

BY ALAN PHILLIPS

Dispelling Vaccination Myths, Part I

Is There a Legitimate Controversy?

When my son began his routine vaccination series at two months of age, I did not know there were any risks associated with immunizations. But the clinic's literature contained a contradiction: the chances of a serious adverse reaction to the DPT vaccine were 1 in 1750, while his chances of dying from pertussis each year were one in several million.

When I pointed this out to the physician, he angrily disagreed, and stormed out of the room mumbling, "I guess I should read that some time..." Soon thereafter I learned of a child who had been permanently disabled by a vaccine, so I decided to investigate for myself. My findings have so alarmed me that I feel compelled to share them; hence, this report.

Health authorities credit vaccines for disease declines, and assure us of their safety and effectiveness. Yet these seemingly rock-solid assumptions are directly contradicted by government statistics, medical studies, Food and Drug Administration (FDA) and Centers for Disease Control (CDC) reports, and reputable research scientists from around the world. In fact, infectious diseases declined steadily for decades prior to vaccinations, U.S. doctors report thousands of serious vaccine reactions each year including hundreds of deaths and permanent disabilities, fully vaccinated populations have experienced epidemics, and researchers attribute dozens of chronic immunological and neurological conditions to mass immunization programs.

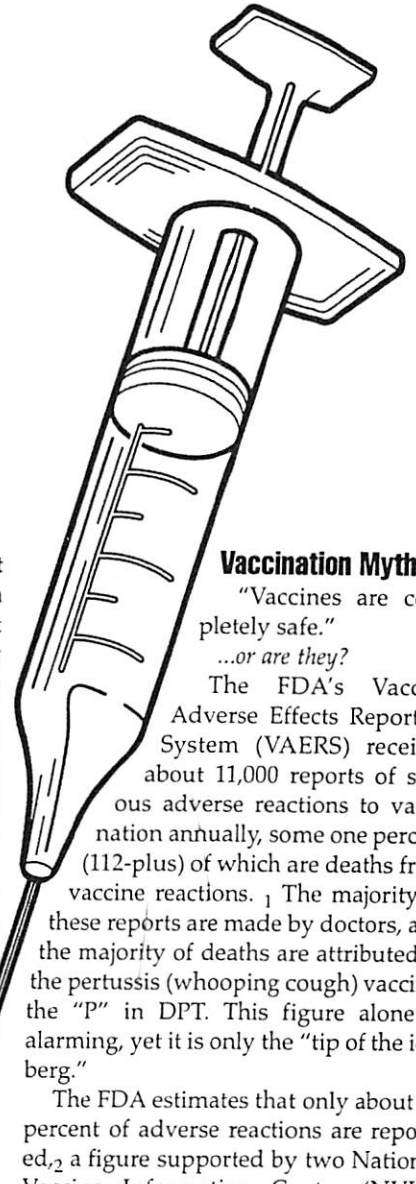
There are hundreds of published medical studies documenting vaccine failure and adverse effects, and dozens of books written by doctors, researchers,

and independent investigators that reveal serious flaws in immunization theory and practice. Ironically, most pediatricians and parents are completely unaware of these findings. However, this has begun to change in recent years, as a growing number of parents and healthcare providers around the world are becoming aware of the problems and starting to question the use of widespread, mandatory vaccinations.

My point is not to tell anyone whether or not to vaccinate, but rather, with the utmost urgency, to point out some very good reasons why everyone should examine the facts before deciding whether or not to submit to the procedure. As a new parent, I was shocked to discover the absence of a legal mandate or professional ethic requiring pediatricians to be fully informed, and to see firsthand the prevalence of physicians who are applying practices based on incomplete – and in some cases, outright mis-information.

Though only a brief introduction, this report contains sufficient evidence to warrant further investigation by all concerned, which I highly recommend. You will find that this is the only way to get an objective view, as the controversy is a highly emotional one.

A note of caution: Be careful trying to discuss this subject with a pediatrician. Most have staked their identities and reputations on the presumed safety and effectiveness of vaccines, and thus have difficulty acknowledging evidence to the contrary. The first pediatrician I attempted to share my findings with yelled angrily at me when I calmly brought up the subject. The misconceptions have very deep roots.



