

## Book Review

### **The Chickenpox Vaccine: A new epidemic of disease and corruption**

by Mark Orrin

Editor: Gary S. Goldman

Copyright: 2006

Pages: 296

Publisher: Medical Veritas International Inc.

ISBN-10: 0-9788383-1-9 (softcover)

ISBN-10: 0-9788383-2-7 (hardcover)

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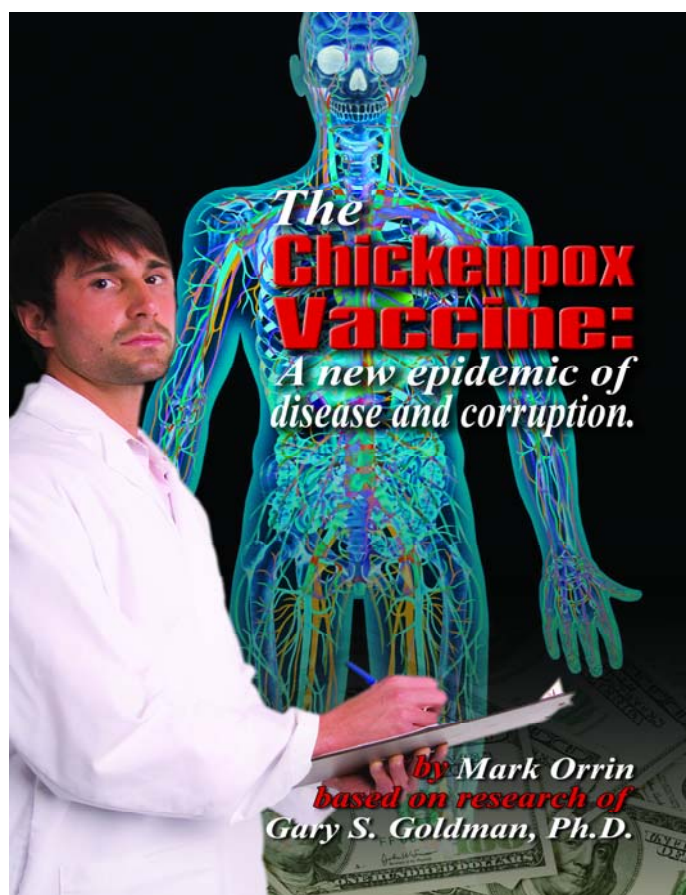
#### Synopsis

Based on scientific research that the U.S. Centers for Disease Control (CDC) seemingly tried to suppress, this medical exposé identifies serious threats to public health posed by mass chickenpox vaccination, which the CDC recommended shortly after the Food and Drug Administration (FDA) approved the vaccine in March, 1995.

From 1995 through 2002, Gary S. Goldman, Ph.D., served as a research analyst for a CDC-funded study on the effects of universal varicella vaccination. He found preliminary evidence that the vaccine had the potential to spawn an epidemic far worse than the mild childhood illness against which millions were being inoculated.

The same virus that causes chickenpox (or varicella), also produces shingles, an excruciating neurological condition that can lead to debility and even death. The risk of complications from shingles increases with age and include hearing loss, blindness, facial paralysis, bladder impairment, and post-herpetic neuralgia (PHN), debilitating pain that persists long after the rash has subsided. Shingles accounts for about 75 percent of all medical costs resulting from the varicella-zoster virus. The incidence of the disease, especially among adults, is on the rise, as Goldman predicted. One CDC study has shown a 90% increase in adult shingles from 1998 to 2003, during a period of increasing chickenpox vaccination coverage. Further, the pharmaceutical giant Merck & Co. manufactures the varicella vaccine, which is now mandatory for school enrollment in a majority of states. Although it was initially thought that a single chickenpox shot was sufficient to induce long-term immunity, a booster chickenpox vaccine has recently been added to the childhood immunization schedule. Additionally, a shingles vaccine has been approved by the FDA in 2006 which will likely only serve to offset the increased incidence of shingles caused by the chickenpox vaccine.

From his research for the CDC-funded Varicella Active Surveillance Program (VASP) of Los Angeles County Department of Health Services, following a study population of 300,000, Goldman suspected that exposure to a child with chickenpox provided immunological “boosting” to help postpone or protect against shingles, a theory first proposed by Dr. R. Edgar Hope-Simpson in 1965. If this hypothesis were true, then the near-eradication of childhood chickenpox in response to universal varicella vaccination would dramatically increase the incidence



of shingles. From 2000 to 2002, Goldman found the highest incidence rate of shingles ever reported among unvaccinated children with a previous history of natural chickenpox in the study community. Goldman also reported a statistically significant increase in shingles among adults in the study community..

