

If AIDS Doesn't Kill You, The AIDS Vaccine Will

Bill Gates, the U.S. Government, and the United Nations Want to Inject Your Family With AIDS



Billionaire Bill Gates, founder of Microsoft, and Mrs. Melinda Gates meet with U.N. Secretary-General Kofi Annan to discuss development of an HIV/AIDS vaccine. (UN/DPI photo by Eskinder Debebe). But will Gates volunteer to take it?

A Special Investigative Report By Cliff Kincaid

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Introduction:
The Coming Civil War Over an AIDS Vaccine

Billionaire Bill Gates, the U.S. government and the United Nations want to inject you with AIDS in the form of an HIV/AIDS vaccine. They say they want to stop the AIDS epidemic. But this could unleash a biological catastrophe. The project to develop an HIV/AIDS vaccine is not only diverting resources away from other global health problems, it could backfire and infect millions more with this deadly disease. In the end, the entire world and its people could be far worse off. It is past time for a full and fair debate over the AIDS epidemic. It is now time for the U.S. Congress to conduct long overdue oversight hearings into the HIV/AIDS vaccine program and the AIDS Establishment, including the National Institutes of Health and Centers for Disease Control. Above all, the public must mobilize in order to make sure that an HIV/AIDS vaccine is not required or mandated for anyone. If Gates and his collaborators continue in their crusade for a mandatory HIV/AIDS vaccine, they will encounter an angry citizenry who will engage in civil disobedience on behalf of their children, their families, and themselves. The American people will not become human guinea pigs in Gates' proposed AIDS experiment. If Gates and his collaborators think an AIDS vaccine is such a great idea, they should volunteer to take it.

Massive resistance to a mandatory AIDS vaccine will feature millions of parents absolutely refusing to have their children vaccinated with any variation of an HIV/AIDS shot. The reason is obvious. An AIDS vaccine will have a form of AIDS or HIV in it, and the government will not be able to guarantee that it is safe or effective. Parents will also reason that their children can easily avoid the disease they are supposedly being "protected" against through changes in behavior and lifestyle. That is a much safer option than having a dangerous and potentially lethal foreign substance injected into their bloodstream.

An HIV/AIDS vaccine imposed on U.S. military personnel could meet with a similar reaction. Recruits who must test HIV-negative before joining the service could find themselves HIV-positive or with full-blown AIDS after getting into it because of the AIDS vaccine. On top of the mandatory anthrax vaccine, which has caused morale and health problems, and even death, an HIV/AIDS vaccine for the troops could break the back of the U.S. military, provoke a mass exodus from the service, and force the return of the military draft. That could spark a national or even international crisis.

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Biography

Cliff Kincaid, a veteran journalist, is the director of the Committee to Protect Medical Freedom, a project of America's Survival. Cliff contributes regularly to *The American Legion Magazine* and the Accuracy in Media (AIM) Report and co-hosts the AIM daily radio commentary "Media Monitor." He appears regularly on the "For the People" Talk America radio network program and the Free Congress Foundation "Endangered Liberties" show. His articles have appeared in the *Washington Post*, *Human Events*, *Insight* and the *Washington Times*. As president of America's Survival, he directs a national educational campaign on American sovereignty and constitutional liberties.

At his March 8, 2001, meeting with U.N. Secretary-General Kofi Annan, Bill Gates said the quest for an AIDS vaccine is of “prime importance.” Annan has agreed, saying, “The missing piece, the secret weapon we crave, remains an effective vaccine.”¹ With a fortune estimated at \$105 billion, Gates wants to devote most of it to “health causes,” including vaccines. His Bill and Melinda Gates Foundation is already said to be the largest in the country with assets of \$20 billion. In August 1999, his foundation announced that he would donate an additional \$6 billion to fund research into developing new vaccines.² He has committed \$126 million to the International AIDS Vaccine Initiative (IAVI), \$750 million to the Children’s Vaccine Trust Fund of the Global Alliance for Vaccines and Immunization (GAVI), and has created the Children’s Vaccine Program at the Program for Appropriate Technology in Health (PATH).

Annan has also enlisted the Council on Foundations, with combined assets worth \$318 billion and grants totaling \$14 billion, in his campaign.

Annan’s proposal for a “Global AIDS and Health Fund” requires an additional \$7 billion to \$10 billion a year. Gates could pay for it single-handedly himself and may contribute substantially to it, after Western governments are shaken down for “contributions.” It was once estimated that Gates could become the world’s first trillionaire.³ But while Gates came under congressional scrutiny and federal court action for an alleged monopoly on computer software, his attempt to mold or manipulate health care for the entire world is viewed as humanitarian. Gates is emerging as the global financial patron of the AIDS Establishment and more powerful than any national government or even the U.N.

But who elected Bill Gates as the world’s medical doctor and Kofi Annan as his sidekick? Is their money and position enough to qualify them?

At the time of his meeting with U.N. Secretary-General Annan, Gates had already donated \$236 million directly to U.N. programs, including the U.N. Children’s Fund (UNICEF), the World Health Organization (WHO), and the U.N. Population Fund.⁴ Increasingly, because of “contributions” from such figures as Bill Gates and Ted Turner, who is himself providing \$1 billion to the organization over 10 years, the U.N. is becoming a tool of the global rich and famous. However, the U.N. Charter, the document that is supposed to govern the operations of the U.N., allows “contributions” from member-states – governments or nations – and not individuals. Therefore, the influence of private money over the world body has to be viewed with great alarm.

Whatever his motives, Gates’ fixation on a mandatory HIV/AIDS vaccine

¹ United Nations Press Release SG/SM/7045, June 25, 1999.

² United Nations Wire, August 23, 1999. www.unfoundation.org

³ “The 65 Leaders Who Shape and Rule the World Today,” *Vanity Fair*, November 1997, page 274.

⁴ U.N. Wire, March 9, 2001.

makes his “philanthropy” our business. In a letter to Gates, the Committee to Protect Medical Freedom urges him to “walk the walk” and “talk the talk” on an HIV/AIDS vaccine by volunteering to take an HIV/AIDS shot.

The same applies to U.N. Secretary-General Annan and Seth Berkley of the International AIDS Vaccine Initiative (IAVI), the subject of a flattering June 11, 2001, cover story in *Newsweek* magazine. He is the man “trying to deliver the dream,” *Newsweek* said. But the “dream” could become a nightmare if the vaccine backfires and kills millions in the name of saving them. Those who are pushing an AIDS vaccine on the rest of us should volunteer in the HIV/AIDS vaccine trials. This includes the members of all government committees who would approve the vaccines and the officials of the companies making them.

The Bill Gates-funded IAVI salutes “Vaccine Heroes” who volunteer as guinea pigs in HIV/AIDS vaccine trials and experiments. One of them, Paul Wetaka of the Ugandan Army, is described on the IAVI Web site as a patriot who had already decided, as a member of the military, to die for his country. So it was easy for him “to accept the idea of testing an unknown vaccine.”

The Committee to Protect Medical Freedom calls on Bill Gates, Kofi Annan and Seth Berkley to be patriots, too, and test this “unknown vaccine” on themselves.

In a “Global Call for Action for AIDS Vaccines,” to be presented to the U.N. General Assembly Special Session on HIV/AIDS, June 25-27, 2001 in New York, the IAVI calls for “new resources” and salutes the vaccine trial volunteers as “the unsung heroes of vaccine development.” It adds:

“Many selfless men and women have already volunteered, and many more must follow their brave leadership.”⁵

We urge Berkley, Gates and Annan to “follow their brave leadership” as well.

Perhaps they are reluctant to volunteer. They know that the development of an AIDS vaccine has already been marked by scandal. In 1986, a French researcher, Daniel Zagury, had an HIV vaccine that was supposed to be tested on animals used on African children. None of the children had AIDS and, of course, were too young to give their informed consent.⁶ Peter Lurie and Sidney Wolfe of Public Citizen’s Health Research Group say the experiments led to several deaths.⁷

Zagury had ties to Dr. Robert Gallo, who claimed credit for discovering

⁵ <http://iavi.org/callforaction/>

⁶ For more on the concept of informed consent, see Appendix VI.

⁷ <http://www.citizen.org/hrg/PUBLICATIONS/1471.htm>

HIV. Zagury, who claimed to have tested a possible AIDS vaccine on himself, was reported to have tested the vaccine on children as young as two years. Asked by the *Chicago Tribune* if that was true, he replied, "There are maybe some children, but not so young as you claim."⁸

Barbara Loe Fisher, co-founder of the National Vaccine Information Center, reports that a member of the federal committee that recommends vaccines for American children had said that an AIDS vaccine would be tested and then forced on all 12-year-old children.⁹ In a February 12, 1997 meeting of the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control (CDC), Neal Halsey, M.D., chairman of the American Academy of Pediatrics (AAP) Committee on Infectious Diseases, reminded HIV vaccine researchers and developers at the meeting that the CDC plans to target 11 to 12 year old children for "universal application" of an HIV vaccine. Halsey was the AAP liaison member of the ACIP and Director of the Institute of Vaccine Safety at John's Hopkins University,

She quoted Halsey as telling them:

"One of the things that's happened in the past with vaccines is that sometimes the manufacturers have developed them and tested them primarily in an age group or a population which may not be the final target population that this committee has considered. Over the last few years we have developed a statement on adolescent immunization and it probably would be worth your reading that, and others, because we really see age 11 to 12 as the target age for introduction of vaccines for prevention of sexually transmitted diseases. And I know that, at this time, you are really studying adults and you're also some distance away from the actual - having a [HIV] vaccine in hand that might be licensed and approved - but at least it would be nice if there were studies that were planned in parallel when you move another step in the direction of actually having a candidate vaccine, realizing where WE think we would want to use universal application of such a vaccine. And so I think maybe [you should get] a copy of the adolescent immunization statement."¹⁰

But babies are being used as guinea pigs now. Under the auspices of the U.S. Department of Health and Human Services (HHS), the National Institute of Allergy and Infectious Diseases (NAID) is now sponsoring an HIV vaccine test on

⁸ John Crewdson, "AIDS Lab May Have Ignored Ethics Rules. Use of Human Subjects Questioned," *The Chicago Tribune*, March 10, 1991, page 1.

⁹ Barbara Loe Fisher, "The National Electronic Vaccine Tracking Registry. How The Plan to Force Vaccination Gave Birth to the National ID, A Government Health Records Database, and the End of Medical Privacy," Free Congress Foundation, Center for Technology Policy, February 2000.

¹⁰ <http://www.909shot.com/hepbnlr.htm>

babies born to HIV -infected women. The study looks “at how these vaccines affect a baby’s immune system,” the report says. It insists there is “no chance” of getting HIV infection from the vaccines but the mothers must have the “ability to provide written informed consent” for their children. ¹¹

Over at the Walter Reed Army Institute of Research, an HIV vaccine is being tested on “healthy volunteers” who are asked to keep a “diary of symptoms.” The volunteers “receive payment,” although how much is not disclosed.

A spokesman for a series of HIV vaccine trials taking place at the Fred Hutchinson Cancer Research Center told us that “no one can become infected from the vaccines we are testing” but then admitted that a “small percentage of our trial participants have become infected” for some reason and now have access to “the best medical care available.” ¹²

The lack of full disclosure of the testing procedures and results of these trials is very troubling. With few exceptions, it is very difficult to obtain information about the “volunteers.” In the *HIV Vaccine Handbook*, published by the AIDS Vaccine Advocacy Coalition, these volunteers are called “anonymous heroes” in an article by Peter Piot and Jose Esparza of the Joint U.N. Program on AIDS. ¹³ Have they chosen to remain anonymous? Or are their identities being concealed because they are dead or dying?

In *Shots in the Dark. The Wayward Search for An AIDS Vaccine*, Jon Cohen describes how “breakthrough” infections have occurred in AIDS vaccine trials. These are individuals who get the disease despite having received the vaccine. He also explains how a controversy emerged over “informed consent” forms that did not explicitly state that volunteers could become HIV infected and “develop the disease more quickly than unvaccinated people.” ¹⁴

A “white paper” prepared by an HIV Vaccine Ethics Committee in Trinidad & Tobago claims getting AIDS from the vaccine is “highly unlikely” but that the recipient will become HIV positive. It says he/she will receive “the best treatment available” in the “unlikely event” of HIV infection. People are paid to participate. ¹⁵

In one article in a series on “The Body Hunters,” *The Washington Post* reported that “volunteers” for an experimental HIV vaccine in Thailand were drawn by “small payments and offers of free rice...” ¹⁶

¹¹ AIDS Clinical Trials Information Service.

¹² Email to author, June 4, 2001, from Steve Wakefield, director of community education, HIV Vaccine Trials Network, Fred Hutchinson Cancer Research Center.

¹³ Bill Snow, editor, *HIV Vaccine Handbook*, AIDS Vaccine Advocacy Coalition, December 1999, page iii.

¹⁴ Jon Cohen, *Shots in the Dark*, (New York: W.W. Norton & Company, 2001), page 246.

¹⁵ <http://www.healthsectorreform.gov.tt/whitepapers/hivethics.htm>

¹⁶ Mary Pat Flaherty and Doug Struck, “Life by Luck of the Draw. In Third World Drugs Tests, Some Subjects Go Untreated,” *The Washington Post*, December 22, 2000, page A1.

The National Institutes of Health (NIH) reports that since 1987, “more than 3,200 non-HIV-infected volunteers” have enrolled in government–sanctioned HIV/AIDS vaccine studies. However, the NIH Web site does not explain the ages of the “volunteers,” who they are, the nature of their “informed consent,” or what happens if they suffer health problems or come down with AIDS.¹⁷ The National Human Research Protections Advisory Committee (NHRPAC) of the Department of Health and Human Services, which is supposed to offer protection for human subjects, has been asked by the Committee to Protect Medical Freedom to provide similar information.

There is even confusion over the numbers of “volunteers.” *The New York Times* put the figure at “more than 6,000 uninfected volunteers, mainly in the United States and Thailand,”¹⁸ while Dr. Anthony S. Fauci, Director of NAID, says “Since the first vaccine clinical trials in humans over a decade ago, more than 12,000 volunteers worldwide have stepped forward to participate in vaccine studies.” He says volunteers “are essential” to the effort.¹⁹

Fauci says they will someday be part of “medical history.” But the Nazi doctors and their victims are also part of medical history.

Such critical matters are being brushed aside in the mad rush to fight AIDS by throwing money at the problem. Annan has twice met with President Bush at the White House, and both times they discussed AIDS. During the March visit, Bush said he agreed to contribute to “a global fund to fight HIV/AIDS, malaria and tuberculosis.” The president created a “high-level task force” chaired by Secretaries Colin Powell of the Department of State and Tommy Thompson of HHS to develop his own proposal. Bush offered a “founding contribution of \$200 million” for the fund. “This is in addition to the billions we spend on research and to the \$760 million we're spending this year to help the international effort to fight AIDS,” Bush said after meeting with Annan on May 11, 2001. “This \$200 million will go exclusively to a global fund, with more to follow as we learn where our support can be most effective.”