Vaccination Myth #1

"Vaccines are completely safe."

...or are they?

The FDA's Vaccine Adverse Effects Reporting System (VAERS) receives about 11,000 reports of serious adverse reactions to vaccination annually, some one percent (112-plus) of which are deaths from vaccine reactions. ¹ The majority of these reports are made by doctors, and the majority of deaths are attributed to the pertussis (whooping cough) vaccine, the "P" in DPT. This figure alone is alarming, yet it is only the "tip of the iceberg."

The FDA estimates that only about 10 percent of adverse reactions are reported, ² a figure supported by two National Vaccine Information Center (NVIC) investigations. ³ In fact, the NVIC reported that "In New York, only one out of 40 doctor's offices [2.5 percent] confirmed that they report a death or injury following vaccination," – 97.5 percent of vaccine related deaths and disabilities go unreported there.

Implications about the integrity of medical professionals aside (doctors are legally required to report serious adverse events), these findings suggest that vaccine deaths actually occurring each year may be well over 1,000.

With pertussis, the number of vaccine-related deaths dwarfs the number of disease deaths, which have been about 10 annually for recent years according to the CDC, and only eight in 1993, the last peak-incidence year (pertussis runs in three to four year cycles, though vaccination certainly doesn't). Simply put, the vaccine is 100 times

more deadly than the disease.

Given the many instances in which highly vaccinated populations have contracted disease (see Myth #2), and the fact that the vast majority of disease decline this century occurred before compulsory vaccinations (pertussis deaths declined 79 percent prior to vaccines; see Myth #3), this comparison is a valid one – and this enormous number of vaccine casualties can hardly be considered a necessary sacrifice for the benefit of a disease-free society.

Unfortunately, the vaccine-related-deaths story doesn't end here. Both national and international studies have shown vaccination to be a cause of SIDS^{4,5} (SIDS is "Sudden Infant Death Syndrome," a "catch-all" diagnosis given when the specific cause of death is unknown; estimates range from five to 10,000 cases each year in the U.S.).

One study found the peak incidence of SIDS occurred at the ages of two and four months in the U.S., precisely when the first two routine immunizations are given,⁴ while another found a clear pattern of correlation extending three weeks after immunization.

Another study found that 3,000 children die within four days of vaccination each year in the U.S. (amazingly, the authors reported no SIDS/vaccine relationship), while yet another researcher's studies led to the conclusion that half of SIDS cases – that would be 2,500 to 5,000 infant deaths in the U.S. each year – are caused by vaccines.⁴

There are studies that claimed to find no SIDS-vaccine relationship. However, many of these were invalidated by yet another study which found that "confounding" had skewed their results in favor of the vaccine.⁶ Shouldn't we err on the side of caution? Shouldn't any credible correlation between vaccines and infant deaths be just cause for meticulous, widespread monitoring of the vaccination status of all SIDS cases?

In the mid-1970s, Japan raised their vaccination age from two months to two years; their incidence of SIDS dropped dramatically. In spite of this, the U.S. medical community has chosen a posture of denial. Coroners refuse to check the vaccination status of Sudden Infant Death Syndrome victims, and unsuspecting families continue to pay the price, unaware of the dangers and denied the right to make a choice.

Low adverse event reporting also suggests that the total number of

adverse reactions actually occurring each year may be more than 100,000. Due to doctors' failure to report, no one knows how many of these are permanent disabilities, but statistics suggest that it is several times the number of deaths (see "petitions" below). This concern is reinforced by a study which revealed that one in 175 children who completed the full DPT series suffered "severe reactions,"⁷ and a doctor's report for attorneys which found that one in 300 DPT immunizations resulted in seizures.⁸

England actually saw a drop in pertussis deaths when vaccination rates dropped from 80 percent to 30 percent in the mid-70s. Swedish epidemiologist B. Trollfors' study of pertussis vaccine efficacy and toxicity around the world

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found that "pertussis-associated mortality is currently very low in industrialised countries and no difference can be discerned when countries with high, low, and zero immunisation rates were compared." He also found that England, Wales and West Germany had more pertussis fatalities in 1970 when the immunization rate was high than during the last half of 1980, when rates had fallen.⁹

