Polio Vaccine Campaigns in Africa  By Kihura Nkuba

Transcribed by: Michaela Bertolotti and Lisa Reiss

[Editor’s Note: CTVIA is proud to present Mr. Kihura Nkuba’s November 7, 2002 speech from the National Vaccine Information Center’s 3rd International Public Vaccination Conference: Truth in Science-The Right to Know and the Freedom to Decide. While all the speeches were excellent, CTVIA felt Mr. Nkuba’s speech particularly illustrated courage, logic and the willingness to speak the truth, at great personal risk. It is individuals such as Mr. Nkuba that ask questions and demand basic human rights that will have a long lasting impact on society. Ask yourself, what would you do if you were in his situation? It is only when we stand together for our most basic human right to decide what will be put into our body will governments stop and listen. Mr. Nkuba’s speech was carried live on C-span and it was rebroadcast several times last fall. A complete set of the audiotapes from the conference will be donated to a Connecticut library. When we have the tape series number, we will notify you so you may check out the set and listen to the speech given by Mr. Nkuba. One final note, the oral polio vaccine is no longer recommended in the U.S. because it was causing approximately 8-10 cases of polio per year yet it is still being given in Uganda.]

Ms. Barbara Loe Fisher’s introduction: Kihura Nkuba, which means “one who handcuffs lightening and puts thunder in jail”, is founder of Greater Afrikan Radio and President of the East Afrikan Rural Broadcasters Association, and Director of the Pan-African Center for Strategic and International Studies. Several years ago, he began hearing from villagers who were being subjected to repeated forced live oral polio vaccination despite reports of injuries and deaths among the children. On his radio program he began to speak out and question the safety of giving the children, especially children with HIV, so many live oral polio vaccinations rather than giving them the safer killed polio vaccine, used in the U.S. and Canada. Since that time, he tells me he has been persecuted by the government, the World Health Organization and UNICEF. His radio station has been driven into bankruptcy. Kihura is appearing here at great personal and professional risk to tell his story. It is my great honor and privilege to introduce you to the recipient of NVIC’s humanitarian award. My good friend and colleague Kihura Nkuba.

Mr. Kihura Nkuba’s presentation: I am indeed very honored to be here and have been invited by Barbara Fisher and Kathi Williams. To comment here, my story is my people’s story. Normally when they ask you to come and speak, you sit there and think about the first word you would say but in listening to my brother Sonnie Bates and Karen Forschner and Stanley Kops, I failed to cheer as I was saying, “My God, if they could do this here in one of the most powerful countries on earth, what will happen to me? What will happen to us?” If they can do that in the United States then you know when it comes to other countries like Africa and Asia and South America our chances are pretty slim.

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Vaccine Conflicts: A New Investigation
By Lisa Reiss

Recently, the United Press International (UPI) published an investigation into vaccine conflicts. The 9-page article which was released on July 20, 2003, by Mark Benjamin, the Investigations Editor, brought new vaccine conflicts of interest to light.

The article addresses rotavirus, lyme and Hepatitis B vaccine along with autism. While some of the information has been available to the public since some of the congressional hearings the article cites, there was new information. The information was compiled by UPI during a four-month investigation. As CTVIA has previously reported there is a problem with the Center for Disease Control (CDC) and the Food and Drug Administration (FDA) both tracking vaccine side effects and recommending the vaccine.

New revelations in the article include:

• “The CDC is in the vaccine business. Under a 1980 law, the CDC currently has 28 licensing agreements with companies and one university for vaccines or vaccine-related products. It has eight ongoing projects to collaborate on new vaccines.”

• “The annual global market is expected to go from $6 billion today to $10 billion by 2006.”

• According to Andrew Watkins, director of the CDC Tech-
I did not start off as being a campaigner for other people’s rights and polio. I am a Pan-Africanist, by that I mean I believe in equality of thought and practices that are rooted in the best images and interest of African people. I spent most of my time in England teaching film and television and also running Pan-African conferences for so many African people who believe in working for the greatest good. My job was to motivate them to go and do some work in Africa. Eventually, I remember, I was at a conference in Manchester and someone said to me, “Well, you keep telling us about helping Africa and how ever much you feel about swimming one day you have to remove your clothes and jump into the water. Why don’t you go to Africa yourself?” At that time, my wife and I decided to borrow money and raise some funds, and go and set up a radio station. We thought of a radio station because we believed that just one person with a microphone and a radio could teach more people than a professor in a good university.

So, I started Greater Afrikan Radio in 1999 and unlike most radio stations that you find in Africa we decided to broadcast in African languages and record African music and talk about issues concerning Africans such as growing food and storing grain and eating fruit and drinking clean water and sanitation and all the other issues that were really not entertained by other stations that broadcast mainly western music. On this station, I ran a program that we call Afrikan Metaphysics every night. Some people called it the “Hour of Truth”. It is a 1 ½ hour program that we talk about, literally, anything that I wish. It became so popular that people started organizing conferences in theaters, assembly halls, churches, mosques and people have come and speak.