In a May 2001 report, the AIDS Vaccine Advocacy Coalition called on the Bush Administration to “take ownership of the HIV vaccine challenge, and provide global public leadership toward developing and delivering an HIV vaccine.” The advice has been followed. Under Bush, spending on an HIV/AIDS vaccine through the National Institutes of Health (NIH) is scheduled to rise to \$357 million – a 25 percent increase. HIV/AIDS Vaccine Research funded through the NIH alone has followed this path:

¹⁷ <http://www.niaid.nih.gov/newsroom/NIHvacc.htm>

¹⁸ “Money’s Not The Only Problem; Fears and Leadership Flaws Hinder the Search for an AIDS Vaccine,” *The New York Times*, February 20, 2001, Page T07

¹⁹ HIV Vaccine Awareness Day, May 18, 2001. <http://www.niaid.nih.gov/newsroom/mayday/>

- 1995: \$100 million
- 1999: \$194 million
- 2000: \$204 million
- 2001: \$281 million
- 2002: \$357 million (proposed by Bush)

The AIDS Vaccine Advocacy Coalition was pleased that President Bush appointed Scott Evertz, an open homosexual from Wisconsin, to run the White House Office of National AIDS Policy. Evertz is politically close to HHS Secretary Thompson, the former Governor of Wisconsin.

President Bush's proposed 25% increase in US government spending on AIDS vaccine research is part of a 7% overall increase for HHS for AIDS research, treatment and prevention. Bush's budget for fiscal year 2002 proposes an 11% increase for global AIDS programs administered by the Centers for Disease Control and Prevention (CDC).²⁰ Federal funding for AIDS research at the NIH surpassed \$2 billion in the year 2000. This represents an 89 percent increase since 1993. Overall, about \$15 billion has been spent on HIV/AIDS research.²¹

The U.S. Government also funds HIV vaccine development through the Pentagon. The U.S. Military HIV Research Program has said it:

“has an aggressive program to develop candidate vaccine products to combat the A, C and D strains of HIV prevalent throughout Africa. These vaccine candidates will be tested for safety and effectiveness against strains of HIV in Africa and, if successful, be licensed and used to protect U.S. military personnel.”²²

However, new recruits are not being informed that they will be injected with AIDS in the form of a vaccine. In a letter to Senator James Inhofe, who chairs a Senate subcommittee on military readiness, we point out:

“As if the controversy over the anthrax vaccine program isn't enough, the HIV-AIDS vaccine also threatens the rights, health and even lives of our service personnel. It could greatly disrupt military readiness, leading to a mass exodus from the service.”

New recruits are being tested for HIV. But these tests are themselves being used to develop HIV/AIDS vaccines. A report by the U.S. Military HIV Research Program says, “Knowledge of the circulating HIV-1 subtypes and their temporal and geographical distribution has important implications for vaccine development.” It goes on to say that such an analysis also provides “a sound

²⁰ http://www.iavi.org/highlights/87/H2001-04-09_Bush_Vaccines_Budget.htm

²¹ Quoted by Laurie Garret, “AIDS At 20,” *Newsday*, June 3, 2001.

²² <http://www.hivresearch.org/new/index.html>

basis for evaluating HIV-1 vaccine requirements in the US population.”

In other words, HIV testing of the troops is being used to develop an HIV vaccine for military personnel and civilians.

Insight magazine suggests that an experimental AIDS vaccine was already used on Gulf War military personnel. The article claims that blood tests of veterans sick with Gulf War syndrome found evidence of squalene, a synthetic substance used in government research on AIDS and herpes.²³

But politicians of all stripes agree that spending more money on AIDS – and an AIDS vaccine -- is the solution. Reflecting a bipartisan approach, after a meeting with Annan, Senate Majority Leader Tom Daschle said:

“Secretary General Annan has been especially effective in raising awareness about the international HIV/AIDS epidemic. With more than 36 million people already living with HIV/AIDS, and 14,000 more contracting the virus every day, the Secretary General is right to call for a coordinated response. Governments, foundations and corporations throughout the world must work together to confront this humanitarian, economic and security crisis.

"I commend President Bush's leadership in raising the profile of this issue, but the critical test will be whether the Congress and the President work together to provide the resources necessary to demonstrate our international leadership on this issue. I assured the Secretary General that there is broad appreciation of the enormity of this challenge within the American government, and that I will make the international fight against HIV/AIDS a priority for the Senate. The American people and the international community expect as much from the United States."

President Bill Clinton, in a May 18, 1997 speech, had called for an AIDS vaccine to be on the market by the year 2007. The day has now become “HIV Vaccine Awareness Day.” Fauci says, “The development of a safe and effective vaccine for HIV infection remains the ‘holy grail’ of AIDS research, and an important step toward bringing the HIV epidemic under control.”²⁴

Paraphrasing Jon Cohen, the journalist who has written a book about the search for an AIDS vaccine, the *New York Times* says that, “the objective should be to find a vaccine that works even if the reasons it works are unclear -- and

²³ <http://www.insightmag.com/archive/investiga/gulf3.shtml>

²⁴ <http://www.hhs.gov/asl/testify/t980916a.html>

even if it isn't 100 percent effective."²⁵ Some 30 HIV/AIDS vaccines have been tested in humans during the course of the 20-year battle against AIDS.²⁶ One writer says 77 "potential vaccine products" have been tested in humans.²⁷

At the June 25-27 U.N. General Assembly Special Session on HIV/AIDS, Annan will press for billions of more dollars from Western nations for HIV/AIDS vaccine development and AIDS drugs. Annan, a veteran bureaucrat with no discernable expertise in the area, has emerged as a broker of those drugs to Africa, negotiating with drug companies for mass quantities. Another special U.N. session in September, where children will be depicted as potential HIV/AIDS victims, will also focus on development of a vaccine.²⁸

But the U.N. record is a disgrace. Like so many U.N. endeavors, bureaucracy has gotten in the way. The U.S. Government funneled \$15 million into the Joint U.N. Program on AIDS (UNAIDS), which was created in 1996 to provide new direction to the fight against AIDS. It now has a budget of \$60 million, 129 employees, and a building. But it merely duplicates the work of other existing agencies, including the World Health Organization (WHO), which was supposed to be fighting AIDS. U.N. spending on AIDS actually declined from \$337 million in 1994-95 to \$332 million in 1996-97 after the creation of UNAIDS.²⁹ This is another reason to believe that the U.N. bureaucracy will only make the problem worse and waste scarce resources. Along with the NIH and CDC, UNAIDS has been accused by Public Citizen of trying to water down informed consent provisions for humans in AIDS experiments.³⁰

There is something else that the U.S. Government and the U.N. don't want to talk about: the U.N. bears some of the blame for spreading AIDS.³¹ U.N. whistleblower Linda Shenwick, our former top U.S. budget analyst at the U.S. mission to the U.N., confirms that U.N. and U.S. officials concealed the fact that U.N. "peacekeepers" were spreading AIDS in countries where they were deployed, especially in Africa and Asia. The U.N. Security Council last year held a special session on the epidemic, which also examined the role of U.N. soldiers in spreading AIDS. But Shenwick says that then-Ambassador Madeleine Albright told U.S. employees in the mission that she had been informed that a large majority of U.N.

²⁵ "Money's Not The Only Problem; Fears and Leadership Flaws Hinder the Search for an AIDS Vaccine," *The New York Times*, February 20, 2001, Page T07.

²⁶ Kaen Auge, "AIDS vaccine ready for tests," *Denver Post*, May 25, 2001.

²⁷ Laurie Garrett, "AIDS at 20," *Newsday*, June 3, 2001.

²⁸ See Appendix II.

²⁹ Benjamin F. Nelson, Director, International Relations and Trade Issues, National Security and International Affairs Division, GAO, Testimony Before the House International Relations Committee, September 16, 1998,

page 2.

³⁰ <http://www.citizen.org/hrg/publications/1471.htm>

³¹ See Appendix VIII.

peacekeepers were infected with the HIV virus or actually had AIDS. She told them, "Don't go out of the room with this." ³²

An amazing example comes from Cambodia. The U.N. Transition Authority in Cambodia (UNTAC) was hailed by the U.N. as one of the most successful U.N. missions ever and worth its \$3-billion cost. But the U.N. soldiers have been blamed for bringing AIDS to the country. "When UNTAC arrived, Beat Richner, a Swiss doctor who still operates three children's hospitals in Cambodia, could see the handwriting on the wall. He wanted UN soldiers screened for AIDS before being dispatched overseas," reported the *National Post* of Canada, in a review of a Swedish documentary, "And the U.N. Came," produced by a company called Impact. ³³ But Yasushi Akashi, UNTAC's chief in New York, replied that "Boys will be boys," the documentary reports. "He told people, 'Everybody has the right, even the soldiers, to enjoy the young ladies, and we cannot discriminate [against] the HIV-positive soldiers,' Dr. Richner says." But he added that the world body's failure to control its troops was like "passive genocide."

Bill Gates' partner against AIDS, Kofi Annan, was director of U.N. peacekeeping during the time these U.N. soldiers were spreading AIDS and committing atrocities. He was silent about their crimes. But during the current AIDS crisis he has suddenly emerged as a man of peace and compassion who wants to stop the deadly disease.

Senator Bill Frist, a medical doctor, has been a useful agent for the U.N. on Capitol Hill. He praised Annan's role and has been a key sponsor of various bills and amendments to send billions of more dollars abroad as "global AIDS assistance," some of it through the world body. Frist, appointed by President Bush as a Congressional representative to the U.N., is a Senate sponsor, with Senator John F. Kerry, of the "Vaccines for the New Millennium Act of 2001" to give companies a tax credit for developing new vaccines, including against HIV. Passage of this legislation is a major objective of the AIDS Vaccine Advocacy Coalition, which wants to speed development of an HIV/AIDS vaccine.

The U.N., which still does not test its soldiers for HIV before deployment, has adopted a condom-a-day policy for its troops.

Condoms, which prevent pregnancy far better than AIDS, have become the hallmark of the dubious battle against AIDS. The U.S. Agency for International Development (USAID) claims a "record of accomplishment" in combating AIDS by providing over one billion condoms worldwide. USAID has also helped implement a "condom only" policy in Thailand's brothels. ³⁴ USAID's budget for HIV/AIDS in sub-Saharan Africa was increased by 53 percent, from

³² Cliff Kincaid, "How Bush Can Restore Honesty," *AIM Report*, 2001 Report #5, page 3.

³³ Steven Edwards, *National Post*, August 23, 2000.

³⁴ <http://www.usaid.gov/press/releases/2000/fs000522.html>

\$114 million to \$174 million, for fiscal year 2001. But other than throwing condoms at the problem, the General Accounting Office (GAO) says it is “difficult to determine” what the agency has accomplished.³⁵

The AIDS Establishment has become a money tree. One study showed that 53 cents of every dollar spent by the U.S. on tackling the AIDS crisis in Africa never left the Washington, D.C. area.³⁶ Much went for consultants. Money spent through the federal Ryan White CARE Act for AIDS victims has gone for psychic hotlines and shopping sprees.³⁷ One AIDS activist says he can’t get HHS Secretary Thompson and the White House to pay attention to CDC grant money going for flirting classes, HIV-positive proms, and classes on bizarre sexual practices.³⁸

The religious perspective, which doesn’t cost a dime, is dismissed as unscientific or the mixing of church and state. Alluding to rampant prostitution and sexual promiscuity in Africa, the Rev. Franklin Graham of the Samaritan’s Purse organization said in congressional testimony that the only true solution to AIDS in Africa and elsewhere was “behavioral change” and abstinence outside of marriage. He said condoms were an “inadequate” solution that had not slowed the spread of the disease. He pleaded for support for African churches and faith-based institutions.

An HIV/AIDS vaccine, however, is supposed to solve the problem without inhibiting the lifestyle that spreads it. That explains why homosexuals are in positions of power in U.S. organizations pushing the HIV/AIDS vaccine. But the standard operating procedure of the vaccine makers and pushers is to vaccinate the young, not just the gays. The clear intention of Gates and his collaborators is that children be injected with an HIV/AIDS shot.

It may seem odd that they would want an HIV/AIDS vaccine for people who are not at risk of contracting the disease. But that is clearly the plan. Hepatitis B mostly affects drug users and the sexually promiscuous.³⁹ So why are innocent children just one day after birth, who are not at risk of contracting the disease, being required to be vaccinated? It’s easier to get the children, who cannot sign informed consent forms.

The National Vaccine Information Center notes:

“Hepatitis B is the first disease transmitted not by casual contact like

³⁵ U.S. Agency for International Development Fights AIDS in Africa, but Better Data Needed to Measure Impact, GAO-01-449, March 23, 2001, page 5.

³⁶ Michael Dobbs, “Aid Abroad Is Business Back Home,” *The Washington Post*, January 26, 2001, page A19.

³⁷ See Appendix VIII.

³⁸ John Rossomando, “AIDS Activist Charges Negligence on Centers for Disease Control Oversight,” CNSNews.com, June 5, 2001.

³⁹ See Appendix 1

smallpox or polio, but by high risk behavior such as IV drug use and sexual promiscuity, that has been mandated for use by all children. With the identical transmission routes as HIV, there are strong indications that forced vaccination of infants and children with hepatitis B is just a trial run for forced vaccination with an AIDS vaccine when it is put on the market in the next few years. AIDS vaccines are currently in human trials as a race to bring them to market intensified after a call [in 1987] by President Clinton to make the creation and use of an AIDS vaccine "a national mission."⁴⁰

Michael Belkin, whose daughter died after receiving a second Hepatitis B shot, notes, "almost every newborn US baby is now greeted on its entry into the world by a vaccine injection against a sexually transmitted disease for which the baby is not at risk -- because they couldn't get the junkies, prostitutes, homosexuals and promiscuous heterosexuals to take the vaccine. That is the essence of the hepatitis B universal vaccination program." He said the government was "experimenting on babies like guinea pigs."

Instead of vaccinating all infants, the solution is to screen the mother to see if she is infected with hepatitis B since that's about the only way a baby is likely to get the disease. But that would take a huge chunk of the profit out of it. Belkin notes that selling vaccines is extremely profitable and that the process of mandating vaccines is fraught with conflicts of interest between vaccine manufacturers and the ACIP. "The business model of having the government mandate [that] everyone must buy your product is a monopolist's delight," he says.⁴¹

The Hepatitis B shot was recommended for all infants in 1991. But it wasn't the requirement for the shot that eventually generated official controversy. In September 1999, concern was raised about Hepatitis B vaccines containing thimerosal, a toxic substance that can cause immune, sensory, neurological, motor, and behavioral dysfunctions. A recommendation was then made that infants should not be exposed to the vaccine until they were older. Today, the first Hepatitis B shot is once again being recommended by the ACIP at between birth and two months.

Groups pushing so-called "universal immunization" have not indicated any qualms about mandating an HIV/AIDS vaccine. Of course, they refer to "universal" coverage rather than coercion but it's the same thing.

Bruce Gellin of the National Network for Immunization, in an article for the AIDS Vaccine Advocacy Coalition, says, "Misunderstandings about vaccines, coupled with perceptions of HIV and the real and perceived medical and social implications of receiving an AIDS vaccine, will only multiply the challenges

⁴⁰ <http://www.909shot.com/hepbnlr.htm>

⁴¹ Michael Belkin, Testimony to Congress, May 19, 1999.

ahead.”⁴² The “challenge” is to get Mr. And Mrs. America to have the vaccine injected into their children. Gellin says it may be a struggle to convince the public that a vaccine is “good medicine.” At the same time, the AIDS Vaccine Advocacy Coalition says some polls indicate that the public “would be willing to use such a vaccine...”⁴³ Of course, it’s a safe bet they’re under the impression that it will work.