Vaccinations cost us much more than just the lives and health of our children. The U.S. federal government's National Vaccine Injury Compensation Program (NVICP) has paid out over \$650.6 million to parents of vaccine injured and killed children, a rate of nearly \$90 million per year in taxpayer dollars. The NVICP has received over 5000 petitions since 1988, including over 700 for vac-

cine-related deaths, and there are still some 2,000 total death and injury cases pending that may take years to resolve.¹⁰ Meanwhile, pharmaceutical companies have a captive market: vaccines are legally mandated in all 50 U.S. states (though legally avoidable in most; see Myth #9), yet these same companies are "immune" from accountability for the consequences of their products. Furthermore, they have been allowed to use "gag orders" as a leverage tool in vaccine damage legal settlements to prevent disclosure of information to the public about vaccination dangers. Such arrangements are clearly unethical; they force a nonconsenting American public to pay for vaccine manufacturer's liabilities, while attempting to ensure that this same public will remain ignorant of the dangers of their products.

It is interesting to note that insurance companies (who do the best liability studies) refuse to cover vaccine adverse reactions. Profits appear to dictate both the pharmaceutical and insurance companies' positions.

Vaccination Truth #1

"Vaccination causes significant death and disability at an astounding personal and financial cost to families and taxpayers."

Vaccination Myth #2

"Vaccines are very effective...
...or are they?"

The medical literature has a surprising number of studies documenting vaccine failure. Measles, mumps, small pox, polio and Hib outbreaks have all occurred in vaccinated populations.^{11, 12, 13, 14, 15} In 1989 the CDC reported: "Among school-aged children, [measles] outbreaks have occurred in schools with vaccination levels of greater than 98 percent.¹⁶ [They] have occurred in all parts of the country, including areas that had not reported measles for years."¹⁷ The CDC even reported a measles outbreak in a documented 100 percent vaccinated population.¹⁸ A study examining this phenomenon concluded, "The apparent paradox is that as measles immunization rates rise to high levels in a population, measles becomes a disease of immunized persons."¹⁹ A more recent study found that measles vaccination "produces immune suppression which contributes to an increased susceptibility to other infections."^{19a} These studies suggest that the goal of complete immunization is actually

counterproductive, a notion underscored by instances in which epidemics followed complete immunization of entire countries.

Japan experienced yearly increases in small pox following the introduction of compulsory vaccines in 1872. By 1892, there were 29,979 deaths, and all had been vaccinated.²⁰ Early in this century, the Philippines experienced their worst smallpox epidemic ever after 8 million people received 24.5 million vaccine doses; the death rate quadrupled as a result.²¹ In 1989, the country of Oman experienced a widespread polio outbreak six months after achieving complete vaccination (98 percent).²² In the U.S. in 1986, 90 percent of 1300 pertussis cases in Kansas were "adequately vaccinated."²³ Seventy-two percent of pertussis cases in the 1993 Chicago outbreak were fully up to date with their vaccinations.²⁴

Vaccination Truth #2

"Evidence suggests that vaccination is an unreliable means of preventing disease."

Vaccination Myth #3

"Vaccines are the main reason for low disease rates in the U.S. today."

...or are they?

According to the British Association for the Advancement of Science, childhood diseases decreased 90 percent between 1850 and 1940, paralleling improved sanitation and hygienic practices, well before mandatory vaccination programs. Infectious disease deaths in the U.S. and England declined steadily by an average of about 80 percent during this century (measles mortality declined over 97 percent) prior to vaccinations.²⁵

In Great Britain, the polio epidemics peaked in 1950, and had declined 82 percent by the time the vaccine was introduced there in 1956. Thus, at best, vaccinations can be credited with only a small percentage of the overall decline in disease related deaths this century. Yet even this small portion is questionable, as the rate of decline remained virtually the same after vaccines were introduced. Furthermore, European countries that refused immunization for small pox and polio saw the epidemics end along with those countries that mandated it.

