 377-4549

Fax: (410) 377-8526

> > Classen@vaccines.net

<http://vaccines.net>

> > Hemophilus meningitis vaccine linked to diabetes increase. Many diabetics  
> > may be eligible for compensation.

> > Baltimore, May 7, 1999: The British Medical Journal (eBMJ;  
> > <http://www.bmj.com/cgi/eletters/318/7192/1169>) published data by Dr. J.  
> > Bart Classen, an immunologist at Classen Immunotherapies, supporting a  
> > causal relationship between the hemophilus vaccine and the development of  
> > insulin dependent diabetes. The data is particularly disturbing because it  
> > indicates the potential risks of the vaccine exceeds the potential benefit.  
> > The findings are expected to allow many diabetics to receive compensation  
> > for their injuries and lead to safer immunization.

> > The data pertains to a study initiated and funded by Classen  
> > Immunotherapies which was performed using medical records of Finnish  
> > children. The study looked at the rate of diabetes in children receiving 4  
> > or 1 dose of a weak, early generation, hemophilus vaccine and compared to  
> > the rate in children who received no vaccine. The children were followed  
> > for 10 years. In the group receiving 4 doses of vaccine the rate of  
> > diabetes was elevated by 26% after 7 years compared to children receiving 0  
> > doses. There were an extra 58 cases of diabetes per 100,000 children  
> > immunized in the group receiving 4 doses of vaccine compared to children  
> > receiving 0 doses. This is equivalent to 2,300 cases of diabetes a year in  
> > the US which has an annual birth rate of about 4 million children. However,  
> > even more cases of diabetes are expected with newer hemophilus vaccines  
> > which are in use today. By contrast immunization against hemophilus is  
> > expected to prevent 7 deaths and 7 to 26 cases of severe disability per  
> > 100,000 children immunized in Finland.

> > The data shatters the prevailing myth that the benefits of vaccines far  
> > exceed the risks. The data is expected to allow many diabetic children to  
> > receive compensation for their illness. Each case of insulin dependent  
> > diabetes is estimated to cost on average over \$1 million in medical costs  
> > and lost productivity. "Many children with diabetes may be eligible to  
> > receive compensation for their illness, the data is expected to relieve  
> > the tremendous financial burden to their families" says Classen. If the  
> > results hold up with other vaccines, as preliminary data suggests, a large  
> > proportion of insulin dependent diabetics may be eligible for compensation.

> > "Unfortunately many public health officials and researchers funded by  
> > groups threatened by the findings continue to try to deny the association.  
> > This may prolong the financial burden of diabetics deserving compensation"  
> > adds Classen. In a letter published by the British Medical Journal (eBMJ),  
> > Classen describes analytical methods used by public health officials which  
> > may give readers the perception that the effect is smaller than it really is.

399  
17/5/99  
17/7/99



**Subject: RUBELLA AND ARTHRITIS**

**Date: Wed, 12 May 1999 23:54:14 -0700**

**From: karin schumacher <via@access1.net>**

**Reply-To: janclarke <karaka.j@clear.net.nz>**

**Organization: vaccine information and awareness**

**To: via <via@access1.net>**

janclarke wrote:

RUBELLA IN BABIES AND PREGNANT WOMEN WAVES Vol. 11 No. 4 p. 11 By  
Hilary Butler

In 1973 at the age of 19, my then boss told me to go and have a rubella vaccine, because my records showed I hadn't, and rubella was going around. He didn't want me off work, since we dairy-herd testers worked 24 days on, rest of the month off. Anyone who got sick was a pain in the neck.

Being a conforming dutiful employee, I trotted off, had the jab and carried on working. Within three weeks I had carpal tunnel syndrome and very sore joints which, I was told, was the price you pay for doing something as stupid as full-on gymnastics in earlier years. The carpal tunnel was operated on, and the joints settled down into a pattern of progressively worsening and learning to live with it each winter and freedom in the summer.

In August 1980, having got married, my then doctor (an American), on hearing of the prospect of pregnancy, made me have a blood test. Happily, he told us that since I had beautifully high levels of Rubella antibodies, I could go ahead and get pregnant, so I did. At about 8 weeks pregnant I got as sick as a dog, and couldn't figure it out, so went to the doctor who took a blood test. I didn't think of rubella, because I had immunity, but did discuss viral infections with a friend of mine who was a midwife. She explained several things, the most important of which at that time was that ALL VIRUSES CAN CAUSE DEFECTS.

The medical people use an acronym called TORCH to define these defects. This acronym stands for:

T = Toxoplasma gondii

O = Other viruses (HIV, herpes simplex, chicken pox, human parvovirus, Treponema pallidum, measles, mumps)

R = rubella

C = Cytomegalovirus

H = Herpes simplex.

In order of severity of the first 5:

1 = HIV,

2 = Cytomegalovirus,

3 = Toxoplasma gondii,

4 = Rubella,

5 = Chicken pox, etc 8.

My friend explained that the reason all these different nasties could cause almost identical defects was that viruses pull Vitamin A out of the system. If you feed a pregnant dog a diet deficient in Vitamin A (but no viruses) you will get TORCH defects in the puppies. If children in Africa who are malnourished get measles, they can go blind, and develop other TORCH-related problems, which are reversible when treated with Vitamin A and a good diet. The reason for these defects in babies with Vitamin A and a good diet. The reason for these defects in babies is that in the first few weeks that a baby is forming, cells divide very quickly. One of the nutritional keys to proper cell division is vitamin A, and if a mother contracts any virus, the body uses that Vitamin A to fight the infection but the baby keeps on forming a minus one essential



## RUBELLA AND ARTHRITIS

building block.

The problem with this Vitamin A information is that the studies done on animals are old, and have not been recently corroborated, nor have any studies been done on pregnant women. I don't suppose they thought it worthy of study. According to the medical literature, if a pregnant woman gets rubella in the first 4 weeks of gestation, 30 to 50% of babies run the risk of congenital malformations. Infection between the fifth and eighth week, gives a risk of 25%; and during the ninth to twelfth weeks it is 8%, giving an overall risk in the first trimester of 20%.

The logical thought, to me, is not, that is high, have the jab, but, how is it that 80% of babies come through rubella in utero, in the first trimester, WAVES Vol. 11 No. 4 p. 12 with no problems? What went wrong in the babies who had deformities? I believe that diet and Vitamin A in the mother is the answer. But this line of thought was not there in my first pregnancy because I had not even considered that the vaccine-produced antibodies might not work. I was sick, and all I knew then was that if any virus could cause defects, something had to be done. So, at 8 weeks, really sick, funny rash, glands up on back of neck and behind ears, the shot-gun approach was used vitamin A, B, C, D, E, F, G, H, The lot.

Another blood test was taken at the next ante natal visit, but I felt fine, and nothing further was said during the pregnancy. Neither did we think to ask. I enjoyed the winter during that pregnancy. No joint-pain what a way to go. And Ian was born with no signs of any torch problems. But what a rotten winter the following one was! However, by the next winter No 2 was on the way. Another pain-free fantastic winter, bouncing around like a spring donkey, which is pretty hard to do when you carry like an elephant with twins!

The winter after David's birth was so bad that a lot of time was spent in tears (won't use painkillers), and the two following it were not that much better. In desperation, when David was four, I went to my GP with a whole load of questions like:  
Why does this arthritis only come in the winter?  
Why did it start after the rubella jab?  
Why does it stop in the summer?  
What is the solution?

His only reply was to question 4. get pregnant every year.

I lost my rag and stormed out of his rooms taking my file. In the car, I decided to have a read, and staring up at me were the blood tests done when I was pregnant with Ian. I had had rubella. I went back in and asked the doctor why he hadn't told me. His response ensured I never went back. So I found another more sympathetic (I thought) GP. (My second thought was to query how was it that someone who, a few weeks before the pregnancy, could have immunity then get rubella when pregnant?)

The new GP had no idea where to start with my arthritis, so ticked everything in the immunology boxes on the basis that if something came up abnormal, we'd look at that and figure from there. I went to the medical library and ran a Med-line search on every relevant word for Rubella, only to find lots of cases of carpal tunnel syndrome and arthritis following the use of the rubella vaccine. I also found documented cases of women with laboratory proof of immunity who caught rubella while pregnant, and some of their babies had congenital rubella 2,3,4,5,6,7.

I knew that this was common with cytomegalovirus but not with rubella. My GP's response was that this was so rare (1 in a million!) that no one



## RUBELLA AND ARTHRITIS

he knew of had come across this. Later, when I went to teach gymnastics, and the subject came up during one of the Health Departments scariness campaigns, I found that three of us within the gym club had had the same experience. I hadn't realised that 3 million women lived in Franklin District!

In the meantime the GP decided that the tests showed an immunodeficiency so maybe the vaccine was not the culprit. (Usual tactic is blame the patient). So my file and all my tests were sent to the Rubella expert in America. He sent a nice letter back saying that since I was in New Zealand, and not the States and so couldn't sue anyone, he could easily confirm that my arthritis was actually rubella vaccine-induced, but I should take heart, because had I got it naturally it would have been much worse. Do something about it? No, just learn to live with it.

Ian and David both got rubella in their second year and diagnosed not by the doctor, who couldn't tell, but by the Plunket nurse on the basis of low fever, swollen glands behind the ears, and a rash that did not leave a stain. The question of whether or not they could pass it on to other pregnant women never came up, for several reasons. The first was that it was my policy never to take my babies anywhere if they were lethargic, or grizzly, or I knew they were sick. Secondly, in an area where most women were tested, immune or vaccinated, why should the issue even arise? The conventional wisdom is immunity means you won't get it and at that time it was never questioned.

During the last Measles vaccination campaign I started to look for data of how much rubella was around now, but could find very little information on this. The experts aren't studying it. After all, why should they with a vaccine to stop it all? In the past, all they studied was the levels of 15-year-olds who had natural immunity. That has not been done now for nearly 20 years. WAVES Vol. 11 No. 4 p. 13 So, last year, this parent got caught out, to my embarrassment. I really should have known better, but didn't. After all, I had just written an article on Rubella and knew it all.

Ian got sick. Very strange, I thought. Definitely a virus, with him not liking the light (in goes the Vitamin A and Vitamin C), bit of a mild headache, didn't want to eat, mild sore throat. Just a low temperature and sleeping a lot. Sort of nothing much, but not right. Then he said, What's this rash, Mum? I took one look, and straight away felt around the neck and behind the ears, and there were the telltale glands. And no, the rash did not leave a stain.

Rubella. I had just written about it, and missed the obvious! Why? Because it never occurred to me that the children would get it twice. And where did he get it from? I never found out. Could have been anywhere, anyone and even a casual contact with a recently vaccinated child in Woolworth's. I rang the doctors surgery, detailed the symptoms, progression etc, and they agreed it was most likely rubella. I really wanted some blood tests done this time, because I wanted proof, but was laughed off the phone. Waste of resources, he's not going to die, etc and same excuses as when David had measles the second time and so I haven't the proof I'd really have liked.

So, in answer to the issues raised in the letter in Wavelets: Every pregnant woman should make it her business to find out her immune status for Rubella, even if previously vaccinated. Even so, this does not guarantee immunity. Every pregnant woman should know that every virus could cause TORCH. It is her responsibility to ensure that her diet is such that she can fight off any virus without depleting nutrients needed to build a baby. Damage done at this stage is irreversible. No one knows how much rubella is around at any one time. You can't tell when a child might get something. Or, for that matter, an adult. My husband taught in schools with mumpy children for years but didn't catch mumps



until the age of 63.

Every parent who decides not to immunise their children should, out of fairness to everyone else, keep a close watch on their child. If they are not all-go as normal, don't take them out, or risk exposing visitors to them. When discussing risks, ask your parents how you fared with rubella as a child. Amongst my children, and my friends, rubella has proven to be nuisance value only. Subclinical infections with no symptoms, but which give immunity are estimated at 25%.

The risks to normal children from Rubella are remote. Complications from rubella are rare, with the following observed in large epidemics where virus load is heavy:

Arthralgia/arthrititis    Rates vary from epidemic to epidemic    London, 1962; 33% in 40 female adults, 6% in 34 males; Bermuda, 1971; 24% under 11 yrs, 52% in 11 yrs and over.

Encephalitis    usually cited at 1 in 6,000 cases.

Purpura (reduction in platelet count) complicates rubella in rare instances. Most patients become symptom-free in 2 weeks and platelet count returns to normal values. May last from weeks to months.

Prognosis: the prognosis is almost uniformly excellent. Rubella is one of the most benign of all infectious diseases in children. However, the rare complications of encephalitis and thrombocytopenic purpura may alter the prognosis. Many reported deaths attributed to rubella infection reflect errors in diagnosis.

The likelihood of a baby becoming congenitally deformed is mother-dependant, in that her diet (Vitamin A, folic acid) and how many weeks pregnant she is are the important factors. After all, 80% of pregnant women who catch rubella in the first trimester do not have babies with congenital deformities.

This leads to another problem not mentioned in the letter. What happens if a mother finds out at the beginning of her pregnancy that she is not immune?

This is becoming more common, as children who were vaccinated as babies, and again when they were 11, often lose their immunity. The standard line from the Health Department is that the two shots result in immunity for life. This is not true. A problem also exists where some doctors, if a young mother has a history of vaccination, do not test for immunity. They should, regardless. WAVES Vol. 11 No. 4 p. 14

If you are told that despite being vaccinated, you are no longer immune, you will be offered a vaccination immediately after your baby is born. In my opinion there are some very good reasons why you should not do this. In mothers vaccinated 2 to 4 days after birth, significant amounts of infectious rubella virus is shed from nasopharyngeal secretions and in the breast milk for two to three weeks after vaccination, although a period of 34 days has been noted in the literature. Infectious virus was recovered from 56% of babies, none of whom showed any clinical evidence of rubella. 25% developed transient antibodies to rubella virus which became undetectable after 18 to 20 weeks.

So breast fed babies can mount a response to virus from their mothers, but the response is not sustained. Natural, long-term immunity is not acquired. Possible reasons for babies not developing permanent immunity are that babies are selectively competent to mount immune responses. That competence is age dependent, with certain immune components only reaching adult levels at about 8 yrs of age. Research using the measles virus shows very clearly that babies immune systems are quite different



## RUBELLA AND ARTHRITIS

to adults, and that there are some viruses and bacteria which a baby might fend off, but will not develop immunity to, in the early months.

If a mother vaccinated with the Rubella vaccine can excrete significant quantities of rubella virus, can vaccinated infants also excrete virus? I think so. Usually parents with babies have pregnant friends, but never have I heard anyone query whether their vaccinated 15-month-old could pass the rubella virus on to a pregnant friend or her children. This possibility also needs considering since, to be consistent, parents who vaccinate their children should make sure they are quarantined from all pregnant women or her children for at least 21 days. In reality, this is never going to happen, because mothers who vaccinate assume their child is clean.

So where did Ian get Rubella? Who knows if but Ian got sick just over three weeks after the local area had had their Form 1 MMR shots. Co-incidental or causal? With an excretion time of up to 3 weeks after vaccination, and an incubation time of around 14 days, I'd say the timing was impeccable.

### References:

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Journal of Infectious Disease 1982: 145:5, pg. 655-666.

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**Subject:** NIP AND PL 104-191

**Date:** Wed, 12 May 1999 23:32:54 -0700

**From:** karin schumacher <via@access1.net>

**Reply-To:** Carolyn <ppva@velocity.net>

**Organization:** vaccine information and awareness

**To:** via <via@access1.net>

> Carolyn wrote:

>  
> Interests of the National Immunization Program in the  
> Implementation of P.L. 104-191  
> <http://www.cdc.gov/nip/registry/kkresponse.html>

>  
> Within the National Immunization Program (NIP), activities that promote the development and  
> aggregate immunization levels for a provider's entire client base or for any specific geogr

> 1. Standards for Electronic Health Information Transactions

> Within 18 months of enactment (by 2/21/98), the Secretary of DHHS must adopt standards from  
> NIP's position

> Our experience to date indicates that establishment of immunization registries is a complex  
> Whatever standard is used needs to provide the richness of clinical detail that will allow  
> We understand the focus of the legislation on administrative simplification and its emphasi  
> purposes should support the ability of health care workers and public health officials to a

> 2. Unique Health Identifier

> Within 18 months, the Secretary must adopt standards providing for a standard unique health  
> NIP's position

> One of the most costly and difficult problems currently impeding progress on immunization r  
> temporary ID number that would ultimately link to the definitive identifier would be needed

> 3. Code Sets

> Within 18 months, the Secretary must select code sets for appropriate data elements for the  
> NIP's position

> We support this activity as a way to promote the development and standardization of the com

> 4. Privacy of Health Information

> Within 12 months, the Secretary of HHS must recommend privacy standards for individually id  
> NIP's position

> We fully agree that individuals need the appropriate protections for their records. We supp  
> release of nonsensitive information such as immunization status. In fact, the National Vacc

> 5. Other

> Within 4 years, after a study of the issues, the National Committee on Vital and Health Sta

>

378  
17/5/99  
replied  
17/5/99



> NIP's position  
>  
> We support the development of national and international standards for the representation o  
> \*\*\*\*\*  
> Pennsylvania Parents for Vaccine Awareness  
> P.O. Box 173  
> Mill Village, Pa. 16427  
> Email: [ppva@velocity.net](mailto:ppva@velocity.net)  
> Web Page: <http://www.erie.net/~noshotz>  
> \*\*\*\*\*  
> The information contained in this message  
> should not be construed with medical or legal  
> advice. The vaccination decision is yours  
> alone to make.  
> \*\*\*\*\*

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\*\*\*\*\*

Karin Schumacher  
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**Subject: POLIO DECLINE AND REPORTING PRACTICE**

**Date:** Wed, 12 May 1999 09:14:07 -0700

**From:** karin schumacher <via@access1.net>

**Reply-To:** maggi@olypen.com

**Organization:** vaccine information and awareness

**To:** via <via@access1.net>

Margaret Ann wrote:

A full discussion of both these issues can be found in the Polio section of my book The Vaccine Guide. The criteria for diagnosing polio did change when the vaccine was introduced in the 1950s and this change in diagnosis apparently reduced the statistic for the number of polio cases dramatically. Monkey kidney cells are used to produce the oral vaccine and controversy rages about the contamination of OPV with monkey viruses. For a complete review of these issues, see the book.

Here is one quote from the book. Dr. Bernard Greenberg, a biostatistics expert, was chairman of the Committee on Evaluation and Standards of the American Public Health Association during the 1950s. He testified at a panel discussion that was used as evidence for the congressional hearings on polio vaccine in 1962. During these hearings he elaborated on the problems associated with polio statistics and disputed claims for the vaccine's effectiveness. He attributed the dramatic decline in polio cases to a change in reporting practices by physicians. Less cases were identified as polio after the vaccination for very specific reasons. "Prior to 1954 any physician who reported paralytic poliomyelitis was doing his patient a service by way of subsidizing the cost of hospitalization and was being community-minded in reporting a communicable disease.

The criterion of diagnosis at that time in most health departments followed WHO definition: "Spinal paralytic poliomyelitis: signs and symptoms of nonparalytic poliomyelitis with the addition of partial or complete paralysis of one or more muscle groups, detected on two examinations at least 24 hours apart." Note that "two examinations at least 24 hours apart" was all that was required. Laboratory confirmation and presence of residual paralysis was not required. In 1955 the criteria were changed to conform more closely to the definition used in the 1954 field trials: residual paralysis was determined 10 to 20 days after onset of illness and again 50 to 70 days after onset. This change in definition meant that in 1955 we started reporting a new disease, namely, paralytic poliomyelitis with a longer-lasting paralysis.

Furthermore, diagnostic procedures have continued to be refined. Cocksackie virus infections and aseptic meningitis have been distinguished from paralytic poliomyelitis. Prior to 1954 large numbers of these cases undoubtedly were mislabeled as paralytic poliomyelitis. Thus, simply by changes in diagnostic criteria, the number of paralytic cases was predetermined to decrease in 1955-1957, whether or not any vaccine was used.

\*\*\*\*\*

Karin Schumacher  
Vaccine Information & Awareness (VIA)  
12799 La Tortola  
San Diego, CA 92129  
619-484-3197 (phone/voicemail)  
619-484-1187 (fax)  
via@access1.net (email)  
<http://www.909shot.com> (NVIC website)  
<http://www.access1.net/via> (VIA website)

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POLIO DECLINE AND REPORTING PRACTICE

\*\*\*\*\*  
We Must Have The Freedom To Choose & Respect Everyone's Choice  
\*\*\*\*\*  
Any information obtained here is not to be construed as medical  
OR legal advice. The decision to vaccinate and how you  
implement that decision is yours and yours alone.  
\*\*\*\*\*

**Subject: OREGON: RELIGIOUS EXEMPTIONS**

**Date:** Wed, 12 May 1999 09:18:00 -0700

**From:** karin schumacher <via@access1.net>

**Organization:** vaccine information and awareness

**To:** Todd Gastaldo <gastaldo@teleport.com>, via <via@access1.net>

Todd Gastaldo wrote:

For Oregon's "religious" vaccination game, scroll to

\*\*\*\*\*.

Sent to Congressman John L. Mica via Sharon.Pinkerton@mail.house.gov ...

(Posted to the usenet - sci.med; misc.kids.pregnancy;  
misc.health.alternative.)

The Honorable John L. Mica

Chairman

Committee on Government Reform

Subcommittee on Criminal Justice, Drug Policy, & Human Resources

U.S. House of Representatives

Congressman Mica,

There is something screwy about WHO, CDC and hepatitis B...

Sharon Pinkerton's post to Michael Belkin (forwarded below) indicates that on May 18 you will be asking (in an hepatitis B vaccination hearing), "What process does the Center for Disease Control (CDC) employ to make a vaccine recommendation?" My experience is that CDC (and WHO) DISHONESTLY recommend hepatitis B vaccination. I say this because when the French government \*stopped\* recommending hep B vaccination for adolescents (for fear that it was causing multiple sclerosis), CDC joined the World Health Organization in claiming there was no cause for the French action - claiming that hepatitis B vaccination has "demonstrated important benefits including the prevention of cirrhosis and cancer..."

<http://www.who.int/gpv-safety/hotspot/hepb.htm>

Hepatitis B vaccination has NOT been demonstrated to prevent cancer. See my post to WHO below - which includes my original post to CDC. (I have received no response from either organization yet.) Congressman Mica, the problem really boils down to government mandating vaccination. In this regard, I note that the announcement of your hearing contained the following statement:

"...35 states have mandated Hepatitis B vaccines as a condition of attending school."

\*\*\*\*\*Oregon \*may\* be one of the 35 Hep B "mandated" states to which you refer...

"New [Oregon] administrative RULES require that kindergartners receive > vaccines for Hepatitis B..." (Emphasis added.)

> <http://www.ohd.hr.state.or.us/news/1999/0208imm.htm>

>  
> "The Health Division shall adopt RULES pertaining to the implementation of  
> ORS 433.235 to 433.284." [ORS 433.273 "Rules of division." Emphasis added.]

>  
> Even if hep B vaccination is "mandated" - in Oregon (and other "mandatory"  
> states) - vaccination is NOT mandated as a condition of attending school.

>  
> Why don't parents in these "mandatory" states know that vaccination is NOT  
> mandated?

>  
> Why don't all Oregon parents know (most don't) that they may EASILY exempt

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rahmani  
17/5/99



> their children from vaccination prior to entering school just by signing in  
> the "religious" exemption block - Section C - of the Certificate of  
> Immunization [sic] Status (CIS)?  
>  
> In February 1999, parents of 21,162 Oregon children were "informed" that  
> they would be excluded from school unless their children got vaccinated; yet  
> there was NO evidence (in the OHD report of this annual event) that these  
> parents of 21,162 children were properly informed of the option of foregoing  
> vaccination and simply signing Section C of the CIS...  
> <http://www.ohd.hr.state.or.us/news/1999/0208imm.htm>  
>  
> Though the State of Oregon dishonestly implies otherwise - neither  
> "religion" nor permission from a "religious" figure is necessary to claim  
> this "religious" exemption - because the Oregon Health Division construes  
> religion to mean "any system of beliefs, practices or ethical values." [OAR  
> 333-19-021(23)]  
> <http://www.ohd.hr.state.or.us/ccfh/imm/or-rules.htm#anchor4>  
>  
> The Oregon Health Division's broad interpretation of the word "religion"  
> does not appear anywhere in the Oregon Revised Statutes; but ORS 433.273  
> does state, in essence, that the Health Division has the authority to make  
> such an interpretation. ("The Health Division shall adopt rules pertaining  
> to the implementation of ORS 433.235 to 433.284." [ORS 433.273 "Rules of  
> division."])  
>  
> It is interesting to note that, under the heading DISEASE CONTROL IN  
> SCHOOLS, the Legislative Assembly Oregon fails to mention Oregon's  
> "religious" exemption - as it blindly promotes vaccination as an  
> "obligation" - an UNREMOVABLE "parental liability under compulsory  
> attendance laws":  
>  
> "[T]he Legislative Assembly recognizes the obligation of parents to have  
> their children properly immunized...[n]ot withstanding ORS 339.030  
> [alternatives to public schools - TDG], nothing [in these statutes] operates  
> to remove parental liability under compulsory attendance laws." [ORS  
> 433.240]  
>  
> Again, there is NO mention of the "religious" exemption in this Oregon  
> statute that refers to vaccination as an UNREMOVABLE parental liability!  
>  
> This unremovable parental liability is removable with a parent's signature!  
>  
> Back to the Oregon Health Division's "Certificate of Immunization [sic]  
> Status"....  
>  
> The title statement at the top of the Health Division's Certificate of  
> Immunization [sic] Status (CIS) states that a "properly documented religious  
> or medical exemption" is required - the implication being that, just as a  
> medical authority must "properly document" a medical exemption, a religious  
> authority must "properly document" a religious exemption.  
>  
> This is poppycock.  
>  
> Again, all that is required for a "religious" exemption is a parent's  
> signature in Section C...  
>  
> ADVICE FOR THE OREGON HEALTH DIVISION  
>  
> To assist Oregon parents in making the vaccination decision - and to help  
> the Division (and Oregon MDs) start obtaining truly informed consent from  
> parents - the Oregon Health Division should state prominently on its web  
> page - and on its CIS form - that "religious" exemptions are READILY  
> available - and that the Health Division in effect defines "religion" as a  
> parent's signature in Section C of the CIS.