Organizations in support of “universal vaccination” include the World Health Organization and the Pan American Health Organization, the American Medical Association, the Association of State and Territorial Health Officials, the American Nurses Association, the American Public Health Association, the American Academy of Family Physicians, the Children's Defense Fund, the American Pharmaceutical Association, the Partnership for Prevention, the Bill and Melinda Gates Children's Vaccine Program, the Immunization Action Coalition, Every Child By Two, and the National Foundation for Infectious Diseases.⁴⁴

However, one national physician organization, the Association of American Physicians and Surgeons, has called for a moratorium on all government mandated vaccines.⁴⁵

A mandatory HIV/AIDS vaccine, after being licensed by the Food and Drug Administration (FDA), would have to be approved by the ACIP, which, in effect, votes to require vaccines for use by children through state and federal programs, including through the federal Vaccines for Children program.⁴⁶ The ACIP, whose members are appointed by the HHS secretary, endorses a vaccine, and then the state legislatures delegate the power of mandatory vaccination to state public health departments.

The ACIP is the same group that approved Hepatitis B and rotavirus vaccines for children that were characterized by serious safety and health problems, causing injury and death to children.

The rotavirus vaccine (Wyeth-Ayerst Laboratories’ RotaShield) was used on approximately one million children until July 1999 when the CDC recommended that its use be suspended because it might be causing a serious bowel disease. The approval of RotaShield was said to be based on positive data from three, large-scale clinical efficacy trials conducted in the U.S. and Europe. It had been approved by the ACIP. The most common “adverse event” from RotaShield was said to be fever. But cases of bowel obstruction developing

⁴² “6 Years and Counting. Can a Shifting Landscape Accelerate an AIDS Vaccine?,” AIDS Vaccine Advocacy Coalition, May 2001, page 19.

⁴³ Ibid., page 17.

⁴⁴ Statement of Rep. Henry Waxman,

http://commdocs.house.gov/committees/gro/hgo62560.000/hgo62560_of.htm

⁴⁵ <http://www.aapsonline.org/aaps/press/nrvacres.htm>

⁴⁶ See Appendix III.

within weeks of vaccination were the reason why the vaccine was withdrawn. Two children died, 53 needed surgery and another 47 required medical care after contracting bowel obstructions following vaccination with RotaShield.⁴⁷ The *Wall Street Journal* said it was the first time a vaccine had been withdrawn from the U.S. market for safety concerns.

Rep. Dan Burton, chairman of the House Committee on Government Reform, has presided over hearings showing that ACIP members often meet behind closed doors and that some have financial ties to companies making vaccines. But the compromised and deadly process continues.

Although there are some exemptions in some states, the government claims the right to force you to take a vaccine. People have been isolated and detained for refusing. But the ultimate legal justification for requiring an HIV/AIDS vaccine for adults and children may be open to court challenge. In the 1905 case, *Jacobsen v. Massachusetts*, the Supreme Court affirmed the authority of state governments to assign "police powers" to health officials to enforce mandatory vaccination laws for "the public health." However, the Court did not say that such a power was absolute if it could be shown with "reasonable certainty" that the individual is not a "fit subject" and that a vaccination would "seriously impair his health" or "cause his death." The Court said only that it was deciding that the present statute, a law passed in Massachusetts, "covers the present case" – an adult man who refused to take a smallpox vaccination and was jailed for refusing to pay a \$5 fine. The law already provided for an exception for children deemed unfit subjects for vaccination.⁴⁸

In addition to conflicts of interest and the approval of vaccines, which kill children, the CDC has been caught deceiving Congress about its spending programs. One audit revealed that the CDC had told Congress it was spending as much as \$7.5 million a year fighting a deadly germ called hantavirus when it was actually diverting the money into other programs.⁴⁹ Before that, the CDC apologized to Congress after an audit revealed that the agency had diverted or could not account for as much as \$12.9 million for research into chronic fatigue syndrome.⁵⁰

But no congressional oversight or government audit has been done into spending on an HIV/AIDS vaccine.

The AIDS crisis has been marked by controversy from the outset. Dr. Robert Gallo, who claimed credit for the discovery of the AIDS virus, was

⁴⁷ *Wall Street Journal* article posted on <http://vaccineinfo.net/issues/mediaarticles/WSJ102599.htm>

⁴⁸ U.S. Supreme Court, *Jacobsen v. Com. Of Massachusetts*, 197 U.S. 11 (1905), Argued December 6, 1904. Decided February 20, 1905.

⁴⁹ Joe Stephens, Valerie Strauss, "CDC Director Plans Audits and Overhaul; Misleading Reports to Hill Blamed on Agency 'Culture,'" *The Washington Post*, February 11, 2000, page A39.

⁵⁰ Valerie Strauss, Joe Stephens, "CDC Funds Diversion is Probed; Hill Panel, Shalala Scrutinizing Agency," *The Washington Post*, February 9, 2000, page a19.

accused of misappropriating the virus from the French Pasteur Institute. Gallo was investigated for alleged scientific misconduct, initially found guilty, and upon appeal, the finding was overturned. Dr. David Baltimore, the chairman of the AIDS Vaccine Research Committee of the NIH, was investigated for alleged misconduct in connection with a close colleague's research but was exonerated. Both men are today held in high regard by the AIDS Establishment, which preaches that AIDS is caused by HIV.

Despite cases of HIV without AIDS – and AIDS without HIV – the belief that HIV cause AIDS drives the research into AIDS and a vaccine today. The NIH Web site features a copy of the Durban Declaration, affirming HIV as the cause of AIDS, and a refutation of views to the contrary.⁵¹ Once upon a time, there was limited debate over this. Back in 1990, for example, The Heritage Foundation, a major conservative think tank, had published in its journal *Policy Review* the article, “Is the AIDS Virus a Science Fiction?” The article reported the views of Peter H. Duesberg, professor of molecular and cell biology at the University of California, Berkeley, who said the evidence suggested that HIV was not the cause of AIDS.⁵² Today, there are other critics of the AIDS theory, including South African President Thabo Mbeki, who has questioned the link between HIV and AIDS, but they are ridiculed as kooks. Here, if scientists pursue alternative theories of AIDS, they are denied government funding and denounced by the government and the major media.

The CDC says, “The inescapable conclusion of more than 15 years of scientific research is that people, if exposed to HIV through sexual contact or injecting drug use, may become infected with HIV. If they become infected, most will eventually develop AIDS.”⁵³

Having resolved this debate in his own mind as well, Bill Gates aims to see to it that dissenting voices on vaccines are suppressed. He is financing the Allied Vaccine Group, a “vaccine alliance,” to give the appearance of public support for vaccines and to erase the notion that vaccines pose any significant dangers at all.

However, the Gates effort is compromised by conflicts of interest. At least two members of the Allied Vaccine Group, the Immunization Action Coalition and the Parents of Kids With Infectious Diseases, receive grants from pharmaceutical companies.⁵⁴ The Immunization Action Coalition, which promotes hepatitis B vaccination for all children 0-18 years, receives funding from Aventis Pasteur, Chiron Corporation, Glaxo Wellcome, Merck & Co., Nabi, North American Vaccine, SmithKline Beecham, and Wyeth-Lederle Vaccines, in addition to the

⁵¹ <http://www.niaid.nih.gov/spotlight/hiv00/default.htm>

⁵² Peter H. Duesberg and Bryan J. Ellison, “Is the AIDS Virus a Science Fiction?”, *Policy Review*, Summer 1990, pages 40-51.

⁵³ <http://www.cdc.gov/hiv/pubs/cause.htm>

⁵⁴ <http://www.vaccine.org/members.htm>

CDC, the American Pharmaceutical Association, and The Mark and Muriel Wexler Foundation.⁵⁵ The CDC contributed \$900,000 to the group in 2000.

So American taxpayers are forced to subsidize one side of the growing public debate over vaccinations.

The GAVI “Board Member Organizational Profiles” include the International Federation of Pharmaceutical Manufacturers Associations, the Rockefeller Foundation, UNICEF, the World Bank Group, and the WHO.⁵⁶

GAVI’s “vaccine industry partners,” who “produce the greatest share of the global vaccine supply,” are Aventis Pasteur, SmithKline Beecham, American Home Products, Merck & Co., Inc., Chiron Vaccines, and BERNA Swiss Serum & Vaccine Institute Berne (representing smaller vaccine producers).⁵⁷

Aventis Pasteur, SmithKline Beecham (now GlaxoSmithKline), Merck and Chiron are making HIV vaccines.⁵⁸

The relationship between Gates and the drug companies cries out for investigation by Congress and the media. However, pharmaceutical companies represent some of the largest financial contributors to political campaigns. During the 2000 election cycle, they contributed \$18,932,479.⁵⁹ HHS secretary Tommy Thompson sold his stock in drug makers Merck and Abbott Laboratories once he was confirmed in his post.⁶⁰

The media have been critical of the drug companies for producing some prescription drugs. David Willman of the *Los Angeles Times* won a Pulitzer Prize this year for what the Pulitzer board called “his pioneering expose of seven unsafe prescription drugs that had been approved by the Food and Drug Administration, and an analysis of the policy reforms that had reduced the agency’s effectiveness.” Medical records implicated the seven defective drugs in the deaths of over 1000 patients. But the FDA’s role in approving controversial and dangerous vaccines such as anthrax from those same drug companies is largely ignored by the press. Indeed, the media help publicize demands that the FDA streamline its process for approving HIV vaccine candidates.

With few exceptions, the bias in the media on the vaccination issue is in favor of government mandates and coercion.

⁵⁵ <http://www.immunize.org/admin/funding.htm>

⁵⁶ http://www.vaccinealliance.org/press/press_board.html

⁵⁷ http://www.vaccinealliance.org/press/press_board.html

⁵⁸ For a more complete list, see Appendix V.

⁵⁹ <http://www.opensecrets.org/industries/contrib.asp?Ind=H4300&Format=print>

⁶⁰ www.opensecrets.org/bush/cabinet/cabinet.thompson.asp

Groups of parents with vaccine-injured or killed children do not get government support or much favorable media attention. Led by the National Vaccine Information Center (NVIC), dozens of these citizen and parents' groups have emerged across the United States in response to mandatory vaccine programs. The co-founders of NVIC, Barbara Loe Fisher and Kathi Williams, both have vaccine-injured children.

However, critics of vaccines do have some powerful members of Congress on their side. Rep. Dan Burton of Indiana has held several hearings into problems with vaccines. Burton has said, "I, for one, believe that my grandson became autistic at least in part because he received vaccinations. He received 9 in 1 day, and 6 of those contained mercury. Mercury has a cumulative effect in the body. It gets in the brain. So I believe that 1 week after he received these vaccinations, he became autistic. He spoke normally. He acted like any other normal child. Yet within 1 week he was running around flapping his arms, walking on his toes, because he had severe bowel disorder, banging his head against the wall, and he could not speak clearly anymore, and he still has those problems."

"Twenty years ago," Burton said, "One in 10,000 children in America were considered autistic. Today it is 1 in 500. In some parts of the country, it is as many as 1 in 150. Now think about that; 1 in 150 children in some parts of this country is autistic. We need to find out why. Our committee has held hearings, and we think we have some things that need to be thoroughly investigated, and one of those is why do we have vaccines going into children's arms and into adult's arms that contain mercury."⁶¹

Thanks to Burton's congressional hearings and some isolated investigations of the vaccine racket by the media, the days when most Americans believed vaccines were safe, effective and desirable are over. Many members of the public have gotten the impression that the U.S. has gone "vaccine crazy" with disastrous results. Stories about health problems caused by the DPT, MMR, Hepatitis B, anthrax and other vaccines have reached many people. Alternative news and information sites link vaccines to a host of illnesses, including autism, Sudden Infant Death Syndrome, various autoimmune problems, asthma and allergies.

The general public may not understand the details about vaccination policy, but they do know that AIDS, whatever its cause, represents the breakdown of the immune system and death. And common sense tells them that an AIDS vaccine, which attempts to stimulate the immune system, could induce AIDS itself. They understand that an AIDS vaccine means injecting people with a form of AIDS.

Cohen, an AIDS vaccine *supporter*, acknowledges that

⁶¹ Rep. Dan Burton, Statement on the House Floor, May 15, 2001.

“...medical products sometimes do the opposite of what they are supposed to do, causing illness rather than alleviating it. Such risk, of course, is common to all drugs, but at least many sick patients accept that they would have fared poorly even without an ill-fated drug treatment. *Vaccines, in contrast, are administered to healthy people, often children...*” (emphasis added).⁶²

In other words, the vaccine will be targeted at those without AIDS.

A 1993 government report declared, “Once an effective HIV vaccine is available, its widespread acceptance for HIV prevention will hinge on still other issues, including the efficacy rate, duration of immunity, number of required doses, ease of administration, *acceptance of the vaccine by the larger community*, and cost.” (emphasis added).⁶³ The “acceptance” will undoubtedly stem from the perception of whether it is in the interest of a certain group to take the vaccine. It should be targeted at those who are at risk of the disease. However, it will also be targeted at those NOT at risk.

So will parents take their children into the doctor for an HIV/AIDS shot? Some parents may follow their doctors’ advice. But parents calling into radio talk shows are adamantly against it. Typical is the reaction of one parent: “I have a three year old son, and will not allow this vaccine in his body.” This represents not only a parent’s concern about her child -- and the preference for parental rights and individual liberty -- but growing suspicion about the politics of the AIDS crisis and skepticism about vaccines.

The response on radio talk shows indicates that the U.S. could witness massive civil disobedience against a mandatory HIV/AIDS vaccine. Parents will want to know what is in the vaccine, and they should be told that it is a form of HIV that the government says can cause AIDS.

Though given credit for eliminating or reducing diseases, vaccines contain a “witch’s brew” of agents such as live viruses, killed bacteria, and toxic chemicals that are forced into a child. The oral rotavirus vaccine was created by co-cultivating rhesus monkey rotavirus with human rotavirus strains to create a genetic human-monkey hybrid strain of rotavirus.⁶⁴ Merck advertises a Hepatitis B vaccine that is described as “the world’s first genetically engineered vaccine for human use.”⁶⁵

⁶² Jon Cohen, “Deep Denial,” *The Sciences*, New York Academy of Sciences, January/February 2001, page 22-23.

⁶³ “The Human Immunodeficiency Virus Vaccine Challenge: Issues in Development and International Trials,” Committee on Life Sciences and Health, Federal Coordinating Council on Science, Engineering, and Technology,” July 1993, page ii.

⁶⁴ <http://www.909shot.com/rotaviru.htm>

⁶⁵ <http://www.merck.com/overview/98ar/p34.htm>

Many Americans have memories of the battle against polio. But they still don't know the full story. In what Dr. Edward Shorter calls "the Cutter incident," the NIH approved polio vaccines for use in humans that caused polio in dozens of people. They were manufactured by the Cutter company. Shorter says it is a little known fact that the NIH had been warned about problems by staff microbiologist Dr. Bernice Eddy, who found that the vaccine had been improperly inactivated. She provided the evidence to her superiors, who disregarded it and approved the vaccine for human use.⁶⁶ The shameful incident resulted in several dismissals or resignations from NIH.

But another such scandal has not resulted in a housecleaning at NIH.

The evidence shows that polio vaccines of the 1950s and early 1960s were grown on monkey kidneys, some of which were contaminated with SV 40, a monkey or simian virus shown to cause cancer. An estimated 10-30 million people, many of them baby boomers, may have received contaminated polio vaccines.

The contamination of polio vaccines is a scandal that continues to the present day. But the major media have not yet told the complete story.