(In fact, both small pox and polio immunization campaigns were followed initially by significant disease incidence increases; during smallpox vaccination campaigns, other infectious diseases continued their declines in the absence



of vaccines. In England and Wales, smallpox disease and vaccination rates eventually declined simultaneously over a period of several decades.²⁶)

It is thus impossible to say whether or not vaccinations contributed to the continuing decline in disease death rates, or if the same forces which brought about the initial declines – improved sanitation, hygiene, improvements in diet, natural disease cycles – were simply unaffected by the vaccination programs. Underscoring this conclusion was a recent World Health Organization report which found that the disease and mortality rates in third world countries have no direct correlation with immunization procedures or medical treatment, but are closely related to the standard of hygiene and diet.²⁷ Credit given to vaccinations for our current disease incidence has simply been grossly exaggerated, if not outright misplaced.

Vaccine advocates point to incidence statistics rather than mortality as proof of vaccine effectiveness. However, statisticians tell us that mortality statistics can be a better measure of incidence than the incidence figures themselves, for the simple reason that the quality of reporting and record-keeping is much higher on fatalities.²⁸ For instance, a recent survey in New York City revealed that only 3.2 percent of pediatricians were actually reporting measles cases to the health department.

In 1974, the CDC determined that there were 36 cases of measles in Georgia, while the Georgia State

Surveillance System reported 660 cases.

²⁹ In 1982, Maryland state health officials blamed a pertussis epidemic on a television program, "D.P.T. – Vaccine Roulette," which warned of the dangers of DPT; however, when former top virologist for the U.S. Division of Biological Standards, Dr. J. Anthony Morris, analyzed the 41 cases, only five were confirmed, and all had been vaccinated.³⁰ Such instances as these demonstrate the fallacy of incidence figures, yet vaccine advocates tend to rely on them indiscriminately.

Vaccination Truth #3

"It is unclear what impact vaccines had on the infectious disease declines that occurred throughout this century."

Vaccination Myth #4

"Vaccination is based on sound immunization theory and practice."

...or is it?

The clinical evidence for vaccinations is their ability to stimulate antibody production in the recipient, a fact which is not disputed. What is not clear, however, is whether or not such antibody production constitutes immunity. For example, agammaglobulinemic children are incapable of producing antibodies, yet they recover from infectious diseases almost as quickly as other children.³¹ Furthermore, a study published by the British Medical Council in 1950 during a diphtheria epidemic concluded that there was no relationship between antibody count and disease incidence; researchers found resistant

people with extremely low antibody counts and sick people with high counts. [32]

Natural immunization is a complex phenomenon involving many organs and systems; it cannot be fully replicated by the artificial stimulation of antibody production.

Research also indicates that vaccination commits immune cells to the specific antigens involved in the vaccine, rendering them incapable of reacting to other infections. Our immunological reserve may thus actually be reduced, causing a generally lowered resistance. ³³

Another component of immunization theory is "herd immunity," which states that when enough people in a community are immunized, all are protected. As Myth #2 revealed, there are many documented instances showing just the opposite – fully vaccinated populations do contract diseases; with measles, this actually seems to be the direct result of high vaccination rates. ¹⁹

A Minnesota state epidemiologist concluded that the Hib vaccine increases the risk of illness when a study revealed that vaccinated children were five times more likely to contract meningitis than unvaccinated children.

Carefully selected epidemiological studies are yet another justification for vaccination programs. However, many of these may not be legitimate sources from which to draw conclusions about vaccine effectiveness. For example, if 100 people are vaccinated and five contract

the disease, the vaccine is declared to be 95 percent effective. But if only 10 of the 100 were actually exposed to the disease, then the vaccine was really only 50 percent effective.

Since no one is willing to directly expose an entire population to disease – even a fully vaccinated one – vaccine effectiveness rates may not indicate a vaccine's true effectiveness.

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Yet another surprising concern about immunization practice is its assumption that all children, regardless of age, are virtually the same. An eight-pound two-month-old receives the same dosage as a 40-pound five-year-old. Infants with immature, undeveloped immune sys-

tems may receive five or more times the dosage (relative to body weight) as older children. Furthermore, the number of "units" within doses has been found upon random testing to range from one-half to three times what the label indicates; manufacturing quality controls appear to tolerate a rather large margin of error.

