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Review: *Harris L. Coulter and Barbara Loe Fisher-A Shot in the Dark: Why the P in DPT Vaccination May Be Hazardous to Your Child's Health*, Avery Publishing Group Inc., Garden City Pary, New York, 1991

Pages: 241

Vaccine 'Science' Hasn't Changed

This trailblazing book continues to provide value for those interested in the pattern of behaviour of pharmaceutical companies, government employees, and hapless doctors devoid of vaccination knowledge and ethics.

It centres on one damaging vaccine, the diphtheria, [whole-cell pertussis], and tetanus (DPT) which left a trail of neurological destruction in its wake since the 1940s.

The 'case studies' or impacted family stories at the end of each chapter are prima facie evidence of the great harm caused by DPT, for which unfortunate guilt-ridden parents have had to live with the rest of their lives.

Introduction (pp. 1-3)

Pertussis vaccine was developed on the mid-1930s and became widespread in the 1950s. Manufacturers warned of high fever, convulsions, unusual high-pitched screaming, persistent crying (three hours or more), excessive somnolence (deep sleeping), collapse, encephalopathy, and death.

Japan already created a safer acellular vaccine in 1981.

DPT was administered to 96 of American children.

II) The History of Whooping Cough and the Pertussis Vaccine (pp. 4-21)

Pertussis was first identified by the French Physician Guillame Baillou in Paris, 1578. Paris and Rome both had ferocious epidemics in 1695. Scandinavia had fifteen-year epidemics n the mid-eighteenth century killing 3,000 p.a. 120,000 died in England between 1858 and 1865.

Victims were usually young or most vulnerable to disease, especially in crowded orphanages and hospitals.

Secondary complications include pneumonia, bronchitis, and otis media (severe middle-ear infection).

Treatments included leeches and lancing, and cathartics made from Hg.

In the 1920s and 30s, 73% of American children had a clinical history of the disease.

The introduction of antibiotics in WWII controlled pneumonia and bronchitis.

Bordetella pertussis cannot survive outside the body for more than a few minutes and is spread by cough droplets which enter the nasal or respiratory tract.

The catarrhal phase lasts for a few weeks, then into the whole-body paroxysmal stage.

Children aged two to six most often contract the disease.

Anoxia (oxygen deprivation) is the worst symptom for babies during coughing spells.

Some vaccine antigens produce immunity while others cause brain damage. Since scientists couldn't tell which they used the whole killed-cell.

Jules Bordet and Octave Gengou created the first vaccine in 1912 by growing B. pertussis in large pots, killing it with heat, preserving the dead cells with formaldehyde, then injecting into children.

In 1943, Pearl Kendrick proposed aluminium adjuvant use as it reduced the bacteria requirement. For convenience, he also wanted to combine it with diphtheria, since the pertussis bacteria itself acted as an adjuvant.

In 1959, the killed polio vaccine was combined with DPT in "Quadrigen". This was withdrawn in 1968.

The whole-cell vaccine preparation today is a trade secret. The bacteria is usually grown on a casein hydroysate medium with yeast dialyzate and preserved with thimerosal in vats. Bacteria are then killed with formaldehyde.

Pertussis is extremely poisonous.

About 15-20 percent of all lots fail to pass the Bureau's tests.

A single potency test requires five vaccine samples on 350 to 400 mice.

Safety tests are vaccine injections into rat abdominal cavities. If they don't die or gain a specific amount of weight by a certain age they are considered unsafe.

Vaccines earlier than the age of seven months are ineffective as infants don't yet have the ability to generate adequate immunity.

Pertussis may pose a serious threat to babies under three months.

Poor antibody response was simply solved by doctors with "booster" shots.

In 1967 it was known that increasing *Bordetella pertussis* doses increasing the frequency of reactions.

The standard axiom in medicine is "the lower the weight, the lower the dose".

In the 1950s, Britain's Medical Research used a clinical trial of 50,000 infants to prove safety, yet the infants were all *fourteen* months old.

Licensed nurses are never taught about vaccine reactions.

Doctors are not paid to educate parents, rather to give vaccinations.

III) Adverse Reactions, an Afterthought? (pp. 22-63)

Vaccine ability to kill was first shown in 1933, Copenhagen, where two babies died immediately after vaccination.