Shorter's 1987 book, *The Health Century*,⁶⁷ tells some of it. And again, Dr. Eddy blew the whistle. In June 1959, she discovered a cancer virus in the monkey cells from which the polio vaccine was grown. Her superior, Joseph Smadel, dismissed her work. However, Maurice Hilleman, a developer of vaccines who went to work for the Merck company, confirmed Eddy's research. Hilleman said the "joke of the day" was that because the polio vaccine had been field-tested in the Soviet Union, the Russians who came to the Olympics would "be loaded down with tumors" and the U.S. would win the competition.⁶⁸ Hilleman named the virus SV40. Shorter reports, "Nothing about SV 40 causing cancer had yet come out in either the scientific literature or the press, although insiders were aware."

The "insiders" included Ruth Kirschstein,⁶⁹ who is now the acting director of the NIH.

The timeline is significant: Eddy's experiments confirmed the presence of a cancer virus in the polio vaccine in June 1959. She gave a talk on this matter in October 1960. One of her co-workers published the news in the spring of 1961. Eddy confirmed it as SV40 in July 1961. "On July 26, 1961," Shorter reports, "the New York Times reported that Merck and Parke-Davis, another vaccine

⁶⁶ Edward Shorter, *The Health Century*, (New York: Doubleday, 1987), pages 67-69.

⁶⁷ Ibid.,

⁶⁸ Ibid., page 201.

⁶⁹ Ibid.

manufacturer, were withdrawing their Salk vaccines ‘until they can eliminate a monkey virus.’ Nothing was said about cancer. The story ran next to an account about overdue library fines on page 33. Not until February 1962, did Times’ readers, in a story on page 27, find out anything about cancer.”⁷⁰

It took the press more than two and one-half years to report the ultimate truth about the contaminated vaccine, and the news was buried.

Shorter says there was a deliberate effort to suppress the information because public health authorities believed that the truth “might have shattered public confidence in vaccines...” Dr. Bernice Eddy “lost her labs,” was denied permission to attend conferences, her papers were held up, and finally she was removed from vaccine research altogether.⁷¹

Dr. Howard Urnovitz, a microbiologist and founder of the Chronic Illness Research Foundation, has asked, “Are we just a time bomb waiting to happen?” He wonders if exposure to monkey viruses is a risk factor for progression to various chronic diseases, cancers, and even AIDS.

Urnovitz says, “On the issue of informed consent: Had my mother and father known that the poliovirus vaccines of the 1950s were heavily contaminated with more than 26 monkey viruses, including the cancer virus SV40, I can say with certainty that they would not have allowed their children and themselves to take those vaccines. Both of my parents might not have developed cancers suspected of being vaccine-related, and might even be alive today. Government, industry, and medicine should embrace the ethical principle of informed consent about possible adverse reactions associated with vaccines.”

Edward Hooper, a former U.N. official and journalist, offered the theory in his book, *The River*,⁷² that AIDS emerged from contaminated polio vaccines used in Central Africa in the 1950s. Recent reports about tests on old lots of polio vaccines indicate that Hooper’s theory may be questionable. But Walter Kyle’s article “Simian retroviruses, polio vaccine and the Origin of Aids,” in the March 7, 1992 edition of *The Lancet*, a medical journal, offers a different theory and may be the only valid explanation left standing. He says government authorities, who had used primates with SV 40 to make polio vaccines, switched to primates that later were proven to have had SIV (Simian Immunodeficiency Virus) when SV 40 was shown to cause cancer. His article describes how oral polio vaccine contaminated with SIV was used in 1978 to treat genital herpes among male homosexuals, who acquired and spread the virus, which became known as HIV.

Clearly, NIH acting director Kirschstein is the wrong person to get to the

⁷⁰ Ibid., page 202.

⁷¹ Ibid., page 203.

⁷² Edward Hooper, *The River. A Journey to the Source of HIV and AIDS*, (Boston, New York, London: Little, Brown and Company, 1999).

bottom of this scandal. Kyle says she has tried to “discount” the work of Dr. Michele Carbone, a Loyola University researcher, who in 1994 documented the presence of these monkey viruses in human lung tumors. Kirschstein was the chair of a workshop sponsored by the NIH and other government agencies on the matter of resolving the SV 40 controversy. The matter is a major embarrassment for the NIH and Kirschstein has been in charge of keeping the lid on.

If HIV didn’t emerge from a polio vaccine, then the government is forced to rely on the “natural transfer” theory, such as that a hunter got monkey blood in a cut, and the virus was thus transferred to people. There is no hard evidence for such a theory, but it conveniently gets government officials off the hook for blame and culpability in an epidemic that they now want to solve for humanity.

As if the monkey tissue scandal isn’t bad enough, some vaccines are now being made from the remains of aborted babies. This is another scandal with tremendous moral implications. It’s not clear what the short-term or long-term effects of this might be. The companies engaging in this practice have been called “medical cannibals”⁷³ by the American Life League (ALL), which identifies them as SmithKline Beecham, Merck, and Connaught.⁷⁴ Terry Jeffrey of *Human Events* has reported that the NIH is creating “human” mice, made with human fetal tissue, in order to test AIDS vaccines and therapies. The mice have a human immune system, created from various human parts, transplanted into them for research purposes.⁷⁵

Citing a documentary produced by the BBC, “The Human Laboratory,” ALL also charges that a tetanus vaccine was deliberately laced with an anti-fertility drug. Anti-pregnancy vaccines have been under development for decades, with the U.N.’s World Health Organization playing a leading role.⁷⁶ This feeds the suspicion that the U.N.’s ultimate agenda is population reduction.

The controversial and expanding field of vaccine research seems to have become a government hope for mind control of its citizens – for their own good, of course. ABC News producer Nicholas Regush, the author of a groundbreaking book on the AIDS controversy,⁷⁷ has reported that the NIH is funding vaccines to alter behavior, including a vaccine to stop cocaine addiction. Five million dollars

⁷³ Steven Kellmeyer, “Medical Cannibals: The Moral Implications of Fetal Tissue Vaccines,” American Life League, <http://www.all.org/issues/kellmyer.htm>

⁷⁴ <http://www.all.org/activism/vaccine2.htm>

⁷⁵ <http://www.humaneventsonline.com/articles/05-14-01/jeffrey.html>

⁷⁶ <http://www.ippf.org/newsinfo/archive/9907/30.htm>

⁷⁷ Nicholas Regush, *The Virus Within*, (New York: The Penguin Group, 2000).

have been put by the NIH into this project.⁷⁸ Indeed, the NIH has reported on experiments involving vaccines against cocaine, nicotine and heroin. These are called “biological modifiers.”⁷⁹

The priority, however, is the HIV/AIDS vaccine, which is designed *not* to alter behavior. It is designed to *allow* the behavior that contributed to the AIDS epidemic in the first place.

Whereas the victims of AIDS in many cases have been homosexuals, the sexually promiscuous, and drug abusers, the victims of an AIDS vaccine would be children.

But the government has been very slow to acknowledge the number of innocent victims of vaccines. Reports of such effects are supposed to be provided to the Vaccine Adverse Event Reporting System (VAERS) government database operated by the FDA and CDC, which wasn’t set up until 1991. “According to the U.S. Government health officials who operate the database, there are more than 11,000 reports of such alleged vaccine injuries each year in this country,” reports Tom Nugent on an Internet news site that monitors federal activity. About 17 percent (or about 1,700 cases each year) are classified as “serious” by the FDA and CDC. The “serious” category of reactions includes death, disability, and any hospitalization for brain seizures, allergic reactions and a few other potentially life-threatening conditions.⁸⁰ However, many doctors reportedly don’t send accounts of adverse reactions to the VAERS, as they are required to do.

As of April 5, 1999, 5,385 petitions had been filed for damages under the National Vaccine Injury Compensation Program (VICP).⁸¹ It has awarded a total of \$1.1 billion to more than 1,300 vaccine-harmed families since 1988, although three out of four vaccine injured children are reportedly turned away and it now has a balance of \$1.46 billion. Four vaccines were added to the program since 1997, but as of December 1999, only six of the 285 claims filed on these vaccines had been adjudicated, and only one \$600 payment for attorney fees had been made.⁸² One parent of a vaccine-injured child says the government strategy is to delay the proceedings “in hopes the child passes away.”⁸³

Funded by federal tax dollars and then taxes on vaccines, this program was established because incidents involving injury or death to those receiving vaccinations had produced lawsuits against the vaccine makers that threatened to raise the cost of vaccines and hinder the development of new ones. A Vaccine

⁷⁸ http://www.abcnews.go.com/sections/living/SecondOpinion/secondopinion_92.html

⁷⁹ <http://www.nida.nih.gov/MeetSum/Peripheral/peripheral.html>

⁸⁰ <http://www.fedbuzz.com/vaccine/articles/vaccines.html>

⁸¹ <http://bhpr.hrsa.gov/vicp.qanda.htm>

⁸² “Vaccine Injury Trust Fund: Revenue Exceeds Current Need for Paying Claims,” GAO Report, HEHS-00-67.

⁸³ http://www.forbes.com/forbes/2000/0904/6606054a_print.html

Injury Table lists specific injuries or conditions and the time frames in which they must occur after vaccine administrations. Rules under this table provide for “automatic” addition of future vaccines recommended by CDC for routine administration to children.⁸⁴ This system has effectively prevented parents of vaccine-injured children from suing vaccine makers. The companies make the profits but get largely taken off the hook for the damages.

A new vaccine for Lyme disease has been linked to arthritis and other serious adverse health affects,⁸⁵ leading to calls for a safer vaccine. However, government authorities insist that health problems caused by the vaccine are coincidences. The Associated Press noted that nine U.S. Senators had written to the FDA requesting quick approval of the vaccine.⁸⁶

Such deaths and injuries pale in comparison to what could happen as a result of an HIV/AIDS vaccine. The political pressure to produce and approve an HIV/AIDS vaccine is now more intense than ever, and the Bush Administration is continuing the Clinton policies on AIDS. But before those “adverse events” reveal themselves and any action is taken to withdraw a dangerous AIDS vaccine, millions may have gotten their AIDS shots and become HIV-positive. Even if they don’t get full-blown AIDS, they may come down with serious diseases in the short or long term.

In order to guarantee that children take their shots, the CDC is supervising and funding the creation of so-called “immunization registries” in the 50 states which can be linked into a computerized national database to track the vaccination records of every American.⁸⁷ As of October 2000, according to one review, 24 states authorized a vaccination registry. Nine additional states authorized the “sharing” of such information to ensure that children are vaccinated.⁸⁸

Rep. Dan Burton has commented, “One report stated that the long-term tracking strategy had three steps: first to notify families with a postcard when their child was late for a vaccine; second, if they did not comply, then a government official would call them on the telephone and remind them; and third, if they still did not comply, a government official would come and visit their home.”⁸⁹

The Bush Administration embraced last minute Clinton regulations

⁸⁴ Ibid, GAO Report, HEHS-00-67.

⁸⁵ Susan Okie, “Lyme Disease Vaccine’s Safety Is Questioned,” *The Washington Post*, April 8, 2001, page A3.

⁸⁶ <http://www.bergen.com/healthw/lyme19971207.htm>

⁸⁷ For more on government and private funding of this system, see appendix IV.

⁸⁸ Gail A. Horlick, MSW, JD, Suzanne Feikema Beeler, MHA, Robert W. Linkis, MPH, PhD, “A Review of State Legislation Related to Immunization Registries,” *American Journal of Preventive Medicine*, 2001; 20 (3).

⁸⁹ http://commdocs.house.gov/committees/gro/hgo62560.000/hgo62560_of.htm

regarding the “privacy” of one’s medical records which will in fact eliminate the right to privacy. Government agencies and bureaucrats will have access to your files, including even your DNA code and vaccination history. Rep. Dick Armey has suggested that the federal government is developing universal medical identification numbers for all Americans.

Although HHS Secretary Tommy Thompson has announced a waiting period so that possible changes can be made in these Clinton regulations, Gail Horlick, an attorney with the CDC/National Immunization Program, is reported to believe that any changes will not “impact public health provisions.”⁹⁰ In other words, the right to privacy will not prevent government officials from tracking and monitoring an individual’s vaccination history.⁹¹ It appears Thompson is under pressure to make sure that an individual’s privacy is sacrificed so that government control and monitoring of health care decisions and vaccinations can be increased.

While it remains to be seen what will be done with the regulations, the registries are going forward.

The open question is a timetable for an HIV/AIDS mass vaccination program. Although “progress” has been slow, it is not beyond the realm of possibility that an AIDS vaccine could be unveiled at any time and offered to the world as a “solution” to the AIDS epidemic. The secretive nature of the trials underway doesn’t preclude this possibility.

Jim Turner, an attorney who worked with a government whistleblower during the Swine Flu vaccine scandal of the 1970s, says it is not beyond the power of those in charge of the public health establishment to manufacture an “epidemic” for the purpose of scaring people into getting shots. Sudden “outbreaks” of various “infectious” diseases could provide the catalyst. After phony reports of a swine flu-induced death, the swine flu shot was promoted by President Gerald Ford under pressure from the health establishment and taken by millions of people before it was withdrawn because of the serious damage it was inflicting on human health. Four thousand people claimed injuries from the shots and several died.

Stories about AIDS have reached a fever pitch in 2001 as the 20th anniversary of the first official reports about the disease have been commemorated. HHS Secretary Tompson says scientists at NIH have assured him “that we will have a vaccine within three to five years,”⁹² The AIDS Vaccine Advocacy Coalition says one candidate, VaxGen’s AIDSvax, is heading into the last year and a half of an efficacy trial and the company is grappling with the

⁹⁰ <http://www.ecbt.org/privregs.html>

⁹¹ For more on this, see Sue Blevins and Robin Kaigh, “The Final Federal Medical Privacy Rule: Myths and Facts,” <http://www.forhealthfreedom.org/Publications/Privacy/MedPrivFacts.html>

⁹² Laurie Garret, “AIDS at 20,” *Newsday*, June 3, 2001.

issue of building a manufacturing plant to make the vaccine.⁹³ VaxGen's stock soared on May 29, 2001, after it claimed "encouraging" results from its tests of AIDSVax. But some analysts and investors think the trials will ultimately fail.

Optimistic stories seem to be laying the groundwork for a sudden "breakthrough" HIV vaccine which will be promoted by the government and its collaborators as safe and effective. If this occurred, one might expect to see President Bush and perhaps his wife and daughters taking the AIDS vaccine – or something made to appear as the AIDS vaccine -- as a sign of confidence in the product.

But the future is not clear. Dr. Robert Gallo, said to be one of our greatest scientific minds, had predicted an AIDS vaccine would be ready for human testing by 1986.⁹⁴ Fifteen years later, he is director of the Institute of Human Virology at the University of Maryland, where he works on an HIV vaccine.