But his superiors at the CDC didn't want to hear about it; neither did Merck & Co. seem to express much interest. When Goldman tried to alert them that universal varicella vaccination could trigger a shingles epidemic, the public health officials seemingly dismissed and later criticized his claim. On grounds of conscience and because he was prevented from conducting objective research, Goldman resigned from the program in 2002. When he independently submitted his findings to a peer-reviewed scientific journal, VASP's attorney ordered him to “cease and desist.”

Goldman did not cease and desist in his mission to raise public awareness and to call for accountability in the medical research establishment. Since 2004, Goldman has served as Editor-in-Chief of *Medical Veritas: The Journal of Medical Truth*. He has authored articles on varicella vaccination and shingles incidence in the peer-reviewed journals *Vaccine*, *International Journal of Toxicology*, *Pediatrics*, and the *Journal of the American Medical Association*.

In the same vein as David Kirby's best-selling *Evidence of Harm* but based on the painstaking research of a true insider, *The Chickenpox Vaccine* exposes the ills, both social and medical, that occur when profits are put above the public health. If

we follow Goldman's lead, it's not too late to heal this breach in public trust and the expensive disease and treatment cycles this has spawned.

## Foreward

"Truth will out," the old saying goes. However, the kind of truth that bucks conventional wisdom, entrenched power, billions of dollars in pharmaceutical sales, and exposes corruption in high places and probable harm to many people doesn't "get out" quickly or easily.

To publish the truth, Dr. Gary Goldman (Gary) risked not only his job, but also his entire professional reputation as well. I know the truths he shares are important to your and your family's health, and to our nation's.

Gary and I first met in mid-2003, when I began to study the medical research documentation he provided to me. Woven through it were the threads of a gripping and important story.

Soon, I was convinced that what Gary had provided contained explosive information the public had a right – and a vital need – to know. What he had discovered revealed adverse effects that had previously occurred and were continuing to affect millions of lives (including children and up to 95% of America's adults).

Gary wants you to know about the unexpected, disturbing medical realities that his research has uncovered. He has uncovered major disease trends that are already endangering the health of millions of unwary people. Unless we do whatever we can to halt these disease trends, they will prove detrimental to the medical health of our society—not to mention the cost involved to our society in the amount of billions of dollars over the next half-century.

Because I'm not a "numbers/tech guy," Gary spent many hours patiently explaining his research to me and answering my questions about events, people, and figures. Then, I spent months passing written portions of this story to Gary to obtain his feedback to make this highly technical subject matter as clear as I could, so that most readers can understand it.

We agreed that this is a book in part about numbers, which, in and of themselves, have both intrinsic value and human importance. These numbers describe a stark reality that many people will suffer illness without even knowing the true reasons for their suffering. The "people" aspects of this book's numbers first began to come together for Gary several years ago, when he was serving as an epidemiological research analyst.

In that capacity, he was a major contributor to an important population-based research project to monitor the trends of a particular, very common disease, chickenpox, in the wake of its newly licensed live-attenuated-virus vaccine. Certain unanticipated (and alarming) vaccine-related patterns had begun to emerge from the data he'd been analyzing. These caught Gary's attention. He asked himself, "Why am I seeing these kinds of numbers – and what do they mean?"

In terms of his own self-interest, Gary would have been better off just to shrug off the import of those figures, pass them on to his superiors, continue to take his salary, and keep quiet about his concerns. As it turned out, he had ample cause to do so, because, when he started reporting those numbers, his superiors made it clear, through attempts to dismiss and then sup-

press his findings, they weren't at all as eager as he was to address the meaning of his findings.

What Gary has gleaned from his findings explains why these pages aren't, in the final analysis, merely about the numbers he gathered. Rather this book is about the suffering people those numbers represent and the potential millions more, who might even come to include you, currently at higher risk of a disease that can be excruciatingly painful.

Without the information this book contains, you would likely never understand why potentially millions of people will suffer in a shingles epidemic that may last for as long as the next fifty years. It is likely already too late for citizens like you to take action to prevent the start of that epidemic. However, with the myriad of health/medical issues on the horizon, this book will outline actions that you can take now to help insure future public health policy works toward the betterment of mankind rather than to its detriment.

At the point in Gary's story where I'll begin relating events, he stood virtually alone, collecting, "slicing-and-dicing" and analyzing the very first "hard" data hinting that there was an association between the current vaccination program and increased incidence of shingles. His findings supported a long-controversial hypothesis that had negative implications for one broadly mandated vaccination program. At that time, he had no idea that he would stir up controversies, which did cause a major stir at the highest levels of America's healthcare system, simply by reporting his findings.

