

From the November 1999 Idaho Observer:

CDC Immunization Update, September 16, 1999

by Ingri Cassel

On September 16, 1999, the Centers for Disease Prevention and Control (CDC) broadcast via satellite to health departments throughout America an "educational" program entitled, "Immunization Update." The primary purpose of this update was damage control for the several announcements made last summer indicate that mass vaccination as public health policy is unsound. I watched as the several health care providers in attendance listened and accepted the CDC's explanations as logical -- even when the CDC recommended that, even though thimerosal has been banned, the existing stores of thimerosal-containing vaccine must be injected into people.

The FDA banned thimerosal from all over-the-counter medications two years ago.

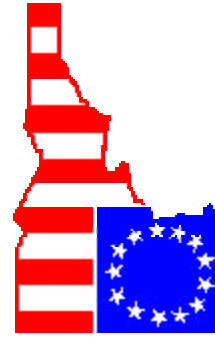
The program was hosted by two CDC medical epidemiologists, Dr. Sharon Humiston and Dr. William Atkinson. Atkinson hosted a previous CDC satellite broadcast to public health facilities February 25, 1999 entitled, "Preparing for the Next Influenza Pandemic," (The Idaho Observer, July, 1999).

The first Immunization Update was given in 1995 with this year being the fifth annual update. One of the first statements given was that "the safety of vaccines is our highest priority."

CDC vaccine policy changes

The CDC opened the program by stating that the program would cover the changes in their recommendations for the use of Oral Polio Vaccine (OPV), The Rotavirus vaccine, the Hepatitis A vaccine and the Hepatitis B vaccine.

Polio: According to the CDC, polio has virtually been eliminated in the western hemisphere due to the polio vaccine. The only cases of polio being reported are from



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contact with persons receiving an OPV.

According to the CDC, the last case of “wild” polio reported to the agency was in 1979. Since then 144 cases of polio were reported in 1980 with 96 percent of those cases caused by OPV. Approximately eight cases a year have been reported since then -- all cases due to the administration of the OPV. Understanding the implications of the previous statement, the CDC curiously concludes that the virtual eradication of polio can be credited to the widespread use of vaccinations.

The CDC's recommendation is to switch to inactivated polio vaccine (IPV) by the year 2000. Its recommendation includes these protocols for “using up” the existing supply of OPV. The agency's justification is that it “protects” against polio better than IPV. Again, the CDC defines “safety” as using up stores of vaccines that have been proven unsafe before using a vaccine that is considered by the agency to be “safer.”

The CDC recommends that OPV be used if one is traveling to a country in which “wild” polio is a concern and if the third and fourth recommended dose is refused. In the latter case, one dose of OPV would be used as a substitute for the third and fourth dose. The final recommendation is to gradually replace OPV with IPV until stores of OPV have been exhausted.

CDC “Eradication Strategies” for polio: First, the CDC needs a financial commitment of \$2.5 billion for the complete eradication of polio (Bill Gates recently contributed \$100 million to the World Health Organization to mass vaccinate third world countries); Second, the CDC needs to enhance “surveillance” strategies; Third, the CDC needs to enhance “political” commitment; Fourth, the CDC needs to target “mopping up” areas; Finally, the CDC needs to maintain and enhance ALL vaccination strategies.

The other participants in the room seemed content with the militaristic approach to healthcare and were nodding in agreement with the CDC statements. With words like “surveillance” and “mopping up,” I felt as if we were being briefed by generals in preparation to enter a war

zone.

We are in a war zone. We who choose to abstain from vaccinations are the enemy. The “political” commitment to which the CDC referred very likely involves stricter mandatory vaccination laws.

The concept that mass vaccination equals eradication of disease is writ almost indelibly in the public mind. This concept is consistently propagandized throughout the program to ensure that its health care delivery soldiers are dutifully following CDC-recommended protocol.

Hepatitis A: The most common form of hepatitis in the U.S. with 30,000 cases reported to the CDC in 1997 is hepatitis A. The CDC estimated 180,000 cases of hepatitis A based on under reporting. The agency is recommending that all states which had 10 to 20 cases reported per 100,000 between 1987 and 1997 add the hepatitis A vaccine to their arsenal of recommended and, therefore, mandated vaccines. All children in these states that are two years or older should receive two doses of hepatitis A vaccine. According to the CDC, three out four of the reported cases of hepatitis A end in death with hepatitis A listed as the cause of death. Inappropriate treatment or lack of treatment is never considered by the CDC as a possible cause of death from these diseases.

Rotavirus: It must be noted that before the CDC's Advisory Committee on Immunization Practices (ACIP) approved this vaccine, there were reports of intussusception during the vaccine's initial clinical trials. Intussusception is a rare bowel condition in which one section of the intestine telescopes into another section. According to the CDC's own previously published studies, intussusception occurred at a rate of 30 times more in recently vaccinated infants than in those who were unvaccinated. This simple fact was never mentioned in the “Immunization Update.”