Dr. David Baltimore, the chairman of the AIDS Vaccine Research Committee of the National Institutes of Health, has said that "no vaccine of this type" required to prevent HIV/AIDS "has ever been developed." He says that because HIV has evolved to be "largely insensitive to antibodies, which are the main defense mechanism induced by familiar viral vaccines," an HIV vaccine requires a scientific understanding of "killer T cells," about which knowledge is limited and basic research needs to be done.⁹⁵

Baltimore told the Public Broadcasting Service (PBS) that, "The thing that worried me at the time -- and it has turned out to be the biggest worry -- was that if it were possible to make a vaccine, why doesn't the body ordinarily fight off the virus? Most viruses we fight off very well, including polio and even smallpox. A certain fraction of people may be maimed or killed by those viruses, but the much larger fraction of people get over them. That's not true for H.I.V. We knew that from very early on." The search for an AIDS vaccine is complicated, he said, by the fact that "There is a small group of H.I.V.-infected people -- maybe five percent -- who don't get any symptoms and whose virus is maintained at a very low level." He added, "If we could find out the secret behind that, maybe we could replicate it in a vaccine."⁹⁶

Fauci acknowledges, "HIV vaccine developers face a number of formidable obstacles, such as the variability of the virus and an incomplete understanding of the specific immune responses that may protect individuals from infection."⁹⁷

⁹³ "6 Years and Counting: Can a Shifting Landscape Accelerate an AIDS Vaccine?," AIDS Vaccine Advocacy Coalition, May 2001, page 6.

⁹⁴ Jon Cohen, *Shots in the Dark*, (New York: W.W. Norton & Company: 2001), page 8.

⁹⁵ David Baltimore, Letter to the Editor, *The Washington Post*, October 9, 2000, page A22.

⁹⁶ Interview with PBS at <http://www.pbs.org/wgbh/nova/aids/vaccine.html>

⁹⁷ <http://www.hhs.gov/asl/testify/t980916a.html>

Signals, an online magazine for biotechnology, quoted San Francisco clinical investigator Jay Lalezari as being pessimistic about the prospects of a preventive vaccine against HIV. "It would be a miracle if we found a preventive HIV vaccine in our lifetime. You're more likely to see cancer cured." First of all, HIV is "not a virus, it's a whole *swarm* of viruses," Lalezari says. A high error rate in replication gives rise to what Lalezari calls "a tremendous heterogeneity -- far greater than any other virus we encounter. Chicken pox is chicken pox. With HIV, there are as many strains as one can imagine."⁹⁸

Drawbacks acknowledged by the WHO include that "no one has yet established which immune responses, if any, are a measure of protection against HIV," a lack of suitable animal models, different types of the virus, vaccines based on laboratory strains of HIV might not protect against a naturally occurring virus, and the fact that the virus can replicate and mutate at an alarming rate.⁹⁹

Dr. Urnovitz, a member of a group of scientists calling for a moratorium on all HIV vaccine research, says coverage of "promising" vaccines is extremely misleading, and those being tested so far appear harmful and dangerous. Some undergoing trials increase the likelihood of infection and accelerate the disease. In a paper, they quote Dr. Albert Sabin as saying the available data "provide no basis for testing any HIV vaccine in humans."¹⁰⁰ Simply put, our scientists do not thoroughly understand HIV/AIDS.

If the government doesn't really understand the relationship between HIV and AIDS, an AIDS vaccine may ultimately fail. It appears the mania for a cure or vaccine has surpassed the science necessary to achieve it. This is a recipe for dashed hopes, billions of wasted dollars, and more infections and deaths.

Yet, stories about "promising" vaccines continue to be featured prominently, "AIDS Vaccine Hopes Rise From Africa" was the headline over a May 11, 2001, front page *Washington Post* article. "Promise in an AIDS Vaccine" was the headline over a smaller article back on page 21 in the October 20, 2000, *Post*. "Advances Inject Hope Into Quest for Vaccine" was the headline over a September 3, 1997, front-page *Post* story about an AIDS vaccine.

Such coverage is designed to keep the dollars flowing and convince people that an AIDS vaccine could work and be safe. For many, this campaign seems to be working. A survey conducted by the Kaiser Family Foundation found that 83 percent regarded research to find an AIDS vaccine as "very important"

⁹⁸ <http://www.signalsmag.com/signalsmag.nsf/0/F1F9BE411D61789F882568CE001054D2>

⁹⁹ State of the World's Vaccines and Immunization. World Health Organization and United Nations Children's Fund, 1996, page 120.)

¹⁰⁰ Veljko Veljkovic, Howard Urnovitz, et.al., "AIDS epidemic at the beginning of the third millennium: time for a new AIDS vaccine strategy," *Vaccine*, 19, 2001.

and that 44 percent thought it should be the government's top priority in fighting AIDS. The next priority, at 41 percent, was "AIDS prevention and education."¹⁰¹

Nevertheless, proponents of an AIDS vaccine are getting desperate. "The United States and other governments must support the swift development and human testing of AIDS vaccines," says Seth Berkley, president and chief executive of the International AIDS Vaccine Initiative.¹⁰²

Aware that there will be public opposition to an HIV/AIDS vaccine, the National Institute of Allergy and Infectious Diseases, Division of AIDS, has even created a propaganda vehicle called the "National HIV Vaccine Communications Steering Group" in order to "stimulate and enhance the national dialogue concerning HIV preventive vaccines and to create a supportive environment for future vaccine studies..." The group will "Develop and provide commentary on the implementation of a national information campaign directed to affected communities to promote HIV preventive vaccine awareness and education, fostering broad-based support for vaccine studies."¹⁰³

You can be sure this group won't publicize AIDS vaccine failures.

One of the most promising AIDS vaccines, Remune, was embroiled in controversy when it was alleged that its maker, Immune Response Corporation (IRC), tried to suppress a study showing it had failed. "The brainchild of polio vaccine pioneer Jonas Salk," reported *USA Today*, "Remune is designed to bolster the immune system's power to control the AIDS virus." But researchers studying the vaccine "say the manufacturer tried to block publication of results from a major trial showing that the product did not slow patients' slide to AIDS or stave off death." The company filed a complaint against the investigators with an independent arbitrator, asserting that their conclusions "would damage IRC."¹⁰⁴

Equally controversial, some AIDS vaccine experiments have featured the manufacturing of viruses. The National Institutes of Health says that investigators in a Merck study created a DNA vaccine made from the "harmless" genes of HIV and SIV, its monkey equivalent, in various experiments. The vaccine is combined with "booster shots" made from "a specially engineered virus carrying the same genes, [which] seemed to protect animals later given doses of a live hybrid virus made from HIV and SIV. The vaccine did not keep the animals from getting infected but seemed to keep the hybrid virus under control, making it undetectable in the blood."¹⁰⁵ A *Washington Post* story said the experiments

¹⁰¹ "The AIDS Epidemic At 20 Years. The View From America. A National Survey of Americans on HIV/AIDS," Henry J. Kaiser Family Foundation, Menlo Park, California, 2001, page 44.

¹⁰² Seth Berkley, "Toward an AIDS Vaccine," letter to the Editor, *The New York Times*, May 19, 2001.

¹⁰³ <http://www.niaid.nih.gov/daids/vaccine/nhvcsq.htm>

¹⁰⁴ Steve Sternberg, "Public Feud Erupts Over Research Results," *USA Today*, October 31, 2000.

¹⁰⁵ <http://www.niaid.nih.gov/newsroom/NIHvacc.htm>

featured injecting the moneys with SHIV, “an engineered human-simian virus that produces an especially quick and deadly AIDS-like illness in monkeys...”¹⁰⁶

To the critical observer, such experiments pose the risk of unleashing new strains of the disease. Some countries could use such experiments as a cover for biological warfare research.

A very real possibility is additional deaths from the vaccine. A Reuters News Agency story reported that, “The use of a weakened strain of live HIV...in mass-vaccination campaigns may actually increase death rates from the disease in many countries...”¹⁰⁷ The story cited a study, whose principal investigator, Dr. Sally Blower, said, “The vaccines have the potential to do a great deal of good, but they also have the potential to do harm.” She added, “You can develop very effective vaccines. But they may well be the ones that are the least safe. There may be a tradeoff that people will have to consider between efficacy and safety once these vaccines have been developed.”

In an interview,¹⁰⁸ I asked Dr. Blower if her study showed that an AIDS vaccine could kill more people than it would save. “That’s what we did show,” she said. “But I’d like to make clear that we were looking at a specific type of vaccine – a live attenuated HIV vaccine. And we were looking at it in two different countries – Zimbabwe and Thailand. In Zimbabwe, we showed it would have a very beneficial effect. In Thailand we showed exactly what you said – that it would kill more people.”

Why? “It’s because this kind of vaccine would have both a good effect – an efficacy effect – it would cut down the number of new transmissions and infections. But it would also have a safety effect. Because it’s actually attenuated – a weakened form of the virus, it could actually cause AIDS in some people.”

She added, “When you put it into a place with a very high transmission rate, an infection rate, the good effect overwhelms the bad. If you put it in a place where the transmission is a lot lower, then the bad effect overwhelms the good.”

Dr. Blower is the same researcher who has presented information to the American Association for the Advancement of Science warning that the drug warfare being waged on HIV could end up making the epidemic worse by giving the virus a chance to mutate into drug-resistant forms.¹⁰⁹ This is the same complaint being advanced by individuals associated with Bill Gates. “There’s something worse than AIDS in Africa,” said Dr. William Foege, a former CDC director who serves as senior advisor on global health for the Bill & Melinda

¹⁰⁶ *The Washington Post*, October 20, 2000, page A1.

¹⁰⁷ Reuters News Agency, “AIDS vaccine poses ‘Catch 22’ for safety, researchers report,” *The Washington Times*, March 13, 2001, page A8.

¹⁰⁸ May 14, Talk America Network.

¹⁰⁹ BBC, “Drug-resistant HIV Fear,” June 23, 1999.

Gates Foundation. "What's worse is AIDS in Africa and drug-resistant HIV strains." ¹¹⁰

This also presents a dilemma for the media, which want to present a compassionate face to their readers. Typically, to show they're advocating something, the media promote either AIDS drugs, an HIV/AIDS vaccine, or both. *The New York Times* and the *Washington Post* are big promoters of the AIDS vaccine. In an editorial on the AIDS crisis, the "conservative" *Washington Times* promoted AIDS drugs even though, by its own admission, they have "alarming side effects" and cause mutations of the AIDS virus, making the epidemic worse in the long run. ¹¹¹ The *Washington Times* own reporter, Tom Carter, had written a major article noting that HIV is developing resistance to the AIDS drugs. ¹¹² However, the paper also ran a column by Holger Jensen saying we should spend billions on cheap AIDS drugs so that "more will live." In fact, AIDS drugs won't save any lives. At best, they may only delay the onset of full-blown AIDS or prolong life in some cases. As Laurie Garrett of *Newsday* notes, "Side effects and drug toxicities are piling up, reported only haphazardly in medical journals." At this time in history, a responsible media should be advising caution, full disclosure, and the protection of human rights and freedom.

But powerful interests are moving forward. On April 6, 2001, Bill Gates joined with Tim Wirth of Ted Turner's United Nations Foundation and Gordon Conway of the Rockefeller Foundation to issue a "Multi-Foundation Call for [a] Balanced Approach to [the] AIDS Crisis." Their "balanced approach" was to offer cheap AIDS drugs *and* an HIV/AIDS vaccine. They declared,

"The UN General Assembly has called for a Special Session in late June to help focus the attention of the world's political leadership on the global catastrophe which is the HIV epidemic. At this time we hope that the world's political leadership will join in our support of the balanced, broad public health programs that are needed, including sharply increased financial resources for both prevention and treatment programs.

"As presidents of American philanthropies deeply involved in international public health issues (prevention and treatment), we are committed to assisting Secretary-General Kofi Annan and his agencies, the public health community, citizens groups and science/academic leadership in working to address this worldwide emergency in a comprehensive and responsible fashion and in helping to mobilize the huge resources necessary for fighting this global scourge.

¹¹⁰ Tom Paulson, *Seattle Post-Intelligencer*, April 9, 2001.

¹¹¹ "Mr. Powell's pilgrimage," *The Washington Times*, May 27, 2001, page B2.

¹¹² Tom Carter, "Doctors losing war on AIDS," *The Washington Times*, May 13, 2001, page 1.

“We look forward to working with various partners in building the balanced, financed and politically committed global programs that are so desperately needed.”¹¹³

For some, the answer is more spending and more centralized direction. Laurie Garrett of *Newsday* quotes activists as saying they need “a strong leader” and a Manhattan-style project for AIDS. Jon Cohen, in his book, urges billionaires such as Bill Gates, Ted Turner or George Soros to put even more money into the project. He also urges foundations to get more deeply involved because they “are free of the constraints of both government and industry, with no need to answer to constituents or stockholders.”¹¹⁴

The notion of permitting billionaires and their foundations to operate beyond public accountability and scrutiny is terrifying. But this is already largely the case.

Some international charities and humanitarian organizations are warning that the global approach to AIDS risks undermining general health care for the world's poor. “A report from Save the Children, an international charity, and MedAct, an organization for health professionals, say a campaign focused on one or two diseases will draw health workers away from already fragmented public health care systems, leaving people in need of medical care for other ailments nowhere to turn,” reports Canada’s *National Post*.

The groups say “lessons from the past need to be learned before further funds are committed to the fight against HIV/AIDS.” Regina Keith, a health advisor at Save the Children, says, “Donor-led programs that focus on specific diseases rather than taking a holistic approach to building services and resources have contributed to the collapse of developing countries' health systems.” Deborah Bickel, the HIV/AIDS advisor for Save the Children, says the Bush Administration has taken money from other development programs to put into AIDS.¹¹⁵

However, it is anticipated that such criticism will be dismissed or swept aside. Why? Peter J. Hotez in *Foreign Policy* magazine suggests the answer in his article, “Vaccine Diplomacy.”¹¹⁶ Hotez, a senior fellow of the Albert B. Sabin Vaccine Institute, argues that vaccines could “be transformed into powerful agents of conflict resolution” because of the multinational forces behind their development. Sounding an idealistic note, he says that, “Along the way, we might acquire an immunity to war.” He says the threat of diseases might prompt countries to divert resources from national defense budgets to vaccines.

¹¹³ <http://www.rockfound.org/display.asp?context=1&Collection=1&DocID=432>

¹¹⁴ Ibid. *Shots in the Dark*, page 359.

¹¹⁵ Email to author, May 30, 2001.

¹¹⁶ Peter J. Hotez, Vaccine Diplomacy, *Foreign Policy*, May-June 2001, pages 68-69.

In other words, the fight against AIDS, however misguided, provides an opportunity for the “New World Order” to come into being so that one-time adversaries can unite against a common enemy. The fight against AIDS serves political purposes by bringing people together.

References by Kofi Annan and Anthony Fauci to a “secret weapon” and “holy grail” in the search for an HIV/AIDS vaccine now come into context. They demonstrate the mindset of those zealously pursuing this option. They have a mystical and political approach. Michael Belkin says Gates and his collaborators have latched on to the concept of vaccines as “a pleasant-sounding yuppie shortcut to Nirvana.”¹¹⁷

But what if the theory driving the vaccine research is scientifically bankrupt? What if billions of dollars are wasted and the disease spreads? What if there is a growing perception that a “Global Health Fund” is a vehicle for achieving medical control over the people and nations of the world? What if their war on AIDS proves to be a no-win war in which millions more die? Then the world will move on to its next crisis, and the same people may still be in charge.

¹¹⁷ Conversation with author, May 30, 2001.

Appendix I: The Hepatitis B Shot: A Model for the HIV/AIDS Vaccine

As if there are any doubts that an AIDS vaccine will be used on children, the circumstances surrounding the introduction and use of the Hepatitis B vaccination should put those to rest. Sue Blevins, president of the Institute for Health Freedom, points out that:

“Unlike diseases that are transmitted via air and casual contact, hepatitis B is transmitted by direct contact with blood and other body fluids. Those at risk include intravenous drug users, sexually active individuals, blood transfusion recipients, health care workers, and babies born to infected mothers.”