"Hot Lots" – vaccine lots with disproportionately high death and disability rates – have been identified repeatedly by the NVIC, but the FDA refuses to intervene to prevent further unnecessary injury and deaths. In fact, they have never recalled a vaccine lot due to adverse reactions. Some would call this infanticide.

Finally, vaccination practice assumes that all recipients, regardless of race, culture, diet, geographic location, or any other circumstances, will respond the same. This was perhaps never more dramatically disproved than an instance a few years ago in Australia's Northern Territory, where stepped-up immunization campaigns resulted in an incredible 50 percent infant mortality rate in the native aborigines. ³⁴

Researcher A. Kalokerinos, M.D. discovered that the aborigine's vitamin C deficient "junk food" diet (imposed on them by white society) was a critical factor (studies had already shown that vaccination depletes vitamin C reserves; children in shock or collapse often recovered in a matter of minutes when given vitamin C injections). He consid-

Pediatricians Warn Against Mass Smallpox Vaccinations

According to a recent Associated Press story, the American Academy of Pediatrics warns that the nation's smallpox plan should involve limited vaccinations if a case should occur, not universal inoculations before there's even an attack.

In a policy statement released October 7, the Academy said potential side effects are too severe, and available vaccines have not been tested on children, who may be at higher risk for bad reactions.

"We're talking about a disease that hasn't existed in the world since the 1970s and a vaccine that we know can cause death," said Dr. Julia McMillan, a Johns Hopkins School of Medicine pediatrics professor and co-author of the policy.

Based on studies from the 1960s, 15 out of every million people vaccinated will face life-threatening reactions, and one to two will die.

In stark contrast to the Academy's more conservative policy, the Bush administration plans to offer the vaccine to all

280 million Americans. While no final decisions have been made, the administration is debating on how quickly to make the vaccine available.

The United States discontinued routine childhood immunization against smallpox in 1972. Potential vaccine side effects range from severe rashes to encephalitis and death.

The Academy policy emphatically warns that if all Americans are vaccinated, the number of severe reactions likely would be higher than in the past because there may be more people with ailments such as HIV infections that make them more vulnerable.

According to Michael Waldholz of the WSJ (interviewed October 8 on CNBC about the mass vaccination threat), estimates are that anywhere from five to 30 million people could develop side effects were the entire U.S. population vaccinated, and "tens of thousands" could die.

– Media Bypass Staff Report

ered it amazing that as many survived as did. One must wonder about the lives of the survivors, though, for if half died, surely the other half did not escape unaffected.

Almost as troubling was a very recent study in the *New England Journal of Medicine* that revealed that a substantial number of Romanian children were contracting polio from the vaccine, a less common phenomena in most developed countries. Correlations with injections of antibiotics were found: a single injection within one month of vaccination raised the risk of polio eight times, two to nine injections raised the risk 27-fold, and 10 or more injections raised the risk 182 times [*Washington Post*, Feb. 22, 1995].

What other factors not accounted for in vaccination theory will surface unexpectedly to reveal unforeseen or previously overlooked consequences? We will not begin to fully comprehend the scope of this danger until researchers begin looking and reporting in earnest. In the meantime, entire countries' populations are unwitting gamblers in a game that many might very well choose not to play if they were given all the "rules" in advance.

Vaccination Truth #4

"Many of the assumptions upon which immunization theory and practice are based have been proven false in their application."

Notes on the text:

1. National Technical Information Service, Springfield, VA 22161, 703-487-4650, 703-487-4600.
2. Reported by KM Severyn, R.Ph., Ph.D. in the *Dayton Daily News*, May 28, 1993. (Ohio Parents for Vaccine Safety, 251 Ridgeway Dr., Dayton, OH 45459)
3. National Vaccine Information Center (NVIC), 512 Maple Ave. W. #206, Vienna, VA 22180, 703-938-0342; "Investigative Report on the Vaccine Adverse Event Reporting System."
4. Viera Scheibner, Ph.D., *Vaccination: 100 Years of Orthodox Research Shows that Vaccines Represent a Medical Assault on the Immune System*.
5. W.C. Torch, "Diphtheria-pertussis-tetanus (DPT) immunization: A potential cause of the sudden infant death syndrome (SIDS)," (American Academy of Neurology, 34th Annual Meeting, Apr 25 - May 1, 1982), *Neurology* 32(4), pt. 2.
6. Confounding in studies of adverse reactions to vaccines [see comments]. Fine PE, Chen RT, Review Article: 38

REFS. Comment in: *Am J Epidemiol* 1994 Jan 15;139(2):229-30. Division of Immunization, Centers for Disease Control, Atlanta, GA 30333.