Regardless of clinical proof that the Rotavirus vaccine was not “safe,” the CDC and FDA sanctioned its widespread use in 1998.

In this portion of the update, Drs. Humiston and Atkinson

appear to contradict themselves. First they tell us that in 90 percent of intussusception cases there is no identifying cause. Later they tell us that 80 percent of the cases of intussusception are occurring within seven days of receiving Rotavirus vaccine.

The CDC is now recommending that the vaccine be discontinued until the results of a study scheduled to be completed last October have been published. The study compares 400 infants with intussusception to 1,600 infants without who have received the live rotavirus vaccine.

The Rotavirus vaccine is comprised of human rotavirus strains and rotavirus taken from rhesus monkeys. According to the CDC, 3,000,000 cases of rotavirus-induced diarrhea occur each year with 50,000 of those requiring hospitalization. They added that 800,000 deaths worldwide are attributed to rotavirus-induced diarrhea.

The fact that this vaccine was pulled from the market is to be taken as a sign of assurance that the CDC is closely monitoring vaccines for adverse reactions, even though Vaccine Adverse Events Reporting System (VAERS) estimates that less than 10 percent of all vaccine injuries are reported to them.

Thimerosal: Thimerosal (ethyl mercury) is used primarily in triple antigen vaccines and only in vaccines containing inactivated viruses. According to the update, the EPA limits to 0.1 mcg. of thimerosal daily and the FDA limits to 0.4 mcg. of thimerosal daily for adults.

On July 9, 1999, the American Academy of Pediatrics and the Public Health Service issued a joint statement saying that there is currently no evidence of harm from thimerosal but since they are concerned about the “potential” cumulative effects of its use, they recommend that it be discontinued as a preservative in all future vaccines. They also recommend that all existing supplies continue to be used.

It is recommended that children today receive 21 different vaccines before they enter kindergarten; many of these vaccines are triple antigen and most of them contain

thimerosal.

Hepatitis B: On August 27, 1999, Merck made available a thimerosal-free form of the hepatitis B vaccine. The CDC stated that due to the limited supply of this vaccine, it is to be reserved for newborns. Newborns should receive a single dose of hepatitis B vaccine within 12 hours of birth and not receive the recombinant form with thimerosal (HIB) until 6 months of age. The CDC stressed that hepatitis B is very serious and an outbreak of the disease is inevitable if we don't ensure all newborns are properly vaccinated. Even though a baby is not at-risk for contracting the disease unless his mother is infected or, at 12 hours of age, he is engaging in promiscuous sex and hypodermic drug use, the CDC is dead serious about vaccinating all newborns against hepatitis B.

VAERS has more reports of adverse events from the hepatitis B vaccine than reports of the disease itself, yet the CDC continues to push this vaccine on everyone, including newborns.

Dr. Humiston evaded the question, "What if an adult patient requests the thimerosal-free hep B vaccine?" Her response implied that the patient did not have a choice -- he must have the hep B which contains thimerosal.

Safety be damned and the administration of existing supplies of unsafe vaccines were the recurring themes throughout the program.

Varicella (Chicken pox)/meningococcal/influenza:
Varicella (chicken pox) is now on list of CDC-recommended vaccines and is only contraindicated for those who are HIV positive or immuno-compromised.

The live, attenuated vaccine is not recommended for this year's flu season. The CDC didn't mention that the four vaccines currently in use for this season all contain thimerosal. It is contraindicated for pregnant women who are past their first tri-mester, infants and the elderly who are immuno-compromised.

The meningococcal (meningitis) vaccine is recommended primarily for college students. Although the disease is rare (2,000 to 3,000 cases reported per year), the disease

is more frequently reported among college students.

The 5 Rs

The update ended with the 5 Rs of a successful practice:

1) Records -- accurate accounting of vaccines administered; 2) Recommend -- routinely recommend vaccines to patients; 3) Remind; 4) Recall -- targeted to those who miss scheduled vaccine appointments; 5) Rid - rid your practice of missed opportunities.

As they elaborated on this final point, they mentioned that 57 percent of doctors did not want to give more than one triple antigen vaccine at a time due to a possible increase in the likelihood of an adverse reaction. This is considered a “missed opportunity” by the CDC. The CDC failed to mention that most adverse events occur when multiple vaccines are administered during one office visit.

Other “missed opportunities” are when a child is experiencing an acute illness of some sort and is in the office for a diagnosis and prescription for his illness -- a definite contraindication for the administering of vaccines.

The efficacy of these vaccines has never actually been proven scientifically, yet we are expected to accept their efficacy on faith. Without ever giving the actual true statistics, we are told that Europe experienced a resurgence in childhood diseases once vaccination rates dropped off. In reality, the exact opposite is true. The true figures are documented in several books including “Immunization: The Reality Behind the Myth” by Walene James.

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