In this way, AIDS seems to be similar to AIDS. But Blevins adds:

“Since public health officials have failed to reach the high-risk populations, they are making hepatitis B vaccination compulsory for all children, even infants who clearly are not at risk. What better time to force medical care on people than during their first weeks of life, when they are too young to refuse the shots or to complain about side effects? The director of the U.S. Centers for Disease Control and Prevention’s Immunization Program has publicly acknowledged that “infants are considered the easiest to immunize.”¹¹⁸

The National Vaccine Information Center reports:

“Even though hepatitis B is an adult disease, is not highly contagious, is not deadly for most who contract it, and is not in epidemic form in the U.S. (except among high risk groups such as IV drug addicts), in 1991 the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control (CDC) recommended that all infants be injected with the first dose of hepatitis B vaccine at birth before being discharged from the hospital newborn nursery. A similar recommendation was also made by the Committee on Infectious Diseases of the American Academy of Pediatrics (AAP). This, despite the fact almost nothing is known about the health and integrity of an individual baby’s immune and neurological systems at birth.”¹¹⁹

Today, 42 states have added the vaccine to their lists of immunizations required for attending school. Lobbying for the shot has come from The Hepatitis B Coalition, a program of the Immunization Action Coalition, which receives

¹¹⁸ From *Reason* magazine, July 1999. <http://www.reason.com/9907/fe.sb.shots.html>

¹¹⁹ <http://www.909shot.com/hepbnlr.htm>

funding from the Centers for Disease Control and major pharmaceutical companies, including HIV vaccine makers.

In congressional testimony, Tonya Nelson of Indianapolis, Indiana, described what happened to her child after receiving the Hepatitis B shot:

“I am the mother of four children. Abigail was my third. Abigail was born at 11:27 p.m., on March 22, 1994. She was a very healthy baby. We stayed 2 days in the hospital. Prior to our release from the hospital, she was given the hepatitis B vaccine. I asked questions about the injection and was given a booklet to read that stated to expect no side effects except soreness in the area of the injection. We came home after receiving the vaccine. She was very cranky and her cry was very disturbing. It was more of a scream than crying. She began to spit up a lot. I called the doctor and was told to give her some water between feedings and to call back in a week. I did as the doctor suggested, but I began to get scared because her stool became loose and greenish-yellow. So I called back in a week and was told that was normal and to keep an eye on her and call if I needed to.

“The second week was worse. Her cry was just as bad and stool seemed loose. She became cold to the touch and shivered a lot. I called the doctor again. She told me to put her in her infant hat and to check her temperature four times a day and to call back the following week.

“I did this. Her temperature stayed at 96 degrees. Then her third week she began to turn purple in her hands and feet and around her lips. I called the doctor and was told to watch her breathing and they would see the baby the next week for her 1-month checkup and to keep her wrapped tightly in blankets.

“I was becoming scared. I asked him to get her in before her checkup and was told they had no appointments. I hung up from that call and called my son's old doctor. She told me that she could not help without seeing the child, and since Abby was on Medicaid and she was not a Medicaid provider, she was restricted from seeing Abby. I offered to pay cash, but she said she could not take the money from a Medicaid patient. At this point Abby is still crying and vomiting and having loose stools and very cold. The night before she died she screamed for 6 hours straight, plus she had a lot of bowel movements. She finally fell asleep at 11:30 p.m. We woke up to find her dead at 6 a.m.

"I placed my 9-1-1 call and started CPR. The firemen and paramedics showed up. They pronounced her dead shortly after they arrived. The coroner said it would be 2 weeks before the cause of death could be determined. About 2 months later we received a telephone call from Dr. Thomas Gill of the Marion County Coroner's Office. He told us the cause of death was the hepatitis B virus, which she could only have gotten from the vaccine. He told me that he would get the death certificate out to me soon."¹²⁰

However, she said that when the death certificate arrived in the mail 16 weeks later, the cause of death was listed as natural causes, otherwise known as SIDS, Sudden Infant Death Syndrome.

Under the National Childhood Vaccine Injury Act of 1986, a Vaccine Information Statement (VIS) produced by CDC must be provided, informing vaccine recipients -- or their parents or legal representatives -- of the benefits and risks of a vaccine. The law requires them to be given out whenever certain vaccinations are given. In the case of the Hepatitis B shot, the CDC said only that it can cause "serious problems, such as severe allergic reactions." The CDC said the chance of causing serious harm or death was "extremely small."

¹²⁰ http://commdocs.house.gov/committees/gro/hgo62560.000/hgo62560_of.htm

Appendix II: The September U.N. Special Session on Children and the Push for a Mandatory HIV/AIDS Vaccine

A “Special Session on Children” is being held at the United Nations from September 19-21, 2001, in New York City. It is a follow-up to the 1990 World Summit for Children. Then, 71 Heads of State and Government and other leaders signed the World Declaration on Survival, Protection and Development of Children and adopted a Plan of Action to achieve a set of precise, time-bound goals. The Plan of Action for Implementing the World Declaration on the Survival, Protection and Development of Children in the 1990s includes the following excerpt, emphasizing HIV/AIDS:

“Besides these readily preventable or treatable diseases and some others, such as malaria, which have proved more difficult to combat, children today are faced with the new spectre of the acquired immunodeficiency syndrome (AIDS) pandemic. In the most seriously affected countries HIV/AIDS threatens to offset the gains of child survival programs. It is already a major drain on limited public health resources needed to support other priority health services. The consequences of HIV/AIDS go well beyond the suffering and death of the infected child and include risks and stigmas that affect parents and siblings and the tragedy of ‘AIDS orphans’. There is an urgent need to ensure that programs for the prevention and treatment of AIDS, including research on possible vaccines and cures that can be applicable in all countries and situations, and massive information and education campaigns, receive a high priority for both national action and international co-operation. “ (emphasis added).

In a section on “National Action,” the U.N. advises that

“Each country should establish appropriate mechanisms for the regular and timely collection, analysis and publication of data required to monitor relevant social indicators relating to the well-being of children - such as neonatal, infant and under-5 mortality rates, maternal mortality and fertility rates, nutritional levels, immunization coverage, morbidity rates of diseases of public health importance, school enrolment and achievement and literacy rates - which record the progress being made towards the goals set forth in this Plan of Action... (emphasis added) .”

The U.N. further stated that:

“Progress towards the goals endorsed in the Summit Declaration and this Plan of Action could be further accelerated, and solutions to many other major problems confronting children and families

greatly facilitated, through further research and development. Governments, industry and academic institutions are requested to increase their efforts in both basic and operational research, aimed at new technical and technological breakthroughs, more effective social mobilization and better delivery of existing social services. Prime examples of the areas in which research is urgently needed include, in the field of health, improved vaccination technologies, malaria, AIDS, respiratory infections, diarrhea diseases, nutritional deficiencies, tuberculosis, family planning and care of the newborn... (emphasis added)

In order to bring this about, the U.N. said that

“The assistance of the United Nations is requested to institute appropriate mechanisms for monitoring the implementation of this Plan of Action, using existing expertise of the relevant United Nations statistical offices, the specialized agencies, UNICEF and other United Nations organs. Furthermore, the Secretary-General of the United Nations is requested to arrange for a mid-decade review, at all appropriate levels, of the progress being made towards implementing the commitments of the Declaration and Plan of Action...”

In regard to a Draft Program Document for the “Special Session,” the U.N. said that: its preparatory committee produced a revised draft outcome document, entitled “A world fit for children,” to be considered by the Committee at a session in New York from June 11-15.

An excerpt details the vaccination program:

“Ensure routine child immunizations of at least 80 percent of children under one year of age in every district; immunization of women of child-bearing age against tetanus; and extension of the benefits of new and improved vaccines and other preventive health interventions to children in all countries.”

The reference to the “immunization of women of child-bearing age against tetanus” proved to be ominous. A tetanus vaccine program conducted in the Philippines in 1995 involved only women in their child-bearing years. The women were given the tetanus vaccine combined with a chemical called Human Chorionic Gonadotrophin (HCG) to create an anti-pregnancy agent. This caused the deaths of many babies. In a program titled, “The Human Laboratory,” the BBC, in conjunction with the Philippine Department of Health and the Philippine Medical Association, reported that many Filipino women suffered spontaneous

abortions due to the vaccine, which created an immune response to pregnancy in the mother's body, and others were sterilized. The BBC report has never aired in the United States.

Nevertheless, on November 11, 1999, the Bill and Melinda Gates Foundation provided a \$26 million grant to the U.S. Committee for UNICEF (The United Nations Children's Fund) to fight maternal and neonatal tetanus.¹²¹ One group critical of certain vaccines said the Gates program bore a “striking resemblance” to the one in the Philippines. “The current Gates tetanus vaccine program also is administered only to women in child-bearing years,” it said.¹²²

The concept of the Children's Vaccine Initiative (CVI) was launched at the World Summit for Children. At the outset, the founders were the Rockefeller Foundation, United Nations Development Program, U.N. Children's Fund, the World Bank and the World Health Organization.¹²³ In the U.S., this resulted in the Children's Vaccine Initiative, a provision of law (U.S. Code Title 42. Sec. 283d), which seems to require the addition of an HIV/AIDS vaccine to the list of those already required for children.

¹²¹ <http://www.gatesfoundation.org/pressroom/release.asp?PRindex=147>

¹²² American Life League, <http://www.all.org/news/000201.htm>

¹²³ <http://books.nap.edu/books/0309049407/html/3.html>

Appendix III: Government Players in the Crash Program to Develop an HIV/AIDS Vaccine.

In his commencement address at Morgan State University on May 18, 1997, President Clinton called for an AIDS vaccine within 10 years. To accelerate this quest, he announced that a new Vaccine Research Center would be established at the NIH, now headed by acting director Ruth Kirshstein. The collaboration between NIH and the International AIDS Vaccine Initiative (IAVI) is evident in that, in September 1998, Dr. Margaret (Peggy) I. Johnston rejoined NIH to assume two key posts in AIDS vaccine research at the National Institute of Allergy and Infectious Diseases (NIAID). She became Assistant Director for HIV/AIDS Vaccines at NIAID, a newly created position, and Associate Director of the Vaccine and Prevention Research Program in NIAID's Division of AIDS. Dr. Johnston returned to NIH after serving two years as the top scientific administrator at the IAVI.

An "AIDS Vaccine Research Committee," chaired by Dr. David Baltimore, was formed in early 1997 to improve coordination of NIH-supported AIDS vaccine activities. It is significant that William Snow of the AIDS Vaccine Advocacy Coalition was included as a member. Snow is a former writer for the Bay Area Reporter, a San Francisco homosexual newspaper. Members of the Committee are :

David Baltimore, Ph.D., President, California Institute of Technology, Pasadena, California 91125, 626-395-6301, FAX 626-449-9374

Members:

Barry Bloom, Ph.D. ,Dean ,Harvard School of Public Health, 677 Huntington Avenue, Boston, MA 02115, 617-432-1026, FAX 617-277-5320

Robert Couch, M.D., Chairman, Department of Microbiology and Immunology, Baylor College of Medicine, 1Baylor Plaza, Room 205A, Houston, TX 77030-3498, 713-798-4474, FAX 713-798-7375

Raphael Dolin, M.D., Dean for Clinical Programs, Harvard Medical School, Harvard University, 25 Shattuck Street, Boston, MA 02115, 617-432-3633, FAX 617-432-3635

Beatrice Hahn, M.D., Professor, Department of Medicine and Microbiology, University of Alabama at Birmingham, 701 South 19th Street, LHRB-613, Birmingham, AL 35294-0007, 205-934-0412, FAX 205-934-1580

Peter S. Kim, Ph.D., Member, Whitehead Institute, Investigator, Howard

Hughes Medical Institute, Professor of Biology, MIT, Whitehead Institute, 9 Cambridge Center, Cambridge, MA 02142, 617-258-5184, FAX 617-258-5737

Norman Letvin, M.D., Professor of Medicine, Harvard Medical School, Chief, Division of Viral Pathogenesis, Beth Israel Deaconess Medical Center, P.O. Box 15732, Research East – 113, 330 Brookline Avenue, Boston, MA 02215, 617-667-2766, FAX 617-667-8210

Daniel Littman, M.D., Ph.D., Investigator, Howard Hughes Medical Institute, Kimmel Professor of Molecular Immunology, Skirball Institute of Biomolecular Medicine, New York University Medical Center, 540 First Avenue, 2nd Floor, Lab 17, New York, NY 10016, 212-263-7520, FAX 212-263-5711

Neal Nathanson, M.D., Professor and Chair, Emeritus, Microbiology, University of Pennsylvania Medical Center, 263 Clinical Research Building, 415 Curie Boulevard, Philadelphia, Pennsylvania 10104-6046, 610-667-0153, FAX 610-667-8578

Douglas Richman, M.D., Professor, University of California/San Diego, Stein Clinical Research Building, Room 327, La Jolla, CA 92093, 858-552-7439, FAX 858-552-7445

William Snow, AIDS Vaccine Advocacy Coalition, 40 Alta Road, Berkeley, CA 94708, 510-524-5257, FAX: 510-524-5723

Harold Varmus, M.D., CEO and President, Memorial Sloan-Kettering Cancer Center, Sloan-Kettering 20th Floor, 1275 York Avenue, New York, NY 10021, 212-639-8777.7031, FAX: 212-717-3299

Irving Weissman, M.D. , Professor of Pathology, Stanford University School of Medicine, B259 Beckman Center, Stanford, CA 94305-5423, 650-723-6747, FAX 650-723-4034

CDC's Advisory Committee on Immunization Practices (ACIP)

In effect, the CDC's Advisory Committee on Immunization Practices (ACIP) mandates vaccines. It is a federal advisory committee whose role is to provide advice and guidance to the Secretary, the Assistant Secretary for Health, and the Director, Centers for Disease Control and Prevention, regarding the most appropriate application of antigens and related agents (e.g., vaccines, antisera, immune globulins) for "effective disease control" in the civilian population.

The Committee consists of twelve members, including the Chair, and seven non-voting ex officio members: the Deputy Director, Division of Vaccine Injury Compensation, Bureau of Health Professions, Health Resources and Services Administration; the Deputy Director for Scientific Activities, Office of the Assistant Secretary of Defense for Health Affairs, Department of Defense; Under Secretary for Health, Department of Veterans Affairs; the Director, National Center for Drugs and Biologics, Food and Drug Administration; the Medical Advisor, Medicaid Bureau, Health Care Financing Administration; the Director, Microbiology and Infectious Diseases Program, National Institute of Allergy and Infectious Diseases, National Institutes of Health; and the Director, National Vaccine Program Office, or their designees.