7. "Nature and Rates of Adverse Reactions Associated with DTP and DT Immunizations in Infants and Children" (*Pediatrics*, Nov. 1981, Vol. 68, No. 5)

8. *The Fresno Bee*, Community Relations, 1626 E. Street, Fresno, CA 93786, DPT Report, Dec. 5, 1984.

9. Trollfors B., Rabo, E. "Whooping cough in adults." *British Medical Journal* (September 12, 1981), 696-97.

10. National Vaccine Injury Compensation Program (NVICP), Health Resources and Services Administration, Parklawn Building, Room 7-90, 5600 Fishers Lane, Rockville, MD 20857, 800-338-2382.

11. "Measles vaccine failures: lack of sustained measles specific immunoglobulin G responses in revaccinated adolescents and young adults." Department of Pediatrics, Georgetown University Medical Center, Washington, D.C. 20007. *Pediatric Infectious Disease Journal*. 13 (1):34-8, January 1994.

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14. "Sustained transmission of mumps in a highly vaccinated population: assessment of primary vaccine failure and waning vaccine-induced immunity." Division of Field Epidemiology, Centers for Disease Control and Prevention, Atlanta, GA. *Journal of Infectious Diseases*. 169(1):77-82, Jan. 1, 1994.

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19a. *Clinical Immunology and Immunopathology*, May 1996; 79 (2): 163-170.

20. Trevor Gunn, *Mass Immunization, A Point in Question*, p. 15 (E.D. Hume, *Pasteur Exposed - The False Foundations of Modern Medicine*, Bookreal, Australia, 1989.)

21. Physician William Howard Hay's address of June 25, 1937; printed in the Congressional Record.

22. "Outbreak of paralytic poliomyelitis in Oman; evidence for widespread transmission among fully vaccinated children." *Lancet* vol 338: Sept. 21, 1991; 715-720.

23. Neil Miller, *Vaccines: Are They Safe and Effective?* p 33.

24. Chicago Department of Health.

25. See Note 23 pp 18-40.

26. See Note 23 pp 45,46 [NVIC News, April 1992, p. 12].

27. S. Curtis, *A Handbook of Homeopathic Alternatives to Immunization*.

28. Darrell Huff, *How to Lie With Statistics*, p 84.

29. quoted from the internet, credited to Keith Block, M.D., a family physician from Evanston, Ill., who has spent years collecting data in the medical literature on immunizations.


30. See Note 20, p. 15.

31. See Note 20, p. 21.

32. See Note 20, p. 21 (British Medical Council Publication 272, May 1950).

33. See Note 20, p 21; also Note 23 p. 47 (Buttram, MD, Hoffman, *Mothering Magazine*, Winter 1985, p. 30; Kalokerinos and Dettman, MDs, "The Dangers of Immunization," Biological Research Institute [Australia], 1979, p. 49).

34. Archie Kalokerinos, MD, *Every Second Child*, Keats Publishing, Inc. 1981

For information on how to obtain a copy of *Dispelling Vaccination Myths* and the *Vaccination Resource Directory* (publishers, books, tapes, videos, newsletters, government agencies, nonprofits, vaccination alternatives, internet and WWW sources, etc.), email Alan Phillips at: aphillip@email.unc.edu. 

The Smallpox Hoax

Is This Superbug Part of the Campaign to Support Terrorism?

pable of waging a war, and remains defenseless against the overwhelming powers of the United States and the British, it's difficult to claim that we're going into Iraq to restore peace.