> education and deprives their parents of work. As noted above, logically,  
 > healthy children not protected by their vaccination should also be sent  
 > home, but currently they are not.  
 >  
 > Nurse Roberta said she could do nothing about the existing system and  
 > recommended that I take the matter to the state legislature. I thanked her  
 > and we ended our conversation cordially.  
 >  
 > Congressman Mica, the Oregon Certificate of Immunization Status (CIS)  
 > prominently states risks of failure to vaccinate, but fails entirely to  
 > inform parents that there are risks to vaccination.  
 >  
 > I mention this because vaccines can "hurt, cripple and kill" - just like  
 > natural disease; and contrary to popular belief there is no good evidence  
 > that vaccination has fewer short and long term adverse effect than natural  
 > disease.  
 >  
 > One of the saddest commentaries on organized medicine's attitude regarding  
 > establishing vaccine safety is pediatrician Martin Smith's essay about the  
 > passage of the "National Childhood Vaccine Injury Compensation Act,"  
 > published in the journal of the American Academy of Pediatrics. [Pediatrics  
 > 1988;82(2):264-9]  
 >  
 > In his essay, Smith [1988] wrote that "members should be informed of the  
 > necessity that led to the inclusion of some of the provisions in the act as  
 > they now exist."  
 >  
 > Specifically, Smith [1988] noted that "many [vaccine] administrators have  
 > not heretofore practiced" reporting adverse events; but that "these  
 > requirements \*had to be accepted\* in the process of negotiations through the  
 > years - because "Congress had \*demanded\* the inclusion of the reaction  
 > reporting requirement as a condition to the legislation." (Emphasis added.)  
 >  
 > In noting that Congress's adverse reaction reporting requirement will give  
 > "a better epidemiologic store of information," Smith [1988] admitted a key  
 > point: No one knows "the real facts" about vaccine reactions/vaccine  
 > safety! [Smith M. National Childhood Vaccine Injury Compensation Act.  
 > Pediatrics 1988;82(2):264-9]  
 >  
 > According to the subsequent National Academy of Sciences vaccine safety  
 > report mandated by the Act, "many gaps and limitations of knowledge  
 > bear...directly and indirectly on the safety of  
 > vaccines...[including]...limited capacity of existing surveillance systems  
 > of vaccine injury..." [Howson CP, Howe CJ, Fineberg HV. Adverse effects of  
 > pertussis and rubella vaccines. National Academy Press 1991]  
 >  
 > How bad are existing physician surveillance systems of vaccine injury?  
 >  
 > Hopefully they are better than they were in 1993 when former FDA  
 > commissioner David Kessler, M.D. reported evidence that physicians fail to  
 > report up to 99% of serious adverse events.  
 > [Kessler DA. Introducing MEDWatch: a new approach to reporting medication  
 > and device adverse effects and product problems. JAMA  
 > (Jun2)1993;269(21):2765-68]  
 >  
 > Kessler [1993] said that in spite of the fact that reports from health  
 > professionals are "essential" to ensure safety of medicines, physicians "do  
 > not think to report adverse events."  
 >  
 > Also according to Kessler [1993], physician reporting of serious adverse  
 > events "is not in the culture of US medicine" because, as of 1985, only 14%  
 > of US medical schools had required courses in "therapeutic decision making."  
 >  
 > Unfortunately, I do not have the CDC Vaccine Information Sheet for Hep



# OREGON: RELIGIOUS EXEMPTIONS

>  
> ATTENTION WHO addressees: At the Deja News URL cited above I've asked WFC  
> and WCA - both of them WHO NGOs - to officially alert WHO about the dangers  
> of chair-dwelling and the ostensibly related Western medical practice of  
> fetal skull squashing spinal manipulation. Will you ask WFC and WCA when  
> they will send their official letters? Please copy me when you do at: Todd  
> D. Gastaldo, DC, 8948 SW Barbur Blvd. #6, Portland, OR 97219.

>  
> Here now is my post to CDC and WHO regarding the false hep B  
> vaccination-prevents-cancer statement made by CDC and WHO...

> -----Original Message-----

> From: Todd Gastaldo <gastaldo@teleport.com>  
> To: info@who.ch <info@who.ch>; regafro@whoafr.org <regafro@whoafr.org>;  
> brennanb@paho.org <brennanb@paho.org>; salahia@who.sci.eg  
> <salahia@who.sci.eg>; fap@who.dk <fap@who.dk>; PANDEYH@whosea.org  
> <PANDEYH@whosea.org>; milanl@who.org.ph <milanl@who.org.ph>  
> Cc: Chiro List <chiro-list@silcom.com>  
> Date: Wednesday, December 02, 1998 6:30 PM  
> Subject: WHO's fraudulent hep B vaccination claim - please correct it.

> World Health Organization:

>  
> CDC is spreading WHO's fraudulent claim that cancer prevention is a  
> "demonstrated benefit" of hepatitis B vaccination.  
>  
> CDC Vaccination Czar Walter Orenstein, MD may be reached at waol@cdc.gov  
> ....  
>  
> WHO, please correct your information - and please ask Dr. Orenstein to make  
> a note on the CDC web page that the WHO information has been corrected.  
>  
> Thank you.  
>  
> Todd D. Gastaldo, D.C.

> (Copied to the e-mail addresses at the end of this post. I found them via  
> Ron Slaughter's National Association for Chiropractic Medicine link to Julie  
> Powell, DC, DABCN's web page (pediatrics)....)

> -----Original Message-----

> From: Todd Gastaldo <gastaldo@gte.net>  
> To: Orenstein, Walt <waol@cdc.gov>  
> Cc: Donald M. Petersen, Jr. <Don@DCMedia.com>; Dr. Terry Rondberg  
> <worldall@ix.netcom.com>; ncehinfo@cdc.gov <ncehinfo@cdc.gov>;  
> martine.aubry.ttt@wanadoo.fr <martine.aubry.ttt@wanadoo.fr>; Chiro List  
> <chiro-list@silcom.com>; webmaster@sante.gouv.fr <webmaster@sante.gouv.fr>;  
> schlaflly@cruzio.com <schlaflly@cruzio.com>; tetra@tetrahedron.org  
> <tetra@tetrahedron.org>  
> Date: Tuesday, October 27, 1998 11:15 PM  
> Subject: Hep B vaccine might cause MS? English translation please...

>  
> >Walter Orenstein, MD  
> >Director  
> >National Immunization Program  
> >Centers for Disease Control  
> >  
> >Dr. Orenstein,  
> >  
> >This is a request for an English translation of the French government's  
> >October 1998 decision to suspend routine Hepatitis B vaccination of  
> >adolescents due to the possibility that Hepatitis B vaccine causes Multiple  
> >Sclerosis...  
> >

> >Guiding individual decisions: a randomized controlled trial of decision  
> >analysis. Am J Med, 1988;84(2):283-8]  
> >  
> >Even stranger than doctors not taking their own hepatitis B vaccine is the  
> >fact that Hepatitis B vaccine researchers discovered early on that nearly  
> >all the African children on whom they were experimenting, were testing  
> >positive for hepatitis B virus [The Lancet, May12, 1989, p. 1057-60] - but  
> >were almost never expressing symptoms of the disease called hepatitis.  
> >[Cancer Res, 1987;47:5782-87]  
> >  
> >And now a 1998 press release reports, in effect, that these same Hepatitis  
> B  
> >vaccine researchers are indicating that unvaccinated infants WERE suffering  
> >from acute hepatitis - from infancy up to the age of ten years:  
> >  
> >"The Gambia Hepatitis Intervention Study has clearly demonstrated that  
> >protection against persistent hepatitis B infection by infant vaccination  
> >continues up to the age of ten years. The study of this protection  
> >against...against acute hepatitis...should be continued into the adolescent  
> >years when new modes of exposure to the virus will occur."  
> ><http://www.iarc.fr/preleases/121e.htm>  
> >  
> >Whatever the case with acute hepatitis, the 1998 press release to which I  
> am  
> >referring was titled, "Recommendations for the control of hepatitis  
> >B-related CANCER" [emphasis added] - but upon reading the press release,  
> one  
> >finds that the Gambian study is being conducted because researchers DON'T  
> >KNOW whether Hep B vaccine prevents cancer...  
> >  
> >According to the press release:  
> >  
> >"GHIS should ensure that cancer registration in The Gambia and linkage of  
> >individuals with liver cancer to vaccine records is made as effective as  
> >possible, in order for the study to fulfill its \*ORIGINAL AIM\* of measuring  
> >vaccine efficacy against liver cancer." [emphasis added]  
> ><http://www.iarc.fr/preleases/121e.htm>  
> >  
> >Dr. Orenstein, most of the world public is unaware that millions  
> (billions?)  
> >are being spent to inoculate children to MAYBE prevent the adult cancer  
> >called hepatocellular carcinoma - as 50% of African children in some areas  
> >starve to death. [50% mortality rate is from Sachs MY and Martin AS (Eds.):  
> >Worldmark Encyclopedia of the Nations, Volume 2: Africa, 7th ed., 1988, New  
> >York: Worldmark Press, Ltd., John Wiley & Sons, Inc.]  
> >  
> >Interesting side note: I am truly surprised that the 1998 press release  
> >about The Gambian experiment (see above) did not explicitly mention the  
> >woodchuck studies and the epidemiologic studies being used to claim that  
> Hep  
> >B vaccine prevents cancer. Also interesting is Duesberg and Schwartz's  
> 1992  
> >claim that "there is no convincing evidence that hepatitis B viral DNA is  
> >functionally relevant for the initiation and maintenance of hepatomas."  
> >[Duesberg PH and Schwartz JR: Latent viruses and mutated oncogenes: no  
> >evidence for pathogenicity. Progress in Nucleic Acid Research and Molecular  
> >Biology, 1992;43:135-204]  
> >  
> >Back to the matter at hand...  
> >  
> >Dr. Orenstein, your CDC web site contains ENGLISH-language press releases  
> >and articles that in effect pejorize the recent French action as  
> >unscientific and unnecessary.  
> >



OREGON: RELIGIOUS EXEMPTIONS

>  
> info@909shot.com; via@access1.net; DQSA45A@prodigy.com;  
> emptherapies@earthlink.net; martin@pnc.com.au; cafmr@pnc.com.au;  
> van@om.com.au; ielle@inrete.it; ZachNPep@aol.com; gyrene@sprynet.com;  
> aphilip@email.unc.edu; fowkes@ceri.win.net; wolinsky@interaccess.com;  
> mail@homeopathic.com; global@new-atlantean.com; info@909shot.com;  
> julie@dendrites.com

> -----Original Message-----

> From: Pinkerton, Sharon <Sharon.Pinkerton@mail.house.gov>  
> To: Michael Belkin <Belkin@ibm.net>  
> Date: Tuesday, May 11, 1999 9:21 AM  
> Subject: May 18 Hearing on Hepatitis B Vaccine

>  
> >U.S. House of Representatives  
> >Committee on Government Reform  
> >Subcommittee on Criminal Justice, Drug Policy, & Human Resources  
> >John L. Mica, Chairman

> >  
> >News Advisory  
> >For immediate release  
> >Contact: Sharon L. Pinkerton  
> >(202) 225-2577  
> >May 11, 1999

> >Hepatitis B Vaccine: Helping or Hurting Public Health?

> >  
> >The purpose of this hearing is to examine both individual cases and  
> >more comprehensive evidence that indicates that many people, especially  
> >babies, are experiencing severe reactions to the Hepatitis B vaccine.  
> >Based on Federal guidelines issued by the Center for Disease Control  
> >in 1991, 35 states have mandated Hepatitis B vaccines as a condition of  
> >attending school. In the US, the Hepatitis B disease mainly infects  
> >intravenous drug users, prostitutes and promiscuous heterosexuals and  
> >homosexuals.

> >The hearing will focus on:

> >  
> >\*What studies are being done on the data from the  
> >FDA's Vaccine Adverse Event Report?

> >  
> >\*What are the risks and benefits for administering  
> >this vaccine to infants?

> >  
> >\*What process does the Center for Disease Control  
> >employ to make a vaccine recommendation?

> >  
> >\*What disclosure is required before the vaccine is  
> >administered? Is it adequate?

> >  
> >WHAT: Hearing on Hepatitis B Vaccine

> >WHERE: 2247 Rayburn House Office Building

> >WHEN: Tuesday, May 18, 1999 at 10:00 am

> >WITNESS LIST: To Be Announced

> >Panel I, Victims

> >Panel II, Center for Disease Control, Food & Drug

> >Admin.

> >Panel III, Experts

--

\*\*\*\*\*

Karin Schumacher  
Vaccine Information & Awareness (VIA)  
12799 La Tortola

**Subject: RUBELLA VACCINES & SPECIFIC IMMUNE RESPONSES**

**Date:** Wed, 12 May 1999 23:32:11 -0700

**From:** karin schumacher <via@access1.net>

**Reply-To:** janclarke <karaka.j@clear.net.nz>

**Organization:** vaccine information and awareness

**To:** via <via@access1.net>

janclarke wrote:

>  
> Some mistakes in document conversion... but main message fairly clear.....  
>  
> \*\*\*\*\*  
>  
> THE RUBELLA VACCINE: Karin Rothville THE RUBELLA VACCINE: By Hilary Butler  
>  
> Vaccine researchers and boffins were baffled in 1994 when Father Chamberlain of Ampleforth  
> They were caught in a dilemma, because while they believed that human diploid tissue, as th  
> Rather than put the cat amongst the pigeons by openly discussing the issues, they firstly d  
> But the Catholics and Moslems went to the media, and from then onwards the Health Departmen  
> Previous issues of WAVES have discussed tetanus and diphtheria. The focus of this issue is  
> As far back as 1964, concern was expressed regarding biological contaminants in the culture  
> i...enzyme inhibitors and other activators, or other biocatalysts (protease!) of tissue cul  
> If you had received the early oral polio vaccine , the vaccine manufacturers insert might h  
> is a mixture of three types of attenuated polio viruses which have been propagated in Cerco  
> This is the very vaccine which 2.2 million out of 2.5 million New Zealanders were given and  
> By 1968, all sorts of viruses (adenoviruses, papovaviruses, herpes viruses, pox viruses, pi  
> this group represents agents which have been studied to sufficient degree to permit at leas  
> Another monograph written about the same time details all the contaminants known from all t  
> But it was within this framework that the idea of aborted fetal tissue was conceived (no pu  
> If you lived in America in 1971, your rubella vaccine may well have been cultured in:  
> canine kidney or duck embryo tissue.6  
> Or, if you lived in Japan in 1990:  
> the measles and mumps components were produced in chick embryo culture and the rubella com  
> Diphtheria toxins are prepared in:  
> very complex media of meat extracts and peptone.8  
> The media have a problem with:  
> the secretion of many non-toxic (accessory) antigens during prolonged incubation(which) ma  
> Note the words accessory antigens. Accessory is a sanitised word for unwanted or contamina  
>

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12/5/99  
Ruth  
12/17/99



> But the fact is that if you really want to get depressed about vaccine contaminants, the me  
 >  
 > Some companies are now making polio, rubella, measles, adenovirus and, more recently, rabie  
 >  
 > the major reasons for the initial resistance to change to diploid cells were:  
 > The possibility they contained a hypothetical human cancer virus or some other latent virus  
 > The possibility that they would spontaneously transform (change from normal to cancerous).  
 > When compared to commonly used primary monkey kidney cells known to contain many latent vir  
 >  
 > Vaccines are licensed, not cell substrates.1 (Dept. Health & Human Services, Abstract 2).  
 >  
 > Interestingly, as you read all this information on human diploid cells and other cell lines  
 >  
 > It would seem reasonable to say that any rodent virus which is recorded in the literature a  
 >  
 > Monoclonal antibodies are made by fusing an antibody with a cancer cell from bone marrow, a  
 > of producing a continuous supply of identical antibodies.  
 >  
 > Monoclonal antibodies produced in rats and mice were injected into cancer patients for tumo  
 >  
 > So, where does this leave us today? The fact is that when they take the trouble to look fo  
 >  
 > the problem of pestiviruses in cell cultures and in foetal bovine serum has long been a rec  
 >  
 > detection of pestivirus contamination in viral vaccine has been hampered because most (99%)  
 >  
 > Vaccine manufacturers assumed that if cells stayed normal, there were no viral contaminants  
 >  
 > The real issue here is that pestiviruses (which have caused problems in veterinary vaccines  
 >  
 > In 1968 a 60-page monograph was published detailing all the then known contaminants of huma  
 >  
 > The Moslems and Roman Catholics took their stand as a moral issue. Aside from this very va  
 >  
 > Do I want this stuff injected into any member of my family?

> -----

#### > GLOSSARY

> Antigen: a soluble substance that causes the body to produce an immune response.  
 >  
 > Non-cytopathic: does not damage or cause changes in cells.  
 >  
 > Peptone: a secondary protein formed by the action of enzymes on protein.  
 >  
 > Pestivirus: a mucosal disease virus from the family of Togaviridae.  
 >  
 > Protease: an enzyme that breaks down the peptide bonds that form amino acids into pro  
 >  
 > Rota virus: a virus having a wheel-like appearance that causes gastro-enteritis  
 > and diarrhoea.  
 >  
 > Sorbitol: a sugar substitute used by diabetics and also used in drip feeding.  
 >  
 > WAVES Vol. 11 No. 3 p. 25

> -----

#### > REFERENCES

>  
 > Acta Paediatric. 1983. Vol. 91194. P. 162.  
 >  
 > Archival Journal of Diseases of Childhood. Vol. 144 August 1990. P. 905.

RUBELLA VACCINES & SPECIFIC IMMUNE RESPONSES

\*\*\*\*\*  
We Must Have The Freedom To Choose & Respect Everyone's Choice  
\*\*\*\*\*  
Any information obtained here is not to be construed as medical  
OR legal advice. The decision to vaccinate and how you  
implement that decision is yours and yours alone.  
\*\*\*\*\*



**Subject: WEBSITE FOR HEP B VACCINE INJURED**

**Date:** Wed, 12 May 1999 23:08:17 -0700

**From:** karin schumacher <via@access1.net>

**Reply-To:** Michael Belkin <Belkin@ibm.net>

**Organization:** vaccine information and awareness

**To:** via <via@access1.net>

Michael Belkin wrote:

>  
> <http://clubs.yahoo.com/clubs/hepbvaccinethensick?s>  
>  
> -----  
>  
> You are a guest of this club Join this club  
>  
> Founder's Message Overview  
> I would like to Recent Messages post | view all  
> schedule  
> bi-monthly chats May MAY 18 HEARING ON HEPATITIS B VACCINE  
> for those of you 11 -Jahfra  
> whose lives have EARINGS!!! PLEASE COME !!! This just  
> been turned happened. Please tell  
> upside down after May HepB Vaccine then SICK -Jahfra  
> you (or a loved 9 I would like to set up a "CHAT" on June  
> one) received the 10th, 8 p.m. Eastern Standard Tim  
> Hepatitis B May HepB Vaccine then SICK -Jahfra  
> Vaccination and 9 Welcome, This is the Yahoo! Message Board  
> have suffered an for HepB Vaccine then SICK community.  
> adverse  
> reaction.. and  
> continue to Club Stats  
> suffer adverse Founded: [May 9,  
> reactions. My Members: [1] Page Views: [75] 1999]  
> daughter received May 11 Member Jahfra logged in  
> this vaccine on  
> 8/31/98, formerly Number of visitors: 3  
> VERY healthy and Page Views Today: 43  
> athletic, she is May 10 Number of visitors: 1  
> now plagued by Page Views Today: 4  
> on-going  
> problems. I  
> TRUSTED my  
> pediatrician and  
> the vaccine  
> policy of our  
> government! Only  
> after my daughter  
> was bedridden for  
> five months did I  
> di  
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> -- Jahfra  
>  
> Chat Room enter  
> The following  
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> [none]  
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> Get Yahoo! Pager

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- > to see when
- > friends are
- > online or read
- > this advice on
- > getting people
- > to join the chat
- > room.

>

>

> -----  
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--

\*\*\*\*\*

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\*\*\*\*\*



TWO GOOD BOOKS ON VACCINES, ADVERSE REACTIONS AND AUTISM

**Subject: TWO GOOD BOOKS ON VACCINES, ADVERSE REACTIONS AND AUTISM**

**Date:** Wed, 12 May 1999 23:30:53 -0700

**From:** karin schumacher <via@access1.net>

**Reply-To:** truegrit@gti.net

**Organization:** vaccine information and awareness

**To:** via <via@access1.net>

RAYMOND GALLUP wrote:

>  
> Parents:  
>  
> There are two good books from a parent's perspective on autism, adverse  
> reactions to vaccines and the intravenous gamma globulin (IVIG).  
>  
> One is Eric's Story: Autism and the Autoimmune Connection by myself, Ray  
> Gallup. Information for getting it are on:  
>  
> <http://www.gti.net/truegrit/>  
>  
> The other book is called , I Don't Want to Be Ty by Robin Goffe.  
> the book is \$ 10.00 plus \$3.00 for shipping and handling  
> To order:  
> I Don't Want To Be Ty (IDWTBT)  
> 6337 Highland Drive, Suite 135  
> Salt Lake City, UT 84121  
>  
> Fax Info 801 273-0209  
> Email: goffe5@micron.net  
>  
> Both these books give personal histories and good references from two  
> different families regarding autism and the immune insult that is  
> affecting lots of autistic children.  
>  
> Ray Gallup, President  
> Autism Autoimmunity Project

-----  
\*\*\*\*\*  
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**Subject: CONGRESS TO HOLD HEARINGS ON HEPATITIS B VACCINE**

**Date:** Wed, 12 May 1999 23:02:59 -0700

**From:** karin schumacher <via@access1.net>

**Reply-To:** Kathi Williams <kwilliams9@mindspring.com>

**Organization:** vaccine information and awareness

**To:** via <via@access1.net>

Kathi Williams wrote:

CONGRESS TO HOLD HEARINGS ON HEPATITIS B VACCINE

ON TUESDAY, MAY 18, 1999

NVIC WILL ALSO HOLD NATIONAL PRESS CONFERENCE

TO: Families whose loved ones have had hepatitis B vaccine reactions  
And NVIC members

FROM: Barbara Loe Fisher, President NVIC

RE: U.S. Congressional Hearing on Hepatitis B Vaccine And NVIC Press  
Conference on Tuesday, May 18, 1999

DATE: May 10, 1999

Today, it was confirmed that the Criminal Justice, Drug Policy and Human Resources subcommittee of the House Committee on Government Reform will hold a hearing on Hepatitis B Vaccine on Tuesday, May 18, 1999 at 10 a.m. in room 2247RHOB (Rayburn House Office Building), S. Capitol St. & Independence Avenue, S.E., in Washington, D.C..

Congressman John Mica (R-FL), Chairman of the subcommittee, has called the hearing to investigate the reports of adults, children and babies suffering immune and neurological injuries and death following receipt of hepatitis B vaccine. The National Vaccine Information Center (NVIC) is working with the subcommittee to provide hepatitis B vaccine victims with a forum. Currently one adult and two parents of children who were injured or died after hepatitis B vaccination are scheduled to speak on the first panel. There will be several other panels, which will include Centers for Disease Control (CDC) and Food and Drug Administration (FDA) officials, physician organization spokespersons, and expert physician/scientist witnesses (both those medical experts critical of the vaccine, such as Bonnie Dunbar, Ph.D., and those promoting the vaccine).

NVIC hopes to persuade Congress to (1) conduct a full investigation into the recombinant hepatitis B vaccine, how it was licensed by the FDA and how it was recommended by the CDC for universal use, particularly in children and newborn infants; (2) obtain special funds from Congress earmarked for independent researchers (non-industry, non-government agency) to investigate the biological mechanisms involved in hepatitis B vaccine injury and death with the goal of identifying predisposing biological markers which could be used as pre-screening techniques as well as point the way to development of therapies to repair the immune and neurological damage; (3) call for national informed consent protections within vaccination laws.

NVIC will also hold a national press conference on the same day; Tuesday, May 18 after the hearing is over. The press conference will take place either in front of the Capitol Building or in a room in the Capitol. We need as many hepatitis B vaccine victims to come to the hearing and press conference as possible to show Congress and the nation that this is a big problem. We expect to have national coverage of this hearing and our press conference. You can tell your story of what happened to you or your child at the press conference, as only three people will be allowed to tell their stories at the hearing itself.

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sahani  
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# CONGRESS TO HOLD HEARINGS ON HEPATITIS B VACCINE

I know it is very difficult for many of you to come because you or your children are very sick but if you can make it, please come. If you can't be here, please write testimony to be included in the congressional record of this hearing. Write a letter addressed to the committee describing what happened to you and what you would like to see done. Send your testimony to Kathi Williams, NVIC, 512 W. Maple Ave., Suite 206, Vienna, VA 22180 and we will hand deliver it to the committee. Mark the outside of the envelope Hepatitis B Vaccine Testimony.

If you have an e-mail address, please forward it to NVIC as soon as possible so we can communicate with you one-on-one in the quickest way possible. Send your e-mail to [spsweeney@mindspring.com](mailto:spsweeney@mindspring.com)

If you decide to come to Washington, D.C. next week and decide to fly in, it is less expensive and convenient to fly into Baltimore-Washington Airport, take the commuter train (Am-Trak) from BWI to Union Station on Capitol Hill and then take a taxi to the Rayburn House Office Building (about 10 blocks away). Flying into National Airport is the easiest way, because that airport is only 10 minutes from Capitol Hill by taxi or metrorail (subway). If you would like us to book you into a hotel or help you with travel arrangements, please call Kathi Williams at 703-938-3783.

We are sorry this is such short notice, but the hearing was just confirmed today as taking place. Please call us at 703-938-3783 and let us know if you are coming to the hearing. Our telephone lines are overwhelmed, so if you get a voicemail it is because we are using all six of our lines. Leave a message and we get back in touch with you.

We are very pleased that Congress is beginning to take notice. There are many people suffering from the effects of the hepatitis B vaccine. This is a first step toward finding the answers we need.

TO NVIC MEMBERS: Even if you or a family member has not suffered from the Hep B vaccine we still need you at the hearing and the press conference to show your support for this committee's action. We need to demonstrate that a lot of parents are concerned about the problems with the mass vaccination system and hepatitis B vaccine in particular. Please e-mail or call if you can attend.

\*\*\*\*\*

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\*\*\*\*\*



**Subject: ANOTHER VACCINE VICTIME**

**Date: Tue, 11 May 1999 09:49:23 -0700**

**From: karin schumacher <via@access1.net>**

**Reply-To: shaunsharp <shaundo@clear.net.nz>**

**Organization: vaccine information and awareness**

**To: via <via@access1.net>**

shaunsharp wrote:

ANOTHER CORRESPONDENT WRITES.....

It's a struggle for victims to fight back because the main symptom is extreme fatigue. One victim, Lucia Morgan, was recently tested by Dr. Hyde, Chairman of the Nightingale Foundation, in Ottawa. After a brain scan she was asked if she had ever had electroshock treatment. Tests showed she had suffered brain damage. Lucia Morgan, who has a Masters degree in Social Work, estimates that her mental capacity has dropped from a university Masters level to a grade 9 high school level. She can't read for more than 5 minutes, and often forgets the first sentence she has read by the time she reaches the second sentence. She often has trouble cooking for herself or taking a shower. She once had a very intellectually and physically active life style. The extreme fatigue is caused by the fact the part of the brain that is responsible for motor functions is damaged. Other parts of the brain, that are not designed to do this job, take over the function. This causes a greater consumption of energy which of course causes extreme fatigue.