Normally, before I go [to speak] because there was so much interest in my lectures that there are minders and people who do crowd control and they hide me somewhere and they introduce me last minute so that people don’t see me before they have paid entrance fees into the lectures. Now, when I was in one of those hideouts I sat with a preacher who started telling me a story about 1997 during the National Immunisation Days. In 1996, the government of Uganda introduced what they called National Immunisation Days. For those of you who don’t know Uganda, it is in east Africa. It is at the foothills of the mountain of the moon, just where the river Nile begins and according to paleontology, archeology and molecular biology it is one of the countries that is said to be the source of humanity (Afrika the origin of Civilization Myth or Reality by Cheikh Anta Diop, General History of Africa Vol.II by UNESCO and Introduc tion to Afrikan Civilizations by George Jackson).

It is governed as a “democracy”. Not that is not a democracy like you have here it is just that I am always very skeptical when I hear the word democracy, mentioned. So, we have a parliament and a president that is elected by all those that can vote and then we have a parliament. In the northern part of Uganda, there is some trouble by some who think they should be president and not the guy who is in charge.

So, I was told by this preacher that when the government introduced the National Immunisation Days in 1997, that most of the children after vaccination started dying. The preacher told me that they had so much death that the cassock that he would wear to conduct a burial ceremony got old. He said, “I buried children and my cassock got old.” In the same room there was a mother who had four children and she hid one and took three other children for vaccination and three children died and the one survived. When I went to do my presentation and I asked most of the people whom were there, about two-three thousand people, each person had the same story.

Now, in 1992 I believed that vaccination was a good thing. I did not know much about vaccination, like most people, and I thought the doctors must really know what they are doing. I thought that vaccination was a good thing but I had an argument with my wife, who did not want my son to receive vaccination. So, I started reading about polio. I think I knew at that time that there were difficulties with the oral polio vaccine. They called it polio Sabin.

So, at this lecture I said, “I hope it is not the polio Sabin”. That was just the one remark I made. I said, “I hope it is not the polio Sabin.” Now, you know all my lectures are broadcast every evening. I would give a lecture and they would broadcast later at night. The following day, the government sent people to me to ask me about my remark, “I hope they are not using the polio Sabin.” I did not know that was the polio vaccination they were using in the country because I think I had read literature from the National Vaccine Information Center, this small book, “A Consumer’s Guide”, which I think is the most well read book in Uganda because everyone wanted a copy of it, including the government health officials.

So, they came to me and asked me, “What did you mean by, you hope it is not the polio Sabin?” I said, “Well, I hope it is not polio Sabin because according to the information I have it was stopped in America in 1996 because it was the cause of polio in America.” They said, “Really?” I said, “There is no polio in America.” They said, “Yea?” The health officials told me they were not vaccinating in America. I said, “I know that is not true. I know they vaccinate in America.” They said, “They eliminated wild polio over there.” I said, “What do you mean wild polio?” They said, “Well, there are two types of polio.” One is wild and one is, I suppose, domestic.

According to the National Partnership for Immunization which is “promoting immunization across the lifespan”, Connecticut has an 82% vaccine coverage whereas the National Coverage is 75%. Connecticut tied with North Carolina and Michigan for fourth place for highest vaccine coverage in the 2002 National Immunization Survey.

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So, I said, “OK, out of these two polio’s which one are you trying to eliminate in this country?” They said, “Well, we are trying to eliminate, wild polio, and so then you can have the domestic polio, because the domestic polio can be controlled.” So, I said, “Why don’t you leave the wild polio in the bush? Why do you have to go and fight wild polio, to introduce it in the house to domesticate it? At least if it is out there in the wild then you know you are safe in the house.”

Soon after that articles started appearing in the newspapers about myself. They claimed that I was not really interested in my people, Afrikans people, and to demonstrate that I had married a white wife, that I had all my children locked up in England and where they had enjoyed vaccination and that I stopped them from coming to Africa because they could pick up some diseases. Now, all this was unfortunate for them because at the time my wife and children were in Africa. With all due respect, my wife was not white. They tried to show that I hated people so much that I could not marry someone from them. Then, at that time, the parliament of Uganda, the Minister of Information, the Minister in charge of Presidency started writing to the Attorney General to close the radio station (Greater African Radio) because they were saying I was broadcasting anti-government messages. They sent the civil intelligence to interrogate me. At that time, they were saying that they weren’t really interested in polio but that I had anti-government views and that I was plotting to overthrow the government.

Fortunately, the intelligent officer that came to interrogate me proved to be very intelligent when I told him, that really the polio they are using in Uganda was discontinued in America because it was the sole cause of polio and according to the information I had there was really no polio in Uganda. There had been no polio. I grew up to be 25 and I did not see anybody with polio. I started seeing polio when I went to the cities where the polio vaccinations had taken place. The more they challenged me the more I started digging into information about polio, you know to educate myself, to protect myself and to stand ready to go to court or to be charged. Then, the intelligent officer recommended that they bring health officials to debate me at the radio station so that if I were telling lies then they should come and expose me before my very audience.

To this, the Minister of Health, which was backed by United Nations Children’s Fund (UNICEF), the United States Agency for International Development and another, the World Health Organization, said that really I should not debate polio because I am not a scientist. Now, I had been a broadcaster for more than fourteen years. All I was saying was not that people should not go for vaccination but that if they are to go for vaccination then they should use a vaccination that is deemed to be safe. Then by a stroke of good luck someone brought me the insert that comes with the polio vaccine. It was from Pasteur Lemieux. I think it was from France.