A 1948 Harvard study by Randolph K. Byers and Frederick C. Moll included an eight-month-old boy whose first pertussis shot was given at seven months. He became drowsy and irritable. He had a second shot three weeks later and convulsed in the following seventy-two hours. Eight months later he was blind, deaf, spastic, and helpless.

Of the fifteen children in total, one recovered completely, two died after a long downhill fall, and nine had nervous system damage.

DPT vaccine neurological damage is similar to damage caused by whooping cough.

In 1967, northern England, J. M. Hopper found that parents reported children becoming ill two to four hours after the injection.

Hyperkinesis is hyperactivity.

In 1981, *Pediatrics* monitored 16,000 DTP and DT reactions and found the DPT was no worse than DT.

Local reactions occurred in 35-50% of DTP shots.

In 1988, a Lederle package insert stated that 50% of DTP recipients will have a temperature over 100.4F.

High fever can cause febrile convulsions.

“Repeated injections produced the same effect.”

In 1988, *Clinical Pediatrics* found that the month following vaccination gave infants more fever (5.3% vs 25%), diarrhea (10.5 vs 28%), and cough (26 vs 54%).

The *cri encephalique* (“encephalitic scream”) that can last for hours or days.

A “shock” is also a “hypotonic hyporesponsive episode” and was coined in 1967 by George Dick in a British study. 1 in 1,750 DPT vaccinations result in collapse.

“Somnolence” is excessive sleepiness.

Seizure disorders include cerebral palsy, convulsions, epilepsy, grand mal, and petit mal disorders.

Children which suffer brain inflammation may recover completely. The DPT shot may also result in hearing loss.

Richard was an eleven-year old who had a two-year-old’s facilities. He was mute and couldn’t wear a helmet and required life-long care.

Whooping cough is characterised by an increase in lymphocytes due to lymphocytosis-promoting factor (LPF) (a synonym for "pertussis toxin"). Two blood disorders associated with the pertussis vaccine are thrombocytopenia and hemolytic anemia.

Thrombocytopenia reduces circulating platelets and sometimes causes "purpura" blotchy red skin patches.

Hemolytic anemia results in premature RBC deaths and prevents the bone marrow producing more blood cells.

Too much insulin secreted by the pancreas causes hypoglycemia.

LPF is also called iselt-activating protein (IAP) which provokes insulin production.

Diabetes is a complication of whooping cough.

SIDS was about one in five hundred in the US in the early 1990s. At-risk babies are premature births and blacks.

SIDS peaks at two to three months and declines after four months. A theorised cause is additional stress on babies' cardiovascular systems, and the apnea hypothesis.

Viruses can enlarge an infant's heart by twenty percent.

IV) Long-Term Damage (pp. 64-82)

In 1954, Miller and Stanton described sleep rhythm reversal as a severe pertussis vaccine reaction. In 1960, Justus Strom described cerebral palsy, deafness, and epilepsy. In 1979, Gordon Stewart noted effects from spasticity to paralysis.

One baby Michelle was having about 144 petit mal seizures per hour.

Three-and-a-half year old Paula had a one hour grand mal seizure ten hours after vaccination.

Some epileptic seizures can be fatal.

Doctors were seeing children presenting a week to ten days after the DPT shot with seizures.

Schools are becoming increasingly burdened with special education programs, going from 830,000 students in 1958 to 2,000,000 in 1989. Effects include reduction in aural, thinking, speaking, reading, writing, spelling and mathematical abilities. Additional effects are short attention spans, lack of concentration, hyperactivity, clumsiness, impulsiveness, and sleep disturbances.

Some infants became deaf from the vaccine.

Night terrors, upper respiratory tract and ear infections are also reported.

Children with more mild brain injury can often think faster than they can speak or move.

Early-infantile autism was first observed in the early 1940s.

George began arching his back as a rainbow (tetanus-like) after a DPT shot.

A higher-than-expected proportion of minimally brain-damaged children are ambidextrous or left-handed.

Of fifty-eight children in the late 1930s and early 1940s, sixteen had walking and talking delays, nine convulsions, fifteen nerve deafness, and five abnormal EEGs.

Histamine sensitising factor (HSF) is another name for the pertussis toxin. Histamine dilates capillaries, constricts lung muscles, and

increases gastric secretions. Any substance increasing this chemical will intensify allergic reactions.