Non-voting liaison representatives to the Committee include persons from the American Academy of Family Physicians; the American Academy of Pediatrics; the American Association of Health Plans; the American College of Obstetricians and Gynecologists; the American College of Physicians; the American Hospital Association; the American Medical Association; the Association of Teachers of Preventive Medicine; the Hospital Infection Control Practices Advisory Committee, Centers for Disease Control and Prevention; the Infectious Diseases Society of America; the National Medical Association; and the Pharmaceutical Research and Manufacturers of America.¹²⁴

The ACIP chairman as of May, 2001, was **John F. Modlin**, M.D., Professor of Pediatrics and Medicine, Dartmouth Medical School, Lebanon, New Hampshire. Other members are **Dennis A. Brooks**, M.D., M.P.H., Assistant Professor of Pediatrics, Johns Hopkins School of Medicine, Johnson Medical Center, Baltimore, Maryland; **Richard D. Clover**, M.D., Professor and Chairman, Department of Family and Community Medicine University of Louisville School of Medicine, Louisville, Kentucky; **Jaime Deseda**, M.D., Associate Professor in Pediatrics, San Jorge Children's Hospital, San Juan, Puerto Rico; **Charles M. Helms**, M.D., Ph.D., Professor of Medicine, University of Iowa Hospital and Clinics, Iowa City, Iowa; **David R. Johnson**, M.D., M.P.H., Deputy Director and Chief Medical Executive, Michigan Department of Community Health, Lansing, Michigan; **Myron J. Levin**, M.D., Professor of Pediatrics & Medicine, Chief, Pediatric Infectious Diseases, University of Colorado School of Medicine, Denver, Colorado; **Paul A. Offit**, M.D., Chief, Section of Infectious Diseases, The Children's Hospital of Philadelphia, Philadelphia, Pennsylvania; **Margaret B. Rennels**, M.D., Professor, Department of Pediatrics, University of Maryland School of Medicine, Baltimore, Maryland; **Natalie J. Smith**, M.D., M.P.H., Chief, Immunization Branch Division, Communicable Disease Control, California Department of Health Services, Berkeley, California; **Lucy S. Tompkins**, M.D., Ph.D., Professor, Department of Medicine and Microbiology and Immunology, Stanford University Medical Center, Stanford, California; and **Bonnie M. Word**, M.D., Monmouth Junction, New Jersey.

¹²⁴ <http://www.cdc.gov/nip/vfc/acip.htm>

Appendix IV: A National Computer Data Base to Track Health Care and Vaccinations.

Mrs. Hillary Clinton's Health Care Task Force proposed a national system to monitor an individual's health from birth, including vaccination history. The plan failed. However, the program has gone forward in other ways. The 1993 Comprehensive Childhood Immunization Act, signed by President Clinton, gave HHS \$400 million to award to states to set up state vaccine registries to identify and track children so they can be compelled to receive vaccinations. In 1995, HHS Secretary Donna Shalala gave states the power to use newborn babies' Social Security numbers in order to create vaccine tracking registries.¹²⁵ In 1997, President Clinton directed Secretary of Health and Human Services Donna Shalala to work with the States to develop an integrated immunization registry system and to require that all children in federally subsidized child care centers be immunized.¹²⁶

Such registries are being sold as "the Gift of a Lifetime" by the Every Child By Two (ECBT) campaign under the names of former White House First Lady Rosalyn Carter and former Arkansas First Lady Betty Bumpers. The name, "Every Child By Two," is designed to convey the message that every child should be vaccinated by the age of two years. Their campaign, originally known under the name "All Kids Count," was funded by the Robert Wood Johnson Foundation. ECBT is funded by a grant from the federal Centers for Disease Control.¹²⁷

Other identified "sponsors" of the campaign include the Gerber Foundation, Wyeth-Lederle Vaccines and Pediatrics, SmithKline Beecham Pharmaceuticals(now GlaxoSmithKline) Merck & Company, Inc., and Aventis Pasteur. Merck, which claims to be the "global leader" in vaccines, made \$1 billion on them last year.¹²⁸ The company is currently testing an HIV vaccine, saying it "could be the best answer to the AIDS epidemic."¹²⁹ R. Gordon Douglas Jr., M.D., the former Vice President, Merck & Co. and former President, Merck Vaccines, United States, is on the board of the International AIDS Vaccine Initiative. Sir Richard Sykes, the chairman of Glaxo Wellcome, United Kingdom, another maker of vaccines, also sits on the board.¹³⁰

The Robert Wood Johnson Foundation, one of the nation's largest philanthropies with nearly \$7 billion in assets, has been funding computerized vaccination registries in the states "that facilitate the monitoring of childhood immunizations" and permit government social workers to track down families of

¹²⁵ *Education Reporter*, November 1998.

¹²⁶ Statement of Rep. Dan Burton,

http://commdocs.house.gov/committees/gro/hgo62560.000/hgo62560_of.htm

¹²⁷ <http://www.ecbt.org/registrybook8.html>

¹²⁸ <http://www.merck.com/overview/98ar/p34.htm>

¹²⁹ <http://www.merck.com/overview/98ar/p34.htm>

¹³⁰ <http://www.iavi.org/>

children “needing vaccinations.”¹³¹ The foundation also supports the National Network for Immunization Information, which is part of the Allied Vaccine Group.

In July, the “2001 Immunization Registry Conference” is scheduled in Little Rock, Ark. Sponsored by the National Immunization Program (NIP) of the Centers for Disease Control. It is described as bringing together “government and private-sector health care professionals to exchange information, share ideas on building support for immunization registries...”¹³²

The Health Care Financing Agency (HCFA), which administers Medicaid and Medicare, is funding states to develop, enhance and maintain their “immunization registries. HCFA had agreed last year to contribute to financing for state immunization registries that include data on Medicaid-insured children. Shalala had announced the collaboration between HCFA and CDC during the July 2000 National Immunization Conference. ECBT says it was “pleased to have helped facilitate the agreement, and Secretary Shalala timed her announcement of its signing to coincide with her remarks honoring ECBT's founders Carter and Bumpers.”¹³³

ECBT also reports, “The National Immunization Program's Data Management Division Systems Development Branch is the CDC office that administers immunization registry development. It provides financial and technical support to states. This office leads and coordinates monthly telephone conference calls among all state registry managers and other interested parties including ECBT, providing an invaluable exchange of information.”

Whatever the ultimate fate of the Clinton regulations on medical “privacy,” the vaccine registries are going forward. What’s more, an executive order remains on the books giving the president the authority to seize and control the entire health care system. Clinton issued Executive Order 12919, “National Defense Industrial Resources Preparedness,” which gives the president the power to virtually take over the private sector, including the “health resources” of the country.

¹³¹ <http://www.rwjf.org/app/health/anthologies/1997chap9.htm>

¹³² <http://www.worldwidevaccines.com/public/bio/latst.asp>

¹³³ <http://www.ecbt.org/new0501.html#Hill>

Appendix V: The HIV/AIDS Vaccine Makers and Pushers

Dr. Seth Berkley is the president, CEO, and founder of the International AIDS Vaccine Initiative (IAVI). Prior to founding the initiative, Dr. Berkley was the Associate Director of the Health Sciences Division at the Rockefeller Foundation.

R. Gordon Douglas Jr., M.D., the former Vice President, Merck & Co. and former President, Merck Vaccines, United States, is on the board of the IAVI. Sir Richard Sykes, the chairman of Glaxo Wellcome, United Kingdom, another maker of vaccines, also sits on the board.¹³⁴

David M. Gold, IAVI vice president for Policy and public Sector Support, is an attorney who was a co-founder of the Washington, DC-based AIDS Vaccine Advocacy Coalition, the group that wants to speed development of an AIDS vaccine.¹³⁵ From 1991-1995, he headed the Medical Information Program at Gay Men's Health Crisis, the world's first and largest AIDS organization. He has also served on research advisory panels for a number of different organizations including the UNAIDS and the U.S. NIAID.

It is difficult to keep a current list of sponsors of HIV vaccine research because of the rapid changes in the industry, including name-changes and corporate mergers. Government and private sources identify the following as the major sponsors of HIV vaccine programs:

Aventis Pasteur, 4650 Wismer Road, Doylestown, PA 18901; **Bristol-Myers Squibb**, Pharmaceutical Research Institute, 5 Research Pkwy., Wallingford, CT 06492; **British Biotech Pharmaceuticals Ltd.**, 201 Defense Hwy., Suite 260, Annapolis, MD 21401-8961; **CEL-SCI Corporation**, 8229 Boone Bouklevard, Suite 802, Vienna, VA. 22182; **Chiron Corporation**, Mailstop U-140, 4560 Horton St., Emeryville, CA 94608-2916; **Genentech, Inc.**, 1 DNA Way, South San Francisco, CA., 94080; **GlaxoSmithKline**, 5 Moore Drive, P.O. Box 13398, Research Triangle Park, North Carolina, 27709; **Immunex**, 51 University St., Seattle, WA 98101; **Immuno AG**, Industriestrasse 67, A-1220 Vienna, Austria; **Immune Response Corporation**, 5935 Darwin Court, Carlsbad, California 92008; **Baxter Healthcare Corporation**, Hyland-Immuno Division, 550 North Brand Blvd., Glendale, CA, 91203; **Merck**, 1 Merck Dr., Whitehouse Station, New Jersey, 08889; **Protein Sciences Corporation**, 1000 Research Pkwy., Meriden, CT 06450; **Therion Biologics Corporation**, 76 Rogers St., Cambridge, MA 02142; **United Biomedical, Inc.**, 25 Davids Dr., Hauppauge, NY 11788; **University of Maryland at Baltimore, Center for Vaccine Development**, 10 South Pine St., Baltimore, MD 21201-1192; **Institute of Human Virology, Division of Vaccine Research**, 725 West Lombard Street; Baltimore, MD 21201; **Vaxgen Inc**, 1000 Marina Blvd., 2nd Fl., Brisbane, CA

¹³⁴ <http://www.iavi.org/>

¹³⁵ <http://www.avac.org/>

94005; **Wyeth Lederle Vaccines**, 401 North Middletown Road, Pearl River, NY 10965, or 211 Bailey Rd., West Henrietta, NY 14586-9728

The deaths of African children in an AIDS vaccine experiment have raised the issue of informed consent on the part of those who participate. One scholar, Udo Schuklenk, describes the history of informed consent:

“During the Third Reich, Nazi doctors in German concentration camps conducted some of the most gruesome medical experiments imaginable. The international community responded to these and other crimes committed by medical researchers against research subjects, with the Nuremberg Code, the first international normative framework regulating the standards of clinical trials... This document was superseded in 1964 by the Declaration of Helsinki... a code for research and experimentation issued by the World Medical Association (WMA), which despite its partial dilution of the stringent ethics requirements set by the Nuremberg Code eventually became the most influential international ethics document regulating medical research. In 1993 the Declaration was supplemented by international research ethics guidelines produced by the Council of International Organisations of Medical Sciences (CIOMS) in collaboration with the World Health Organisation.”¹³⁶

The Nuremberg code is a 10-point declaration governing human experimentation which states that voluntary and informed consent is absolutely essential from all human subjects who participate in research, whether during war or peace.¹³⁷ It states:

“The person involved should have the legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision. This latter element requires that before the acceptance of an affirmative decision by the experimental subject, there should be made known to him the nature, duration, and purpose of the experiment; the method and means by which it is to be conducted; all inconveniences and hazards reasonable to be expected; and the effects upon his health and person which may possibly come from

¹³⁶ Udo Schuklenk, “International Research Ethics Guidelines Under Threat A full-scale attack on the CIOMS Guidelines and the Declaration of Helsinki is currently underway.” <http://www.healthlibrary.com/reading/ethics/july-sept99/threat.htm>

¹³⁷ <http://www.physics.swin.edu.au/studes/ethics/Nuremberg.html>

his participation in the experiments.”

There is no provision in the Nuremberg Code that allows a country to waive informed consent for civilians or military personnel or veterans under any circumstances.

Since 1964, international scientific and medical research has been guided by the World Medical Association’s Declaration of Helsinki, which emphasizes that it is the mission of doctors to safeguard the health of people, that laboratory and animal experimentation is preferred over human experimentation, and that human experimentation should be guided by the principle of informed consent.

In May 1997, the Public Citizen Health Group denounced the unethical clinical trials aiming at investigating ways to reduce perinatal transmission of HIV infection in the developing world: The WHO approved AIDS experiments in black Africa in which pregnant women with AIDS were denied a “proven treatment” for reducing mother-to-child transmission of the AIDS virus. Instead, they were given placebos. This meant that the government deliberately allowed them to give the disease to their children, who would surely die. These experiments, backed and approved by the WHO, were funded by the Centers for Disease Control and the National Institutes of Health.

Professor Mylène Botbol-Baum (Unité d’éthique biomédicale, UCL Louvain, Brussels), commented:

“Apparently reacting to the fact that perinatal HIV transmission trials, in which drugs of known efficacy were withheld from HIV – positive pregnant women, were in clear violation of the current version of the Declaration, researchers have reacted by seeking to change the ethics rules to comply with the scientific studies they wish to conduct rather than revising their studies to be ethical (...)”

¹³⁸

Public Citizen’s Sidney Wolfe and Peter Lurie have accused the NIH and CDC of attempting to “revise the Declaration of Helsinki” in order to benefit corporations engaging in human experimentation. The changes, they say, are just part of a coordinated assault on long-held ethical principles.

On the U.N.’s formulation of a “guidance document” for HIV vaccine trials, in a letter to the Joint U.N. Program on HIV/AIDS, they wrote, “If UNAIDS wished to maintain the appearance of objectivity, why did it select Dr. Robert

¹³⁸ Prof. Mylène Botbol-Baum, “The Shrinking of Human Rights. The controversial revision of Helsinki’s Declaration, British HIV Association,” *HIV Medicine* (2000), <http://www.md.ucl.ac.be/ebim/BHumRi.htm>

Levine of Yale to write the Guidance Document, even though he has been heavily involved in efforts to weaken human subjects protections in the Helsinki and CIOMS documents and was known prior to the Consultation to be hostile to providing subjects with appropriate treatments or preventive interventions in clinical trials.”¹³⁹ Levine is a member of the National Human Research Protections Advisory Committee (NHRPAC), which is chartered to “provide expert advice and recommendations to the Secretary of HHS, Assistant Secretary for Health (ASH), the Director, Office for Human Research Protections (OHRP), and other departmental officials on a broad range of issues and topics pertaining to or associated with the protection of human research subjects.”¹⁴⁰ The chairperson of the group is Mary Faith Marshall, Ph.D., Director of Program in Bioethics, University of Kansas Medical Center, 3901 Rainbow Boulevard, 2010 Robinson Building, Kansas City, Kansas 66160-7311.

¹³⁹ <http://www.citizen.org/hrg/publications/1471.htm>

¹⁴⁰ <http://ohrp.osophs.dhhs.gov/nhrpac/charter.htm>

Appendix VII: The Military's Anthrax Vaccination Program as a Model for the HIV/AIDS Vaccine.

An HIV/AIDS vaccine for the military could prove to be even more of a threat to military morale, health and the lives of our service personnel than the Anthrax Vaccine Immunization Program (AVIP). More than 450 soldiers have left the service in protest over the AVIP, some are facing courts-martial, and others have died.

In a March 23, 2001, letter to Secretary of Defense Donald Rumsfeld, Reps. Christopher Shays and Dan Burton, who have presided over hearings into the AVIP, said the program should be discontinued because

- The quality of the vaccine is deficient.
- Questions about the safety of the vaccine persist.
- Many adverse reactions to the vaccine are not being reported.
- BioPort, the company making the vaccine, failed to notify FDA of the possible anthrax-related death of Army Sergeant Nancy Rugo, and failed to conduct an investigation into that death.
- The AVIP is causing serious damage to military morale and could hurt recruitment.

Former Food and Drug Administration (FDA) inspector Sammie Young says the anthrax vaccine program, a model for the HIV/AIDS vaccine program, is dangerous and illegal because it evaded the new drug approval process. We are likely to see this happen with an HIV -AIDS vaccine because of the “emergency” nature of the epidemic. The anthrax program continues to go forward in part because the Pentagon wants to set a precedent and eventually force U.S. military personnel to take an HIV/AIDS vaccine for their own “protection.”