It was the one they used 1997, when children started dying in large numbers. When I looked at the contraindications it stated that “Inactivated polio vaccine (killed virus) and AND NOT oral polio should be used in family that had a history of HIV in the family.” When I got this information, I was really shocked because since 1984, Uganda has had a difficult HIV and AIDS problem. In fact, it (vaccine insert) says that if a child is given the oral polio vaccine then the child should be quarantined for 4-7 weeks because oral polio vaccine is live and because they (recipients) keep shedding it between that period and they could contaminate other people.

So, I was saying, “Here is the manufacturer who is writing for anyone that could read English. Please, do not give this oral polio vaccine to a population that has HIV and here is the Minister of Health, which in his own wisdom, is saying this vaccine has to be used here.” So, armed with this insert from the manufacturer, I decided to install wireless internet in the radio station and also to see what other people were saying. At that time, one of the main advisors to the government of Uganda, was the [United States] Centers for Disease Control, one of the most respected agencies in the world. So, I tried to find out what the Centers for Disease Control was saying about this oral polio vaccine, which should not be used according to the manufacturer. The Centers for Disease Control was even more clearer than the manufacturer. In fact, this is what it says.

“Persons who have congenitally acquired immune-deficiency diseases (e.g., combined immunodeficiency, hypogammaglobulinemia, and agammaglobulinemia) should not be given OPV [Oral Polio Vaccine] because of their substantially increased risk for vaccine-associated disease.” Now, they continue, they say: “IPV [Inactivated Polio Vaccine] -- and not OPV -- should be used to vaccinate immunodeficient persons and their household contacts.”

So, I said, “If this is the Center for Disease Control, which is advising the government of Uganda, and if they are saying you should not use oral polio vaccine and here is the manufacturer is saying it should not be used, now why should oral polio vaccine be used here?”

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this rare polio, so let’s go and fight that as well.” But you don’t begin with the rarest of the disease and spend all the government’s meager resources fighting polio, which is not a threat to most people and then ignore something that is killing them in large numbers, like malaria, like AIDS, like cholera. Issues to do with sanitation and stunted growth, all the things that matter to the people, the government was not fighting.

So, what they (Ministry of Health and Co) decided to do was to appeal to the President and the President says to them, “What you can do is, go and take him to court. If the court decides that he is giving false information, then charge him with sedition, which carries the death sentence or a life sentence.” When they told me this, I said, well, if I am to die, I not want to take anyone with me, but I really had to give the people a run for their money. So I decided to use that experience that I had gained in broadcasting and research for over 14 years, to research everything that I could find out about polio, to prepare myself for the arduous challenge if [I] was to go to court.

I discovered that really, the whole concept of vaccination is like getting a disease, putting it in an undiseased person to cure a disease that person hasn’t got. It’s like if you have an army and it’s fighting an enemy, and then you bring the enemy into the barracks, just to see if the soldiers can defend themselves, should an enemy surprise them. I mean, you don’t do such a thing in a war. And then I started asking myself: Humanity has been in Africa for 5.5 million years. Polio vaccination in Uganda started in 1963. So if we were all to die from polio, like the Ministry of Health was telling us, we would have died by 1963 and it would have been case closed. There would have been no one to vaccinate. The fact that we have survived 5.5 million years without polio vaccination shows that people can survive without it. And if really somebody is that desperate for the vaccine, then let’s look for a vaccine that somebody says, “This is safer than the other.” Because the manufacturer who should know more than the Ministry of Health or the WHO, says: Do not use this [vaccine] in this country.

When they wrote to the Attorney General, the Attorney General asked me to come and do a presentation and I went to the Attorney General and, you know, gave him my views, of what I thought of OPV and basically my case was simple. This oral polio vaccine was discontinued in America. Why? Because it’s the cause of polio. And you’re telling me that the ministry of health wants to stop polio. You don’t stop polio by bringing something that causes polio and giving it to people. You stop polio by bringing something that will prevent it. That was my first argument. The second argument was: “The manufacturer says, don’t use this.” And since the ministry of health and myself are not manufacturers we have to wait for that time when the manufacturer says, “Use it.” And the Attorney General says, “Okay, I don’t think you are going to be prosecuted”. And he wrote to the Ministry of Health and the Ministry of Information and says [said], “I think you have a weak case. If you take this person to court, you’ll probably lose.”

So what they decided to do then was what they call the broadcast council. The broadcast council is the one that gives licenses for broadcasting. So you couldn’t broadcast without the broadcast council. I would say that at that time, every government min-

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ology Transfer Office, the CDC took in about $1 million last year from vaccine manufacturers and other companies on collaborative projects. Additionally, the CDC received $150,000 in licensing fees for 2002.

- In 1986, the Vaccine Adverse Events Reporting System (VAERS) was established to track vaccine reactions per congressional statute. While it is the law that reactions are required to be reported there is no penalty for medical professionals who do not report reactions therefore many believe the number of reported vaccine reactions are not accurate. As of 2002, VAERS “contained 244,424 total reports of possible reactions to vaccines, including 99, 145 emergency room visits, 5, 149 life-threatening reactions, 27, 925 hospitalizations, 5, 775 disabilities, and 5, 309 deaths, according to data compiled by Dr. Mark Geier, a vaccine researcher in Silver Spring, MD.”