Pertussis vaccine also stimulate IgE antibodies which mediate the allergic response.

Tetracycline causes brain allergy.

In 1983, Dr Lawrence Steinamnn concluded susceptibility to Bordetella pertussis immunisation may be controlled by genes.

IV) Do We Know the Extent of the Damage (pp. 83-93)

Private paediatricians may see twenty to thirty children per day.

DPT shot was mandated by law in most states and the American Medical Association (AMA), American Academy of Pediatrics (AAP) and Centres for Disease Control (CDC) called it safe and harmless.

Typical paediatrician enquiry responses re: DPT's potential danger after *DPT: Vaccine Roulette*, were "I really didn't know. I didn't think I had to know because, after all, the thing is mandated".

Doctors have an enormous incentive to deny vaccine reaction, e.g., "spontaneous seizures" occur in the unvaccinated, mental retardation is many-caused, and the mother is simply "imagining things."

There is no medicine to treat whooping cough.

A paroxysm of coughing has fifteen to twenty-five coughs.

V) Whooping Cough Today (pp. 94-109)

There are 2,000-3,000 whooping cough cases reported annually with less than ten deaths.

After a documentary on vaccine damage in Britain, 1974, whooping cough cases went from 9,000 in 1975 to 66,000 in 1978. At the same time, vaccine damage compensation “virtually dried up”.

Whooping cough is a cyclical disease with rises and falls every three or four years.

When vaccination rates threaten to decline, doctors diagnose pertussis much more easily (“every time a baby clears his throat”). After *DPT: Vaccine Roulette* in 1982, Maryland and Wisconsin began reporting whooping cough “epidemics”). Of forty-one cases reported, only five were verified (and all were vaccinated!).

Vaccine-induced 'herd immunity' wears off after several years.

Promoting pertussis vaccination costs next to nothing.

Serologic or bacteriologic tests are done in only about fifty percent of hospital cases. Sputum or mucus is analysed, however, by the serious coughing stage bacteria are mostly absent for them.

Early DPT vaccines were only 60% effective and effectiveness wears off after a few years (i.e. the “herd immunity”).

Twelve percent of whooping cough cases occur in those over twenty today, whereas in 1940 this was only 1-2%.

Fatality rates in the Third World can be up to 15%.

A fluorescent antibody (FA) test on the blood measures *B. pertussis* antibodies. but gives false positives 6-40% of the time.

Antibiotics can lessen any secondary infections.

*Bordetella parapertussi*s is a similar disease.

In 1967, Dr Justus Strom said “the sting went out of the disease”.

VI) Contraindications (pp. 110-135)

The 1960s *Red* Book recommended partial pertussis vaccine doses if the baby reacted with fever, and a 105°F temperature was an "absolute contraindication".

The 1988 version defined: encephalopathy within seven days, a convulsion within three, inconsolable crying for two hours, and high-pitched crying within two days as contraindications.

In 1989, the CDC's Advisory Committee on Immunisation Practices removed "family history of convulsions" as a contraindication. In 1985 they recommended giving anti-convulsant medication to vaccines.

The DPT vaccine was made by Dow Chemical Company.

The nervous system and brain develop most in the last trimester of pregnancy.

Giving a required physical exam prior to DPT vaccination would crash the public health system.

In 1974, Dr Archie Kalokerinos proposed SIDS is caused by acute vitamin C deficiency triggered by vaccination.

After being scratched by a cat, eight-year-old Tony was pressured into getting a DPT shot and soon after became manic-depressive. He was proscribed lithium which caused liver damage.

VII) Political Immunology (pp. 136-164)

Political immunology is the application of pressure through the press and other media.

Doctors ascribe vaccine injury to coincidence.

In 1974, Wolfgang Ehrengut studied seizure clustering post-DPT vaccination and found a 2.5 times odds ratio than the nullypothesis. Now doctors say the shots only "trigger" seizures that would have happened anyway(!).

In 1978-79, Tennessee, eleven babies died within eight days of a DPT shot. Nine of them had been vaccinated with a 'hot lot' (Wyeth #64201). Wyeth withdrew the rest of the lot out of an "abundance of caution".

In 1983, a Wyeth memo confirmed a policy of limiting DDT shipments from a single lot to a single destination, referencing the "SIDS episode".