But as you'll read, certain vested-interest parties initially disputed Gary's research. When that approach failed, they, then, attempted to belittle his professional expertise and repeatedly tried to keep his findings from being shared with or taken seriously by the medical community and the public.

In 2006, Gary no longer stands alone. Despite the opposition he's faced, Gary has won a growing host of allies in the world of medicine and science. Among whom are other highly respected medical professionals, including those who (1) have reviewed his studies, (2) are convinced that his findings are both scientifically sound, biologically plausible, and accurate, and (3) have supported his findings by reporting similar results from other independent studies conducted in different populations.

Their support of Gary's work is important. However, as the narrator, my most essential tasks are to help you understand the story and "root causes" behind his findings, and to relate these in as clear, non-scientific, human terms as possible. [Note: For those readers who are interested, Gary has provided some technical material in the appendices in the back of the book.]

In the account set forth in this book, I've clearly and simply defined the various technical terms that may be unfamiliar to general readers, generally when these terms first occur. To help you grasp the complex issues this book addresses, a "primer" is included that describes the main characteristics of two related diseases with which this book is most concerned—chickenpox and shingles. Another primer discusses the science of epidemiology.

Whether or not science interests you, I earnestly hope you'll find that the human costs of the findings presented in the narra-

tive you're about to read speak clearly to your mind and touch your heart.

Before I proceed, let me be clear: As a scientist, researcher and former healthcare system "insider," Gary felt as most do – that vaccination exerted a positive influence and served a beneficial role, protecting mankind against numerous diseases.

In 2006, he is deeply concerned that not all disease-preventive vaccines have been developed and tested as thoroughly as they should be, nor introduced cautiously, and only used when their long-term benefits clearly outweigh their long-term costs.

Additionally, I hope this book will persuade you to join the tireless efforts of Gary and his many other scientific colleagues to encourage long-overdue reforms in medical and vaccine-related research and practice.

Moreover, you will see that certain health authorities – including some of the very same people who initially encouraged, welcomed, and published virtually all of Gary's positive findings about the chickenpox vaccination outcomes they were studying – wanted him to tell only the positive half of the story you're about to read. However, as you'll see, they now seem intent on covering up the "negative" findings this book will present to you.

Finally, it is our firm conviction that you have a right to know how certain medical interventions (that are "universally" adopted and even mandated by law) truly affect the population at large — especially when such interventions may result in needless suffering for you and your loved ones.

## Introduction

by Gary S. Goldman, Ph.D.

On March 17, 1995, with little public fanfare, the Food and Drug Administration (FDA) approved the chickenpox (or varicella) vaccine, which was soon to be added to the nation's childhood immunization schedule. Gradually, one by one, each state passed laws mandating that each and every infant be inoculated at age 12 months with the newly approved live-virus vaccine, to help protect against a very common, usually mild childhood disease, chickenpox.

From 1995 through late 2002, I served as a Research Analyst in a program supported by a grant from the U.S. Centers for Disease Control and Prevention (CDC) that was designed to study the effects of this newly licensed vaccine in a geographical region of some 300,000 residents. My superiors allowed data supporting positive findings of the vaccination to be published in scientific journals and I was encouraged to present data and analyses that would lead to additional publications.

However, I noticed that certain data that had been collected – data suggesting that widespread adverse effects might well also be associated with the vaccination program – were being handled quite differently. A preliminary trend suggested that the vaccination itself might have the potential to spawn a widespread shingles epidemic among adults—causing far more serious issues than chickenpox ever presented.

When CDC-affiliated health authorities learned this, they began to take action, including threats of legal action, to prevent me from making these findings known to the scientific commu-

nity and the public. My attorney prevailed over demands from the county legal department that I "cease and desist publication in a medical journal." This cleared the way for my findings to be published in peer-reviewed scientific journals. Later, however, health authorities attempted to discredit these findings and my professional reputation.

In my resignation from the program, I cited the concern: "Whenever research data and information concerning potential adverse effects associated with a vaccine used in human populations are suppressed and/or misrepresented by health authorities, not only is this most disturbing, this goes against all accepted scientific norms and compromises professional ethics."

To expose, warn against and encourage steps to remedy what I know to be such abuses of ethics and public trust, I have approved the release of the book you are about to read.