- Remarkably, in doing the investigation UPI was told that any “potential conflicts of interest do not affect their [individuals who sit on the Advisory Committee for Immunization Practices (ACIP), which is the committee that recommends whether a vaccine is safe] judgement.” It was well-documented in the August 2001 report presented to the U.S. Congress Government Reform Committee, that there were serious concerns over conflicts of interest with vaccine manufacturers and ACIP committee members. One of the individuals mentioned in the report, Dr. Paul Offit, the chief of infectious diseases at Children’s Hospital in Philadelphia, told UPI:

“I am probably just the kind of person you are talking about. I am a co-holder of a patent for a (rotavirus) vaccine. If this vaccine were to become a routinely recommended vaccine, I would make money off of that. When I review safety data, am I biased? That answer is really easy: absolutely not. Is there an unholy alliance between the people who make recommendations about vaccines and the vaccine manufacturers? The answer is no.”

Dr. Offit, who was an ACIP committee member until June 2003, has received funding for his research from Merck for the last 13 years. Additionally, Dr. Offit is the author of “What Every Parent Should Know About Vaccines”. The book which sells for $14.95 is distributed by Merck to doctors.

- Through the investigation, UPI learned that over the last ten years, at some ACIP committee meetings, “half of the members present had potential conflicts with vaccine manufacturers.” In fact, during the last meeting from which minutes
were obtained, which was in June 2003, “four of the 11 members present acknowledged conflicts with Wyeth, GlaxoSmithKline, Merck, Pfizer, Bayer and Aventis Pasteur. Two of the four did research or vaccine trials for manufacturers. One of the four was a co-holder of a vaccine patent as well as a consultant to Merck.”

- Interestingly, the CDC has now adopted new policies which will not permit individuals with conflicts such as Dr. Offit from sitting on the ACIP committee in the future.

- An example of the conflict of interest occurred on July 16, 2001 at 8:05 a.m. The Institute of Medicine (IOM) held a public meeting to investigate the controversy surrounding autism and thimerosal, the mercury preservative used in vaccines. The IOM committee was determined to hear from Dr. Thomas Verstraeten. Verstraeten was viewed as an expert from the CDC because he had been working on a study of 76,659 children was investigating the autism/thimerosal controversy. UPI obtained a draft of the study from February 2000 which “appears to show that thimerosal might cause brain problems.” At 8:05 a.m. when Verstraeten took his seat to make his statement he surprised everyone when he said, “First, I should mention that as of 8 a.m. European time I have been employed by a vaccine manufacturer. That means since 2 a.m. American time.” When UPI requested to speak to Verstraeten, GlaxoSmithKline declined the request. Since the IOM panel has gone to great lengths to avoid any conflicts of interest, the panel excludes “anyone who had participated in research on vaccine safety, which received funding from vaccine manufacturers or their parent companies, or served on Vaccine Advisory Committees.” By Verstraeten beginning with the statement that he now worked for a vaccine manufacturer, the committee had to disqualify any information he could provide since it would be a conflict of interest.

- UPI learned in their research that prior to that 2001 IOM meeting, the CDC held a meeting on June 7-8, 2000 specifically to discuss Verstraeten’s study. While no vaccine consumer advocates where invited, the CDC did feel it was appropriate to invite vaccine experts and representatives from four vaccine manufacturers. UPI learned through transcripts from that meeting that CDC officials decided to keep the study private even though at least one individual, Dr. David Johnson, a Michigan state public health official, had such serious concerns that he stated, “I do not want (my) grandson to get a thimerosal-containing vaccine until we know better what is going on.” When questioned by UPI about the study, the CDC’s Walter Orenstein said, “the agency wanted better what is going on.” When questioned by UPI about the thimerosal question, Dr. Boyd Haley, chairman of the Chemistry Department at the University of Kentucky, explained, “I know that they [CDC] know and that is what bothers me more than anything else. You can’t do a study showing it (thimerosal) is safe. It is just too damn toxic.”

- While the CDC Vaccine Advisory Committee did sign a statement in June of 2000 calling for the removal of mercury due to potential risk they still insisted that “there remains no convincing evidence of harm caused by low levels of thimerosal in vaccines.”

- The Lyme vaccine, known as Lymerix, was pulled off the market just 19 months after being approved in February 1999. SmithKline Beecham, the manufacturer of Lymerix, said it was because it was due to poor sales, yet 1.4 million people had received the vaccine by October 2000. Interestingly, five of the ten committee members that sat on the advisory committee that approved Lymerix had conflicts of interest with vaccine manufacturers. Three of the five had conflicts with SmithKline Beecham. Lymerix is tied to 640 emergency room visits, 34 life-threatening reactions, 77 hospitalizations, 198 disabilities and six deaths after people received the vaccine.