How can this happen? In Lucia Morgan's case she obtained a position at the Parkdale Community Health Centre. She was told she would be working in the needle exchange centre one day a week and therefore needed to be inoculated against Hepatitis-B. This normally is a series of three shots, but when she became extremely ill after the second shot she did not continue with the program. This happened in October of 1994. By April 1995 she was suffering from extreme fatigue and was misdiagnosed as suffering from Chronic Fatigue Syndrome. After over two years of researching her symptoms and asking many questions she was tested by Dr. Byron Hyde and found out the truth. She had brain damage and would never recover. An interview with Lucia Morgan can be arranged by contacting her brother, Nick Leach at 416-239-7792 or email at niknakonsys.com

Her inoculations were administered by The Works, a social agency. (Director Ms. Shawn Hoppkins 416-392-0521) Lucia will be getting some answers from this organisation. They are currently searching their records to find out the make, the manufacturer and the lot number of the serum she was administered. This problem is caused if you don't build up resistance or "sero-convert." Though there is a test to see if you can build up resistance or sero-convert before being inoculated, it is not administered because it is expensive. If information got out about the dangers of the inoculations it could cause panic. Parents might refuse to inoculate their children. This may be bad for the health of the general population. This subject may, therefore be considered taboo amongst health care officials. The Nightingale Foundation has struggled to get the Ontario government to recognise this problem. Dr. Byron Hyde, (1-613-722-5555 Ottawa), has treated over 200 victims. Out of 32 cases he has testified at he has helped 30 people win cases against insurance companies. At the last case he testified at he helped the victim win a 2

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ANOTHER VACCINE VICTIM

million dollar settlement. The best time to call Dr. Hyde is Monday or Tuesday morning.

Contacts:

Dr. Byron Hyde, 1-613-722-5555 (Ottawa)

Nick Leach, 416-239-7792 or <niknakonsys.com>

V.R.A.N., Vaccination Risk Awareness Network 416-280-6035

\*\*\*\*\*

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**Date: Tue, 11 May 1999 09:49:23 -0700**

**From: karin schumacher <via@access1.net>**

**Reply-To: shaunsharp <shaundo@clear.net.nz>**

**Organization: vaccine information and awareness**

**To: via <via@access1.net>**

shaunsharp wrote:

ANOTHER CORRESPONDENT WRITES.....

It's a struggle for victims to fight back because the main symptom is extreme fatigue. One victim, Lucia Morgan, was recently tested by Dr. Hyde, Chairman of the Nightingale Foundation, in Ottawa. After a brain scan she was asked if she had ever had electroshock treatment. Tests showed she had suffered brain damage. Lucia Morgan, who has a Masters degree in Social Work, estimates that her mental capacity has dropped from a university Masters level to a grade 9 high school level. She can't read for more than 5 minutes, and often forgets the first sentence she has read by the time she reaches the second sentence. She often has trouble cooking for herself or taking a shower. She once had a very intellectually and physically active life style. The extreme fatigue is caused by the fact the part of the brain that is responsible



**Subject: Re: GERMS HELP THE IMMUNE SYSTEM (not so fast!)**

**Date:** Mon, 10 May 1999 23:13:18 -0700

**From:** karin schumacher <via@access1.net>

**Reply-To:** "bronwyn@vaccination.inoz.com" <bronwyn@vaccination.inoz.com>

**Organization:** vaccine information and awareness

**To:** via <via@access1.net>

Bronwyn Hancock wrote:

>  
> Gary,  
>  
> I must make some comment here. First of all, the article has nothing to do  
> with herd immunity. Herd immunity is the principle that an outbreak of a  
> childhood disease will wane once a certain percentage of the community that  
> are exposed are immune. This percentage was estimated originally (before  
> vaccination), and quite likely correctly, at about 67%.  
>  
> The vaccinators have actually taken the term "herd immunity" and  
> bastardized it (as you'd expect from bastards!), by firstly assuming that  
> vaccines bring immunity, and secondly continually raising the percentage  
> (as a result of vaccines not working!), so the percentage they are now up  
> to is 95%. Of course even with this their theory is already shown to be up  
> the creek because you still get outbreaks in 100% vaccinated communities!  
> They haven't worked out how to adapt to this, so until they do they are  
> still sitting on the 95% theory!  
>  
> Anyway, the article below, to which you and Michael refer, is not about  
> this, so there seems to be some confusion here.  
>  
> Secondly, I'm afraid I have to express some disagreement with you. Whilst  
> you are not exactly overwhelmingly praising the article, I myself cannot  
> even go so far as to say that it is a good article, because whilst it  
> indicates that vaccines are counterproductive, the main reason it gives for  
> this is TOTALLY incorrect. This fellow Prof Rook even talks hopefully about  
> a future vaccine for asthma!  
>  
> The reason that vaccines are counterproductive in relation to assisting the  
> immune system is NOT (as you yourself know of course, Gary) due to the  
> prevention of infections, because they don't HAVE any protective effect.  
> The reason that they are counterproductive is because they have the well  
> documented effect of sensitisation, and of course allergy, of which asthma  
> is one manifestation, is a state of sensitisation. Professor Rook does  
> mention this, but seems not to understand the significance. He does not  
> realise that this sensitisation effect applies also in relation to the very  
> germ that the vaccine is targeting, in other words vaccination does the  
> OPPOSITE of bringing about resistance.  
>  
> I wrote an article about asthma recently for a girl doing an assignment on  
> it. I will post it in a subsequent email, but the main principle is that  
> the fact that vaccines cause allergy and asthma is very well documented  
> already in the medical literature.  
>  
> Further, allergy, including asthma and hay fever, is a new condition. It  
> was not around before vaccination - the word allergy was not even coined  
> until 1906. Yet many kinds of different highly toxic AND very clean  
> non-toxic conditions, an abundance of apparent infections, and a  
> non-abundance of apparent infections, have been around in previous  
> centuries. Medical research though shows sensitisation occurring also as a  
> result of antibiotics, and other injections of toxic material. I'm not sure  
> at this stage whether the toxic material needs to be injected, and in high  
> levels in order to cause allergy to develop - I'm still trying to work out

radhami  
5/13/99 4:11



> specifically what's so different about this century (apart from vaccines),  
> but still vaccines do stand out as the prominent culprit.  
>  
> Apart from all the suggested reasons for younger children in families being  
> less prone to asthma than their older siblings, it may also be due to the  
> fact that the unfortunate first born children tend to be more vaccinated,  
> because new mothers are frightened, inexperienced, do what they're told,  
> and haven't yet seen the vaccine reactions they're about to be in for.  
>  
> It is also very incorrect for Professor Rook to believe that childhood  
> infections pose a greater threat than asthma (apart from the  
> inappropriateness of the comparison due to vaccines not working anyway). If  
> you look at the death rates for these infections, before vaccines were  
> introduced, they pale into comparison with the death rate from asthma  
> alone. 750 - 780 people die in Australia EACH year from asthma, and we only  
> have about 250,000 births per year, so that's a rate of almost 1 in 300. It  
> would not be dramatically different in the U.S. or the U.K.

> Bronwyn

> -----Original Message-----

> From: Gary L Krasner [SMTP:gk-cfic@junio.com]  
> Sent: Wednesday, 5 May 1999 5:25  
> To: Belkin@ibm.net; AVN@onelist.com; Vaccinations@onelist.com;  
> ppva@velocity.net; via@access1.net  
> Cc: Doctor2t@aol.com; g.beattie@uq.net.au; 'sue@wlir.com;  
> healthdynamics@tsn.cc; bronwyn@vaccination.inoz.com; swancrk@erols.com  
> Subject: Re: GERMS HELP THE IMMUNE SYSTEM (not so fast!)

> Mike,

> Good article. If you check back over the years, you'll find quite a few  
> articles buried in the journals that question the theory of herd immunity.

> But I have a couple of comments about the article. I don't think the  
> determining factor is as cut and dry as "exposure to germs".

> There is an important distinction between antisepsis and asepsis that we  
> often forget about. It is one thing (a good thing) to keep our environment  
> clean of waste matter (and the germs that accompany it). Sanitary measures  
> have benefited societies that employed it. But it is quite another thing  
> to put preservatives (low-level poisons) in our foods, germicides in our  
> soap, mouth wash, air fresheners, detergents, and floor cleaners, chlorine  
> and fluoride in our drinking water, and to fill your neighbor's ground  
> water with off-the-shelf weed killers. I could go on, but you get the  
> point. The primary purpose of poisoning is intended to kill micro organisms  
> (both the beneficial and the and harmful ones). The removal of waste is  
> secondary, and often not even performed. One example that comes to mind is  
> pasteurization of milk. Killing some of the bacteria (some beneficial) in  
> milk has allowed factory farms to be less attendant to cleanliness.  
> Pasteurization has also extended the shelf life of the milk, even though  
> the milk still putrefies. We just can't detect it anymore by smelling it,  
> thanks to pasteurization.

> So I would say that the results that this article is looking at are  
> clouded. We don't know if the immune system problems are the result of  
> waste & germ removal (traditional hygiene), or the result of leaving  
> poisons (germicides) in the environment with less attention to waste  
> removal (modern-day "hygiene"). I say it's caused by the latter.

> I would also dispute the following quote from an historical context:

> "The logic is that for thousands of years humans lived in filthy  
> conditions, and evolved an exquisitely sensitive immune system to defend us  
> from the dirt and its attendant germs."



# 8 HELP THE IMMUNE SYSTEM (not so fast!)

>  
> However, not every society in the past lived in filth. I recently saw an  
> A&E documentary commenting on the incredibly pure water supply in the  
> aqueducts of the Roman Empire (and Greece too). They also had pure air and  
> they built roads that brought fresh crops and produce to markets quickly.  
> In short, a clean environment without the use of poisons. And guess what:  
> no disease epidemics either. Of course, there are other examples too.

>  
> My other comment pertains to this quote from the article:

>  
> "There is as yet no direct proof that fighting infections makes a person  
> less allergy-prone, but there is plenty of circumstantial evidence. Younger  
> siblings from large families have lower rates of allergic diseases than  
> older siblings or children from small families, perhaps because they are  
> exposed early in life to natural infections brought in by older siblings.  
> And children who recover from natural infection by measles have half the  
> rate of allergic reactions to house dust mites compared with those  
> vaccinated."

>  
> However, Henry Bieler, MD observed that the first-born are indeed more  
> prone to immune system disorders than later siblings, but for reasons  
> having nothing to do with exposure to germs. He theorized that the first  
> born child absorbs more toxins from the mother than subsequent births  
> because the mother has more stored-up toxins prior to the first birth. The  
> uterus becomes a site of vicarious elimination of waste during  
> menstruation. Concomitant with the first birth is the largest release of  
> toxins by the woman. And menopause, not surprisingly, brings a host of  
> other symptoms and ailments resulting from poisons that used to be  
> eliminated through menstrual channels.

>  
> On the basis of toxemia and vicarious elimination--not germs--we can also  
> surmise that children that experience this house-cleaning effect (so-called  
> "natural" measles) have less of a toxic load and therefore suffer less from  
> immune disorders than vaccinated children that don't "get" (experience)  
> measles.

>  
> Also, the excessive use of germ killers, as opposed to traditional germ  
> removal (removal of waste matter) may be a factor here as well. The large  
> molecules in antibiotics, for example, readily form antigens with proteins.  
> When this happens, antibodies are formed in the body. If that person is  
> exposed to other germicides in the environment, it may come in contact with  
> the antibodies within the cells. Allergic reactions as mild as skin rashes,  
> or as serious as anaphylactic shock, may follow.

>  
> While I like the article for suggesting vaccination is counterproductive, I  
> don't think we necessarily have to accept the notion that early exposure to  
> a wide spectrum of microbes provides a training ground to give our bodies  
> the ability to properly react later on. Let's be mindful of alternate  
> explanations, and remove ALL justification for doctors to micromanage our  
> body chemistry, or for the drug companies to bottle and sell to us things  
> that our bodies are already capable of at birth. No other philosophy except  
> Natural Hygiene does that.

>  
> gary

>  
> Coalition For Informed Choice. Gary Krasner, Director  
> PO Box 230426, Hollis, NY 11423  
> fax/phone: 718-479-2939, email: gk-cfic@juno.com  
> "Protect your rights! Become an advocate and inform others"

>  
> On Mon, 03 May 1999 22:03:54 -0700 karin schumacher <via@access1.net>  
> writes:  
> Michael Belkin wrote:



> This excellent FT article calls into question the whole concept of "herd  
> immunity" on which US vaccination policy is based. The US vaccine  
> establishment is operating on a primitive and flawed theory of immunology.  
> The CDC is trying to eliminate every germ from the face of the earth  
> through universal vaccination. According to this article, that's the way to  
> a weaker immune system and more auto-immune diseases.

>  
> Notice this research comes from the UK, where scientists are not as  
> controlled by Merck and SmithKline as are the medical prostitutes in the  
> US. Dr. Severyn in Ohio has just released an intercepted memo from the  
> American Academy of Pediatrics (AAP) thanking the Chairmen of Merck for a  
> \$100,000 donation. Wonder is that has anything to do with the AAP's  
> recommendation to administer hepatitis B vaccine to every baby that comes  
> through pediatrician's front door? Merck's Recombivax HBV has about half  
> the market.

> Michael Belkin

>  
> Financial Times  
> Science April 29 1999

> IMMUNOLOGY: A little dirt may do you good

> Exposure to germs may help reduce the risk of allergies and infectious  
> diseases, says Kate Bendall

> The control of smallpox, cholera, leprosy and infectious diseases, through  
> improved hygiene, widespread vaccination programmes and antibiotics, is one  
> of the triumphs of modern medicine.

> But how far should we go to protect ourselves from germs? Some people are  
> so concerned about infection they avoid touching handrails in railway  
> stations, in the belief that the less their exposure to germs, the better  
> their chances of staying healthy.

> However, trying to avoid germs in a world teeming with microbes may not be  
> a route to perfect health. Immunologists Graham Rook and John Stanford from  
> University College London suggest that drastically reduced contact with  
> micro-organisms may make us more prone to allergies such as asthma and hay  
> fever, and even increase the likelihood of developing a serious autoimmune  
> disease such as diabetes or rheumatoid arthritis.

> Rates of allergic diseases have soared in industrialised nations over the  
> past decades, and autoimmune diseases are also becoming more common. There  
> are probably several contributing factors, including worsening atmospheric  
> pollution. However, Profs Rook and Stanford believe that highly hygienic  
> lifestyles may be at least partly to blame.

> The logic is that for thousands of years humans lived in filthy  
> conditions, and evolved an exquisitely sensitive immune system to defend us  
> from the dirt and its attendant germs. The basic components of the immune  
> system are present in a newborn baby but humans require frequent exposure  
> to micro-organisms in the environment (the majority of which do not cause  
> disease) for the immune cells to develop full reactivity. The kinds of  
> infectious agents to which a person gets exposed influence the way in which  
> the immune system develops.

> Central to Profs Rook and Stanford's hypothesis is the activation of  
> immune cells, known as T helper (Th) cells, which are essential in almost  
> all immune responses. Th cells come in two main categories. Activated Th1  
> cells stimulate other "effector" cells to defend us in various ways, for  
> example by drilling holes in any of our cells which have been infected by  
> bacteria



- > or viruses, or by swallowing up micro-organisms. Th2 cells stimulate
- > different kinds of effector cells -including cells that release an antibody
- > called IgE. IgE triggers a chain of events that makes it easier for other
- > immune cells to penetrate sites of inflammation.
- >
- > Unfortunately, though, an over-production of IgE antibodies provokes
- > allergic reactions. Prof Rook explains that in the past, the multitude of
- > microbes in soil and untreated water to which humans would have been
- > exposed from birth onwards would
- > have acted as "sparring partners" for the development of immune cells,
- > particularly Th1 cells. However, in today's sanitised conditions our Th1
- > cells are deprived of much of the stimulation they "expect" to receive.
- >
- > Another change is that nearly all childhood vaccines tend to provoke Th2
- > responses, while in contrast, natural recovery from infections stimulates
- > Th1 responses. This may augment the effect of enthusiastic hygiene in
- > making us more allergy-prone.
- >
- > However, Prof Rook says the enormous benefits of vaccination easily
- > outweigh the possible drawback of increasing susceptibility to allergies.
- > Serious infections remain a far greater threat to human health than asthma
- > and hay fever.
- >
- > Meanwhile, scientists are working to redesign some vaccines to stimulate
- > Th1 rather than Th2 cells. As well as protecting against specific diseases,
- > these would probably provide a better education for the immune system.
- >
- > There is as yet no direct proof that fighting infections makes a person
- > less allergy-prone, but there is plenty of circumstantial evidence. Younger
- > siblings from large families have lower rates of allergic diseases than
- > older siblings or children from small families, perhaps because they are
- > exposed early in life to natural infections brought in by older siblings.
- > And children who
- > recover from natural infection by measles have half the rate of allergic
- > reactions to house dust mites compared with those vaccinated.
- >
- > Other evidence suggests less exposure to bacteria might also be responsible
- > for the recent higher rates of some autoimmune disorders in industrial
- > nations. In one study, children with insulin-dependent diabetes were less
- > likely to have had an infection in their first year of life than children
- > without the disease. Another investigation found that rats are more likely
- > to develop arthritis when raised in germ-free conditions.
- >
- > One explanation is that a healthy person produces millions of immune
- > cells, including some capable of attacking their own body. Somehow the
- > immune system learns to ignore the body's own proteins, while attacking
- > foreign ones. Exactly how it does this is not understood, but the control
- > mechanisms that keep autoreactive cells in check might be stimulated by
- > exposure to bacteria.
- >
- > Another challenge is to uncover exactly what it is that provides a good
- > stimulus for the immune system. "We hope it's simple - if it is, we can put
- > it in a bottle," Prof Rook says. A vaccination of harmless germs to protect
- > against asthma and hayfever may be available in the future. In the
- > meantime, we need good hygiene to control infectious diseases: but some
- > exposure to germs
- > might be good for us.

--

\*\*\*\*\*  
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\*\*\*\*\*

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OR legal advice. The decision to vaccinate and how you  
implement that decision is yours and yours alone.  
\*\*\*\*\*

**Subject: GLOBAL IMMUNIZATION FOR THE 21ST CENTURY**

**Date:** Fri, 14 May 1999 23:45:51 -0700

**From:** karin schumacher <via@access1.net>

**Reply-To:** Carolyn <ppva@velocity.net>

**Organization:** vaccine information and awareness

**To:** via <via@access1.net>

Carolyn wrote:

>  
> "Global Immunization for the 21st Century"  
> Science (04/23/99) Vol. 284, No. 5414, P. 587; Nossal, Gustav J.V.  
>  
> Some 15 years after the Bellagio Conference, where a \$100 million  
> annual initiative to vaccinate 80 percent of children globally  
> with six of the most common infant vaccines was initiated, the  
> Italian study center Villa Serbelloni in Bellagio recently once  
> again became the site of a historic meeting. In mid-March,  
> United Nations representatives convened with leaders from the  
> vaccine industry, aid agencies, foundations, and some academic  
> institutions to discuss a new partnership aimed at saving 40  
> million lives during the next decade. The project could cost as  
> much as \$3 billion annually. In an editorial, Gustav J. V.  
> Nossal, professor emeritus in the Department of Pathology at the  
> University of Melbourne and chair of the meeting, discounts  
> rumors that the meeting failed. Nossal notes that the World  
> Health Organization added staff and boosted resources for its  
> restructured immunization programs, and UNICEF renewed its pledge  
> to pour 56 percent of its discretionary health fund into  
> immunization. Representatives from drug companies said they  
> would increase production of new vaccines and supply these  
> products to poorer nations at discounted prices. World Bank  
> representatives also agreed to gather and head a working party on  
> financing that would look at, among other things, a Global  
> Vaccine Fund.  
>  
>  
> Pennsylvania Parents for Vaccine Awareness  
> P.O. Box 173  
> Mill Village, Pa. 16427  
> Email: ppva@velocity.net  
> Web Page: <http://www.erie.net/~noshotz>  
> \*\*\*\*\*  
> The information contained in this message  
> should not be construed with medical or legal  
> advice. The vaccination decision is yours  
> alone to make.  
> \*\*\*\*\*

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\*\*\*\*\*  
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*ralph*  
*5/15/99*  
*(410)*



GLOBAL IMMUNIZATION FOR THE 21ST CENTURY

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.....

\*\*\*\*\*

[Fwd: SIDS]

Subject: [Fwd: SIDS]

Date: Fri, 07 May 1999 15:37:52 -0700

From: karin schumacher <via@access1.net>

Organization: vaccine information and awareness

To: "sochara@blr.vsnl.net.in" <sochara@blr.vsnl.net.in>

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Subject: SIDS

Date: Sat, 10 Aug 96 06:38:00 +0000

From: karin schumacher <mandee@worldnet.att.net>

To: Vaccine Information & Awareness <via@eden.com>

Dear Parent:

I am so sorry for you loss. I am sending this letter in hopes of providing a possible answer. It is not intended to evoke guilt or remorse but perhaps to provide information. If you would like to discuss this, please feel free to email me. I would certainly not want to cause you any more pain than you have already experienced. I write this letter to you not to create more pain over the recent loss of your child but to perhaps provide information as to why your child died suddenly and was a victim of Sudden Infant Death Syndrome, SIDS.

I run an organization called Vaccine Information and Awareness, VIA. This group is dedicated to empower parents to question, challenge, investigate, research and become more informed and aware about the risks and dangers that exist with vaccines. The major philosophy of this group, however, is to ensure that Freedom of Choice is not taken away from each parent. The decision to vaccinate is one that should and must be made by the parent alone. As you may or may not know, there are many cases where there has been a vaccine death that has been misattributed to SIDS. In fact, since the National Vaccine Injury Compensation Program inception in 1986, there have been 227 deaths that were mislabeled as SIDS but were determined to be vaccine induced.

Many parents are never told that high-pitched screaming, listlessness, paleness, sweating or vomiting are reactions to the DPT vaccine and can lead to death. In fact most vaccine related deaths are misdiagnosed as Sudden Infant Death Syndrome, SIDS. If your child had a vaccine within a few days of his death and experienced a vaccine reaction you might want to consider

*re: karin*  
25/5/99  
413



looking into it. While no amount of money can compensate you for your loss, there is evidence that a sibling of a child that has reacted is at higher risk of reacting and sustaining permanent brain damage or death.

No one believes that every SIDS death can be blamed on vaccines, yet there are some that are vaccine related. I can only imagine the pain and grief you must be experiencing but if you could answer some questions such as when your infant received any vaccine and when she died, you may be eligible for compensation for the death of your child. I know this would not bring your child back but this fund was set up to in some way compensate the parents for the damage the vaccine may have caused.

Please understand the intent in which this letter is written. If you would be interested in contacting me, please feel free and I will give you more information on who to contact and how they can help. Again, I am terribly sorry for your loss.

Sincerely yours,

Karin Schumacher  
Vaccine Information & Awareness, VIA  
via@eden.com  
<http://www.eden.com/~via>

**Subject: SIDS REFERRAL**

**Date:** Tue, 08 Jun 1999 21:16:52 -0700

**From:** karin schumacher <via@access1.net>

**Organization:** vaccine information and awareness

**To:** crossbow@QNET.COM

Most of the doctors who review cases work on behalf of lawfirms and do not work directly with the families. However, I would refer you to Dr. Mark Geier in Maryland and see if he would be able to help you. One of the problems is that there is no autopsy protocol to identify a fatal reaction. Usually the few autopsy reports that identify the vaccine as a culprit hinge on the report of the parents to the coroner reflecting the health of the child from the time of the shot until the time of death. Most of the deaths are misclassified as SIDS. Dr. Geier can be reached at 301-989-0548.

\*\*\*\*\*  
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\*\*\*\*\*

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\*\*\*\*\*

Subject: SIDS REFERRAL

Date: Tue, 08 Jun 1999 16:53:37 -0700

From: karin schumacher <via@access1.net>

Organization: vaccine information and awareness

To: via <via@access1.net>

Kathi Williams wrote:

>  
> Most of the doctors who review cases work on behalf of lawfirms and do not  
> work directly with the families. However, I would refer you to Dr. Mark  
> Geier in Maryland and see if he would be able to help you. One of the  
> problems is that there is no autopsy protocol to identify a fatal reaction.  
> Usually the few autopsy reports that identify the vaccine as a culprit hinge  
> on the report of the parents to the coroner reflecting the health of the  
> child from the time of the shot until the time of death. Most of the deaths  
> are misclassified as SIDS. Dr. Geier can be reached at 301-989-0548. I am so  
> sorry to learn of you son's death.  
> -----Original Message-----  
> From: karin schumacher [mailto:via@access1.net]  
> Sent: Friday, March 05, 1999 7:24 PM  
> To: kathi williams  
> Subject: KATHI--I THINK YOU ARE BETTER EQUIPPED FOR THIS ONE.Re: Information  
> Requested  
>  
> The Taylor's <m.k.taylor@erols.com> wrote:  
> >  
> > I am an NVIC Member  
> >  
> > Mark K Taylor  
> > 328 Linden Rd  
> > Churchville, PA 18966  
> > 215-942-4584  
> >  
> > I have the autopsy report for my son Alex who supposedly died of SIDS last  
> > July 98. The coroners office was extremely slow to get the report to me  
> > and  
> > I did not receive this till the end of Jan 99. I am extremely  
> > disappointed  
> > by the level of detail in the report. It appears as if this report was  
> > written for a first grade education. I have contacted the coroners office  
> > to request more specific information about why Alex may have died but they  
> > have not responded to my requests. Alex died 4 days after getting his 2nd  
> > DTaP shot. Alex's sleeping pattern, eating pattern and unconsolable  
> > crying  
> > those 4 days was totally out of character. After knowing what I know now  
> > and not what I knew then, before he got his shot; I believe that he was  
> > having a severe vaccine reaction.  
> >  
> > Is there someone you can refer me to that I can send the coroners report  
> > to?  
> > I want someone that I can trust to review the findings and request more  
> > specific information from the county coroners office. Please help or  
> > point  
> > me in the right direction.  
> >  
> > Regards,  
> >  
> > Mark K Taylor  
> >  
> >  
> >  
> >



> \*\*\*\*\*  
> Karin Schumacher  
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Subject: SV40 AND THE POLIO VACCINE

Date: Thu, 30 Jan 1997 00:19:05 +0600

From: Karin Schumacher <via@ihot.com>

To: Karin Schumacher <via@ihot.com>

By LAURAN NEERGAARD  
Associated Press Writer

BETHESDA, Md. (AP) -- Scientists are dusting off a 40-year-old medical mystery: Does a monkey virus that contaminated a polio vaccine millions of Americans took during the 1950s increase the risk of certain rare cancers? Government data suggest such fears are unwarranted, because the types of cancer involved do not appear to be increasing among people old enough to have gotten the tainted vaccine. And the polio vaccine sold today is tested to ensure it is free of this monkey virus, called SV40.

But scientists recently found genetic pieces of the SV40 lurking inside tumors removed from cancer victims, and injecting the virus into laboratory animals gives them cancer. That's far from proof that SV40 actually harmed a person. But international scientists who spent two days furiously debating the issue

here contend this virus might predispose some people -- perhaps those with damaged immune systems -- to certain cancers of the brain, bone and lung.