On September 30, 1999, President Clinton issued executive order 13139, authorizing the use of experimental vaccines, antidotes, and treatments on the military. It was innocuously titled, “Subject: Improving Health Protection of Military Personnel Participating in Particular Military Operations.” It permits the president to waive informed consent for military personnel regarding these experiments.

We have sent letters to Senator James Inhofe, Reps. Christopher Shays and Dan Burton, and Dr. Deborah Birx, director of the U.S. Military's HIV Research Program (13 Taft Court, Suite 200, Rockville, MD 20850), asking the following questions:

Who made the decision in DoD and the executive branch of government to proceed with development of an HIV/AIDS vaccine?

When was that decision made?

Has Congress specifically funded development of such a vaccine through the U.S. military?

Who made the decision to use and mandate this vaccine on U.S. military personnel?

What does it mean to “protect” U.S. military personnel?

Protection from what? From having sex with AIDS-infected people? Or from a weapon?

Do you believe any foreign countries or groups or individuals have developed an AIDS-like weapon?

Have the troops been notified that they will be forced to take an HIV/AIDS vaccine shot or shots? If not, why not?

- The U.S. military HIV Web site also refers to a world-wide HIV - epidemic being declared a “national security concern” and it having an impact on American forces overseas.

Who declared this and what form or legal effect does this have?

How will it affect American forces overseas? How will they contract this disease overseas?

Is there any evidence that U.S. troops are contracting AIDS while serving abroad? If so, how many have been infected and where?

How many U.S. service personnel have tested positive for HIV?

- We also have some other questions:

Who or what agency provides the ethical instruction or guidance for your HIV/AIDS vaccine trials?

What are those guidelines?

If these individuals come down with AIDS as a result of exposure to the vaccine, who is responsible for their medical care?

How is informed consent obtained from those who participate in these trials?

Could we obtain a copy of the informed consent form that is used in such trials?

Under what law or authority does the U.S. Military HIV Program collaborate or work with the UNAIDS program and other U.N. agencies?

Where is the HIV obtained for your experiments?

- The Web site refers to your [Dr. Birx's] involvement with the VAXGEN HIV vaccine trials. This is a private company.

On what legal or other basis do you work with a private company to develop an HIV/AIDS vaccine?

Do you have an investments or holdings in any private companies developing HIV/AIDS vaccines?

Do you or your colleagues submit financial disclosures forms?

Are they available for public inspection?

What "partnerships with private industry," to quote your Web site, have been made?

With what companies and under what circumstances?

Are there any arrangements or contracts under which your or your program would share in the financial proceeds from development of an HIV/AIDS vaccine?

- On a more general basis:

How many years has the U.S. Military HIV Research Program been in existence?

What is the annual budget?

What has been the funding for this program on an annual basis since its inception?

Appendix VIII: AIDS Spending Characterized by Waste, Fraud and Abuse

Spending on AIDS at home is as controversial as spending abroad. The Department of Health and Human Services advertises the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act as helping states, communities and families cope with the growing impact of the AIDS epidemic. The program, which is administered by the HHS Health Resources and Services Administration (HRSA), “supports systems of care for people with AIDS who do not have adequate health insurance or other resources.” Annual funding has grown by \$1 billion since 1993 -- an increase of 260 percent. “Since 1991, when the first CARE Act grants were awarded, \$6.4 billion in federal funds has been appropriated under the Act. In total, HRSA estimates that the Ryan White CARE Act programs serve approximately 500,000 individuals with HIV and AIDS in a given year,” HHS says.

The April 2001 issue of *The Washington Monthly* features an article by an AIDS activist, Wayne Turner, a member of ACT UP, the AIDS Coalition to Unleash Power. He’s in favor of AIDS spending to help victims of the disease. But he’s outraged by the waste, fraud and abuse in federal AIDS spending. He says the experience of those trying to expose funding abuses “shows that after a hard-fought 20 years, the AIDS epidemic has finally become a sacred cow. It is immune from budget cuts; even the Republican-controlled Congress has steadily increased federal AIDS funding, at times well beyond the Clinton Administration’s request. The Ryan White CARE Act, a \$1.7 billion program, was unanimously reauthorized by the 106th Congress last year.” This program is named after a young person who died of AIDS.

Yet this is one of the programs characterized by waste, fraud and abuse. Under this act millions of dollars were paid to the San Juan AIDS Institute in Puerto Rico, which was supposed to help people with AIDS. One victim got one visit from a doctor from the institute who told him he was going to die. The doctor, Jorge Garib, was later sentenced to 10 years in prison for his involvement in an embezzlement scandal at the AIDS institute. Millions of federal dollars went to the institute and were laundered through dummy corporations and off-shore bank accounts. Investigators said the money went for luxury cars, jet skis, pay-offs to the institute’s political benefactors, and a personal maid for Dr. Garib.

Investigators in Texas found that federal dollars for an AIDS clinic went for shopping sprees at Neiman Marcus, home appliances, and telephone calls to a psychic hot-line. All of this was billed to the Ryan White CARE Act. In Florida, federal money went for Disney tickets, hotels, and restaurants. Wayne Turner’s article charges that federal officials permitted this to happen. He says one official responsible for making sure the money reaches AIDS victims authorizes federal funding of extravagant conferences in exotic locations.¹⁴¹

¹⁴¹ Wayne Turner, “AIDS Incorporated. How federal AIDS money ended up funding psychic hotlines, Neiman Marcus shopping trips, and flirting classes,” *The Washington Monthly*, April 2001, page 17.

The U.S. Military HIV Program says that, "The world-wide HIV epidemic has recently been declared a national security concern because of its effect on the potential stability of third world governments and on American forces overseas." Bush Secretary of State Colin Powell is reported to agree with this assessment.¹⁴²

President Clinton made the designation of AIDS as a national security issue. His spokesman, Joe Lockhart, said:

"You have projections in some places where 50 percent of the military will contract HIV/AIDS in the not-too-distant future. Those can be very destabilizing numbers, and they have an impact on us. We have an interest in Africa as far as our own national security."¹⁴³

The White House Office of Science and Technology Policy had already issued a statement and "fact sheet" on June 12, 1996, on "The Threat of Emerging Infectious Diseases." It said, "The President today established a national policy to address the threat of emerging infectious diseases through improved domestic and international surveillance, prevention, and response measures. "It said that, "Emerging infectious diseases such as Ebola, drug-resistant tuberculosis, and HIV/AIDS present one of the most significant health and security challenges facing the global community."¹⁴⁴ The directive sought to coordinate the activities of the CDC, the NIH, the State Department, and the DoD, and provide support for WHO, including "the WHO-proposed revision of the International Health Regulations to ensure improved screening and quarantine capabilities." The latter, of course, refers to the ability of governments to seize and isolate perceived risks to public health.

The National Intelligence Council in January, 2000, issued a classified and unclassified intelligence estimate, "The Global Infectious Disease Threat and Its Implications for the United States." John C. Gannon, Chairman of the National Intelligence Council, described it this way:

"The Estimate was produced under the auspices of David F. Gordon, National Intelligence Officer for Economics and Global Issues. The primary drafters were Lt. Col. (Dr.) Don Noah of the Armed Forces Medical Intelligence Center and George Fidas of the NIC. The Estimate also benefited from a conference on infectious

¹⁴² http://www.iavi.org/highlights/87/H2001-04-09_Bush_vaccines_Budget.htm

¹⁴³ Article by Deborah Tate, <http://www.fas.org/man/dod-101/ops/war/2000/05/000501-aids2.htm>

¹⁴⁴ http://www.fas.org/irp/offdocs/pdd_ntsc7.htm

diseases held jointly with the State Department's Bureau of Intelligence and Research, and was reviewed by several prominent epidemiologists and other health experts in and outside the US Government. We hope that it will further inform the debate about this important subject.”¹⁴⁵

The National Intelligence Council says it draws on experts in and outside of government and National Intelligence Officers “who serve the DCI [Director of Central Intelligence] in his role as leader of the Intelligence Community by providing a center for mid-term and long-term strategic thinking and production.” The National Intelligence Council includes the CIA, the Department of Defense – Defense Intelligence Agency, National Security Agency, National Imagery & Mapping Agency, National Reconnaissance Office, Air Force Intelligence, Army Intelligence, Marine Corps Intelligence and Navy Intelligence. Non-DoD intelligence elements come from the Department of State, Department of Energy, Department of the Treasury and FBI.¹⁴⁶ The report stated, “HIV/AIDS prevalence in selected militaries, mostly in Sub-Saharan Africa, generally ranges from 10 to 60 percent (see table 6). This is considerably higher than their civilian populations and owes to risky lifestyles and deployment away from home. Commencement of testing and exclusion of HIV-positive recruits in the militaries of a few countries, is reducing HIV prevalence but it continues to grow in most militaries.”

Table 6 from National Intelligence Council Report HIV Prevalence in Selected Militaries in Sub-Saharan Africa	
Country	Estimated HIV Prevalence (percent)
Angola	40 to 60
Congo (Brazzaville)	10 to 25
Cote d'Ivoire	10 to 20
Democratic Republic of the Congo	40 to 60
Eritrea	10
Nigeria	10 to 20
Tanzania	15 to 30

Source: DIA/AFMIC, 1999.

¹⁴⁵ <http://www.cia.gov/cia/publications/nie/report/nie99-17d.html>

¹⁴⁶ <http://www.odci.gov/ic/icagen2.htm>

The report also states, "Although the United Nations officially requires that prospective peacekeeping troops be 'disease free,' it is difficult to enforce this rule with such methods as HIV testing, given the paucity of available troops and the potential noncompliance of many contributing states." In other words, there is no HIV testing of U.N. soldiers. This was confirmed to us in a faxed letter from Col. Annette Leijenaar of the Training and Evaluation Service of the U.N. Peacekeeping Department. She said;

"The Secretariat considers mandatory screening for HIV/AIDS to be potentially inconsistent with the human rights to privacy and to freedom and security of the person."¹⁴⁷

Nigeria, whose Army is estimate to have a 10-20 percent infection rate, has participated in 26 U.N.-sponsored peacekeeping missions since the country's independence in 1960. Nigerian soldiers have supported operations in the Congo, Kashmir, Cambodia, Mozambique, Somalia, Bosnia, Angola and Croatia.¹⁴⁸ As of March 31, 2001, Nigeria was contributing 3,478 personnel to U.N. military operations as observers, civilian police, or troops.¹⁴⁹

By contrast, the U.S. Department of Defense routinely tests service members for HIV, although the tests don't reveal strains.¹⁵⁰ DoD also examines 60,000 of military inductees in Thailand every year. In 1983, almost 9 percent were HIV positive. Today, less than 3 percent is infected. The Thai military does not prevent HIV-positive men from serving.¹⁵¹ As of March 31, 2001, Thailand was providing 760 personnel to U.N. military operations as observers, civilian police and troops.¹⁵²

If exotic diseases are not enough of a "national security" threat, Clinton on January 22, 1999, announced an "initiative" on biological and chemical weapons preparedness. As part of the effort, Secretary of Health and Human Services Donna Shalala said that, "for the first time in American history," the public health system "has been integrated directly into the national security system," in the form of federal tracking and surveillance in the event of an outbreak of a disease caused by a biological weapon. She said this would entail creation of "pharmaceutical stockpiles" of vaccines and antibiotics, so that "large numbers of people" could be treated "within a relatively short period of time..."¹⁵³ The implication was that the vaccinations would be mandatory.

¹⁴⁷ May 24, 2001, "Questions on HIV/AIDS," United Nations, Training & Evaluation/DPKO.

¹⁴⁸ http://www.defenselink.mil/news/Apr2000/n04032000_20004033.html

¹⁴⁹ <http://www.un.org/Depts/dpko/dpko/contributors/mar.htm>

¹⁵⁰ <http://www.defenselink.mil/cgi-bin/dlprint.cgi>

¹⁵¹ Ibid.

¹⁵² <http://www.un.org/Depts/dpko/dpko/contributors/mar.htm>

¹⁵³ "Press Briefing by Attorney General Janet Reno, Secretary of HHS Donna Shalala, and Richard Clarke, president's national coordinator for security, infrastructure and counterterrorism," The White House, Office of the Press Secretary, January 22, 1999.

Attorney General Janet Reno said that the Department of Health and Human Services, the FBI, the Department of Defense, and FEMA would all work together on this initiative.

In apparent reference to concern about mandatory vaccines, as well as ordinary citizens being detained in response to anthrax scares, Reno said Justice Department lawyers were trying to determine “the implications” of federal actions “with respect to privacy and to civil rights.”¹⁵⁴

¹⁵⁴ Ibid.

Appendix X: Committee to Protect Medical Freedom Recommendations on U.S. policy on AIDS and vaccines:

- A ban on a mandatory HIV/AIDS vaccine.
- Full disclosure of HIV/AIDS vaccine testing procedures, trials, the nature of “informed consent” for those who volunteer, and the fate of the volunteers.
- An immediate moratorium on HIV/AIDS vaccine research involving humans until true informed consent can be obtained from volunteers.
- A full and fair debate in government and the media on the relationship of HIV and AIDS.
- Congressional hearings into and a General Accounting Office (GAO) investigation of federal spending on an HIV/AIDS vaccine.
- A moratorium on the introduction of new vaccines for children.
- Cancellation of the Hepatitis B vaccination program for children.
- Termination of the mandatory anthrax vaccination program in the U.S. military.
- Abandonment of plans to impose an HIV/AIDS vaccine on U.S. troops.
- Congressional hearings into Bill Gates’ ties to HIV/AIDS vaccine makers and drug companies.
- A GAO investigation of U.N. spending on AIDS, especially the creation and operation of UNAIDS.
- Hearings by the House International Relations Committee and Senate Foreign Relations Committee into the U.N. role in spreading AIDS to Africa and Asia.
- Congressional hearings into the legality and propriety of private, foundation and corporate financial contributions to the United Nations.
- HIV testing of all U.N. troops; non-deployment of HIV-positive soldiers.
- The resignation of U.N. Secretary-General Kofi Annan for concealing the role of U.N. “peacekeepers” in spreading AIDS.
- Repeal of executive orders authorizing mandatory federal vaccine programs and seizure of health care resources.
- A congressional investigation of the role of the Food and Drug Administration (FDA) in approving new drugs and vaccines.
- A review of the National Vaccine Injury Compensation Program to determine if it serves the victims of the vaccines or their makers.
- A high-level review of National Institutes of Health (NIH) acting director Ruth Kirschstein’s role in stonewalling the investigation of the polio vaccine contamination scandal.
- Congressional hearings into whether the contamination of polio vaccines is causing cancer and AIDS in humans.
- A restructuring of the federal Advisory Committee on Immunization Practices (ACIP) to eliminate conflicts of interests and undue influence by vaccine makers.
- A prohibition on government funding of vaccine advocacy groups.

The U.N. Contribution to Global Health



In preparation for a one-hour April 2001 visit by U.N. Secretary-General Kofi Annan to the Shamshatoo refugee camp just outside of Peshawar, Pakistan, officials were instructed to build him a Western-style latrine with a flush toilet enclosed in a building. Annan also required a helicopter pad so he could be flown in. In the end, he used the helicopter pad but not the toilet. The building for the toilet was torn down, with the commode pictured here all that remained. Annan spokesman Fred Eckhard, who was with Annan, insists “we saw no signs of flush toilets” and that arrangements for the helicopter pad were made by the Pakistan government.