In 1994, anticipating the approval of a new vaccine, the CDC established a 5-year taxpayer-funded population-based study project in each of three different locations: (1) Antelope Valley, California, (2) West Philadelphia, Pennsylvania, and (3) Travis County, Texas. The funding for these projects would be renewable every five years. The projects began to monitor a specific childhood disease, chickenpox, which hadn't previously been targeted by vaccination. The projects were to study the medical effects of the varicella vaccination on their respective communities.

Let me ask you, as a concerned citizen and taxpayer the following questions:

- Wouldn't you think before such a project began, careful attention would be given to devise methods of collecting data that would allow researchers to detect both positive and negative (or deleterious) trends that might possibly arise during the study of this newly licensed vaccine?
- Wouldn't you think if deleterious effects of vaccination did begin to surface – effects far worse than those caused by the common childhood disease being vaccinated against – medical authorities (including the CDC) would be eager, in the interests of public health and safety, to devise additional studies, with improved methods and controls, to confirm or disprove such effects' existence?
- Wouldn't you think if:
  1. The evidence did support the presence of these deleterious effects of vaccination;
  2. Scientific/medical literature had disclosed the possibility of such effects; and
  3. In addition, historical literature had described the biological mechanism involved in these ill effects,
 then, the CDC might move quickly to re-assess recommending this vaccination, because their recommendations might possibly have been made under a faulty assumption – that no such adverse effects existed?
- Wouldn't you think both the CDC and the local public health department that uncovered the ill-effects would encourage publication of balanced research that objectively included both positive and negative findings about the vaccination, based on careful analysis of project data?

● Wouldn't you think that if well-considered findings showed that vaccination of all healthy children against chickenpox might eventually cause a far worse shingles outbreak among adults – one of epidemic magnitude, mass suffering (as many as 95% of America's adults would be vulnerable) and enormous cost – then, the nation's foremost health authorities would feel compelled to modify their vaccination policy, or at least to alert the public to the possibility that such a national epidemic might loom in our future?

By now it's likely that you've answered "Yes" to all these questions, just as I did from the moment they first began to crowd my mind. Yet you may be surprised and even distressed as I was to learn that certain prominent health authorities' answers to these questions seemed to be anything but "Yes."

Instead:

● When I began my research on this project, for which my considerable past mathematical/analytical experience had amply qualified me, I was given only negligible information about the nature or medical background/history of the disease whose effects on the population I'd been assigned to study.

● My superiors gave no information about any prior critical studies suggesting that the vaccination program might have deleterious effects – even though, as I later learned, medical literature had already contained such findings.

● My superiors provided little guidance about what kinds of study methodology they might prefer, so I had to exercise considerable personal initiative and discretion to devise methods to correlate and analyze numerous project data.

● When I did come to suspect that the program to vaccinate every child to prevent chickenpox also might adversely impact adults, my superiors:

- Harshly criticized my preliminary findings and hypothesis;
- Virtually ordered me to forsake this line of investigation altogether;
- When I persisted in analyzing these data and probing these deleterious results, urged me to wait an additional year before presenting updated findings; and
- Withdrew support of a key expert who had assisted me in an earlier epidemiological investigation.

● Though I had initially been encouraged to pursue findings that might lead to peer-reviewed publications in medical journals, my superiors neglected to formally review three manuscripts that indicated the possibility of adverse effects of vaccination, despite my repeated requests to have these manuscripts reviewed and passed on to higher authorities at the CDC. (Interestingly, and perhaps more revealing, my superiors saw fit in some cases to release all positive data and other findings I contributed that showed the benefits of the vaccination program for publication within a day of their submission.)

● After I resigned for conscience's sake from the project in October, 2002, my colleagues and superiors declined my offer to include them (a standard professional courtesy) as co-authors

of these manuscripts presenting preliminary data concerning adverse effects of vaccination. Additionally, the public health department pressured the county legal department to threaten legal action against me if I tried to pursue subsequent, independent efforts to publish these findings in a medical journal.

● Then, when a scientific journal did publish my articles, the public health authorities wrote to those journals, trying, first, to imply that they might face legal censure if they published my work, and second attempting to cast doubt on my findings and misrepresent and malign my professional competence.

Despite these threats and actions, all of which were effectively countered, my previously censored research was accepted and has now been published in peer-reviewed medical journals. The very book you are reading details the circumstances that surround what I perceived as an attempted cover-up by one or more of my former colleagues and the CDC—a book that you'll hopefully find is true medical mystery, medical expose, and an urgent call for public awareness and action.

As this book, based on my nearly 8 years' experience on the vaccination project unfolds, you'll read how:

● My project superiors' actions (and inactions) made it seem as if they wanted to hear no distressing news whatsoever about the vaccination program, only "good news" that added to or reinforced existing positive results in other, already published studies.