- The CDC recommended in 1991 that all infants get Hepatitis B vaccination just after birth. The CDC records contain 32,731 total possible Hepatitis B reactions since 1991, including 10,915 emergency room visits, 685 life-threatening reactions, 3,700 hospitalizations, 1,200 disabilities and 618 deaths. Once more some of the officials which recommended the Hepatitis B vaccine also had close ties to vaccine manufacturers.

To view the article please visit: http://www.upi.com/print.cfm?StoryID=20030718-012134-4422r

Do you have questions about the Autism/MMR vaccine controversy?

CTVIA has the answer for you! CTVIA now has, in stock, Neil Z. Miller’s new book Vaccines, Autism and Childhood Disorders: Crucial Data That Could Save Your Child’s Life. This book has 533-citations and is just 127 pages. Each book is just $14.79 including tax and S&H. You can order the book online at www.CTVIA.org!

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the [and] every member of Parliament was talking about the radio station, [and] about how we’re misleading the public, giving false information – they were calling me a child killer and everything. And most of my advertisers completely fled. In Uganda, 80% of the advertisers are government agencies anyway. And the government was not advertising with a radio station that was giving them trouble.

So, then the broadcast council then wrote to me saying, that I was giving information that was deemed to be anti-government and anti-people and they were going to withdraw the license. In fact, to back their words up, the Minister of Information came to the council hall where the radio [station] is based, with soldiers and the police and local counselors and district medical officers. They called me, and he [the Minister of Information] had a pen in his hand and he said “What I want you to do is, I want you to go on radio tonight on your popular program and tell people that polio Sabin is safe, that they can have it and that you support it. If you don’t do this I’m going to sign recommending that your radio station be closed and by tomorrow you won’t be on [the] air.” I looked at the handsome Minister of Information in the face and I said, “Go to heaven and stay there,” because I was not going to do such a thing, because I did not believe that oral polio vaccine was safe and I was not going to tell anybody to mislead the public that it was.

When he [Minister of Information] left I expected the radio station to be closed, and what I did was, I went off air. I stopped broadcasting my program voluntarily, so I stopped broadcasting. What happened was really a revolution, because people waited for my program to come. When it didn’t, they decided to come to the radio station and to mount a vigil. Before long, I had over 10,000 people at the radio station. I had taxi drivers threatening to block the road. I had riots in almost every town, demanding that my program come back on air. And at that time information had gone [gotten around] that the government was really railing out and giving out information saying, “We knew this oral polio vaccine was trouble, because as soon as the children receive it, they get a temperature, their health goes downhill and there’s nothing that you can do.” So the mothers said that they would not take their children for oral polio vaccination. And this information was going back to the government in the capitol. So what the government decided to do was this: Let’s send a team of experts to come and debate Kihura Nkuba at the radio on African Metaphysics program. I have to tell you that on that day, it was the month of July, I believe July 2nd [1999], something like that, all the towns sold out of radios and mobile phones. Because people were ready to ring into the radio station and tell the doctors, that really it should be their choice to decide what should be given to their children and it shouldn’t be the choice of the doctors. And that whether they agreed with me or not, that both sides should present their information to the parents so that the parents can make a choice.

Now, I thought that those doctors would come with thousands of books and evidence and references and I spent two weeks preparing myself. I ordered four books from Australia and Britain, and Barbara [Loe Fisher, NVIC] sent me some literature and I didn’t sleep for almost a week. I was reading day and night, trying to educate myself about immunity, how the body’s immunity works, about viruses jumping species, immunosuppressive treatments, and I learned for example about the marburg virus which appeared in Germany in 1967 at Berling Phamathetical laboratories. The semian virus was harmless in its natural monkey habitat but highly pathogenic in humans. The biomedical scientists in Germany were developing polio vaccine, OPV, for the World Health Organization and actually the monkeys had come from Uganda (see The River by Edward Hoper pg. 190 published by penguin). So the monkey viruses had jumped species. Some of these viruses that [can] lie dormant in some of these species for a long time. If you take those viruses and put them in the human body they could do anything. And one of the things they did was they mutated into marburg which is the cousin if not the father of the deadly of Ebola philo virus. In fact, after reading that information I predicted that there would be Ebola in Uganda because of these vaccinations and there was Ebola in Uganda the year after. So people started calling me a prophet.

When they came, here I was in the studio thinking, “Oh my God, these are real experts, how am I going to handle them. I am just a broadcaster who has asked questions that any right thinking man should have asked.” When they came, they were more scared than I was. And they started saying, “We apologize for not being able to answer all the questions but the vaccine is safe”. One of the leaders of the team, the District Medical Officer said, “You know what, I have never even read a medical journal since I’ve left medical school. We have no internet, I can’t afford to buy new books, how would I know what is safe and what is not? All I know is that the World Health Organization says it [oral polio vaccine] is safe, UNICEF says it’s safe and all these other

“The people I distrust most are those who want to improve our lives but have only one course of action.”

-Frank Herbert (1920-1986)
agencies say it’s safe. So, if it is safe, then we must use it.” And then my first question was, “Why didn’t the World Health Organization say it is safe for America to use? Doesn’t the jurisdiction of the World Health Organization extend to America? Or doesn’t the jurisdiction of UNICEF extend to America? If they stopped it in America, why should we use it here?”