And some question whether continuing to use monkey tissue to make vaccines might allow viruses that people don't yet know exist to sneak in. "Make it in anything but animals," said Barbara Loe Fisher of the National Vaccine Information Center, which criticizes vaccine safety. "We have the technology to make vaccines in human cell lines that are clean," said Dr. Michele Carbone of Loyola University Medical Center, one of the first to discover SV40 inside human tumors.

Carbone doesn't want Americans to fear vaccines; he recently had his own child immunized against polio. But government officials worry that even debating the issue will frighten some parents. "We do a grave disservice to the public if we were now to question the safety of the current polio vaccines on the basis of SV40," warned Dr. Arthur Levine of the National Institutes of Health. Making polio vaccines using human cells -- the kind sold in Canada but not here -- isn't risk free either, Levine added, because they must be tested for human infections.

Mass vaccination with the then-new polio vaccine began in 1955. But in 1960, doctors discovered SV40 in monkeys and in the vaccine. When they injected this virus into hamsters, it caused cancer, so the Food and Drug Administration ordered companies to manufacture virus-free versions. But by the time they reached the market in 1963, as many as 98 million people may have been exposed to SV40. Whether that early contamination posed any harm was debated during the 1960s and 1970s, but then faded away until 1992 -- when Carbone found SV40's genetic fingerprint inside human cancer.

Carbone tested preserved samples of rare child brain tumors called ependymomas, bone tumors and a particularly deadly lung cancer called mesothelioma that mostly strikes people exposed to asbestos. He found pieces of SV40's genetic material inside 60 percent of the brain and lung cancers he tested, and a third of the bone cancers he tested. Other scientists got mixed results. British researchers, for example, spotted SV40 signs in 44 percent of the mesotheliomas they tested, and a Baylor University researcher even culled the actual virus from a tumor. Some of the tumors were from people exposed to the tainted vaccine, but not all -- and some researchers found SV40 in noncancerous tissue, suggesting the virus either had spread or was in humans before tainted vaccine. But other scientists couldn't find the virus in human tissue at all, and questioned whether laboratory contamination was fooling their colleagues.

Carbone and other researchers now have preliminary evidence that SV40 may do damage by tying up proteins vital to keeping cells from turning cancerous. Also, SV40 appears related to two human viruses that harmlessly infect nearly all Americans, but which cause rare cancers in people with severely damaged immune systems, such as AIDS patients. That suggests SV40 could similarly be a risk only to immune-suppressed patients. But NIH's Dr. Howard Strickler studied cancer rates and found no evidence of a jump among people old enough to have gotten the tainted vaccine. Neither did researchers in Sweden, who compared 700,000 people who got tainted U.S. vaccine against the general population that received virus-free vaccine.

Those studies wouldn't detect small rises in these very rare tumors, Strickler acknowledged. But while he called the data "intriguing," Strickler joined Food and Drug Administration officials Tuesday to emphasize that it does not "point us in a clear direction of whether



-- and some researchers found SV40 in noncancerous tissue, suggesting the virus either had spread or was in humans before tainted vaccine. But other scientists couldn't find the virus in human tissue at all, and questioned whether laboratory contamination was fooling their colleagues.

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Those studies wouldn't detect small rises in these very rare tumors, Strickler acknowledged. But while he called the data "intriguing," Strickler joined Food and Drug Administration officials Tuesday to emphasize that it does not "point us in a clear direction of whether this virus is a cause of cancer." The government called for more research, although it wouldn't commit to federal funding, and Strickler is preparing archives of tumor tissue for scientists to test.

\*\*\*\*\*  
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**Subject: THE POLITICS OF VACCINATION**

**Date: Sat, 14 Jun 1997 11:51:19 -0700**

**From: via@ihot.com**

**To: Karin Schumacher <via@ihot.com>**

WorthCSP@aol.com wrote:  
From: rgosser@westol.com (Dr. Rich Gosser)

Vaccination extracts from Medical Mafia by Guylaine Lanctot, M.D. ISBN  
0964412608

Why this lethal relentlessness?  
What is the objective of the world authorities in destroying people's  
health, both in industrialized countries and in the Third World? It is

always difficult to presume the intentions of others, particularly when one is not close to them. And this is true in this instance. But there are certainly advantages for someone, somewhere, to so doggedly keep-up the campaign for vaccinations, by any and all means possible. They must profit someone, somewhere. One thing is certain. It is not to our advantage. In order to determine what these advantages are, and for whom, let us stop and look at the CONSEQUENCES of these massive vaccination programs and draw our own conclusions.

1. Vaccination is expensive and represents a cost of one billion dollars annually. It therefore benefits the industry; most notably, the multinational manufacturers. One sells the vaccines. The other then provides the arsenal of medications to respond to the numerous complications that follow. Their profits increase while our expenses go through the roof. To the point where we have simply had it up to here and are ready to accept the unacceptable, such as socialized medicine in the United States, for example.

<http://www.pnc.com.au/~cafmr/coulter/sids.html>  
<http://www.pnc.com.au/~cafmr/coulter/vacc-deb.html>  
<http://homepages.enterprise.net/whale/sch.html>  
<http://www.trufax.org/nwcch/vaccines.html>

2. Vaccination stimulates the immune system, the body's defense mechanism. Repeated, vaccination exhausts the immune system. It gives a false sense of security and, in doing so, it opens the door wide to all kinds of illnesses. Notably, to those related to AIDS, which can only develop on ripe ground, where the immune system has been disturbed. It causes AIDS to explode. It ensures that the illness flourishes perpetually.

<http://alt.medmarket.com/members/reiddds/herbplus/info/immune.html>

3. Vaccination leads to social violence and crime. What better way to destabilize a country than to disarm its inhabitants, and reinforce police and military control? The authorities subtly create situations of panic and fear among the population which, in turn, necessitate the reinforcement of protection measures", including forbidding citizens from owning weapons. The authorities then come across as saviors and strengthen their control. It is certain that, in order to impose a single world army, one must first disarm the citizens of every country. One must therefore create violence, if they are to achieve this disarmament, particularly in the United States where the right to bear arms is guaranteed by the Constitution.

4. Vaccination encourages medical dependence and reinforces belief in the inefficiency of the body. It creates people who need permanent assistance. It replaces the confidence one has in oneself with a blind confidence in others, outside ourselves. It leads to loss of personal dignity, in addition to making us financially dependent. It draws us into the vicious circle of sickness (fear - poverty - submission) and, in this way, ensures the submission of the herd so as to better dominate and exploit it. And then lead them to the abattoir. To slaughter. Vaccination also encourages the moral and financial dependence of Third World countries. It perpetuates the social and economic control of Western countries over them.

5. Vaccination camouflages the real socio-political problems of poverty of some due to exploitation by others, and results in techno-scientific pseudo-solutions that are so complicated and



sophisticated that patients cannot understand them. In addition, vaccination diverts funds which should be used to help improve living conditions, and channels them into the banks of the multinationals. It widens the gap between the dominant rich and the exploited poor.

6. Vaccination decimates populations. Drastically in Third World countries. Chronically in industrialized countries. In this regard, the former President of the World Bank, former Secretary of State in the United States, who ordered massive bombing of Vietnam, and member of the Expanded Program on Immunization, Robert McNamara, made some very interesting remarks. As reported by a French publication, j'ai tout compris", he was quoted as stating: "One must take draconian measures of demographic reduction against the will of the populations. Reducing the birth rate has proved to be impossible or insufficient. One must therefore increase the mortality rate. How? By natural means. Famine and sickness." (Translation)

7. Vaccination enables the selection of populations to be decimated. It facilitates targeted genocide. It permits one to kill people of a certain race, a certain group, a certain country. And to leave others untouched. In the name of health and well-being, of course.

<http://www.tetrahedron.org/research.htm>

<http://www.new-atlantean.com/global/birthcon.html>

Take Africa, for example. We have witnessed the almost total disappearance of certain groups. Some 50% dead, estimate the most optimistic. Some 70% dead, according to the less optimistic. As if by chance, many were in the same region, such as Zaire, Uganda, the extreme south of the Sudan. In 1967, at Marburg in Germany, seven researchers, working with green African monkeys, died of an unknown hemorrhagic fever. In 1969, also by chance, the same sick-ness killed one thousand people in Uganda. In 1976, a new unknown hemorrhagic fever killed in the south of Sudan. Then in Zaire. It is noteworthy that since 1968, virologists (virus specialists) have installed their sophisticated equipment in certain hospitals in Zaire. At a CIA hearing, Dr. Gotlieb, a cancerologist, admitted having dispersed, in 1960, a large quantity of viruses in the Congo River (in Zaire) to pollute it and contaminate all the people who used the river as their source of water. Dr. Gotlieb was named to head up the National Cancer Institute!

A couple of years ago, Reuters reported: 'An illness similar to AIDS has killed 60,000 in the south of Sudan. They call the illness, the killer. Families, whole villages, have disappeared. This illness, the Kalaazar, takes the form of a fever and loss of weight. The symptoms are the same as those of AIDS. The immune system is deficient and one dies of other infections.' It is obvious that Africa, particularly those countries in the center and to the south, contain fabulous resources that have always incited westerners to crush their inhabitants to take over their riches. And beware anyone who stands in their way. The colonies have disappeared. But not colonialism.

8. Vaccination serves as a form of experimentation, to test new products on a great sampling of a population. Under the guise of health and the well-being of the population, people are vaccinated against a pseudo-epidemic with products that one wants to study. The vaccine of hepatitis B seems to be the choice of authorities to accomplish this goal. Yet, this vaccine is manufactured by a process of genetic manipulation. And it is much more dangerous than the traditional vaccine



because it inoculates into the body cells that are foreign to its genetic code. Moreover; this vaccine is produced from virus cultivated on the ovaries of Chinese hamsters. One can only imagine what future generations will look like! But there is more. It is also reported to cause cancer of the liver. Despite all that, it enjoys great popularity among the authorities, who impose it first on all those who work in the health field, and then on the rest of the population.

[http://www.new-atlantean.com/global/ith\\_gulf.html](http://www.new-atlantean.com/global/ith_gulf.html)

In 1986, the medical authorities administered the vaccine against hepatitis B to Native Indian children in Alaska, without any explanation or the consent of their parents. Many children fell ill. And several died. It seems there was a virus called RSV (Rous Sarcoma Virus) in the vaccine. American Indian tribes have been subjected to many vaccinations. Let us be aware that they are difficult to beat into submission, and they own vast tracts of land which the authorities would like to have for their own benefit.

Recently when I met a group of Native women to chat about health with them, the subject of vaccinations cropped up. I was giving them some information on the topic when, suddenly, the group's nurse confided in me that the federal government had given her complete freedom in the management of their health, but on one strict condition. That every vaccination had to be scrupulously applied to all. The silence was deafening. We all understood.

In 1988, the Ambassador of Senegal gave a radio interview reporting on the ravages of AIDS in his country where entire villages were being decimated. A few years earlier, scientific and medical teams had come to vaccinate their inhabitants against hepatitis B. In 1978, a new vaccine was tested on homosexuals in New York. And in 1980, on those in San Francisco, Los Angeles, Denver, Chicago, and St Louis. Officially, this "new vaccine" was against hepatitis B and, as we now know, it caused many of them to die from AIDS. It sounded the "official" beginning of the AIDS epidemic in 1981. The vaccination program of homosexuals against hepatitis B was led by Saint W.H.O. and the National Institute of Health. There are reports of collaboration between these two organizations in 1970 to study the consequences of certain viruses and bacteria introduced to children during vaccination campaigns. In 1972, they transformed this study to focus on the viruses which provoked a drop in the immune mechanism.

Wolf Szmuness directed the anti-hepatitis B experiments undertaken in New York. He had very close links with the Blood Centre where he had his laboratory, the National Institute of Health, the National Cancer Institute, the FDA., the W.H.O., and the Schools of Public Health of Cornell, Yale, and Harvard. In 1994 a vast vaccination campaign against hepatitis B was undertaken in Canada. It is both useless, dangerous and costly. And what for? Is there a hidden agenda? I note that the Province of Quebec is a particular target, over the course of three years.

1992: vaccination against meningitis  
1993: re-vaccination against meningitis  
1994: vaccination against hepatitis B.

I was there in 1993. It troubled me to see that it was aimed at a whole generation (1 to 20 years), in only one province. Since when do viruses respect borders, and specially provincial ones at that? The facts are:



There was no epidemic, nor risk of one. Epidemiologists confirmed it.

Three different vaccines were administered, each in a designated area. Certain nurses were selected and trained to administer a special vaccine.

All children were entered into a computerized data bank.

The pressure to vaccinate the children was enormous.

Schools were turned into clinics. Those who did not want to be vaccinated were

pointed out and treated as social outcasts.

Nurses chased down parents at home who did not want their children vaccinated.

I had a direct account of one of these kids. The mother did not want her child vaccinated. The nurse who came to the house made her believe that it was compulsory. The mother gave in... The child is now handicapped: physically and mentally (paralyzed spastic).

The vaccination cost \$30 million. Why was there such a murderous will. like Native peoples, the people of Quebec are also a "bother". They believe in their cultural identity and in sovereignty. What is more, Quebec with its Native territories, encompasses huge reservoirs of water which many a multinational have their eyes on. As an acquaintance of mine who sits on the California water management board said, "Water today is gold." Could one think of a more appropriate biological weapon to possibly remove any impediments to accessing that resource?

9. Vaccinations permit epidemiological studies of populations to collect data on the resistance of different ethnic groups to different illnesses. It permits one to study the reactions of the immune systems of large numbers of the population to an antigen (virus, microbe) injected by vaccination. Should it be within the framework of the fight against an existing illness, or one that has been provoked. In 1987, certain American laboratories and the Department of Biotechnology of India signed an agreement authorizing the testing of genetically manufactured vaccines on the people of India. This agreement was met with fierce opposition because it gave access to epidemiological and immunity profiles of a population. This data is extremely important from a military standpoint. It is even more valuable because India has never experienced yellow fever. And, at time of writing this book, it had known only a handful case of AIDS. Over and above all that, the private American laboratories proposed to test products on the Indian population for which they had no right to test in the United States! And the Indian authorities acquiesced!

10. Vaccination is a biological weapon at the service of biological warfare. It permits the targeting of people of a certain race, and leaves the others who are close by more or less untouched. It makes it possible to intervene in the hereditary lineage of anyone selected. A new speciality is born. Genetic engineering. It is flourishing, enjoys much prestige, and is receiving substantial research funds. The challenge is staggering. To find a vaccine which gives an illness against which we already have the vaccine! In this way, we would be able to send in troops who have already been vaccinated against the killer vaccine, which they would then spread among the enemy. It is absolutely crazy and insane!

Meanwhile, industrial theft is in full swing. Captain and biologist of the US Navy at Fort Detrick, Neil Levitt, reported the disappearance of 2.35 liters of an experimental vaccine. A dose sufficient to contaminate

the entire world. Fort Detrick is a research laboratory which manufactures vaccines. It is located quite close to Washington, in Maryland, and it is attached to the National Cancer Institute at Bethesda, a suburb of the capital. It is hardly astonishing that, in every major vaccination campaign, one finds the same tangled web. Government, the military, Saint W.H.O., financiers, researchers, laboratories, universities, the CIA, and the World Bank.

Let us not lose sight of the fact that:

In the name of the defense of our countries, we manufacture the most murderous of weapons. War; whether it be biological or not, is war. And weapons kill. Biological warfare is a giant business, largely financed BY OUR FUNDS, through the medium of the military, research, and our donations. It is also financed, and without our knowledge, BY OUR LIVES. Those of our children and of millions of innocents who have been sacrificed. It is we, those who live in the Western world, who are responsible for all the illnesses and acts of genocide in the world. By our acceptance of vaccinations, both at home and abroad.

<http://www.pnc.com.au/~cafmr/online/vaccine/index.html>  
<http://www.unc.edu/~aphillip/www/vaccine/informed.htm>  
<http://www.new-atlantean.com/global/vaccine.html>  
<http://www.909shot.com/>  
<http://www.gn.apc.org/inquirer/rubella2.html>  
<http://www.unc.edu/~aphillip/www/vaccine/informed.htm>  
<http://www.ozemail.com.au/~shotinfo/>

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**Subject: VACCINATION INFORMATION**

**Date:** Thu, 12 Mar 1998 00:40:26 -0800

**From:** via@access1.net (via)

**Organization:** vaccine information and awareness

**To:** via <via@access1.net>, johnh <harrej@sirius.com>

You might wish to check out the Vaccine Information and Awareness (VIA) website: <<http://www.access1.net/via>>. You'll find links to both "pro" and "con" sites there. The "cons" can be broken down into a few categories:

(1) adverse reactions--by this I mean especially the truly severe reactions, including death (i.e., those compensable under PL99-660, the National Childhood Vaccine Injury Act of 1986--VIA has links to info about the compensation program);

(2) efficacy--no vaccine induces immunity in all recipients; estimates on efficacy range from <50% for some vaccines to around 95% (max.) ...the fact that vaccine-conferred immunity "wears off" (perhaps in 10 years, on average, necessitating "booster" shots which, btw, aren't very effective with some vaccines) shouldn't be overlooked, either;

(3) necessity--are certain vaccines really necessary at all? Many of the diseases vaccines are designed to prevent are fairly innocuous, and permanent sequelae are relatively rare thanks to continuing advances in post-infection treatment. (This, of course, assumes that parents/caregivers are competent to monitor an ill child.) In addition, many believe that contracting various "childhood" diseases in "childhood" (many--measles, mumps, and rubella, for example-- are occurring more frequently in "adults") "primes" the body's immune system and prepares it for assaults later in life; an article in Science (Jan. '97?) questioned whether the dramatic increase in the incidence of asthma might be attributable to kids "not" acquiring/overcoming childhood illnesses;

(4) long-range/term effects (i.e., those that don't manifest themselves immediately) such as ADD, autism, various cancers (there's a lot of info re the contamination of polio vaccine used in the late '50s and early 60s with a simian virus, SV-40, and the discovery of SV-40 in a variety of biopsied tumors), and autoimmune disorders (e.g., multiple sclerosis, lupus, arthritis) ...while no links have been conclusively proven, researchers are studying the possibility that vaccines play a role; and

(5) "political" considerations, an umbrella term for such issues as whether various governments should have the right (yes, they do have the authority) to mandate and enforce the use of products with acknowledged risks, whether vaccine administrators should be required to "fully" disclose the risks associated with vaccines/vaccinations (i.e., obtain "genuine" informed consent prior to vaccinating an individual), and whether vaccination policy should be made by persons (members of the CDC's Immunization Practices Advisory Committee--the ACIP--and the AAP's "Red Book" committee) who have received hundreds of thousands of dollars from vaccine manufacturers.

Sorry this is so long; even at that, I'm sure I've left out many of the factors that have led a lot of parents to at least question, if not forgo, vaccinations for their children (and themselves!) Good luck with your research--it's a tough decision.

\*\*\*\*\*  
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<http://www.access1.net/via> (VIA website)  
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**Subject: VACCINE EXEMPTIONS**

**Date:** Sun, 18 May 1997 12:54:37 -0700

**From:** via@ihot.com

**To:** "L. Starling" <lstar@strato.net>

Q: Do you know how 'strict' the religious exemption is in X State? Can you sign a waiver and simply state it is against your personal religious belief (similar to the philosophical exemption)? Or do you need a letter from your pastor? Thank you.

A: There are 50 states that offer a medical exemption  
There are 48 states that offer a religious exemption  
There are 17 +/- states that offer a philosophical (available  
<http://www.ihot.com/~via>)

You can either order the state statute for your state through the NVIC website at <http://www.909shot.com>

OR:

1. You can contact the local public health department.
2. You can contact your local representative who should be able to get the information for you.
3. The Statute might be available via the net (use the search engines available on the VIA website (<http://www.ihot.com/~via>))

The laws vary greatly by state to state, change constantly so it is difficult to give you the most current information. There are some religious exemptions that may be less restrictive to others, and could be construed as philosophical beliefs. But it is very state specific.

Good luck.

LEGAL EXEMPTIONS TO VACCINATION



Religious, medical and philosophical exemptions are worded differently in each state. To use an exemption for your child, you must know specifically what the law says in your state. To obtain a copy of your law, ask your local reference librarian to help you. Ask for the public health codes, education and welfare laws pertaining to vaccination requirements for school entry.

**Philosophical Exemption:** The following 17 states allow exemption to vaccination based on philosophical beliefs: Arizona, California, Colorado, Idaho, Louisiana, Maine, Michigan, Minnesota, New Mexico, North Dakota, Ohio, Oklahoma, Rhode Island, Utah, Vermont, Washington and Wisconsin.

In many of these states, individuals must object to all vaccines, not just a particular vaccine in order to use the philosophical objection or personal conviction exemption. Many state legislators are being urged by federal health officials and medical organizations, to revoke this exemption to vaccination. If you are objecting to vaccination based on philosophical or personal conviction, keep an eye on your state legislature as public health officials seek to amend state laws to eliminate this exemption.

**Religious Exemption:** All states allow a religious exemption to vaccination except Mississippi and West Virginia.

The religious exemption is intended for people who possess a sincere religious belief against vaccination to the extent that if the state forced vaccination, it would be an infringement on their right to exercise their religious beliefs. Some state laws define religious exemptions broadly to include personal religious beliefs, similar to personal philosophical beliefs. Other states require an individual who claims a religious exemption to be a member of The First Church of Christ, Scientist (Christian Science) or another bonafide religion whose written tenets include prohibition of invasive medical procedures such as vaccination.

Some laws require a signed affidavit from the pastor of the church while others allow the parent to sign a notarized waiver. Prior to registering your child for school, you must check your state law to verify what your health department requires to prove your religious beliefs. The religious exemption is granted based on the First Amendment of the Constitution, which is the right to freely exercise your religion. Because citizens are protected under the First Amendment of the United States, a state must have a "compelling State interest" before this right can be taken away. One "compelling State interest" is the spread of communicable diseases. In state court cases which have set precedent on this issue the freedom to act according to your own religious belief is subject to reasonable regulation with the justification that it must not threaten the welfare of society as a whole.

**Medical Exemptions:** All 50 states allow medical exemption to vaccination. Proof of medical exemption must take the form of a signed statement by a Medical Doctor (M.D.) or Doctor of Osteopathy (D.O.) that the administering of one or more vaccines would be detrimental to the health of an individual.

Most doctors follow the AAP and CDC guidelines. Most states do not allow Doctors of Chiropractic (D.C.) to write medical exemptions to

vaccination.

Some states will accept a private physician's written exemption without question. Other states allow the state health department to review the doctor's exemption and revoke it if health department officials don't think the exemption is justified.

**Proof of Immunity:** Most states will allow exemptions to vaccination for certain diseases if proof of immunity can be shown to exist. Immunity can be proven if you or your child have had the natural disease or have been vaccinated. You have to check your state laws to determine which vaccines in your state can be exempted if proof of immunity is demonstrated.

Private medical laboratories can take blood ( a titer test) and analyze it to measure the level of antibodies, for example, to measles or pertussis that are present in the blood. If the antibody level is high enough, according to accepted standards, you have obtained proof of immunity and may be able to use this for an exemption to vaccination.

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1-800-909-SHOT  
email: [info@909shot.com](mailto:info@909shot.com)  
website: <http://www.909shot.com>

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**Subject: VACCINE INFO**

**Date:** Mon, 15 Feb 1999 18:05:55 -0800

**From:** karin schumacher <[via@access1.net](mailto:via@access1.net)>

**Organization:** vaccine information and awareness

**To:** [q5@earth.sunlink.net](mailto:q5@earth.sunlink.net), via <[via@access1.net](mailto:via@access1.net)>

This is an example of the information you receive by being a member of the National Vaccine Information Center and subscribing to The Vaccine Reaction Newsletter for only \$37.00/year. check us out on:



<http://www.909shot.com/order.htm>

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**Subject: DOVER AFB AND ANTHRAX VACCINE: MORE INFO**

**Date:** Sat, 08 May 1999 09:58:46 -0700

**From:** karin schumacher <via@access1.net>

**Reply-To:** Sheri Nakken <snakken@nccn.net>

**Organization:** vaccine information and awareness

**To:** via <via@access1.net>

*Quinn, USA -  
Hepatitis B vaccine*

#### A QUESTION OF TRUST

Dover Air Force Base has become the pivotal point in the heated discussion of the anthrax vaccine program. Looking behind this issue, one can see a myriad of distrust and confusion that has surfaced with possible consequences that directly affect the readiness posture of the armed forces of the United States at a real world critical time. The incidents that have transpired in the last several weeks can testify to this alarming fact.

Events that have lead up to this can be characterized in well known past deceptions involving the United States military such as Gulf War Syndrome, Agent Orange in Viet Nam, and human exposure to nuclear weapons testing. Objectively speaking, one can see how this has created fertile grounds for distrust for a program that is accompanied with denials, evasiveness, character assassinations and conflicting questions that have not been answered.

On Wednesday, 05 May 99, an open meeting was held at Dover Air Force Base to address concerns over the anthrax vaccination program with light on increased illnesses suspectedly linked to certain lots of the anthrax vaccine. The wing commander of Dover Air Force Base called a safety "time out" to evaluate valid questions that were not answered or addressed to the satisfaction of the majority of the service members present at the meeting.

This coming Tuesday, 11 May 99, Dover Air Force Base will be host to a question and answer session with top U.S.A.F. brass including very high ranking medical and scientific military staff to try and quell rumors and dispell fears surrounding the anthrax vaccination program. Of interesting note pertaining to this important event is the common feeling among military personel that there is a cover up and lack of honest answers to the question of the safety of the vaccine.

The question of trust around this issue are links of the anthrax vaccine and Gulf War Syndrome and some current symptomology with a possible connection to this current vaccine. With active duty as well as reserve military members at Dover Air Force Base and other installations reporting similiar symptoms suspect in connection with the vaccine, these questions must be answered honestly as soon as possible. Some reported symptoms of ill military members with possible links to the current anthrax vaccine include blackouts, rashes, loss of balance, loss of memory, and autoimmune diseases. The real and possible ramifications of current are, with our scaled down military force, the problems occurring of retention of trained military members, recruitment of the future, and the most obvious : the health and combat readiness of our fighting forces in time of need.

- 
- > Sheri Nakken, R.N., MA                      wwithin@nccn.net
  - > Well Within's Earth Mysteries & Sacred Site Tours
  - > Nevada City California
  - > <http://www.nccn.net/~wwwithin>
  - > International Tours, Weekend Wellness Retreats, Workshops, Homestudy Courses,
  - > Homeopathic Education, Vaccine Dangers Information/Workshops

*noted  
2/5/98  
(4/5)*



- > CEU's for nurses, Books & Multi-Pure Water Filters
- > Coordinator for Western Nevada County Y2k Preparedness Network

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Subject: THE HUMAN ELEMENT OF ADVERSE EVENTS

Date: Fri, 07 May 1999 20:09:06 -0700

From: karin.schumacher <via@access1.net>

Organization: vaccine information and awareness

To: via <via@access1.net>

Editorial

The human element of adverse events

Is a certain level of error inevitable in healthcare?

