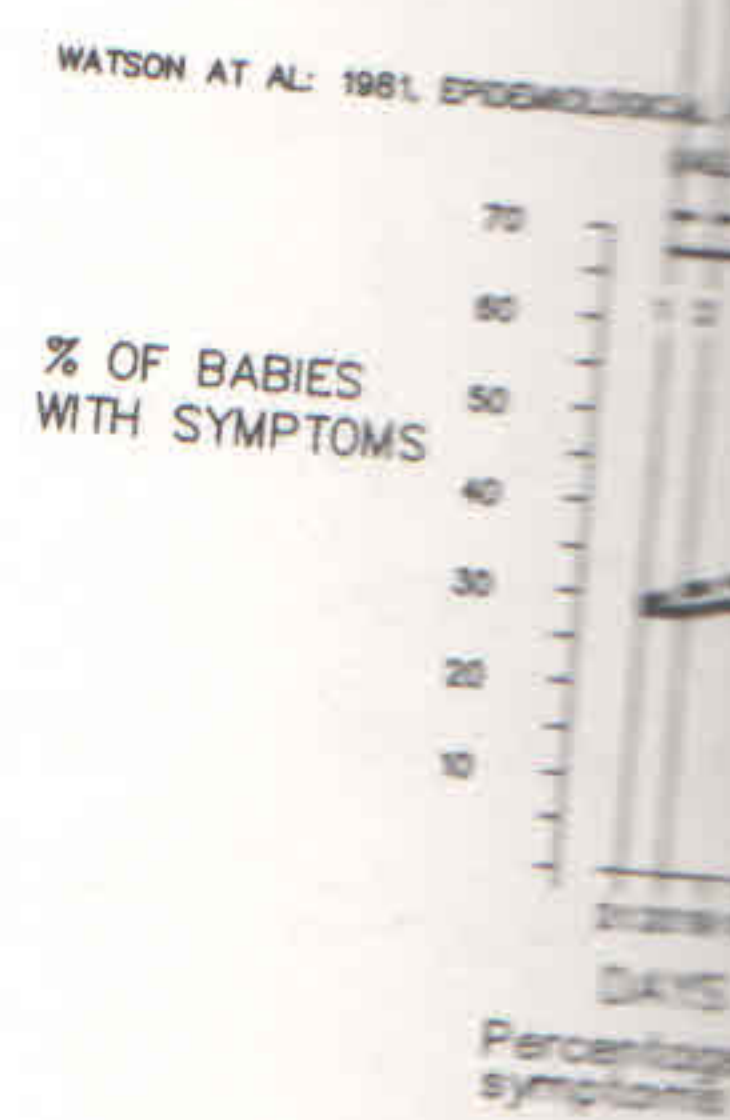


FIGURE 2: (*Facing page*) This graph correlates the longitudinal record of breathing of two babies after DPT injections with the records of 41 babies by day-by-day interval from DPT injection to death. It also compares the pattern of flareups of stressed breathing after DPT injections with the dynamics of adreno-cortical activity in animals exposed to non-specific stress syndrome, as illustrated by Selye (1978), and with the pattern of non-specific clinical symptoms in babies who succumbed to cot death and the control babies, 21 days before death and before interview, respectively [after Watson *et al.* (1981)].

Baby one was given his third DPT injection, baby two his first. Note that the flareups of stress-induced breathing follow the same pattern in both babies, even though the amplitude of the flareups was different. The day-by-day distribution of deaths of 41 babies closely follows the dynamics of the flareups of stressed breathing of baby one and baby two after the administration of DPT. In other words, the 41 deaths occurred significantly more frequently on those days when flareups of stressed breathing after DPT injections were experienced. Information on the 41 day-by-day deaths comes from papers by Bernier *et al.* (1982), Walker *et al.* (1987), and Coulter and Fisher (1991).

The lowermost graph on figure 2 provides additional data to support our conclusion that cot death is death due to exposure to the non-specific stress syndrome. The full line represents the case babies who died of cot death. The dotted line are babies who suffered the same non-specific symptoms as the case babies, 21 days before the interview, but recovered. When we draw lines across the days when there was an increase in percentages of babies displaying non-specific symptoms, we can see a perfect correlation with our data based on computer printouts of the flareups of stress-induced breathing after DPT injections. Of special importance are days 2, 5, 6 and 8, 11, 13- 16 and 18-21. Day 16 quite obviously represents a point of crisis. After day 16, those babies who died, got worse (the group experienced a marked increase in percentages of babies with non-specific symptoms) when compared with those who recovered.



2. Vaccines are ineffective in preventing infectious diseases.

Again, medical literature brings evidence upon evidence that vaccinated children contract the very diseases against which they are vaccinated at the same as or at a higher rate than unvaccinated children. The percentage of fully vaccinated "victims" simply reflects the vaccination compliance.

Proponents of vaccination often claim that if the vaccines do not prevent children from catching the diseases, at least they make the diseases less severe. Now there is ample evidence that for instance whooping cough became a mild disease in those countries that do not vaccinate against whooping cough — Sweden, the former West Germany (especially Hamburg and Stuttgart) and Italy. On the other hand, there is growing evidence that measles in vaccinated children can often be a much more serious illness than in the unvaccinated. Children vaccinated by either live or killed measles vaccine may develop atypical measles, an especially vicious form of measles with pulmonary involvement and atypical rash, serious side effects and high death rate.

Vaccines, like any other noxious substances, do not immunise when injected into the blood stream, rather they sensitise. This was known more than 100 years ago and was well described in medical journals like *The Lancet*. The upsurge of allergies in children in the past 50 years is the result of repeated multiple injections of the foreign antigens in vaccines. An exaggerated reaction to measles virus or subsequent measles virus vaccine is just another example of sensitisation by vaccination.

Asthma and other autoimmune diseases are another widespread side effect of vaccination. Animal viruses contained in the vaccines cause lingering upper and lower respiratory tract infections, such as otitis media and bronchiolitis leading to the development of wheezing and asthma. Increased incidence and mortality due to these diseases is also well-documented in medical papers.