History will eventually show that if we launch this attack the real victims will be the innocent Iraqi civilians who despise Saddam Hussein and are terrified of the coming bombs that will destroy their cities.

The greatest beneficiaries of the attack may well be Osama bin Laden and the al Qaeda. Some in the media have already suggested that the al Qaeda may be encouraging the whole event. Unintended consequences will occur what will come from this attack is still entirely unknown.

It's a well-known fact that the al Qaeda are not allies of Saddam Hussein and despise the secularization and partial westernization of Iraqi culture. They would welcome the chaos that's about to come. This will give them a chance to influence post-Saddam Hussein Iraq. The attack, many believe, will confirm to the Arab world that indeed the Christian West has once again attacked the Muslim East, providing radical fundamentalists a tremendous boost for recruitment.

An up or down vote on declaring war against Iraq would not pass the Congress, and the President has no intention of asking for it. This is unfortunate, because if the process were carried out in a constitutional fashion, the American people and the U.S. Congress would vote "No" on assuming responsibility for this war.

Transferring authority to wage war, calling it permission to use force to fight for peace in order to satisfy the UN Charter, which replaces the Article I, Section 8 war power provision, is about as close to 1984 "newspeak" that we will ever get in the real world.

Not only is it sad that we have gone so far astray from our Constitution, but it's also dangerous for world peace and threatens our liberties here at home. **MR**

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I'm curious why the United States government is trying to frighten the American people with the possibility of a biological attack that uses smallpox.

The U.S. government is well aware that smallpox was pronounced eradicated from the world and that only two governments possess smallpox viruses – the United States and Russia.

Not even in its wildest accusations has the Bush administration suggested that Iraq or any other member of its "axis of evil" has access to the smallpox virus. Yet it has made a big deal about buying vaccines and talked much about plans to vaccinate the entire population if an attack occurs.

Well, there is only one way an attack can occur, and that is if someone in the United States or Russia makes the virus available to terrorists. I would think that is highly unlikely. But, by the by, it is known that Russia has developed a super-virulent form of smallpox against which vaccination would offer no protection. The U.S. government has paid the Russians for samples of this super-bug, yet Russia has found one excuse after another to avoid delivering the sample we paid for.

Since Mr. Bush has stared into Russian President Vladimir Putin's eyes and pronounced him a trustworthy friend, I wonder why President Bush hasn't picked up the phone and asked his pal Putin to hand over what we've already paid for.

This is just another example of why I believe the United States should be focusing its diplomatic and intelligence resources on Russia and China instead of diddling around with Third World countries. When you are in bear country, it pays to watch the bears and not be distracted by foxes and squirrels.

Unfortunately, biological agents are easy to produce, though the methods of distribution are much more complicated. It is probably only a matter of time before there is a biological attack. Yet

you should know that one country stands in the way of a worldwide treaty, backed up by inspections, to ban biological weapons research and production. That country, of course, is the United States. It seems that drug companies object to the idea of international inspections.

The outbreak of what was called Spanish Flu in 1918 is a reminder of what biological warfare could do. This was, apparently, a natural disease. It appeared in the spring of 1918 and disappeared in the spring of 1919, but during that short duration it killed 20 million people, mostly children and young adults. In France, 166,000 people died; in Germany, 225,000; in Great Britain, 228,900; and in the United States, 550,000. In India, the death toll was 16 million.

At the time, nobody knew what it was or where it had originated. It was certainly not like any flu we are familiar with. About 25 percent of its victims were 15 and younger, and another 45 percent were between 15 and 35. It was said that people would develop symptoms in the morning and often be dead by the afternoon. Since viruses mutate all the time, the possibility of another such pandemic can never be ruled out. Of course, at the time, nobody knew anything about viruses.

When I was boy, smallpox vaccinations were mandatory, and comparing scars was one of those silly things that occupy the minds of elementary school children. I cannot recall any cases of fatal reactions, though naturally children at the age of six are not the best-informed human beings.

But nevertheless, there are far more immediate threats than a possible smallpox outbreak, and one has to wonder why the government has put so much attention on it. I suspect it is just part of the administration's ongoing campaign to scare people into supporting its endless war against terrorism. **MR**