MJA 1999; 170: 404-405

The Quality in Australian Health Care Study (QAHCS),<sup>1</sup> together with the Harvard study on which it was based,<sup>2</sup> were groundbreaking studies that for the first time systematically revealed the nature and scale of iatrogenic injury in healthcare. Morbidity due to healthcare appears to be a major public health problem, and it is very unlikely that this problem is confined to Australia and the United States. The QAHCS revealed particularly high levels of adverse events (AEs), in part because it took a broader, quality-of-care approach rather than one focused on negligence and compensation.

In this issue of the Journal, review and content analysis of textual summaries of the AEs by Wilson et al, the QAHCS team, have now yielded a deeper understanding of these events.<sup>3</sup> The major categories of human error, accounting for over 70% of AEs, were:

Failures in technical performance;

Failure to decide and/or act on available information;

Failure to investigate or consult; and

A lack of care or failure to attend.

Do the failures identified by the QAHCS team imply carelessness and/or incompetence on the part of healthcare staff? On occasions this may be so, but research on human error paints a more complex picture.<sup>4</sup> Tempting though it may be to simply blame the doctors and nurses, identifying a failure in the process of care is usually just the first step in understanding the causes of AEs. This is especially so when the failure occurs not in some routine procedure, but in complex diagnostic or technical tasks, in which the term "error" may be a misleading oversimplification.<sup>5</sup> Should we therefore accept that a certain level of error is inevitable in healthcare? We certainly should not accept such high levels of iatrogenic injury, much of which is preventable. In one sense, though, it is necessary to accept error. Before there can be any serious hope of reducing AEs there must first be a recognition of the frequency of error and of imperfect decision-making in healthcare, as is the case in other human activities.<sup>6</sup>

The next step, as the QAHCS team argues, is to look beyond the immediate failures to their deeper causes.<sup>3</sup>

Analyses of accidents in medicine and elsewhere have led to a much broader understanding of the causes of AEs, with less focus on individuals and more on pre-existing organisational factors. The conditions which give rise to failures in the process of care can be considered in a broad framework of individual, task, team, work environment and organisational factors.<sup>7</sup> A failure to consult, for instance, may be due to overconfidence in a junior member of staff, inexperience, inadequate knowledge, delay in obtaining test results, or the unavailability of senior members of staff. Each of these problems may be specific to that occasion or may reflect more general problems: the attitudes of individual members of staff, the training policies of the hospital, poor supervisory practices, inadequate and

*schumacher*  
*via*  
*2/5/99*



haphazard systems of communication or interpersonal problems within a team.

The National Taskforce on Quality in Australian Health Care produced a comprehensive, multifaceted plan of action to reduce healthcare injuries and deaths.<sup>8</sup> The Taskforce was surely correct to see both the problem and the solution as multidimensional, as the systems approach implies. Safety programs in industries, involving sociotechnical systems with many similarities to medicine, target the tasks, teams and conditions of work, as well as ensuring that staff are highly skilled.<sup>4</sup> Safety needs to be addressed both at the level of the particular clinical process and at the interpersonal and organisational levels. Where tasks can be clearly specified, then greater standardisation, clear guidelines and less reliance on the vagaries of human memory and vigilance are essential. Team and communication failures have been strongly implicated in many accident analyses and remedial measures can be straightforward. Systems have also been developed in industry to monitor the conditions of work, as well as the associated organisational factors and decisions that give rise to these conditions.

The Taskforce recommendations have been widely supported<sup>9</sup> and a number of working groups have been established by Australian health departments. In 1997, a National Expert Advisory Group on Safety and Quality in Australian Health Care was established, and their recommendations will be considered by the Health Ministers later this year. In the 1998 Australian Health Care Agreements, \$658 million was allocated for quality improvements within the public health system over five years, and a further \$253 million for, among other objectives, improving the integration of public hospital and community services.

Welcome though these initiatives are, the pace of change nevertheless seems slow given the stark message of the original QAHCS study four years ago. The findings from QAHCS suggested that each year 50 000 Australians suffer permanent disability and 18 000 die at least in part as a result of their healthcare. Further evidence emerged in 1997 with the publication of AE rates in Victorian hospitals.<sup>10</sup> Since then, thousands more Australians have presumably been injured or died through deficiencies in the healthcare system. Furthermore, the QAHCS found that AEs lost Australia over three million bed-days per annum. In its interim report, the National Expert Advisory Group pointed out that the extrapolated potential saving from preventable AEs in 1995-96 would be \$4.17 billion.<sup>11</sup> AEs also lead to increased disability benefits and time lost off work, which all impact on the Australian economy.

Achieving change on the required scale will require a specific commitment from all healthcare providers, administrators and consumers, as well as unequivocal, sustained government support. It is hoped that 1999 will see the necessary consensus for urgent action from all the parties involved and the implementation of specific, carefully evaluated safety initiatives. It would be tragic if the "lack of care and failure to attend" and "failure to decide and act", revealed as causes of AEs, ultimately also applied to those professional and government bodies responsible for programs of prevention.

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THE HUMAN ELEMENT OF ADVERSE EVENTS

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**Subject: [Fwd: PHYLLIS SCHLAFLY ON THE HEPATITIS B VACCINE]**

**Date: Fri, 07 May 1999 15:30:07 -0700**

**From: karin schumacher <via@access1.net>**

**Organization: vaccine information and awareness**

**To: "sochara@blf.vsnl.net.in" <sochara@blf.vsnl.net.in>**

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**Subject: PHYLLIS SCHLAFLY ON THE HEPATITIS B VACCINE**

**Date: Fri, 23 Oct 1998 11:24:36 -0700**

**From: karin schumacher <via@access1.net>**

**Organization: vaccine information and awareness**

**To: via <via@access1.net>**

Alison Mullins <gamullins@earthlink.net> wrote:  
Phyllis Schlafly column 10-21-98  
<http://www.eagleforum.org/column/1998/oct98/98-10-21.html>

Compulsory Medical Treatment Is Un-American  
October 21, 1998

Why are American infants and schoolchildren being forced to submit to hepatitis B vaccinations even though the French Health Ministry has stopped giving them because of evidence they can cause neurological disorders and multiple sclerosis? Has America become a nation where bureaucrats can force controversial medical procedures on children without informed choice by parent or child?

If you think such things only happen in Communist China, think again. Big Brother is on the march and his weapon is a hypodermic needle carrying the vaccine for hepatitis B. "Force" is not too strong a word. Across the country, newborn babies are being injected with hepatitis B vaccine only hours after birth (even when their mothers test negative for hepatitis B), and children are told they must present proof of having received three hepatitis B shots before they can be admitted to daycare, kindergarten,

*Handwritten:*  
10/5/99  
(361)

fifth grade, high school, or college.

I first became interested in the hepatitis B vaccine when, in connection with the birth of two new grandchildren, I learned that hospitals are routinely injecting newborns with the vaccine during their first 24 hours of life. A series of inquiries produced no convincing medical reason or scientific evidence for this procedure. My new grandchildren were not at risk for hepatitis B, which is primarily an adult disease transmitted through bodily fluids. Those most at risk are the highly promiscuous (heterosexual or homosexual), needle-sharing drug addicts, health care and custodial workers exposed to blood, and babies born to already-infected mother.

According to a Centers for Disease Control (CDC) report, there were only 10,637 cases of hepatitis B in the United States in 1996, including only 279 cases in children under the age of 14. Hepatitis B is not fatal for most who contract it, is no epidemic except among those high-risk groups, and bears no relation to hepatitis A (the disease sometimes picked up in restaurants when food-handlers don't wash their hands).

For the problem of 279 children who have hepatitis B, millions of U.S. children are being forced to submit to vaccination consisting of three hepatitis B shots! Where does such an intrusive and expensive rule originate, and how can it be enforced nationally since immunizations are a state, not a federal, matter? The federal medical police have figured out how to override state authority (and even pediatricians who might otherwise act in the interest of their patients), and develop an intricate system outside of the spotlight of public scrutiny and without accountability. CDC endorses a given vaccine, the state legislatures delegate the decision-making power to state public health departments, the unaccountable bureaucrats make regulations that conform to CDC instructions and have the impact of law, and the drug manufacturers spend millions to advertise their products.

The CDC uses carrot and stick to force states to obey federal mandates. The CDC has doled out hundreds of millions of taxpayer dollars to reward state health departments for promoting mass vaccinations, and has the power to withhold money grants if state health officials don't show proof of designated vaccination rates. The 1993 Comprehensive Childhood Immunization Act, signed by President Clinton, gave the Department of Health and Human Services (HHS) \$400 million to award to states to set up state vaccine registries to tag and track children so that Big Brother can hunt them down and compel vaccinations. States receive either \$50, \$75 or \$100 per child who is fully vaccinated with all federally recommended vaccines, including hepatitis B.

When I entered public school, the only vaccination required was for smallpox, and that's the only immunization I ever had. Most states now require children to be injected with about 33 doses of 9 or 10 different viral and bacterial vaccines in order to enter public school, including three doses of hepatitis B vaccine. In 1995, HHS Secretary Donna Shalala gave the states the power to appropriate newborn babies' social security numbers in order to set up vaccine tracking registries. The CDC plans to network all the state



vaccine tracking registries in order to create a de facto centralized electronic database containing every child's, and ultimately every American's, medical records.

More than 22,000 reports of hospitalizations and injuries, including 300 deaths, following hepatitis B vaccination have been reported since 1990 to the U.S. government's Vaccine Adverse Event Reporting System. There have been no controlled studies to evaluate these reports, there is no adequate proof of the vaccine's long-term safety, little is known about its effect on a newborn baby's immune system, and the disclaimers that the drug manufacturers put on the hepatitis B vaccine package are downright disturbing.

The hepatitis B vaccine may give only a temporary immunity, and it is not clear when booster shots will be required. Some of those who receive the hepatitis B vaccine may thereafter test positive for hepatitis B because many routine blood tests are not sophisticated enough to differentiate between prior vaccination and the disease.

Freedom in America should include allowing parents to make their own informed choice about injecting their babies with a potentially dangerous vaccine. More information is available from the National Vaccine Information Center (1-800-909-SHOT and [www.909shot.com](http://www.909shot.com)).

\*\*\*\*\*

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\*\*\*\*\*

We Must Have The Freedom To Choose & Respect Everyone's Choice  
\*\*\*\*\*  
Any information obtained here is not to be construed as medical OR legal advice. The decision to vaccinate and how you implement that decision is yours and yours alone.  
\*\*\*\*\*

\*\*\*\*\*

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**Subject: POLIO CONTAMINATION PACKET**

**Date: Sat, 12 Apr 1997 10:30:42 -0700**

**From: [via@ihot.com](mailto:via@ihot.com)**

**Organization: Vaccine Information & Awareness**

**To: Karin Schumacher <[via@ihot.com](mailto:via@ihot.com)>**

THE POLIO VACCINE CONTAMINATION INFORMATION PACKET: \$16

This 80-page information packet on the contamination of polio vaccines with simian (monkey) viruses gives an eye-opening look at what went wrong with the mass vaccination campaigns in the 1950's and early 1960's, when more than 98 million Americans were exposed to monkey viruses contaminating many lots of poliovirus vaccines. Learn why scientists are now culturing out SV-40 (the 40th simian virus known to have contaminated the vaccines) from the tumors of adults and children suffering from bone, brain and lung cancers and why other researchers are linking contaminated vaccines with immune and neurological dysfunction. Find out what NVIC is doing about it. Contains a map of states which received the most contaminated vaccines. Published 1997.

\*\*\*\*\*

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<http://www.ihot.com/~via> (VIA website)

\*\*\*\*\*

We Must Have The Freedom To Choose &  
Respect Everyone's Choice

\*\*\*\*\*

**Subject: POLIO VACCINE AND SV40**

**Date: Wed, 27 Nov 96 07:17:20 +0000**

**From: mandee@worldnet.att.net**

**To: "via@eden.com" <via@eden.com>**

> THE POLIO VACCINE AND SIMIAN VIRUS 40

>

> After Thirty Years, Prominent Polio Vaccine Researcher  
> Confirms Suspicions About Monkey-Virus Contamination  
> By T.J. Moriarty  
> (OLNews@aol.com)

> Over the past fifteen or more years, the immune system has been  
> increasingly more challenged. Indefensible disorders such as AIDS and  
> HIV as well as conditions like Chronic Fatigue Syndrome (CFS) and  
> Persian Gulf War-Related Illnesses are the new epidemics of the  
> Silicon Age. By comparison, the days of polio and small pox epidemics  
> seem crudely forgiving when we consider that today's viral mutants  
> repeatedly outsmart gains made in vaccine development.

>

> However, it seems the days of polio are still with us - not in the  
> form of acute viral outbreaks of fever and paralysis - but in the  
> "uncharted" data on the long-term effects from the simian (monkey)  
> viral contaminated polio vaccines given to countless children and  
> adults three decades ago. Even more, what other "undetectable" monkey  
> viruses have been transmitted in the vaccine batches of late? These  
> unanswered questions continue to resurface in today's research and  
> still riddle retired scientist Ben Sweet. "No one really knows if  
> there are any dangers, but no scientist can definitively say there



> aren't any, that is what's scary," says Sweet.  
>  
> As a senior research scientist for a major pharmaceutical company from  
> 1959 to 1964, Dr. Sweet was one of those responsible for the research,  
> development and field testing of the killed respiratory virus vaccine.  
>  
> Contaminated Polio Vaccines  
> Scientific literature states that some polio vaccines given between  
> 1955 and 1961 may have contained low-levels of live monkey viruses. As  
> many as 26 of the simian contaminants were readily detected but still  
> other viruses, like SV40 slipped past rigorous quality control testing  
> procedures available at that time. The simian viruses were  
> inadvertently introduced into the vaccine pool because the polio virus  
> was grown in monkey (Rhesus, Patas, or Cynomolgus) kidney cells.  
>  
> In his 1960 paper, "The Vacuolating Virus : SV40" Sweet and co-author  
> M.R. Hilleman write, "This new virus represents the detection for the  
> first time of a hitherto "non-detectable" simian virus of monkey renal  
> cultures and raises the important question of the existence of other  
> such viruses. All three types of Sabin's live polio virus vaccine were  
> contaminated."  
>  
> Dr. Sweet told Chronic Illnet about the alarm that circulated around  
> the discovery of the SV40 virus in 1960, "It was a frightening  
> discovery because, back then, it was not possible to detect the virus  
> with the testing procedures we had. It only showed up in the cells of  
> the African Green monkeys -- the species being used exclusively by our  
> company. We had no idea of what this virus would do thirty years ago."  
>  
> Sweet says there were two things that the research team had  
> determined: "First, we knew that SV40 had oncogenic properties  
> (cancer-causing) in hamsters which was bad news. Secondly, we found  
> out that it hybridized with certain DNA viruses - like adeno virus -  
> such that the adeno virus would then have SV40 genes attached to it.  
> We couldn't clean up the adeno virus vaccine seed stocks grown in  
> monkey kidney cells only". The seed stocks apparently were always  
> contaminated but the vaccines were still administered.  
>  
> Confusion Surrounding the "Killed" Vaccine  
> Possibly the most unsettling part of his research that he carries with  
> him thirty years later, is knowing that an untold number of people  
> (possibly in the 10's of millions) were exposed with this virus  
> whether they were given the "live" or "killed" polio vaccine.  
>  
> "Even the people who received a killed polio virus vaccine could have  
> been infected. Those papers we wrote were incorrect at the time,  
> stating that formalin killed vaccines were free of simian SV40 virus.  
> But the new information regarding the killed ones was never  
> published," he added. By then it was too late. These findings came  
> after the mass inoculations with the polio vaccine.  
>  
> The distinction between "live" and "killed" vaccines is a critical  
> one. The scientific community and the American public was told that  
> "killed" vaccines were undoubtedly safe because formalin was used to  
> destroy any contaminating simian virus. The thirty-nine or so simian  
> viruses prior to SV40, were probably inactivated with formalin, but  
> not SV40. The virus eluded the virus-killing  
> behavior of formalin. This now meant even the "killed" vaccines  
> unintentionally contained small  
> amounts of active virus. "So it's a likely possibility that a some of



> those individuals injected with supposedly inactivated adeno virus  
> vaccines that had the SV40 contaminant or SV40/adeno hybrid could also  
> be producing antibodies to it."  
>  
> Due to the molecular "kinetics" of virus inactivation, Sweet and other  
> researchers believe other viruses -- similar to SV40 -- could also  
> have been present in the vaccines if they too could circumvent  
> formalin inactivation.  
>  
> There were specific laboratory difficulties associated with adeno  
> virus -- now carrying an attached form of SV40. Sweet describes, "When  
> we started growing the vaccines, we just couldn't get rid of the  
> SV40-contaminated virus. We tried to neutralize it, but couldn't.  
> Either adeno or SV40 would come out down the line."  
>  
> Chronic Illnet: What were you thinking at the time when you realized  
> people were being exposed to SV40 about the long-term effects,  
> considering we're still in the dark?  
>  
> Sweet: "We really didn't think about it until we found out it was  
> oncogenic and now, with the theoretical links to HIV and cancer, it  
> just blows my mind."  
>  
> Chronic Illnet: Was there any temptation to just scrap the whole  
> project, make an announcement and move on?"  
>  
> Sweet: "Sabin and, more specifically, Salk vaccines were already  
> widely in use by then. We were, of course, always worried about  
> possible vaccine contaminants present because we didn't know what  
> these monkey cell cultures were carrying. We were always worried about  
> encountering a new, undescribed virus. Always. When we found out there  
> were viruses present in the Rhesus -cynomolgus monkey systems, and the  
> possibility that each monkey assay system was different from another,  
> the temptation was there to transfer the studies to another system.  
> But it was too late to switch gears and start using raccoon or chicken  
> systems, because then you could be dealing with another whole set of  
> viruses."  
>  
> Chronic Illnet: What was the political climate?  
> Sweet: "You had to be careful, very careful. When the virus appeared  
> oncogenic in hamsters, we wanted to do tests to determine if it caused  
> malignant transformation of normal cells in culture. In reality, we  
> did not although an outside agency confirmed the findings."  
>  
> Sweet also described another inherent problem in vaccine development  
> -- the controversy and competition between the Salk (killed) and Sabin  
> (live) formulas. Despite common knowledge, both Salk and Sabin were  
> definitely contaminated. The Salk vaccine had already garnered  
> prestigious appeal as a "safe vaccine".  
>  
> Long-term Studies Encouraged Three Decades Ago  
> In his 1960 paper, Sweet, et al. stressed the need for studies on the  
> long-term effects on humans to determine the pathogenicity of these  
> agents for man. "When the 'contaminated' vaccines were released, we  
> really felt confident patients needed a substantially higher level of  
> infectious SV40 and/or they had to receive multiple shots to elevate  
> the body's viral count high enough to cause the harm." To some, the  
> term "contaminated" carries with it an intent of malice, but Dr. Sweet  
> says this  
> is clearly not the case. Sweet noted that persons fed live SV40



> contaminated polio virus vaccine orally, or inactivated Salk-type  
> vaccine intramuscularly, showed strong evidence of antibody  
> production to polio viruses. In addition, the vaccine recipients were  
> not showing significant harmful effects or antibody production, in the  
> short term, to SV40 - which was encouraging. "Less concerning  
> long-term effects could be noted," he says.  
>  
> At the time of the discovery of the human exposure to SV40, there was  
> no evidence that the virus was present or active in vaccine  
> recipients. In recent years, however, SV40 has been isolated in human  
> tissue, two from the brains of patients with PML (progressive  
> multifocal leukoencephalopathy) and another from a metastatic melanoma  
> patient. Results of this study appeared in the paper "Human Exposure  
> to SV40 : Review and Comment" by Shah and Nathanson in the Journal of  
> Epidemiology in January of 1976. Important from that report is the  
> only definitive origin of where human exposure came from, "With the  
> exception of viral vaccines, no pharmaceutical product intended for  
> human use requires the use of simian cultures." Based on their  
> interpretations, the authors estimate somewhere between 10-30 million  
> people of the 98 million injected were exposed to at least SV40.  
>  
> Today's Polio Vaccine Research - Long-Term Effects  
> To date, the polio vaccine has been administered to an estimated  
> ninety-seven percent of children in the United States.  
>  
> Although there are no "proven" scientific facts about the possible  
> perils of contaminated or even "purified" polio vaccines, there are a  
> handful of credible researchers with theories too intriguing and  
> carefully outlined to disregard. Their theories, if proven, may offer  
> a new link in conquering the immunodeficiency diseases of this  
> century.  
>  
> Microbiologist Howard Urnovitz is one member of a team who believes  
> many of today's "new" syndromes like Chronic Fatigue Syndrome, Gulf  
> War-Related Illnesses and even HIV have, "some association with the  
> possible contaminants in the vaccine." He says we may be paying the  
> price for "prevention" years later, as the uncertainty about the  
> effects on our immune system from the vaccine continues to unfold.  
>  
> Was SIV Also Present? Is There an Evolution of HIV from the Vaccines ?  
> There is also a concern whether another virus of primate origin --  
> Simian Immunodeficiency Virus (SIV) -- could also have been present in  
> the original vaccines. That possibility cannot be ruled out. But only  
> testing of the original polio vaccine samples and seed stocks would  
> give a reliable or closely definitive answer. Sweet stressed the need  
> for studies on the original simian isolates and the antisera prepared  
> against them and their possible relationship to SIV. At this point,  
> future studies may be lost due to the impossibility of retrieving such  
> samples.  
>  
> At the 8th Annual Houston Conference on AIDS, Urnovitz suggests that  
> HIV-1 may have also originated from the contaminated polio vaccines  
> through the recombination with normal human genes. "It is very likely  
> that HIV-1 may have been a result, and that it may in fact be a  
> monkey-human hybrid. His theory states that the contaminating viruses  
> have "archived" themselves in the body's nerve tissue. These virus  
> fragments then resurface at a later date when the immune system  
> becomes challenged. An opportunistic infection or exposure to toxins  
> could be the "trigger" that stimulates the reappearance of these virus  
> fragments.



>  
> "This virus 'archiving' could be igniting the symptoms of central  
> nervous system disorders, chronic fatigue and joint pain that have  
> been linked to more than a dozen unexplained epidemics," he added.  
>  
> Dr. R. Stricker's paper entitled "The Polio Vaccine and the Origin of  
> AIDS" that appeared in the January 1994 edition of Medical Hypothesis  
> is yet another theory highlighting a potential link. Stricker states,  
> "The transfer of monkey viruses to man via vaccines is particularly  
> relevant to AIDS since the causative agent HIV, is thought to be  
> derived from a simian precursor virus." He says the evolution of HIV  
> remains to be proven but is nonetheless startling, "Is it only a  
> coincidence that HIV infection manifested itself at the same time as  
> the introduction of vaccines that are now known to have been  
> contaminated with simian viruses?"  
>  
> The collection of theories on the origins, pathways and the sheer  
> number of potential "victims" from the contaminated vaccines is  
> certainly unsettling. Although each theory has its own individual  
> elements, a cohesion exists: The cross-species cultivation of vaccines  
> is clearly laden with risks -- risks that may be irreversible,  
> carrying consequences too great to endure. But to what extent, if any,  
> irreparable damage has been inflicted upon humanity is still blurry.  
>  
> For consumer activist Barbara Loe Fisher, co-Founder & president of  
> the National Vaccine Information Web Site, the fact that the original  
> vaccines were contaminated and current polio vaccines are still grown  
> on African Green monkey tissues, is just one more indication that  
> government vaccine officials have created dangerous public health  
> policies without making sure they have the solid science to back them  
> up.  
>  
> "Who is minding the public health when the FDA allows drug companies  
> to produce vaccines grown on animal tissue cultures and they don't  
> even know if this practice is facilitating cross species transfer of  
> animal viruses into man?" says Fisher.  
>  
> Highlighting the fact that American parents are legally required to  
> vaccinate their babies with 10 different viral and bacterial vaccines,  
> Fisher warns, "No one really knows the latent, long term effects on  
> the human immune and neurological systems. With 200 vaccines in the  
> research pipeline, more than 100 in clinical trials and scores on the  
> brink of being licensed, vaccine research had better get back to the  
> basic science before another AIDS epidemic is created in a vaccine  
> lab."  
>  
> For more information on this topic, refer to the highlighted phrases  
> for hyperlinked information and additional sources.  
>  
> source: <http://www.calypste.com/online/bensweet.html#anchor714274>

---

**Subject: POSSIBLE MEDICAL EXEMPTIONS**

**Date:** Sun, 23 Aug 1998 07:49:35 -0700

**From:** karin schumacher <via@access1.net>

**Organization:** vaccine information and awareness

**To:** via@access1.net



Dr. Wootan can be reached at 800-635-2126. Last time i spoke with him (1995) he was more than willing to sign a medical waiver for a fee and a letter explaining why you would like the medical exemption. As he practices in upstate New York, he will not write exemptions for anyone living in New York..

another md, karl robinson in houston, texas has also stated he would write exemption letters. his number is: 800-637-5275

Hope this helps.

\*\*\*\*\*  
Karin Schumacher  
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<http://www.access1.net/via> (VIA website)  
\*\*\*\*\*  
We Must Have The Freedom To Choose & Respect Everyone's Choice  
\*\*\*\*\*  
Any information obtained here is not to be construed as medical  
OR legal advice. The decision to vaccinate and how you  
implement that decision is yours and yours alone.  
\*\*\*\*\*

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**Subject: PRODUCTION AND CONSTITUTION OF MMR VACCINE**

**Date:** Thu, 04 Mar 1999 17:58:23 -0800

**From:** karin schumacher <via@access1.net>

**Organization:** vaccine information and awareness

**To:** truegrit@gti.net

**SOURCE:** VACCINES, 1994. PLOTKIN AND MORTIMER

preparation methods for the Merck Sharp & Dohme vaccine provide generally applicable information regarding the production and constitution of measles vaccines. although minor differences exist in dose, antibiotic content, and other details among manufacturers significant differences in side effects or vaccine efficacy have not been reported.

the vaccine virus is cultured in primary chick embryo cells. After an initial cell growth phase, the cultures are inoculated with the further attenuated moraten strain of measles virus. following several days incubation at 32C (89.6F), the cells are washed to remove fetal bovine serum, and the medium is replaced with one containing 50 ug/ml of neomycin, sucrose, buffered salts, amino acids, and human albumin. fluids that contain the virus can be removed from the cultures over a period of time as the cellas re maintaind at the same temperature. these fluids are frozen until determinatinos of the virus titer have

been performed on retained aliquots. harvested virus fluids that have sufficient virus potency and have passed the tes satisfactorily are thawed, pooled, sampled for safety testing, clarified, dispensed, and refrozen.

when bulk vaccine has passed all quality control tess, portions of the vaccine are thawed, dispensed into vials and lyophilized. At the time of use, the vaccine is reconstituted with fluid (steriole distilled water) provided by the manufacturer. the use of a reconstitution fluid that contains preservatives in not recommended for general use b/c it may inactivate the vaccine. each doese contains approximately 25 ug of neomycin. sorbitol and hydrolyzed gelatin are added as stabilizers. the vaccine when reconstituted with the provided diluent is clear and yellow in color.