A *Pediatrics* study in November, 1981, "Pertussis Vaccine Project: Rates, Nature, and Etiology of Adverse Reactions Associated with DPT Vaccine""

-Did not give the number of children.

-Pre-screened the studied group to remove high-risk children.

-Did not classify high-pitched screaming as a serious reaction.

-Set a limit of forty-eight hours for reactions to occur.

VIII) Who Is Responsible? (pp. 165-195)

Cutter Laboratories Salk vaccine paralysed nearly 200 children.

A Division of Biologics Standard (DBS) Public Health Services department said "manufacturers would sell water if they could get away with it." DBS' mission was to develop new vaccines and regulate existing ones. DBS was transferred to the FDA in 1972.

The standard animal vaccine safety test is the mouse weight gain toxicity test.

If harmful vaccines are declared safe and effective there is zero incentive to improve them.

The Lederle 'Hot' Lot 585-181 of 1980 was left on the market till all vials were sold. It caused 28 serious adverse reactions, including death.

The production process is batch-->lots-->vials.

In 1954, the number of bacteria per dose was set at 96B or twelve "protective (or "opacity") units". Greyness (opacity) was used as a proxy for protective units.

In 1957, Parke-Davis decided to combine the Salk polio vaccine with its Triogen DPT vaccine, creating "Quadrigen". It was licenced July, 1959. Quadrigen originally had merthiolate as a preservative, however, since it degraded the vaccine it was replaced with benzenethonium chloride. This still degraded the vaccine, making it 6% more potent each month.

Parke-Davis tested the vaccine in inner-city Detroit where 10% of children suffered reactions. Despite the danger Quadrigen was sold right up to 1968.

In 1975, Michigan, a known-defective Lot 1182 (three times more potent than regulations) was approved.

Freezing vaccines causes discolouration.

Journal editorial boards are full of vaccine policymakers and paid manufacturer consultants.

In 1981 the British National Childhood Vaccine Encephalopathy Study (NCES) found a statistically significant correlation between pertussis vaccination and permanent brain damage.

Each year, NIH grants funds to research chicken pox, hepatitis, and influenza vaccines.

Haemophilus influenza Type B (HiB) causes a virulent bacterial meningitis in children.

In 1984, Merck Sharp and Dome created a chicken pox vaccine.

IX) Mandatory Vaccination: How Did it Happen (pp. 196-204)

Mandatory vaccination is rooted in smallpox epidemics which disfigured hundreds of millions from the Egyptian dynasties to the middle of 19thC Britain.

Inoculation began with taking pus from an existing smallpox sore and infecting another. The inoculate contracted mild smallpox but could still transmit the full disease.

The live Sabin polio vaccine was given to 97% of US children.

World dictators have always thought they knew what was best for their people.

X) The Search for a Safer Vaccine (pp. 205-212)

In 1984, Dr Vincent Fulginiti said, "...we have little knowledge of the immunising principle of the bacterium. To accomplish protection we find it necessary to give the entire bacterium and to allow the host to sort out the effective immunologic response..."

Vaccine failure can be divided into scientific, manufacturing, financial, and ethical categories.

One theory is many toxins within *B. pertussis* are simply endotoxins and not beneficial. The pertussis toxin component can cross the blood-brain barrier and since 1955 it has been know to cause nerve tissue damage to mice.

The US mandated pertussis vaccination in Japan after WWII in 1948.

In 1984, an acellular vaccine with only 10% of the whole-cell was shown to be as effective but with 80% less side effects. While implemented in Japan, it was resisted in the west as it drove the cost up due to material wastage. *B. pertussis* vaccine was already very cheap since it was just the whole culture washed.

The only test the FDA imposed on DPT was mouse weight gain.

XI) The National Childhood Vaccine Injury Act (pp. 213-215)

The NCVIA requires:

-All doctors to report vaccine reactions to health authorities.

-Vaccine reactions to remain on a patient's permanent health record.

-Doctors to record manufacturer name, lot number, administerer details, and vaccination location.

-Give informed consent.

-Require the government to improve existing vaccines.

Injury compensation only applies if they last more than six months and is financed by a public surcharge on vaccines.

Conclusion (pp. 216-220)

"Jackie" is now twenty-one and living in an institution due to pertussis vaccine injury.

When injury happens to your child the risk is 100%.

The courts have defined vaccines as “unavoidably unsafe”.