And people were saying to them, “Ok, you are the physicians, you studied the same thing as the physician that manufactured this vaccine.” They said, “Yeah.” Well if you are a physician you don’t want to say, “No, I did not study that. You know, I’m sorry, I went to school, but I did not study what those other physicians studied.” [Therefore,] they said, “Yeah, we did, we studied exactly the same thing.” I said, “OK, Why do we have to import the vaccines? Why can’t we manufacture the vaccine here if you know what goes into it?” They said, “Oh, problems, you know we don’t have factories.”

And then people were ringing into the studio asking, “We had our own ways of insuring our children’s immunity. You know, when a child was born, the mother collected an assortment of herbs from the wild. The herbs were boiled, and every day the child would bathe in these herbs for six months, and a little bit of these herbs would be given to the child to drink.” And it was in this debate that most of the physicians admitted, that that method was as effective as an immunization that was being carried out. So people were saying, “Well, if we had this method that had proved very good for us all this time, why are you giving us oral polio? And why are you not fighting the diseases that affect us? An most significantly, where are all these so called paralyzed people [caused by polio] or people that are physically challenged that you said existed in our villages?”

At that time we had marshaled the people that had contracted polio after immunization and they were in the studio with us. On that debate, most of the people that had come to debate us, ran out of the studio and they could not answer the questions from the people. And the national newspaper plastered these headlines, so even other parts of the country, where my radio station was not reaching, started picking up the story.

I went back on the road, I did see them again and I said I thought I was in trouble. So, I reached the next town, I turned off my engine for about two hours and I thought I must have lost them. So, I jumped on the road again, I was driving full speed, about 120 mph, because I was late, I wanted to pick up my son from the airport, and I had already lost two hours, trying to avoid people who were following me, and low and behold, one of the pick-up trucks is in my driving mirror again. I’m going downhill and this guy comes and overtakes me, gets in front of me and brakes. The big pick-up truck had bars and the other pick-up truck that is behind me is also very close to my bumper. So I tried to avoid [the truck] by going left, I tried to go on the right side of the road, in Uganda they drive on the left, and he also goes on the right side of the road. When I attempted to come back onto the road, my vehicle started overturning. I must have overturned about 15 times. The vehicle was totally mashed up. It was near a small town, where everybody thought; nobody could escape from that car. I thought I had died, I was still breathing, I could hear myself breathing, but I thought I had died. A looked at the smashed car, the smashed window, and I thought, maybe heaven looks this ugly.

Eventually, people came and they cut the door and I waited to see, because when a car overturned it knocked, somebody [off] a bicycle, but the person didn’t die. [My car] It knocked banana trees. It was horrible. But I came out. When I stepped out, everybody started running. They thought it was a ghost walking, some kind of dead man walking. One of the people recognized me and they took me to the hospital and they found out that I just had sustained very minor injuries.

I knew that they were trying to make their point, and they were going to make it very well. But at that time I think I had passed

"In matters of style, swim with the currents...in matters of principle, stand like a rock.”

Thomas Jefferson

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The World Health Organization got worried. UNICEF got worried and the UNICEF representative came to the station to appeal to me to say, “Well, we know you have a case but you see, you’re giving it to the wrong audience. I mean, these people, they don’t understand what you’re saying. If you’re talking to people in cities, you have people in villages they can’t understand the agony. Polio [vaccine] is good, it may have some difficulties, but why don’t you come and join us? We will support you and give you more advertising.” I didn’t think that it was an advertising issue, I thought it was a moral issue at the time.

But just for them to prove their case, one time I’m leaving Mbarara, which is where my radio station was based, and I’m going to Kampala, 250 miles away, and in my driving mirror I see two pick-up trucks following me. And they must have followed me for about 100 miles. I noticed it because the two people that were driving were white. And there aren’t a lot of white people in that region. So, when I saw them following me, I stopped and they slowed down, and they overtook me. Then, when

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the door of no-return and I could not take a step backwards. So, the Minister of Health knew, that if they lost the debate, it would be very difficult for them, because, in speaking to Barbara [Loe Fisher] I also understand, that here you follow a certain [vaccination] regime, certain doses in certain years and then after that you’re finished. In Uganda or Kenya or Tanzania it’s not like that. They have what they call routine and random, where children keep getting all those vaccines and then they have national immunization days. Then whether you go through the immunization or you got immunized last year, you come this year and they still give you the same thing. For polio, for measles, there is no end. It’s that complicated.

So, what happened then was, what the government decided to say was, “Well, those experts that came, they weren’t really experts. They were some type of experts but we have other experts. These are the experts that are now going to come in the final debate on radio.” And I said, “OK. Those experts can come, because my questions are still the same.”