RAYMOND GALLUP wrote:

>  
> Karin,  
>  
> If I said aluminum, mercury and formaldehyde along with animal  
> retroviruses that include chickens....would I be correct and would there  
> be anything else (I'm sure I missed).  
>  
> Thanks.  
>  
> Ray  
>  
> Wutsername@aol.com wrote:  
> >  
> > Dear Ray,  
> > I was wondering if you might have a list of all the ingredients included in  
> > vaccines that people do not know about. I figured if anyone would have this  
> > information, it would be you! I am mainly interested in Measles, Mumps and  
> > Rubella. Thanks for your help.  
> > Blessings,  
> > Ricci

--

\*\*\*\*\*

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<http://www.909shot.com> (NVIC website)  
<http://www.access1.net/via> (VIA website)

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We Must Have The Freedom To Choose & Respect Everyone's Choice  
\*\*\*\*\*  
Any information obtained here is not to be construed as medical  
OR legal advice. The decision to vaccinate and how you  
implement that decision is yours and yours alone.  
\*\*\*\*\*



**Subject: RELIGIOUS EXEMPTION LETTER**

**Date:** Wed, 23 Jul 97 14:57:49 +0000

**From:** mandee@att.worldnet.net

**To:** Karin Schumacher <via@ihot.com>

How to Write a Letter for a "Personal" Religious Exemption from  
Immunizations

A Section of the Informed Parents Vaccination Home Page

<http://www.unc.edu/~aphillip/www/vaccine/informed.htm>

Disclaimer: This page is for educational purposes only. It is not intended to serve as legal advice, nor is it intended to take the place of appropriate legal counsel. As with any legal matter, you should consult a qualified lawyer for your specific needs.

Religious exemptions are acceptable in most U.S. states, but specific vaccination laws from state to state. Be sure to check with the state dept. of epidemiology, vaccinations, immunizations, or whatever it is called in your state, to find out the laws for your state. Some require that you file for an exemption certificate, others require only a properly written letter. In any case, the following may help you with this process.

This is a copy of a letter from a lawyer to an immunization nurse, regarding a religious exemption from vaccinations for his North Carolina clients' children. This letter was accepted by health officials for a religious exemption in two different North Carolina counties. In one instance, the parents modified this letter to be from themselves instead of from the lawyer--you may not need to have the letter come from a lawyer if you cannot find or afford one, (though having a lawyer write or review your letter may be the only way to guarantee that your letter conforms to state legal requirements).

Notice that the letter refers to previous "personal" religious exemption court cases; i.e. it may not be necessary to belong to a religion that specifically states opposition to vaccination in its official doctrine to have an acceptable religious exemption from immunizations.

Important: You may adapt this letter to reflect your true, personal religious beliefs, and make other changes where appropriate. You should probably have your Religious Exemption for Vaccination Letter notarized before submitting it to the appropriate healthcare authorities, and you may also wish to send it registered mail to get confirmation of its arrival and receipt by the appropriate official.

-----  
[June 1996]

County Health Dept. [address]

Attention: [Immunization nurse's name]

RE: [first child's name, date of birth] [second child's name, date of birth]...

Dear Nurse {name}:

This office has been retained as counsel to represent {parent's names}, individually, on behalf of their children, {children's names}, with regard to my clients' rights for an exemption from immunizations as provided by North Carolina Statutes 130A-157.

The present situation stems from my client's refusal to have their children, {children's names}, submit to immunizations and inoculations as perscribed by North Carolina Statutes 130A-152. My clients have the right to refuse to have their children receive these injections pursuant to North Carolina Statutes 130A-137, since they have sincere religious beliefs which prohibit them from having their children receive immunizations and inoculations.

Recent court decisions have upheld the rights of individuals seeking exemptions from immunizations based upon "personal" religious beliefs. (Sherr and Levy vs. Northport East-Northport Union Free School District, 672 F. Supp. 81, (E.D.N.Y., 1987); (Allanson vs. Clinton Central School District, U.S. District Court, Northern District Court, Northern District of New York (84 CV 174), 1984; Campain vs. Marlboro Central School District, Supreme Court Ulster County Special Term, November 15, 1985; Brown vs. City School District, 429 NYS2d 355; Maier vs. Besser, 73 Misc.2d 241).

My clients' religious beliefs include the following:

[editor's note: amend the beliefs below as needed to have them apply to you; what you put here is up to you. Should your exemption be challenged, it will be up to the challenger to prove that what you state here is not your bona fide religious belief, a generally difficult thing to prove.]

"We believe in God, and that God has created us in his image. In being created in God's image, we are given his perfect immune system. We are bestowed with His gift, the immune system. We believe it is sacrilegious and a violation of our sacred religious beliefs to violate what God has given us by showing a lack of faith in God. Immunizations are a lack of faith in God and His way, the immune system." [editor's note: this last sentence is the crux of this religious exemption argument.]

"We believe in Jesus' many promises of protection for us, and the He loves us, and will take care of us if we place our trust in Him. I believe that immunizations show no faith in God's promises of protection for us, saying to God that you trust man more than His holy words of protection for us." "God desires us to love Him and our neighbors first and foremost. This is His first command. By loving Him, we are to fully trust on Him for all things. He is our Lord Father. He is our Rock, our fortress and our Savior."

"Our faith is in God and in the Holy Word, being the Holy Bible which is authored by God. This is the instruction book for living that He has left us and in it He tells us He is our protector and we stand firm on His promise. Our faith is in Him!" My clients' religious beliefs are also based upon the understanding of what God requires of them as provided for in the Bible. [editor's note: add/delete quotes as suits your personal beliefs]

"Know ye not that your body is the temple of the Holy Ghost which is in you, which ye have of God and ye are not your own?" (1st COR 6:19)



"That your faith should not stand in the wisdom of men, but in the power of God." (1st COR 2:5)

"You must know that your body is a temple of the Holy Spirit, who is within the spirit you have received from God. You are not your own." (1st COR 6:19)

"As a consequence, your faith rests not on the wisdom of men but on the power of God." (1st COR 2:5)

"I know with certainty on the authority of Lord Jesus that nothing is unclean in itself: it is only when a man thinks something unclean that it becomes so for him." (Romans 14:14)

"If anyone destroys God's temple, God will destroy him. For the temple of God is holy, and you are that temple." (1st COR: 3:17)

"For to his angels he has given command about you, that they guard you in all your ways." (Psalms 91:11)

"Follow God your Lord, remain in awe of him, keep His commandments, obey and serve Him and you will then be able to cling to Him." (Leviticus, 19:1,2)

I anticipate a prompt response from you or the appropriate official.

Very truly yours,

[lawyer's name]

cc: [parents' names]

-----  
Special thanks to the parents whose time and money were spent obtaining this letter, and who endured weeks of emotional harassment from health authorities before ending their battles with the above letter format. It is posted here with their permission, in the hopes that it will help others to avoid what they went through.

Please send any additional Biblical passages, quotes from other religious texts, or other related information to obtaining a religious exemption from vaccinations to aphillip@email.unc.edu, and I'll add them to the sample template.

\*\*\*\*\*  
Karin Schumacher  
Vaccine Information & Awareness (VIA)  
12799 La Tortola  
San Diego, CA 92129  
619-484-3197 (phone/voicemail)  
619-484-1187 (fax)  
via@ihot.com (email)  
<http://www.909shot.com> (NVIC website)  
<http://www.ihot.com/~via> (VIA website)  
\*\*\*\*\*

We Must Have The Freedom To Choose &  
Respect Everyone's Choice

\*\*\*\*\*  
Any information obtained here is not to be construed as

medical OR legal advice. The decision to vaccinate and how  
you implement that decision is yours and yours alone.  
\*\*\*\*\*



**Subject:** [Fwd: NVIC FOREIGN SHIPPING CHARGES AND BILLING PROCEDURE]

**Date:** Fri, 07 May 1999 15:29:45 -0700

**From:** karin schumacher <via@access1.net>

**Organization:** vaccine information and awareness

**To:** "sochara@blr.vsnl.net.in" <sochara@blr.vsnl.net.in>

-----  
\*\*\*\*\*  
Karin Schumacher  
Vaccine Information & Awareness (VIA)  
12799 La Tortola  
San Diego, CA 92129  
619-484-3197 (phone/voicemail)  
619-484-1187 (fax)  
via@access1.net (email)  
<http://www.909shot.com> (NVIC website)  
<http://www.access1.net/via> (VIA website)  
\*\*\*\*\*  
We Must Have The Freedom To Choose & Respect Everyone's Choice  
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Any information obtained here is not to be construed as medical  
OR legal advice. The decision to vaccinate and how you  
implement that decision is yours and yours alone.  
\*\*\*\*\*

**Subject:** NVIC FOREIGN SHIPPING CHARGES AND BILLING PROCEDURE

**Date:** Fri, 15 Jan 1999 07:22:10 -0800

**From:** karin schumacher <via@access1.net>

**Organization:** vaccine information and awareness

**To:** via <via@access1.net>

> Usually we ask for an extra \$5 but for Hong Kong I'll have to weigh the autism  
> packet and see because it costs \$3 to mail in the US. We also ask for the  
> check to be drawn on a bank with the imprint, from the bank, saying US FUNDS,  
> or we take Visa and Mastercard.

**Subject:** NVIC PUBLICATIONS

**Date:** Sat, 12 Apr 1997 10:31:09 -0700

**From:** via@ihot.com

**Organization:** Vaccine Information & Awareness

**To:** Karin Schumacher <via@ihot.com>

> [Image]  
>  
> NVIC PUBLICATIONS  
>  
> Make an informed decision about vaccination.  
> Determine the benefits and risks for yourself.  
>  
> Please print these pages to fax or mail your order to NVIC

received  
10/5/99  
(360)

> Fax (703) 938-5768  
> 512 W. Maple Avenue, Suite 206, Vienna, VA 22180  
>  
> Name: \_\_\_\_\_  
>  
> Mailing Address: \_\_\_\_\_  
>  
> City/State/Zip: \_\_\_\_\_  
>  
> Phone: \_\_\_\_\_  
>  
> Fax: \_\_\_\_\_  
>  
> Credit Card: \_\_\_\_\_ Exp (09/99):  
> \_\_\_\_\_  
>  
> Card Type: MC VISA  
>  
> \_\_\_\_\_ State Law (If available) \$4  
>  
> \_\_\_\_\_ The Compensation System and How It Works \$5  
>  
> \_\_\_\_\_ Law Firm Directory \$5 - Directory of attorneys handling vaccine  
> compensation claims.  
>  
> -----  
>  
> [Image] THE CONSUMER'S GUIDE TO CHILDHOOD VACCINES: \$9 + \$4.50 S/H  
>  
> This comprehensive but condensed 90-page guidebook with a bibliography  
> and glossary of medical terms gives you information about childhood  
> diseases and vaccines that doctors rarely discuss with parents.  
> Written by Barbara Loe Fisher, co-author of DPT: A Shot in the Dark  
> and co-founder and president of NVIC, The Consumer's Guide to  
> Childhood Vaccines provides health care consumers with a  
> well-documented look at officially recommended vaccination policies as  
> well as alternative views of what may be best for an individual child.  
> Contains detailed descriptions of 9 diseases, vaccines, symptoms and  
> complications. Published 1997  
>  
> -----  
>  
> [Image] WHOOPING COUGH, THE DPT VACCINE & REDUCING REACTIONS: \$8  
>  
> This parent information packet describes serious reactions and which  
> children are at risk of reacting to the "P" portion of the DPT vaccine.  
>  
> -----  
>  
> [Image] THE VACCINE REACTION (1995): \$18  
>  
> All six issues of the first year of this new national (and  
> controversial) newsletter that gives you the inside story on the  
> latest breaking news in the vaccine safety debate. A "must" for those  
> who want a crash course in what the debate is all about.  
>  
> -----  
>  
> [Image] NVIC/DPT NEWSLETTERS (1982- 1995): \$20  
>



- > Selections of back issues that include the history of NVIC/DPT,
- > compensation/safety legislation, medical research and lawsuits. Parent
- > members share their stories and report on the vaccine safety issue at
- > the state level.

>

>

>

- > [Image] NVIC/DPT BROCHURES: 100 FOR \$20

>

- > THEY HAD NO VOICE.....THEY HAD NO CHOICE. Brief stories and pictures
- > of children who have been adversely affected by vaccines, and explains
- > the goals of NVIC. \_\_\_\_\_English \_\_\_\_\_Spanish

>

>

>

- > [Image] PRESS RELEASES: \$25

>

- > Follow the vaccine safety issue through the eyes of the media. Topics
- > include conflict of interest among vaccine policy-makers and
- > researchers and failure of DHHS to publish vaccine information for
- > consumers as required by law.

>

>

>

- > [Image] FDA/VAERS VACCINE LOT NUMBERS: \$25

>

- > A listing of over 1400 vaccine lot numbers from July 1990 to present
- > reported to the Food and Drug Administration and obtained through
- > Freedom of Information. (Featured on a 1994, "NBC NOW Show") Contains
- > over 13,000 reports of events following DPT vaccination. Check the lot
- > number your child might receive prior to vaccinating. The \$8 DPT
- > vaccine packet from above is included.

>

>

>

- > [Image] AUTISM-VACCINATION PACKET: \$15

>

- > A compilation of articles and information on the immune system,
- > vaccination and autism featuring the story of a child who became
- > autistic after the MMR vaccine and the therapies used to help repair
- > his immune and neurological dysfunction.

>

>

>

- > [Image] THE POLIO VACCINE CONTAMINATION INFORMATION PACKET: \$16

>

- > This 80-page information packet on the contamination of polio vaccines
- > with simian (monkey) viruses gives an eye-opening look at what went
- > wrong with the mass vaccination campaigns in the 1950's and early
- > 1960's, when more than 98 million Americans were exposed to monkey
- > viruses contaminating many lots of poliovirus vaccines. Learn why
- > scientists are now culturing out SV-40 (the 40th simian virus known to
- > have contaminated the vaccines) from the tumors of adults and children
- > suffering from bone, brain and lung cancers and why other researchers
- > are linking contaminated vaccines with immune and neurological
- > dysfunction. Find out what NVIC is doing about it. Contains a map of
- > states which received the most contaminated vaccines. Published 1997.

>

>

>

> Publications Total: \$ \_\_\_\_\_

>

> -----

>

>

BOOKS

>

> Our information can help you protect the lives of those you love

>

> Our work to reform the mass vaccination system

>

> will make it safer for all Americans.

>

> -----

>

> [Image] A SHOT IN THE DARK: \$10.95

>

> (Avery Publishing, 1991) by Harris Coulter and Barbara Loe Fisher.

> This historic book, first published in 1985, was the first to tell the

> shocking story behind the mass vaccination controversy. Balances

> easily understood medical information and original research with

> dramatic profiles of vaccine victims. (246 PAGES)

>

> -----

>

> [Image] WHAT EVERY PARENT SHOULD KNOW ABOUT CHILDHOOD IMMUNIZATION:  
> \$13.95

>

> (Earth Healing Products) by Jamie Murphy reviews information on

> childhood vaccines, examines the effect of vaccines on the immune

> system. (190 PAGES)

>

> -----

>

> [Image] VACCINATION SOCIAL VIOLENCE AND CRIMINALITY, THE ASSAULT ON  
> THE AMERICAN BRAIN: \$14.95

>

> (North Atlantic Books) by Harris Coulter explores the link between

> vaccines and autism, hyperactivity and auto-immune diseases. (300

> PAGES)

>

> -----

>

> [Image] VACCINES: ARE THEY REALLY SAFE AND EFFECTIVE?: \$7.95

>

> (New Atlantean Press) by Neil Miller questions the safety, efficacy

> and long-term effects of childhood vaccines. (78 PAGES)

>

> -----

>

> [Image] IMMUNIZATION: THE REALITY BEHIND THE MYTH: \$17.95

>

> (Greenwood Press) by Walene James is a critique of vaccines, the germ

> theory, medical and legal harassment. Includes the account of the

> court battle to not have her grandson vaccinated. (218 PAGES)

>

> -----

>

> [Image] WHAT ABOUT IMMUNIZATIONS? EXPOSING THE VACCINE PHILOSOPHY:  
> \$12.95

>



> (Greenwood Press) (Nelson's Books) by Cynthia Cournoyer is a parent's  
> guide to the vaccination decision. Chapters on all the vaccines and  
> diseases with a philosophical discussion of the pros and cons for  
> parents. (213 PAGES)  
>  
> -----  
>  
> [Image] THE VACCINE GUIDE: MAKING AN INFORMED CHOICE: \$14.95  
>  
> by Randall Neustaedter, OMD, LAc describes the risks of not getting  
> vaccinated as well as the risks of getting vaccinated. The  
> controversies surrounding vaccines have not been adequately  
> publicized. This information about vaccines has been suppressed and  
> hidden from the public and even to much of the medical profession. The  
> evidence contained in this book, gleaned from the peer-reviewed  
> medical literature, is powerful and persuasive. (260 pages)  
>  
> -----  
>  
> [Image] VACCINATION: THE MEDICAL ASSAULT ON THE IMMUNE SYSTEM:  
> \$26.00  
>  
> (Australian Print Group) by Dr. Viera Scheibner, a research scientist  
> studying infant death, reviewed over 30,000 pages of vaccine research  
> that led her to conclude that vaccines are dangerous and should be  
> stopped. (264 PAGES)  
>  
> -----  
>  
> [Image] EMERGING VIRUSES, AIDS & EBOLA - Nature, Accident or  
> Intentional? \$29.95  
>  
> (Tetrahedron, 1996) by Leonard Horowitz, D.D.S., M.P.H. which takes a  
> critical and well documented look at the politics of the  
> military-industrial-medical establishment and explores the theory that  
> vaccines played a role in AIDS, ebola and other deadly emerging  
> viruses.  
>  
> -----  
>  
> [Image] THE MEDICAL MAFIA: \$14.95  
>  
> (Here's The Key, Inc., 1995) by Guylaine Lanctot, M.D., the Canadian  
> doctor whose medical license is being suspended by the Quebec College  
> of Physicians because she expressed ideas in this book that are  
> "derogatory to the honor and dignity of the medical profession,  
> "specifically criticizing vaccines. Outlining her personal philosophy  
> about life and the interaction between the mind, body, soul and  
> health, this is an unorthodox analysis of defects in the allopathic  
> medical model, including mass vaccination.  
>  
> -----  
>  
> NOTE TO READERS: The National Vaccine Information Center carries a  
> select number of books on vaccination that give the consumer an  
> overview of the vaccine safety debate and controversy. NVIC does not  
> endorse the authors' views or the accuracy of the facts contained in  
> their books.  
>  
> Books Total: \$ \_\_\_\_\_

VIDEO/AUDIO TAPES & OTHER PRODUCTS

[Image] VACCINES: THE OTHER SIDE OF THE STORY \$19.95

> A 30-minute video written and produced by NVIC presents factual  
> information about vaccines and features vaccine injured children and  
> their parents. Describes the risks associated with mandatory  
> vaccination, emphasizes the need for parents to become fully informed  
> in order to make a vaccination decision. A useful tool for doctors who  
> want to background their patients about vaccines in the office setting  
> or parents who want a quick primer about vaccines.

[Image] A SPEECH BY BARBARA LOE FISHER \$35 Donation

> A one hour presentation by the co-founder and president of NVIC and  
> the author of A Shot in the Dark, reflects on her 14-year history as a  
> leader in the vaccine safety movement, discusses oppressive mandatory  
> vaccination policies in the U.S., presents a vision of the future and  
> issues a call to action to win the right for citizens to make  
> informed, independent vaccination decisions. (Available on audio, see  
> below)

[Image] AUDIO TAPE -BARBARA LOE FISHER \$13 "THE POLITICS OF  
VACCINATION"

> A moving one hour presentation by the author of A Shot in the Dark,  
> discusses her personal experiences with vaccine reactions and  
> pertussis disease, her mission to have the American public know the  
> truth about vaccine injuries and deaths and win the right to make  
> informed, independent vaccination decisions. (Available on video, see  
> above).

[Image] BUMPER STICKERS: \$2 Each Red on white vinyl

\* \_\_\_NO Forced Vaccination. Not in America

\_\_\_Vaccine Roulette: Are the odds against your child?

[Image] POSTER: \$5 Donation

> 11 X 14 white with black lettering: WHAT YOU DON'T KNOW ABOUT VACCINES  
> COULD HURT YOUR CHILD. Photo of child, Routine vaccinations are not  
> always safe and effective. Become involved in vaccination decisions  
> for your child. When it happens to your child the risks are 100%. Call  
> 1-800-909-SHOT with NVIC address.



>  
> [Image] TEE SHIRTS: \$20  
>  
> Black with white lettering: VACCINES: What you don't know could hurt  
> your child. Learn More. 1-800-909-SHOT. Available in large only. 100%  
> cotton.

> -----  
>  
> [Image] NATIONAL VACCINE PLAN: \$35 Donation  
>  
> The U.S. government blueprint of how mandatory mass vaccination,  
> universal vaccine purchase and tracking of children's vaccination  
> status will work. Published by the National Vaccine Advisory  
> Committee, the plan includes national vaccination goals, objectives  
> and strategies. (108 PAGES) The donation helps defray copying and  
> postage costs.

> -----  
>  
> Video/Audio/Other Items Total: \$ \_\_\_\_\_

> Subtotal: \_\_\_\_\_

> VA Res add 4.5% sales tax \_\_\_\_\_

> Ship/Hand add 10% or \$4.50 minimum \_\_\_\_\_

> (s/h will only be charged on books)

> Add \$5 for orders outside USA

> TOTAL ORDER: \$ \_\_\_\_\_

> Make checks payable to NVIC

> -----  
>  
> | Kids | Questions | History | HotLots | Membership |  
> | Newsletter | Publications | Polio Vaccine | Autism & Vaccines |  
> Vaccine Reaction | Links |

> -----  
>  
> [Image] NVIC Home  
> ©Copyright 1996-97 National Vaccine Information Center  
> 512 W. Maple Ave., Suite 206, Vienna, VA 22180  
> (703) 938-DPT3 FAX: 938-5768  
> 1-800-909-SHOT  
> email: info@909shot.com  
> -----

> [Image] This site designed and hosted by InfoVision, Inc.  
> <http://www.909shot.com/pubs.htm>

--  
\*\*\*\*\*  
Karin Schumacher  
Vaccine Information & Awareness (VIA)

792 Pineview Drive  
San Jose, CA 95117  
408-448-6658 (phone/fax)  
408-397-4192 (voice mail/pager)  
via@ihot.com (email)  
<http://www.909shot.com> (NVIC website)  
<http://www.ihot.com/~via> (VIA website)  
\*\*\*\*\*  
We Must Have The Freedom To Choose &  
Respect Everyone's Choice  
\*\*\*\*\*

**Subject: NVIC REACTION REPORT CAPABILITY**

**Date:** Wed, 05 Feb 1997 13:44:44 +0600

**From:** Karin Schumacher <via@ihot.com>

**To:** Karin Schumacher <via@ihot.com>

KWNVIC@aol.com wrote:

>  
> NVIC has developed an extensive questionnaire for individuals to report a  
> health problem following vaccination. We are currently looking for funding  
> (or volunteers) to create a program to enter the data and analyze it into a  
> useable form. We want old and new including chronic and autoimmune problems.  
> The form on the Internet is not the questionnaire but a blank form for  
> someone to describe in detail or a quick overview the problems experienced.  
> Thanks for passing it along. We have also updated the website, our current  
> issue of THE VACCINE REACTION is available. Check it out.  
> <http://www.909shot.com>  
> Kathi Williams  
>  
> In a message dated 97-02-04 15:54:37 EST, you write:  
>  
> << Subj: Re: NVIC REACTION REPORT CAPABILITY  
> Date: 97-02-04 15:54:37 EST  
> From: via@ihot.com (Karin Schumacher)  
> To: ARmidwife2@aol.com  
> CC: kwnvic@aol.com (kathiwilliams)  
>  
> ARmidwife2@aol.com wrote:  
> >  
> > Does this have to be a current reaction or a reaction in the past?  
> > deb  
> > -----  
> > Forwarded message:  
> > From: mandee@worldnet.att.net (Karin Schumacher)  
> > To: ARmidwife2@aol.com  
> > Date: 97-02-04 01:24:41 EST  
> >  
> > just a note to the group. if anyone has or has a child whose child has  
> > suffered a reaction to the vaccine or thinks they may have a  
> > vaccine-related illness can now report this reaction directly to NVIC at  
> > <http://www.909shot.com/reaction.html>  
> > my daughter had a reaction in 1991 and i sent it in. i think we are  
> > looking for quantity. just make sure you put the date on the form.  
> >>



\*\*\*\*\*  
Karin Schumacher  
Vaccine Information & Awareness (VIA)  
792 Pineview Drive  
San Jose, CA 95117  
408-448-6658 (phone/fax)  
408-397-4192 (voice mail/pager)  
via@ihot.com (email)  
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<http://www.ihot.com/~via> (VIA website)  
\*\*\*\*\*  
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\*\*\*\*\*

---

**Subject: PARENTAL REFERRAL**

**Date:** Sun, 12 Jan 1997 19:53:29 -0800

**From:** Karin Schumacher <via@ihot.com>

**To:** Karin Schumacher <via@ihot.com>

Dear Parent:

Thanks for your note and your offer to help. I understand your fear because I too am afraid. My kids also not fully vaccinated. I refuse to answer personal questions about my children's vaccination status as I say it is an individual decision and it is personal. Perhaps you would like to work with some other parents in your area who contact us. If you like we can refer them to you. Let me know if you want to do this as I will send you a form to fill out so our office staff can make a parental referral to you. I'll send you our general information too. There is a support list for non-vaccinators on the internet. You can write to Deb Phillips at ARMidwife@aol.com I hope you will consider joining NVIC and subscribing to our newsletter, THE VACCINE REACTION so you can stay up to date. If you are a member and subscribe to the newsletter you will also be able to join the Vaccine Information & Awareness mailing list that sends out 10-15 posts/week that inform you about the dangers and risks of vaccines and the diseases.

Thanks in advance for your support.

Kathi Williams, Director NVIC  
KWNVIC@aol.com

---

**Subject: PERSONAL VACCINE DECISION**

**Date:** Thu, 12 Mar 1998 00:49:08 -0800

**From:** via@access1.net (via)

**Organization:** vaccine information and awareness

**To:** harrej@sirius.com, via <via@access1.net>

Karin Schumacher wrote:

MY DECISION TO HALT IMMUNIZATIONS/VACCINES/INNOCULATIONS

After everything I have learned and researched about diseases and vaccines generally and observed in my daughter specifically, I am quite confident and adamantly opposed to vaccines. In addition, the power of the media and medical industries, the danger and risk of the "Vaccine Preventable Diseases is really overblown. Even if my daughter does get the diseases as I will delineate below this is my risk assessment for me and my daughter.

POLIO--Arianna was vaccinated for all but her 18 month booster and she was in Bangladesh as a 2.5year old(an endemic polio country, in the village no less). In addition, what the powers that be don't normally inform the public is that only 10% of all polio cases are in fact paralytic polio and of those paralytic (don't quote me on the statistic) many, many fully recover. This in no way demeans or discredits those afflicted with polio but based on these facts, I am more comfortable with the minuscule risk of the disease.

DPT-Again Arianna had the entire first year's rounds of required immunizations so she had 3 full hits of this vaccine, to which she reacted severely to her 2nd set. I informed the doctor and was pedantically told this was normal and expected. In addition, she is well over the danger age of pertussis (whooping cough, most dangerous in the under 1 year olds.) Diphtheria is treatable with antibiotics and tetanus is clearly not a concern with city slickers.

MMR-Arianna's final shot was the MMR at 2 weeks shy of her first birthday. I don't remember a reaction but am thankful she nursed for 3 years which I feel has had a tremendous positive influence on her immune system. I absolutely fear none of these diseases for my daughter. In fact I would rather she acquire natural immunity because now her daughter will suffer as no longer will she have the antibodies to pass onto her children, female in particular. In addition, before the MMR vaccine became widely used, medical textbooks called them benign, self-limiting diseases. Also the better medical access available to her is factored in. Many, many of those who suffer badly from these diseases as with all other "vaccine preventable" diseases have nutritional, medical, socio-economic and other strikes against them. Arianna has none of these disadvantages.

HIB-The danger of Meningitis for Arianna has also been significantly diminished due to her age, breastfed benefits, good nutrition benefits. Although she also had her 3 sets of the HIB vaccines before she was 1.

HEPATITIS B-She was not required to take this as this has only become recently mandated in many states. Just for a little background on this one. This is an R&D nightmare. They couldn't justify all the R&D capital outlay without a long term profit in sight. So they have slowly (remember the story of the frog in boiling water vs. the frog in cold water that slowly gets warmed up) made it mandatory for everyone and anyone. There is no risk and someone very eloquently put it on a recent post. "If my daughter is promiscuous and needle injecting in pre-teen and teen years, I have a hell of a lot more to worry about than the hep B vaccine.

CHICKENPOX-This is another logistical, marketing strategy that is financially motivated by those who don't want the hassle of having to care for a child who is home sick for a week. This was another (before the advent of the vaccine) self-limiting, benign disease.

I am neither omniscient nor arrogant enough to claim I have all the



answers or to say I have never questioned my decision, but since my daughter's care and health is primarily up to me and I have done more research than many pediatric and infectious disease physicians out there, I am confident of my decision I have made.

\*\*\*\*\*

Karin Schumacher  
Vaccine Information & Awareness (VIA)  
12799 La Tortola  
San Diego, CA 92129  
619-484-3197 (phone/voicemail)  
619-484-1187 (fax)  
via@access1.net (email)  
<http://www.909shot.com> (NVIC website)  
<http://www.access1.net/via> (VIA website)

\*\*\*\*\*

We Must Have The Freedom To Choose &  
Respect Everyone's Choice

\*\*\*\*\*

Any information obtained here is not to be construed as  
medical OR legal advice. The decision to vaccinate and how  
you implement that decision is yours and yours alone.

\*\*\*\*\*

[Fwd: HOW TO START GRASS ROOTS ORGANIZATION]

**Subject:** [Fwd: HOW TO START GRASS ROOTS ORGANIZATION]  
**Date:** Fri, 07 May 1999 15:29:30 -0700  
**From:** karin schumacher <via@access1.net>  
**Organization:** vaccine information and awareness  
**To:** "sochara@blr.vsnl.net.in" <sochara@blr.vsnl.net.in>

\*\*\*\*\*  
Karin Schumacher  
Vaccine Information & Awareness (VIA)  
12799 La Tortola  
San Diego, CA 92129  
619-484-3197 (phone/voicemail)  
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implement that decision is yours and yours alone.  
\*\*\*\*\*

**Subject:** HOW TO START GRASS ROOTS ORGANIZATION  
**From:** karin schumacher <mandee@worldnet.att.net>  
**To:** VIA

How To Start A Grass Roots Organization  
Karin Schumacher

How does one start a grass roots organization? I first became interested and involved aft  
I think the most motivating factor in this campaign, has been to follow through with the c  
Be prepared to spend money out of pocket and to expect that people think you are on an unl

Radio

Call and press them to do a talk show on vaccinations. Get them to bring on experts on va

Legislature

If you need a philosophical exemption in your state, lobby at the state level, by contacti  
pursue my agenda without the knowledge of what or what won't work.

Television

Contact reporters at local TV stations and ask them to investigate claims made by experts  
vaccine pieces. If there is enough interest, they may do a another piece on the subject.

Public Health Department

Ask to be a source for people who have questions about vaccinations. I had a social worke

Cable Television

The local Cable stations have public forum opportunities for the general public to do show

*referred*  
10/5/99  
358



#### Newsletter

Start a monthly, bi monthly, quarterly newsletter to send to interested parties, Chiroprac

#### Press/Media

Write articles for the local news, write Letters to the Editor, write pieces for Public Fo  
opinion. I called the publisher after a very biased piece on pro-immunization came out in  
article would be more objective and that I would be contacted for information. Also cons

#### Magazines

Write articles or letters for Mothering, McCall's, Ladies Home Journal, Newsweek, Time, US

#### ACLU

Get the local and national ACLU on your bandwagon. I joined and spoke at one of their mon

#### Speeches

Speak at Parent's Groups, La Leche League, PTA (now that is courageous!!), homeschoolers,  
is more open.

#### Advertising

While more expensive, paid advertising may reach a wider audience. This again can be nati

#### Flyers

These are a good source to get the word out about meetings, issues and gatherings of your

#### Meeting Room

The public library should have a free meeting room that can be booked a year in advance, u  
people remember it and it doesn't change.

#### Letters

In addition to the press you can write to celebrities that you know or have heard might be

#### Prime Time

Write letters encouraging vaccination pieces and experts who would speak on these issues.  
in your area.

#### Day Time

Write letters encouraging vaccination pieces and experts who would speak on these issues.

#### Other Groups/People

It has been said politics make strange bedfellows. This holds true where vaccinations are

---

**Subject: MATERNAL MMR**

**Date:** Sat, 30 Jan 1999 10:08:37 -0800

**From:** karin schumacher <via@access1.net>

**Organization:** vaccine information and awareness

**To:** via@access1.net, AuntMares@aol.com

yes, others have had problems with the vaccine given to the mom which  
may trigger a response and then the toddler is set over the edge once  
he/she gets his mmr shot. you can obtain at the following addresses:

an autism packet

<http://www.909shot.com/autismto.htm>

info on autism

<http://www.access1.net/via/Disease/autism.htm>

report a reaction (NVIC) <http://www.909shot.com/reaction.htm>  
report a reaction (VAERS) <http://www.fda.gov/cber/vaers.html>

\*\*\*\*\*  
Karin Schumacher  
Vaccine Information & Awareness (VIA)  
12799 La Tortola  
San Diego, CA 92129  
619-484-3197 (phone/voicemail)  
619-484-1137 (fax)  
via@access1.net (email)  
<http://www.909shot.com> (NVIC website)  
<http://www.access1.net/via> (VIA website)  
\*\*\*\*\*

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**Subject: LIVE VACCINES**

**Date:** Thu, 18 Feb 1999 09:06:05 -0800

**From:** karin schumacher <via@access1.net>

**Organization:** vaccine information and awareness

**To:** Libby Simmons <simmons@si-net.com>, via <via@access1.net>

according to the book: "vaccines" by plotkin and mortimer, 1994

live vaccines originated when jenner invented the small pox vaccine in  
the 1700's  
sabin live polio vaccine began in 1958  
mmr vaccine was licensed for use in 1971  
chickenpox vaccine was licensed for use in 1995

> Libby Simmons wrote:

>

> Could you tell me when they started to give children the "live  
> viruses" Vaccines...I am particularly interested in the MMR but I  
> would like a list of all vaccines if that is possible. Dates and years  
> would be very much appreciated. Thank you for you time.

>

> Libby (Mom of Kelsey 7)

> A mom on a mission

> In Indiana <mailto:simmons@si-net.com>

> To see a picture of Kelsey visit my website at

> <http://members.tripod.com/~cluless2/index.html>

> The best Homeschooling Autism website anywhere

> <http://paulbunyan.net/users/shannon/autism.htm>

--

\*\*\*\*\*  
Karin Schumacher



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619-484-1187 (fax)

via@access1.net (email)

<http://www.909shot.com> (NVIC website)

<http://www.access1.net/via> (VIA website)

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**Subject: LIVE VACCINE RISK TO UNVACCINATED CHILD**

**Date:** Mon, 18 Jan 1999 12:37:26 -0800

**From:** karin schumacher <via@access1.net>

**Organization:** vaccine information and awareness

**To:** SequoiaMin@aol.com, via <via@access1.net>

there are nearly 4 million/year doses of the oral polio vaccine given  
and approximately 8-10 cases of vaccine induced polio mostly to those  
whose immune system is compromised. theoretically, any live vaccine can  
be shed and then infect an unvaccinated child. the same could happen  
with mmr and chickenpox but with less debilitating reactions. however,  
that is the risk assessment you must make.

hope this helps.

p.s. THE LIVE VACCINES ARE

MMR (MUMPS/MEASLES/RUBELLA)

VARICELLA (CHICKENPOX)

OPV (ORAL POLIO VACCINE)

> \*\*\*\*\*

> Karin Schumacher

> Vaccine Information & Awareness (VIA)

> 12799 La Tortola

> San Diego, CA 92129

> 619-484-3197 (phone/voicemail)

> 619-484-1187 (fax)

> via@access1.net (email)

> <http://www.909shot.com> (NVIC website)

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Subject: IMMUNIZATION TRACKING SYSTEM 5/13/98 TESTIMONY

Date: Thu, 24 Dec 1998 12:21:41 -0800

From: karin schumacher <via@access1.net>

Organization: vaccine information and awareness

To: via@access1.net

Testimony Barbara Loe Fisher gave to Congress on May 13, 1998

1. access the nvic website
2. go to the IMMUNIZATION REGISTRY: AN URGENT MESSAGE
3. ACCESS BARBARA LOE FISHER'S TESTIMONY:  
Immunization Registries Workgroup on Privacy and  
Confidentiality

> \*\*\*\*\*  
> Karin Schumacher  
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[Fwd: AUTISM]

Subject: [Fwd: AUTISM]  
Date: Fri, 07 May 1999 15:28:57 -0700  
From: karin schumacher <via@access1.net>  
Organization: vaccine information and awareness  
To: "sochara@blr.vsnl.net.in" <sochara@blr.vsnl.net.in>

\*\*\*\*\*  
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Subject: AUTISM  
Date: Fri, 20 Dec 1996 09:47:21 -0800  
From: Karin Schumacher <mandee@worldnet.att.net>  
To: Karin Schumacher <via@ihot.com>

Dear Parent,

Thank you for contacting the National Vaccine Information Center (NVIC), a national non-profit educational organization dedicated to preventing vaccine injuries and deaths through public education. We are sorry to learn of the problems your child is experiencing and hope that the information we have available may help you learn whether or not the problems are related to a vaccine reaction.

Cindy Goldenberg, who recently appeared on television describing her son's recovery from autism, has worked with NVIC to develop a packet of materials to help you learn more about the steps she took to help her child. This packet is available for a \$15 donation to the NVIC.

There are several ways to order the packet. It is available at our web site at <http://www.909shot.com> or you can call 1-800-909SHOT to order with a Visa or Mastercard. If you do not have a credit card or wish to pay by check, you may write to us at NVIC, 512 W. Maple Avenue, #206, Vienna, VA 22180. Our fax number is (703) 938-5768.

The National Vaccine Information Center is a small non-profit and Mrs. Goldenberg volunteers to help. Due to the increased level of interest in this topic, we do not have the staff or volunteers to speak to each family individually. For this we apologize, but feel that the packet is comprehensive and will help provide the information you need.

*schumacher*  
*10/5/99*  
*358*



Thank you for your interest.

Kathi Williams  
Co-Founder & Director  
National Vaccine Information Center

\*\*\*\*\*  
Karin Schumacher  
Vaccine Information & Awareness (VIA)  
792 Pineview Drive  
San Jose, CA 95117  
408-397-4192 (voice mail/pager)  
408-554-9053 (phone/fax)  
via@ihot.com (email)  
<http://www.ihot.com/~via> (website)  
\*\*\*\*\*  
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**Subject: DPT AND AUTISM**

**Date:** Thu, 24 Dec 1998 12:25:03 -0800

**From:** karin schumacher <via@access1.net>

**Organization:** vaccine information and awareness

**To:** via <via@access1.net>

Many children in the US who have reacted to vaccines and continue to suffer with autism spectrum disorder. We are working with several doctors regarding autism and vaccination. We have recently started working with a biochemist, Dr. Patricia Kane of New Jersey. She analyzes blood from the child through a complete blood count (CBC) and makes nutritional recommendations. It is fascinating and she is having great success.

She also works on the long chain fats through supplements. Her information is included in a packet we have assembled on autism and vaccination. The packet can be ordered from our web site or by calling or writing to us. The charge is \$15 US.

> Kathi Williams, director  
> National Vaccine Information Center (NVIC)  
> 512 w. Maple Ave. #206  
> Vienna, VA 22180  
> (703) 938-0342  
> <http://www.909shot.com>

\*\*\*\*\*  
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<http://www.909shot.com> (NVIC website)

<http://www.access1.net/via> (VIA website)

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**Subject: HEP B VACCINE INJURED SUPPORT GROUP FORMING**

**Date: Tue, 13 Apr 1999 21:25:34 -0700**

**From: karin schumacher <via@access1.net>**

**Reply-To: Vaccine Injured Health Care Professionals <HepBInjured@earthlink.net>**

**Organization: vaccine information and awareness**

**To: via <via@access1.net>**

Vaccine Injured Health Care Professionals wrote:

>  
> Dear fellow Vaccine Victim,  
>  
> The purpose of this letter is to inform you of an online support group  
> founded specifically for health care professionals and other adults who  
> believe they have sustained an injury by the Hepatitis B Vaccine.  
>  
> Over the past year I have become aware of the need for support in our  
> community. I've been contacted by many who have seen my posts in Health  
> Care Forums - folks reaching out, wanting answers to their questions,  
> both medical and legal. There are online support groups for parents of  
> injured children but I don't know of any for OUR specific needs. There  
> is a real need for wider resources available as people contact us and a  
> central place for us who have met to connect and disseminate  
> information. Some of us have just started this journey - both medical  
> and legal and are looking for answers, while still others have been  
> symptomatic for years, have been in the legal system (either Worker's  
> Compensation, Government Claim or suits against the vaccine  
> manufacturers) or are currently initiating legal action.  
>  
> If you are interested in joining this group, simply reply to this email  
> with the subject heading "SUBSCRIBE". In the body of the letter,  
> please send your full name, address and telephone number along with a  
> synopsis of why you are interested in this group and any other  
> information you feel comfortable providing, such as onset and type of  
> symptoms and any legal action taken.  
>  
> I will be keeping this list of members' names and personal information  
> and will not give this out unless personally approved by the member. I  
> believe we need this safeguard to our privacy and to ensure that those  
> joining are, indeed, who they say they are. I won't ask anyone to join  
> until I feel comfortable with him or her or if they are a valid referral  
> from a current member.  
>  
> I'm hoping to hear from you soon. I know your input will be a valuable  
> asset to this group and together we can help one another and others.  
>



> Sincerely,  
>  
> Mona Porter  
> HepBinjured@earthlink.net  
>  
> <http://home.earthlink.net/~hepbinjured/>  
>  
> Or write to:  
>  
> Vaccine Injured Health Care Professionals  
> P.O. Box 403  
> Verdugo City, CA 91046-0403

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\*\*\*\*\*  
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**Subject: HEP B VACCINE LINKED TO AUTOIMMUNE RHEUMATOID DISEASES**

**Date:** Tue, 10 Nov 1998 09:01:47 -0800

**From:** karin schumacher <via@access1.net>

**Organization:** vaccine information and awareness

**To:** via <via@access1.net>

Classen Immunotherapies: Hepatitis B Vaccine Linked to Autoimmune  
Rheumatoid Diseases

The following release was issued today from Classen Immunotherapies:

Data from France released at the 62nd Annual Meeting of the American College of Rheumatology, held November 8-12, 1998, in San Diego, California links immunization against hepatitis B to the development of autoimmune rheumatoid diseases such as lupus and rheumatoid arthritis. The rise of autoimmunity following hepatitis B immunization in school children and adults has become a major public health concern. In October, the Ministry of Health in France suspended routine hepatitis B immunization of school children while continuing hepatitis B immunization at birth. The reason for this decision was reportedly the increased risk of autoimmune diseases that has been associated with the vaccine when it is given starting at school age or later.

The data from France links hepatitis B immunization to both the development of newly diagnosed cases of autoimmune rheumatoid diseases as well as the exacerbation of previously diagnosed cases that were in remission. This finding is supported by data from Canada published in September which linked immunization against hepatitis B to the development of autoimmune rheumatoid diseases in firefighters.

John B. Classen, M.D. an immunologist at Classen Immunotherapies published papers linking the immunization against hepatitis B and other diseases to the development of insulin dependent diabetes, an autoimmune disease. Dr. Classen's work found that immunization starting after 2 months of life was associated with an increased risk of autoimmunity compared to starting at birth. Data from a small study published by the US government appears to support his data and showed that when hepatitis B immunization was given starting after 2 months of life it was associated with an almost doubling of the risk of diabetes.

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

"The French decision to continue hepatitis B immunization at birth while discontinuing immunization starting at school age suggests the French Ministry of Health may believe that they can decrease vaccine induced autoimmunity by giving vaccines starting in the first month of life. They appear to be accepting our findings" adds Classen.

Dr. Classen's research has been published in numerous journals and featured in national news reports. For the latest information on the effects of vaccines on insulin dependent diabetes and other autoimmune diseases visit the Vaccine Safety Website (<http://vaccines.net>).

\*\*\*\*\*

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<http://www.909shot.com> (NVIC website)  
<http://www.access1.net/via> (VIA website)

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**Subject: HEPATITIS B RESPONSE TO 20/20 SHOW**

**Date:** Wed, 05 May 1999 22:59:46 -0700

**From:** karin schumacher <via@access1.net>

**Organization:** vaccine information and awareness

**To:** karin schumacher <via@access1.net>

Content-Type: text/plain; charset=us-ascii

Content-Transfer-Encoding: 7bit

> > Thank you for your interest in the Hepatitis B Vaccine. Because of the  
> > tremendous response to the 20/20 show on Hepatitis B, the following  
> > email will hopefully answer the main concerns of those who wrote and  
> > provide more information in a timely fashion. Please understand that  
> > all your specific questions may not be answered but hopefully most of  
> > them will be.

> >

> > ABC HEP B 20/20 PIECE AND FEEDBACK ADDRESS

> > <http://abcnews.go.com/sections/living/DailyNews/hepb2020.html>

> > <http://abcnews.go.com/onair/email.html>

> >

> > NEWBORN IMMUNIZATION

> > There is no national mandate for a 1 day old infant to be immunized for  
> > the hepatitis B vaccine, however, it is usually hospital policy. if you  
> > don't want your child immunized in the hospital, you must state those  
> > wishes preferably in writing before the child is born and you must stay  
> > on top of them in the hospital. Otherwise they may take the newborn and  
> > immunize him/her regardless of your wishes. it is unfortunate but true  
> > that because they believe they are doing the right thing, they don't  
> > question that some might not want their child immunized as a newborn.  
> > this is why you must be a watchdog to ensure that your wishes are  
> > respected.

> >

> > STOPPING IN THE MIDDLE OF HEPATITIS B SERIES

> > If your child has not had the full series of the hep b vaccine, there is  
> > a theoretical risk (according to the medical community) that he/she may  
> > not be fully protected. However, the assessment you must make for you  
> > and your child is if he/she is in the 5% at risk population. Moreover,  
> > of those 5% who contract Hepatitis B, fully 95% recover. The following  
> > website address provides more indepth information.

> >

> > <http://www.909shot.com/hepatitisb.htm> (NVIC PAGE ON HEPATITIS B)

> > <http://www.909shot.com/reaction.htm> (NVIC PAGE IF YOU OR YOUR CHILD HAD  
> > A REACTION)

> > <http://www.access1.net/via/DISEASE/hepatiti.htm> (VIA PAGE ON HEP B  
> > LINKS)

> > <http://www.attorneyaccess.net> (HEPATITIS B INFORMATION)

> >

> > STATE IMMUNIZATION REQUIREMENTS

> > The immunization requirements differ from state to state so it depends  
> > upon which state you live in. All 50 states have a medical exemption,  
> > 46 states have a religious exemption and 17 states have a philosophical  
> > exemption. Unfortunately while 36 states have mandated this vaccine,  
> > most have failed to inform people of the exemptions. The following  
> > website address will provide more information. Bear in mind however  
> > this project is a work in progress and not all states may be posted  
> > yet. If you state does not have the immunization requirements posted,  
> > contact your public health department for the state law on hepatitis b  
> > requirements along with the exemption information or you can contact

> > your local legislative representative for the law and tell them how you  
> > feel about the hepatitis b vaccine mandate.  
> >  
> > <http://www.access1.net/via/STATES/allstates.htm> (VIA PAGE ON STATE  
> > INFORMATION)  
> > <http://lawlib.wuacc.edu/washlaw/uslaw/statelaw.html> (WEBSITE TO FIND  
> > STATE VACCINE LAWS)  
> >  
> > QUESTION AND RESEARCH  
> > Also please research both sides of the controversy and take no one's  
> > complete word, you must do the research on what is out there and ask the  
> > tough questions of the experts. The main question regarding the public  
> > health policy that is attempting to blow out a candle with a cannon. Why  
> > if there is such a small risk is the entire childhood population being  
> > targeted? See if any mention of the at risk population target was  
> > unsuccessful and that is why they decided to target the kids since there  
> > is the school leverage. Write and ask Merck for the vaccine package  
> > insert. Smith Kline Beecham has the package insert on their website.  
> >  
> > <http://www2.hepb.org/hepb/> (HEPATITIS B FOUNDATION)  
> > <http://www.immunize.org/> (IMMUNIZATION ACTION COALITION)  
> > <http://www.merck.com> (MERCK: HEP B VACCINE MANUFACTURER)  
> > <http://www.sb.com/> (SMITH-KLINE BEECHAM: HEP B VACCINE MANUFACTURER)  
> > <http://www.cdc.gov/nip/vacsafe/fs/qhepb.htm> (CDC ANSWERS HEP B QUESTIONS)  
> > <http://www.cdc.gov/nip/publications/VIS/default.htm> (HEP B VACCINE INFO SHEET)  
> >  
> > BECOME A MEMBER OF NATIONAL VACCINE INFORMATION CENTER  
> > Please become a member of the National Vaccine Information Center who  
> > has been working for the right of a parent to a fully informed vaccine  
> > decision since 1982. Becoming a member will help ensure that your  
> > rights are better protected.  
> >  
> > <http://www.909shot.com/order.htm> (NVIC MEMBERSHIP INFORMATION)  
> >  
> > Thank you again for your interest and good luck on your search and  
> > decision.

\*\*\*\*\*

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**Subject: HEPATITIS B VACCINE**

**Date: Mon, 30 Dec 1996 08:17:45 -0800**

**From: Karin Schumacher <via@ihot.com>**

**To: rickp@ramlink.net, Karin Schumacher <via@ihot.com>**

Bart Classen wrote:

The Baltimore Sun today, Monday December 30th had an article discussing vaccines as a cause of Gulf War Syndrome. The article mentions an immunologist by the name of Dr. Pam Asa in Memphis Tennessee who reportedly believes many of the gulf war veterans developed lupus from the vaccines they received. This would be consistent with my own research on vaccines and autoimmunity, particularly insulin dependent diabetes. The article was written by Jonathan Bor at the Baltimore Sun. You can also get information on the Hepatitis B vaccine by having the package insert sent to you or your doctor by the manufacturer, Merck or SmithKline Beecham. The same information is contained in the Physician's desk reference. The package inserts often list a number of autoimmune diseases associated with the vaccines but the information is almost useless since the risk is not quantified and is only based on follow up of 30 days or less.

Bart Classen, MD

Rick A. Presley wrote:

I think i have had a reaction to the Engerix B vaccine however i can't seem to get an answer from anyone i've been told my symptoms are due to the shot and then told from another there not. I don't know which one is right all I know is just after i recieved this vaccine booster i got sick and have not been the same this has been for a year now soon to be 2 in may. I was wondering if you have had any information on this vaccine and if it can cause Lupus type symptoms or Lupus its self. I'm only looking for comment I will not hold anyone to their opinion. Any info would be greatly appreciated.

Thank you

Robin--

\*\*\*\*\*  
Karin Schumacher  
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792 Pineview Drive  
San Jose, CA 95117  
408-397-4192 (voice mail/pager)  
408-554-9053 (phone/fax)  
via@ihot.com (email)  
<http://www.ihot.com/~via> (website)

\*\*\*\*\*  
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\*\*\*\*\*

JUST RECEIVED YOUR LETTER

Subject: JUST RECEIVED YOUR LETTER

Date: Fri, 07 May 1999 15:28:01 -0700

From: karin schumacher <via@access1.net>

Organization: vaccine information and awareness

To: sochara@blr.vsnl.net.in, "saisanji@giasdl01.vsnl.net.in" <saisanji@giasdl01.vsnl.net.in>

i will be happy to send you some information i have on the hep b. you can also search the via website for info on hep b and many other vaccines. in addition i will add you to the via mailing list. i will send information on that also. one other thing, there is a compatriot who is working diligently on this issue i have put their email on the return address so hopefully you two can connect.

good luck. look forward to hearing from you.

\*\*\*\*\*

Karin Schumacher

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<http://www.access1.net/via> (VIA website)

\*\*\*\*\*

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\*\*\*\*\*

for O to RRP/RN/ARS/DPT/RD/DCMF/DVUB

I had written to Karin in the USA & have rec'd this response

A. file in Hep B vaccine file

Ja

11/5/99

valerie  
10/5/99

(337)

DPT  
12/5/99



Subject: [Fwd: HEPATITIS B VACCINE QUESTIONS]

Date: Fri, 07 May 1999 15:29:15 -0700

From: karin schumacher <via@access1.net>

Organization: vaccine information and awareness

To: "sochara@blr.vsnl.net.in" <sochara@blr.vsnl.net.in>

--

\*\*\*\*\*  
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Subject: HEPATITIS B VACCINE QUESTIONS

Date: Thu, 19 Nov 1998 08:53:09 -0800

From: karin schumacher <via@access1.net>

Organization: vaccine information and awareness

To: "kking@rutherford.k12.nc.us" <kking@rutherford.k12.nc.us>

you pose an excellent question and one that should definitely be  
answered before you consider taking the shot. also there are a number  
of websites devoted to both pro and con information on hep b vaccine and  
disease available through a net search and/or  
<http://www.access1.net/via/DISEASE/hepatiti.htm>

i suggest you ask the people who are recommending/requiring the  
vaccine. they are the medical experts and should have any and all  
medical contraindications available to give you to make a risk  
assessment. also keep in mind that if you are taking shots and already  
have somewhat of an immuno-compromised system (due to significant  
allergies) that should also be taken into consideration. if the md does  
not agree, challenge that assessment. also talk to your own allergist  
to find out what he thinks about your system and the hep b vaccine and  
the risks associated with the disease itself.

hope this helps.