So, they brought now a team of other experts, which was supposed to be the final team of experts, and when they came, this was my first question: “Tell us, you say this oral polio virus is attenuated, which means weakened. What does that mean?” And a guy said, “Well, it’s not really a virus. It’s a jacket of a virus. It’s a live virus. It’s an attenuated live virus.” And another expert said, “No, it’s not a live virus. It’s a jacket of a virus.” Then another one said, “No, no, no...” This [all was going on] is live on radio. The experts from the Ministry of Health are contradicting themselves in live debate, listened to by more than 15 million people. For a long time I trusted doctors as really people who should know everything about vaccines. And [here] they are saying, “No, it’s not a jacket, it’s live, it’s just harmless.” Well, ok, if it’s harmless, if it’s a virus and it gets into the body it can do different things. It can lie dormant, it can die or it can become potent. And then people were ringing [calling in] and say, “What would you call a virus in local language?” And one of the experts called it, “a small animal.” And that’s when the problems started. Because then another caller would ring in and say, “Well, if it’s a small animal, what does it eat? If you don’t give it food and it gets really hungry, what will happen? Will it attack the body’s immune system?”

You may find that hilarious and laugh, but really, but those are deep philosophical questions that science has to grapple with. If there’s a virus in your body, it can do several things: it can die, it can sleep or it can become potent or virulent. And if that happens, then you have a problem. This expert debate, it didn’t do the work. Because, what people were interested in was to hear, why it is possible, that they cannot get the inactivated, the killed virus. And the answer was, it would be too expensive. It would be too expensive to give the killed virus to the population. And people said, “OK, if it’s too expensive, we don’t want the cheap one. We think, at least we are worth 5 dollars or 10 dollars or something like this. So, if you cannot bring in the inactivated polio virus we’re not going to have the oral polio vaccine.” And that’s what they [the public] did.

But the government was ready for that. Not really the government, the Ministry of Health, the World Health Organization and UNICEF mobilized the army, the police, moved from house to house. They had asked the local authorities to compile a list of people who had children. So they moved from house to house, grabbing children at gunpoint and vaccinating them. Those that knew, as soon as the army came into the village, the rest of the people with children would run into the bush, and they stayed there for a week.

There’s the story of this child, who was met on the road, and they grabbed him and asked him whether he was immunized and he said, “Yes” and he lied to them and said, “Yes”, [when really] he was running away. And they said, “Well, we still have to immunize you anyway.” So they got the shots, they put it in his mouth and the child spit it out the first time. They put it in the second time and he spit it out the second time, third time, fourth time, and then they hit the child but the child ran away not vaccinated.

So, it became a very difficult exercise. And the government put all the blame on me. They said, it must have been me who was in this hypno-therapeutic technique, muddled in those sacro-cranial therapies and I was an agent of all these organizations abroad that really do not believe in traditional medicine. [They said] that I had hypnotized the population, so that they were not able to respond to government messages on vaccinations, on something that was totally good for them.

Now, the thing was that those who went for vaccination came immediately to report reactions and a good many of them lost their children. Those that did not go for vaccination did not have

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**Bush Names New AIDS Director** By Lisa Reiss

President Bush named Randy Tobias director of a $15 billion new program to fight AIDS in Africa and the Caribbean. The position would have the rank of an ambassador and will have to be approved by the Senate.

The announcement that Tobias was selected at the beginning of July caused concern since he is the former chief executive office for Eli Lilly & Co. [Eli Lilly was tied to the controversy section in the Homeland Security bill last November, that released vaccine manufacturers of any liability.] Tobias retired from Eli Lilly in 1998 and is a major contributor to the Republican party.

Even individuals involved in AIDS work has raised concern. Dr. Paul Zeitz of the Global AIDS Alliance described Tobias in a CBS News interview as “a henchman” for the drug industry.

In preparation for the controversy the White House announced that Tobias will work with ethics officials to deal with any conflicts of interest and that Tobias will “fully comply with all ethics regulations.”
Polio Campaign Cont.
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the same reaction. So they would be running into the radio station and saying, “Well, I vaccinated my child and this is what has happened.” I know that this was happening even before we started but they had no way of expressing themselves. They had no means.

So, at this stage most people really got convinced that there must be a relationship between having a history of having HIV and – I have to tell you that HIV is very big in Uganda, very big in East Africa. I was born into a family of 11. But from 1987 up to today I have lost eight members of my family through HIV. So, when the manufacturer says, “Do not give this vaccine to a family that has a history of HIV”, there is no family in Uganda that has no history of HIV. Everybody knows someone who has died or has lost an uncle or his brother’s wife or children through HIV. And it’s that relationship that people were able to put together, saying, “Maybe, really, the oral polio vaccine, when given to populations that have HIV, when you take the live vaccine and give it to populations with HIV, it produces a death reaction.”

But for me, up to today, that is still the situation. The oral polio vaccine in Uganda, northern Tanzania, Rwanda, Burundi, Congo, part of Kenya has become a hotly contested debate. Thousands of people during the national immunization days in the months of July and September go into the bush, stay there for weeks. The army, the police move house to house, looking for children to vaccinate. At the same time, things that kill children like malaria, cholera, issues of stunted growth, sanitation, [go] completely untackled.