Kristi King wrote:

>

> I am a high school teacher in NC and our insurance is providing free  
> Hepatitis B vaccinations for us this year. However, we have been warned  
> that we are not to take the shots if we are allergic to anything in the  
> shot. I am allergic to several things and must get 2 allergy shots every  
> week. How do I know what is in the shot so I know if I should or should  
> not take it?  
>

*Kristi King*  
5/10/99  
356

> shot. I am allergic to several things and must get 2 allergy shots every  
> week. How do I know what is in the shot so I know if I should or should  
> not take it?  
>  
> Please advise.  
>  
> Kristi King  
> East Rutherford High School

\*\*\*\*\*  
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**Subject: HOW TO REPORT A REACTION TO NVIC**

Date: Tue, 04 Feb 1997 00:45:56 +0600

From: Karin Schumacher <via@ihot.com>

To: Karin Schumacher <via@ihot.com>

Dear Parent:

If you suspect that you or your child may have reacted to a vaccine or  
may have a vaccine related illness, please use click on our Reaction  
Form at:

<http://www.909shot.com/reaction.htm>

---

**Subject: HOT LOTS**

From: karin schumacher <mandee@worldnet.att.net>

To: jneidert@cannet.com

THE VACCINE ADVERSE EVENTS REPORTING SYSTEM (VAERS) AND SYSTEM (VAERS) AND "HOT LOTS"

NVIC/DPT has served as a consumer watchdog on the implementation of The National Vaccine I  
hospitalization, injury or death following vaccination to NVIC. Evaluating adverse event r

Upon further investigation when the VAERS computer data became available through the Freed



There currently are DFT lots on the market that have been associated with large numbers of

WHAT CAN I DO?

Become a member of the National Vaccine Information Center and a subscriber to THE VACCINE

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512 W. Maple Ave., Suite 206, Vienna, VA 22180

(703) 938-DPT3 FAX: 938-5768

---

**Subject: HEPATITIS B: THE VACCINE AND THE DISEASE**

**Date: Thu, 24 Dec 1998 12:27:59 -0800**

**From: karin schumacher <via@access1.net>**

**Organization: vaccine information and awareness**

**To: via <via@access1.net>**

Hepatitis B: The Disease and the Vaccine

Overview:

The purpose of this discussion is to share information which is not usually communicated to the public by the medical profession or government health agencies. The information presented in this article is meant to help you interpret the material given to you by physicians and government, and to better put their material into perspective. The term hepatitis is simply defined as any inflammation of the liver, usually caused by a virus.

Depending on many factors hepatitis can be benign (harmless) or deadly. How does one catch hepatitis B? Hepatitis B is mainly transmitted by sexual contact with a hepatitis B virus carrier, or through blood transfusions. Although health care workers are designated as "high-risk" for hepatitis B infection, they represent a very small number of the total cases of hepatitis B. Basically, Hepatitis B is an adult disease of promiscuous homosexuals, heterosexuals and intravenous drug abusers.

To illustrate which population groups are at high-risk for hepatitis B infection, the vaccine's manufacturer, SmithKline Beecham, employed sex talk show goddess, Dr. Ruth Westheimer, as spokesperson in its advertising campaign to encourage sexually promiscuous young adults to receive Hepatitis B vaccine (Hepatitis B Virus" SmithKline Beecham Pharmaceuticals, EB 1893, June 1993).

Age incidence of Hepatitis B infections

According to the US Centers for Disease Control and Prevention (CDC), 13,361 cases of hepatitis B were reported in the US during 1993. Of these, 96.4% of the cases occurred in persons 15 years of age or older. Less than 2% of the total US cases occurred in infants less than 1 year old. (Morbidity and Mortality Weekly Report (MMWR) vol 42, no. 53, October 21, 1994, pg. 10.) The CDC estimates a 5% lifetime risk of hepatitis B infection in the US. (MMWR vol 40, no. RR-13, November 22, 1994, p. 11) This means that 95% of the US population is not at risk for hepatitis B infection. If hepatitis B is basically an adult sexually transmitted disease, why are babies being vaccinated? In November 1991, the CDC officially recommended vaccination of all newborn infants with hepatitis B vaccine (MMWR vol 40, No. RR-13, November 22, 1991). Since then it is standard procedure to vaccinate all newborns



within twelve hours of birth, and in some cases, immediately after birth.

Babies are being targeted for hepatitis B vaccination because, according to the CDC, "efforts to vaccinate persons in the major risk groups have had limited success." Since babies are "available" for vaccination, the government feels they are the key to eventual eradication of hepatitis B. Instead of advising lifestyle changes, the CDC states, "Immunization with hepatitis B vaccine is the most effective means of preventing HBV (hepatitis B virus) infection and its consequences."

#### Babies as Guinea Pigs

Hepatitis B vaccine is not meant to protect babies now, unless the mother is a hepatitis B carrier (a rare event), but it is intended to "protect" them if they assume high-risk behaviors as teens or adults. Unfortunately, no one knows how long hepatitis B vaccine immunity lasts, how many boosters are necessary before adulthood, or if the vaccine is safe when given with other childhood vaccines. (not from me - the hepatitis B vaccine currently in use in Australia states in the package insert that the immunity from the vaccine begins to wane after 3 years and is insignificant after 5 years. How many 5 year olds do you know who are sexually promiscuous or have a drug habit?)

The CDC acknowledges "...an estimated 91% of HBV infections in the US are acquired during adolescence and adulthood and much of the public health benefit of widespread infant vaccination will not be known until vaccinated infants become adolescents and adults (MMWR vol 43, no. 33, August 26, 1994, p. 608)

#### Problems with vaccine effectiveness

As with all vaccines, hepatitis B vaccine is not 100% effective. Reports to the federal Vaccine Adverse Events Reporting System (VAERS) have indicated a high proportion of "insufficient or negative antibody levels during testing for anti-HB's." This means that when blood antibody levels were tested to see if the vaccine was working, the antibody levels were inadequate or nonexistent. Case reports of vaccine failure have also appeared in medical literature (Hepatitis B virus infection in a successfully immunized patient, 'Vaccine, 9:216, 1991)

#### Adverse reactions to hepatitis B vaccine

Approximately 12,000 adverse event reports associated with hepatitis B vaccine were received by the federal government's VAERS between July 1, 1990 and November 7, 1994. Although many of these reports were from infants who had received other vaccines at the same time, a large fraction of these reports were from adults who had received only hepatitis B vaccine. The VAERS reports include some serious injuries, including hospitalization and/or death. In addition to this article, an article in the New Zealand Medical Journal shows that since universal infant Hep B vaccination began in 1988, the rate of insulin dependent diabetes has increased by more than 60% and this researcher believes that the vaccination is the only likely cause for this increase.

\*\*\*\*\*

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**Subject: HEPATITIS B VACCINE STUDY WEBSITE**

**Date:** Thu, 09 Jul 1998 14:33:23 -0700

**From:** karin schumacher <via@access1.net>

**Organization:** vaccine information and awareness

**To:** via <via@access1.net>

RAYMOND GALLUP (truegrit@gti.net) wrote:

Hepatitis B Vaccine study by Dr. Bonnie Dunbar of Baylor looking into the MS like symptoms caused by the vaccine....34 pages long.

<http://webpages.netlink.co.nz/~ias/dunbar.htm>

The Truth Is Out There

Ray Gallup

\*\*\*\*\*

Karin Schumacher

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**Subject: HEPATITIS B VACCINE REACTION INFORMATION**

**Date:** Thu, 24 Dec 1998 12:22:49 -0800

**From:** karin schumacher <via@access1.net>

**Organization:** vaccine information and awareness

**To:** via@access1.net

> you should contact (if you have not already done so) bonnie dunbar who  
> is working on adverse reactions to the hep b vaccine in texas. her  
> address is "Bonnie S. Dunbar" <bdunbar@bcm.tmc.edu>  
>  
> the other things you need to do is contact the following to see about  
> reporting your reaction and possibly receiving compensation for the  
> vaccine reactions. the address for these are:  
>  
> <http://WWW.HRSA.DHHS.GOV/bhpr/vicp/new.HTM> (vaccine injury compensation program)  
> <http://www.fda.gov/cber/vaers.html> (vaccine adverse event reporting system)  
> <http://www.909shot.com/reaction.htm> (reporting a vaccine reaction to nvic)  
>  
> hope this helps

\*\*\*\*\*

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**Subject: IMMUNIZATION REGISTRIES GAINING STEAM**

**Date:** Fri, 07 May 1999 19:53:50 -0700

**From:** karin schumacher <via@access1.net>

**Reply-To:** Carolyn <ppva@velocity.net>

**Organization:** vaccine information and awareness

**To:** via <via@access1.net>

Carolyn wrote:

"Immunization Registries Gaining Steam"

American Medical News (05/03/99) Vol. 42, No. 17, P. 27; Shelton, Deborah L.

With doctors retiring and families moving, children's immunization records often get lost. In addition, children today are required to be immunized against many more diseases and the shots are often administered by several different health providers. With roughly 1 million children under age two missing one or more of their recommended vaccines, the Centers for Disease Control and Prevention has initiated a program to develop immunization registries. The CDC says it wants to gather comprehensive and confidential immunization data on all children.

Currently, 30 states and the District of Columbia have registries in one or more public settings, but the states have not moved far along in including private care physicians. Proponents say the registries are a valuable tool in preventing administration of unnecessary shots; statistics reveal that 15 percent of American children have been given at least one dose of a vaccine they did not require. Others point out that the databases can generate reminders of due dates or notifications regarding missed doses

Pennsylvania Parents for Vaccine Awareness  
P.O. Box 173  
Mill Village, Pa. 16427  
Email: ppva@velocity.net  
Web Page: <http://www.erie.net/~noshotz>

\*\*\*\*\*  
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10/5/99  
*[Signature]*

> > The news is not all bad for the vaccine field. The findings are expected  
> > to lead to changes in immunization practices which will lead to a decline  
> > in childhood diabetes. Immunization starting in the first month of life has  
> > been associated with a decreased risk of diabetes and is one method being  
> > considered to make immunization safer.

> >  
> > Dr. Classen's research has been published in numerous journals and  
> > featured in national news reports. For the latest information on the  
> > effects of vaccines on insulin dependent diabetes and other autoimmune  
> > diseases visit the Vaccine Safety Website ( <http://vaccines.net> ) .

> >  
> > At 10:57 AM 5/7/99 -0700, you wrote:

\*\*\*\*\*  
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**Subject: HIB VACCINE LINKED TO DIABETES**

Date: Fri, 07 May 1999 19:29:33 -0700

From: karin schumacher <via@access1.net>

Organization: vaccine information and awareness

To: via <via@access1.net>

> Bart Classen wrote:

> > For Immediate Release

> > Classen Immunotherapies, Inc.

> > 6517 Montrose Avenue

Baltimore, MD 21212 U.S.A.

> > Tel: (410) 377-4549

Fax: (410) 377-8526

> > Classen@vaccines.net

<http://vaccines.net>

> >

> > Hemophilus meningitis vaccine linked to diabetes increase. Many diabetics

> > may be eligible for compensation.

> >

> > Baltimore, May 7, 1999: The British Medical Journal (eBMJ;

> > <http://www.bmj.com/cgi/eletters/318/7192/1169>) published data by Dr. J.

> > Bart Classen, an immunologist at Classen Immunotherapies, supporting a

> > causal relationship between the hemophilus vaccine and the development of

> > insulin dependent diabetes. The data is particularly disturbing because it

> > indicates the potential risks of the vaccine exceeds the potential benefit.

> > The findings are expected to allow many diabetics to receive compensation

> > for their injuries and lead to safer immunization.

> >

> > The data pertains to a study initiated and funded by Classen

> > Immunotherapies which was performed using medical records of Finnish

> > children. The study looked at the rate of diabetes in children receiving 4

> > or 1 dose of a weak, early generation, hemophilus vaccine and compared to

> > the rate in children who received no vaccine. The children were followed

> > for 10 years. In the group receiving 4 doses of vaccine the rate of

> > diabetes was elevated by 26% after 7 years compared to children receiving 0

> > doses. There were an extra 58 cases of diabetes per 100,000 children

> > immunized in the group receiving 4 doses of vaccine compared to children

> > receiving 0 doses. This is equivalent to 2,300 cases of diabetes a year in

> > the US which has an annual birth rate of about 4 million children. However,

> > even more cases of diabetes are expected with newer hemophilus vaccines

> > which are in use today. By contrast immunization against hemophilus is

> > expected to prevent 7 deaths and 7 to 26 cases of severe disability per

> > 100,000 children immunized in Finland.

> >

> > The data shatters the prevailing myth that the benefits of vaccines far

> > exceed the risks. The data is expected to allow many diabetic children to

> > receive compensation for their illness. Each case of insulin dependent

> > diabetes is estimated to cost on average over \$1 million in medical costs

> > and lost productivity. "Many children with diabetes may be eligible to

> > receive compensation for their illness, the data is expected to relieve

> > the tremendous financial burden to their families" says Classen. If the

> > results hold up with other vaccines, as preliminary data suggests, a large

> > proportion of insulin dependent diabetics may be eligible for compensation.

> >

> > "Unfortunately many public health officials and researchers funded by

> > groups threatened by the findings continue to try to deny the association.

> > This may prolong the financial burden of diabetics deserving compensation"

> > adds Classen. In a letter published by the British Medical Journal (eBMJ),

> > Classen describes analytical methods used by public health officials which

> > may give readers the perception that the effect is smaller than it really is.

> >

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10/5/99  
*[Signature]*

**Subject: DEADLINE FOR FILING CLAIMS WITH NVICP**

**Date:** Tue, 06 Jul 1999 17:44:52 -0700

**From:** karin schumacher <via@access1.net>

**Reply-To:** maglio@sarasotalaw.com

**Organization:** vaccine information and awareness

**To:** via <via@access1.net>

"Altom M. Maglio" wrote:

Dear Karin:

I am an attorney and represent person injured by vaccinations. I would greatly appreciate if you could inform your members of the below information. Thank you, Altom M. Maglio 941.952.5242

---

Deadline for Filing Hepatitis B, Haemophilus Influenza Type B, and Chicken Pox Vaccine Injury Claim is August 6

By Altom M. Maglio, Esq. - For those who have been injured or lost a child from an adverse reaction to a hepatitis B, Haemophilus influenza type b, or chicken pox vaccination administered prior to August 6, 1997, the deadline for filing a claim with the National Vaccine Injury Compensation Program (NVICP) is fast approaching. Congress enacted the NVICP in 1986 to compensate individuals and families of individuals suffering adverse reactions to certain vaccines. Initially these three vaccines were not included in the Program. However, on August 6, 1997, the Department of Health and Human Services added the hepatitis B, Haemophilus influenza type b, and chicken pox vaccines to the list of vaccines covered by the NVICP.

August 6, 1999, is the deadline for filing a petition for compensation with the NVICP for injuries resulting from the above vaccines administered prior to August 6, 1997 and after August 6, 1989. If an individual or family of an individual injured by one of the three vaccines fails to file by this deadline, they are likely barred forever from filing a claim. Any injuries occurring prior to August 6, 1989 are most likely already forever barred. The petition for compensation must be filed with the United States Court of Claims in Washington, D.C. and must include numerous specific documents and records.

If you have been injured by these vaccines or know someone who has, the time to act is now. Contact an attorney that represents victims of vaccine injuries or call the NVICP directly at (800)-338-2382.

---

Altom M. Maglio is an attorney representing victims of vaccine related injuries. The above information is not legal advice and may not apply to your situation. Speak with an attorney for information regarding your specific circumstance. More information on filing a claim with the National Vaccine Injury Compensation Program is available from Mr. Maglio's Web Site at <http://www.sarasotalaw.com> or by calling his office at (941) 952-5242.

\*\*\*\*\*  
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<http://www.access1.net/via> (VIA website)  
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HepBfb

JW  
7/7

1 of 2

845

7/7/99

Apun

7/7/99 4:29 PM



**Subject:** WHEN THE STATE USES PEOPLE AS GUINEA PIGS

**Date:** Wed, 14 Jul 1999 20:59:10 -0700

**From:** karin schumacher <via@access1.net>

**Reply-To:** meryl@avn.org.au

**Organization:** vaccine information and awareness

**To:** via <via@access1.net>

Meryl Dorey wrote:

source:

<http://www.nytimes.com/library/national/science/071399sci-experiments--risk.html>

July 13, 1999

A History: When the State Uses People as Guinea Pigs

by PHILIP J. HILTS

Scientific experiments in which human subjects are abused are not new. Examples are as old as arrogance and cruelty. In the 13th century, according to historians, a Mongol commander laying siege to a port city experimented with heaving his diseased, dead soldiers over the walls of the besieged town. The result was victory for the command and the spread of black plague to its first seaport. The commander's action may indeed have been the major event in the great bubonic pandemic.

United States Army

A spherical chamber at Fort Detrick, Md., right, was used to test static biological aerosols on volunteers. But something different has been produced in this century, according to John Moreno, director of the Center for Biomedical Ethics at the University of Virginia and the author of "Undue Risk," to be published this fall by W. H. Freeman & Company. Modern times have seen the growth of systematic, state-sponsored programs of unethical experimentation, and they have occurred in nations as diverse as the United States, Nazi Germany, China, Japan, Iraq and South Africa.

Dr. Moreno's book traces the history of secret, state-sponsored experiments in the fields of atomic, chemical and biological warfare studies from World War II to the present, including the possibility that governments are now experimenting with what he calls "genetic warfare." Dr. Moreno, who has a Ph.D. in philosophy, was drawn into the subject when he was telephoned by Dr. Ruth Faden of Johns Hopkins University and the leader of the President's Advisory Committee on Human Radiation Experiments, and was asked to become a member.

The committee's task was to reconstruct the story of radiation experiments on humans carried out in the United States from 1944 to 1974. The investigation, believed to be the most thorough historical search of its kind ever done, took almost two years and plumbed millions of pages of documents. The advisory committee found thousands of human experiments had been conducted with radiation and that many were unethical. About \$5 million in compensation was awarded by the Federal Government to the survivors of a few of the worst experiments.

But the report was finished, Dr. Moreno found his curiosity had only been piqued. What, he asked himself, about the other new technologies in modern warfare and chemical and biological weapons? What experiments had been done with those? He decided to find out. What made his and the radiation investigations possible was President Clinton's decision to declassify the military records of the secret experiments.

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15/7/99  
J. H. H. H.  
15/7/99

The book based in part on those records consists of a parade of horrors, but it reveals many common features in unethical experiments from nation to nation, experiment to experiment. And while it often chronicles familiar cases, it also describes a few unfamiliar cases, ones that may point to the abuses of the future. And it finishes with a discussion of the positive consequences of unethical experiments: that ethical standards are being raised. The committee found that from 1944 to 1974, there were thousands of experiments in the United States using radiation, in projects as diverse as injecting plutonium into the bodies of unsuspecting patients and marching soldiers onto the sites of atom bomb tests just after the blasts.

In Iraq in the 1980's, Dr. Moreno reports, prisoners and captured Kurds were tied to stakes and bombarded with chemical and bacteriological weapons to assess the weapons' effects. The number of victims is not known, but may be in the thousands. Among the less familiar tales is that of the South African program called Operation Coast, which was unearthed by that nation's Truth and Reconciliation Commission hearings. Operation Coast consisted of a series of experiments in the 1980's in which biological and chemical weapons were tested, in one case on troops from Mozambique, for use against apartheid opponents.

United States Army--A transparent model of the testing chamber. The commission also found evidence that among the secret medical experiments was an effort to develop infertility drugs that would affect blacks but not whites, Dr. Moreno wrote. Dr. Moreno says it was unclear whether such drugs were actually tried on humans, but the case raises the possibility of adding a fourth horseman to the atomic, biological and chemical weapons -- "genetic warfare." "Several classes of weapons could result," Dr. Moreno wrote, "among them microbes genetically engineered to target certain human populations based on a virus's ability to 'recognize' the DNA variations in specific subgroups." He added that the possibility was credible partly because "people from particular ethnic groups or certain geographic origins have long been noted to be associated with sensitivities to particular foods and drugs." For example, he wrote, since ancient Greek times it has been known that people of African and Middle Eastern origin often get sick after eating fava beans. Dr. Moreno wrote that the Defense Department already had begun studies to design defenses against "genetic" attack.

Human experiments of some kind will always be necessary in government and military programs, Dr. Moreno wrote, but what is necessary for the future is to guard against abuse of humans. And, he said, one of the things that surprised him most was that he found the best model for careful, ethical human experimentation in a US Army chemical and biological warfare program. He discovered a group of medics called 91 Bravo at Fort Detrick, Md., who are also known as the Medical Research Volunteers or Mervs whose job as soldiers is simply to serve as subjects in medical experiments. They give blood, take experimental vaccines and ingest suspect bacteria, and when they become sick they are treated on the spot. They receive special training in experimentation, detailed briefings on each experiment, and have the option of participating in some trials and not others.

In contrast to civilian research on humans, the experiments on "91 Bravo" must be reviewed by multiple boards and officials before proceeding. And the medics themselves sometimes join on the review committees. Unethical experimentation will always be with us, Dr. Moreno wrote, but if secrecy is limited and good model experimental programs can be developed, the abuses may be limited.

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OR legal advice. The decision to vaccinate and how you  
implement that decision is yours and yours alone.

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**Subject:** VACCINES AND APNEA

**Date:** Wed, 14 Jul 1999 20:53:51 -0700

**From:** karin schumacher <via@access1.net>

**Reply-To:** Michael Belkin <Belkin@ibm.net>

**Organization:** vaccine information and awareness

**To:** via <via@access1.net>

Michael Belkin wrote:

Immunizations Linked To Severe Apnea in Premature Infants  
Tuesday, July 13, 1999

(Reuters Health) - Premature infants may be at increased risk of severe apnea following immunization against DPT and Haemophilus influenza B (HiB), according to a report in July's Fetal and Neonatal Edition of the Archives of Disease in Childhood.

Drs. M. H. Slack and D. Schapira of the Royal Hampshire County Hospital, Winchester, Hampshire, UK, reported on four premature infants who required resuscitation after receiving a first course of immunizations against DPT and HiB. None of these children had experienced severe respiratory symptoms in the period immediately prior to immunization.

One of the cases was severe enough to require reintubation and ventilation. All four infants received their second and third courses of immunization without incident.

"It is clear from our experience that some premature infants are at risk of life threatening apnoea after immunization," the authors conclude.

"We believe that further, larger studies are needed to show the exact risk to these smaller infants."

Arch Dis Child Fetal Neonatal Ed 1999;81:F67-F68.

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**Subject: VACCINE FIRMS URGED TO ELIMINATE MERCURY**

**Date:** Wed, 14 Jul 1999 20:41:47 -0700

**From:** karin schumacher <via@access1.net>

**Reply-To:** Kathi Williams <kwilliams9@mindspring.com>

**Organization:** vaccine information and awareness

**To:** via <via@access1.net>

Kathi Williams wrote:

Vaccine Firms Urged to Eliminate Mercury

By Marc Kaufman

Washington Post Staff Writer

Tuesday, July 13, 1999; Page Z07

The US Public Health Service and the AAP have asked the manufacturers of many childhood vaccines to reduce or eliminate small amounts of an organic form of mercury that has been used for decades in immunizations as an antibacterial preservative. Called thimerosal, this mercury can be found found in more than 30 vaccines, including those against hepatitis B, whooping cough, diphtheria, tetanus and bacterial meningitis. None is found in live virus vaccines such as immunizations against measles and mumps.

Health officials stressed that today's vaccines with thimerosal are safe, and said that the current action is being taken to avoid a hazard that theoretically could occur if an infant received many shots of vaccines with thimerosal. Nonetheless, they have acted quickly to reduce this potential hazard. It was only two weeks ago that the FDA informed them that mercury levels in small babies who receive many thimerosal-containing vaccines during one doctor's visit could exceed EPA's precautionary limits. At very high levels, mercury can cause neurological damage in children.

"The news came as a surprise to everybody," said Louis Z. Cooper, a Columbia University professor of pediatrics and a member of the board of directors of the AAP. "We pediatricians have been using vaccines with thimerosal for 50 years and haven't given it a second thought," he said. "It's important to take these steps now," he continued, adding: "If there was a problem here regarding harm to infants, we would have picked it up sooner."

Health officials said thimerosal has been used in vaccines since the 1940s and that there have been no reports of actual cases of mercury poisoning from vaccines. But infants today receive more immunizations than was true a generation ago. Some of the current concern is fueled by that increased number of recommended vaccinations generally six in their early months and 11 by their second birthdays.

Some companies already make vaccines without thimerosal, and health officials said they were confident the manufacturers would be able to reduce or eliminate the mercury soon. In a statement issued last week, the Pharmaceutical Research and Manufacturers of America, which represents five vaccine producers, said that while there is no clinical evidence of harm from thimerosal, "there is a general consensus that it would be preferable to eliminate thimerosal from vaccines whenever possible. The vaccine industry is working closely with FDA and other government agencies to meet this objective."

Meanwhile, health officials strongly recommended that parents continue inoculating their children during the changeover to thimerosal-free vaccines. They said the dangers from childhood diseases were far greater than those from very small doses of mercury. "We weighed the very real and known risks of withholding vaccine with the mercury and the very

small risk of using it," said Jon Abramson, a Wake Forest University doctor and chairman of the AAP infectious disease committee. "It wasn't close. The truth is that every medicine and every vaccine carries a risk, and our job is to determine when the risk is worth taking. And it certainly is an appropriate risk here."

At the same time, officials did propose one modification in infants' vaccine schedule. They recommended that most infants be given their first hepatitis B shot when they are between 2 and 6 months old, rather than at birth. That delay would decrease the mercury intake when infants are most vulnerable, they said, and it would also pose little danger of disease to the babies. That change in particular was welcomed by Barbara Loe Fisher, president of the National Vaccine Information Center, which has been critical of many national vaccine policies. During congressional hearings in May chaired by Rep. John Mica (R-Fla.), numerous parents testified that their children had been harmed by adverse reactions to the hepatitis B vaccine, including the development of arthritis-like symptoms.

She applauded the action taken by the Health Service and the AAP but said, however, that "there is a real question as to whether current stocks of childhood vaccines containing mercury should be used and whether vaccination of babies under 6 months of age with multiple vaccines containing mercury should be delayed." The mercury problem comes at a time when public health officials are often on the defensive when they promote vaccinations. With many childhood diseases now largely controlled, parents have become less concerned about missing vaccinations for their children.

With this dynamic in mind, Surgeon General David Satcher issued the following statement last week: "Terrible childhood diseases like whooping cough, bacterial meningitis, polio and diphtheria are waiting for us to let our guard down. The risk of devastating childhood diseases from failure to vaccinate far outweighs the minimal, if any, risk of exposure to cumulative levels of mercury in vaccines."

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