Last year, I came to Washington to give a lecture to the Voice of America and I decided to ring the Center for Disease Control. Normally when I talk, I record my travel. I do a travel program so I can tell people what I am seeing [because] I know that the majority of my people have no chance to travel so I describe the situation to them. And I rang the Center for Disease Control and they have this line of experts, that you can ask different questions and I said, “Well, I’m living in America and I want to go to Uganda and my children have not received oral polio vaccination...”. And they said, “No, they can’t receive oral polio vaccination in this country.” I said, “Why not?” They said, “Well, you can get polio from oral polio vaccination.” And I said, “Is this the Center for Disease Control?” They said, “Yes.” [And I said,] “Are you sure? You’re not the Center for Disease Un-control?” They said, “No, we’re the Center for Disease Control. The real McCoy.” So, I said, “What about if I had a history of HIV and I receive oral polio vaccine?” They said, “Oh, that would really be pretty dangerous. It could be a death sentence.” I said, “What did you say?” They said, “It would be pretty dangerous.” I said, “Can I have your name?” They said, “No, you can’t have my name, you can have a reference number.” I said, “OK.” But I recorded this. And when I went back

[to Uganda] I played it on radio. I said, “Well, this is not me. Now you can’t arrest me, you have to arrest the Center for Disease Control. Because, I mean, it’s them doing the talking, it’s not me. I have just given them space on the radio. So the Minister of Health said, “This is what we’re going to do. We have an idea. We’re going to invite you and you come and speak with all the experts from World Health Organization and UNICEF and the Ministry of Health and we do a deal.”

So, what I did was I went to the website of the Center for Disease Control, photocopied a big document on vaccine reactions and I took it with me. I sat before the Minister of Health and I said, “Well, before we can do any deal, I just want to see what our very good friends from the Center for Disease Control (CDC) say about vaccine reactions, particularly polio.” And the Minister gave it [the document] to the Head of Public Health. The Head of Public Health turned to me and said, “This is not a genuine CDC document. It’s from the internet.” And I said, “So what. Then it’s from the internet. The CDC is on the internet. This is the 21st century.” They said, “No, it’s not.” I said, “OK, on the bottom there’s a number. And it says, you can ring this number. Why don’t you ring the CDC? He has a mobile phone.” And they said, “No, we can’t ring them. We wouldn’t know if it was the CDC answering.” So, I said, “What do we do?” They said, “We’ll ring the US embassy. We’ll send the document to the embassy and ask the embassy to verify, if this is a CDC document.” I said, “Well, you’ve got an expert from the CDC in Kampala. Why don’t you call that expert to verify?” They said, “No, he’s sick. He’s not available for verification.” I said, “OK, I’ll do a deal with you, then only after you verify that this is a genuine CDC document. We’ll give each other 24 hours. You go and do your verification and after that then I’ll come and make a deal.”

Twenty-four hours, no reaction. One week, one month, and still waiting. But in the meantime I had two radio stations. One of them is now closed. I employed over 60 people, they are six months in arrear, because I can’t afford to pay them. As I speak I have no single advertiser on my radio station that has an audience of more than 15 million. My radio program, when it goes on air, even buses, that carry people, stop to listen to my program for one and a half hours, and I’ve already told you that people even pay to hear me speak. But I had taken a bank loan from England and a local bank loan. My house is up for grabs, including all my books, my videos and everything just for asking simple questions as: Why don’t you fight disease that kills people instead of one that has a theoretical risk of attacking them? Why don’t you deal with issues that people want you to deal with? And maybe after you’ll have dealt with that, you can deal with oral polio vaccine.

“Great spirits have always found violent opposition from mediocre minds. The latter cannot understand it when a [person] does not thoughtlessly submit to hereditary prejudices but honestly and courageously uses their intelligence.”

-Albert Einstein

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AIDS Vaccine Fails in Trials  By Lisa Reiss

VaxGen, a California company which was formed for the purpose of finding an AIDS vaccine, announced at the beginning of July 2003 that it was pulling out of phase three studies in Thailand. By pulling out of the phase three studies which involved 2,500 Thai volunteers, AidsVax will not be able to come to market since the study will not be completed.

Some consider VaxGen’s pull out to be financially motivated. VaxGen acknowledged that they do not have the money to consider the study. Lance Ignon, vice president of corporate communications, explained that, “The financial markets sent a loud and clear signal to us through the decline in our stock value and through conversations with members of the financial community. Their unambiguous response was, please do not spend more money than is necessary on your trials.”

Others believe that VaxGen pulling out of the study is because of questions regarding the effectiveness of the vaccine. Some scientists have argued that the method that VaxGen was employing would not work. Richard Jefferys of the Treatment Action Group noted that when VaxGen decided to pull out of the study that “it speaks volumes about their confidence in the product to work.”

This concern is valid considering that on February 24, 2003 VaxGen released their findings on the US trial. AidsVax was deemed a failure. The US trials caused a stir among some scientists when VaxGen said that AidsVax seemed to work in the black and Asian communities since there was a 78% reduction in infection among black volunteers, even though there were only 314 black volunteers out of the 5,009 total volunteers.

Yet, even with this controversy others deem VaxGen’s pull out as a huge lose because the data compiled thus far will be lost. Additionally, there is concern that if another AIDS vaccine is developed in the future that foreign countries will not want to participate because the US essentially bailed on Thailand. For this reason, the Bill and Melinda Gates Foundation, the Center for Disease Control (CDC) and the National Institute of Allergies and Infectious Diseases (NIAID) are attempting to save the vaccine and trial by looking at paying the bill to continue to do the study.

VaxGen is expected to announce whether the vaccine works this winter.
Membership for a Friend?

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