● I brought my project superiors what I and (later) other renowned (and independent) epidemiological researchers considered preliminary evidence suggesting that the very vaccination program that my superiors had seemed so intent (without adequate forethought, I believe) on pursuing might well trigger a massive epidemic of a far worse disease.

● My superiors and the CDC tried to employ (improperly, I believe) various statistical methods and other means, to:

- Discredit my evidence,
- Cause me to abandon my further investigation of this disastrous possible outcome, and
- Suppress both scholarly and general public knowledge of my findings, and malign my professional reputation.

But these authorities' attitudes and actions have led some persons to believe these authorities' apparent lack of forethought about the possible adverse effects of the varicella (chickenpox) vaccination program wasn't all they had done that was problematic. Was it significant that the varicella vaccine was included in the federally funded Vaccines For Children (VFC) program that actually paid for all vaccinations administered to qualified children? This meant that certain large pharmaceutical companies were not only using both the CDC and public health departments as distribution channels for vaccine but were also guaranteed to profit from each inoculation. Because of this reimbursement assurance, as well as incentives accruing to physicians who achieved high vaccination goals, the manufacturer of this chickenpox vaccine would soon be reaping virtually unending and unchallenged profits from this "en masse" vaccination campaign. If universal varicella vaccination

were indeed causing increased risk of shingles, the suffering shingles patients would serve as an ongoing source of increased revenue to treating physicians.

Therefore, it was within reason to surmise that the combined profit interests – of health authorities and the pharmaceutical company that manufactured the vaccine – may have rendered both quite willing to allow the epidemic about which this book warns.

Why? Because perhaps both public health and pharmaceutical industries had even hoped to subsequently profit from the ensuing epidemic's spread and its subsequent treatment and "cure," via additional booster vaccines and still another vaccine to help suppress shingles – Zostavax® – a vaccine for which the same pharmaceutical company that provided the initial chickenpox vaccine (Varivax®) was recently granted approval.

What a recipe for enormous profits: Manufacture and market a vaccine against a relatively benign childhood disease, chickenpox, knowing the vaccine may cause a far worse disease, shingles, that requires another manufacturer's antiviral drug, acyclovir (Zovirax®), for treatment and then manufacturer an "adult booster" vaccine to help suppress that epidemic! Profits at every turn – all at the expense of human suffering on a massive scale.

For these reasons, it's possible that after reading this book, concerned citizens like you may wish to hold public health agencies accountable for promoting a universal chickenpox vaccination program that could potentially cause a protracted painful shingles disease epidemic among adults – again, an epidemic of a disease far worse than the common childhood disease healthcare providers are currently vaccinating against. And readers may even come to consider these agencies guilty of ruthlessly profiting from the suffering of countless thousands (even millions) of American people.

By now you may be wondering how and why a non-medical scientist and researcher, like myself, with a doctorate or Ph.D. in Computer Science, a Bachelor of Science degree in Engineering and a primary background as a "bits-and-bytes" person, has gained sufficient expertise and comprehensive understanding of issues in a field that was remote from my experience prior to this project.

To clearly analyze and discern the kinds of disease trends I discovered, maybe it took someone coming from outside the field of epidemiology, to see and understand the consequences of what I saw in the data that emerged from VASP. Maybe it also took someone:

- Who had suffered, as I had, from the excruciating pain caused by the very disease, shingles, that I feared would be sparked by the vaccination of every child against chickenpox.
- Who had empathy, as I did (and still do), for the suffering that others would endure while a vaccination-spurred epidemic of shingles, the more serious disease, raged.
- Whose conscience has difficulty, as mine does, accepting the possibility that individuals and groups with special interests might enjoy enormous profits at the expense of other people's suffering.

- Whose sojourn in the world of medicine led me to understand that what I saw of this project might be but the tip of a sinister iceberg – one made up of corporate greed, power-lust and influence-peddling, of medical arrogance, and, worst of all, of precipitous, and in this case nearly heedless, medical experimentation on a largely trusting public.

Thus, though this book will deal with my specific research experiences and findings related to one particular vaccination's potentially frightening outcomes, I believe the issues raised are applicable by extension to future research and medical interventions that may also have profound effects on this nation's health and wealth.

I've come to suspect that even some of 2006's most eminent men and women of science and medicine, seduced by money, power and unquestioned reputation, have become crassly confident enough to think that, if the vaccines or medications they recommend for diseases should cause adverse reactions and create other diseases – well, they'll be able to find other vaccines or medications for those, too. Thus, driven by their greed, they have become caught up in creating an endless cycle involving more and more diseases, requiring an ongoing cycle of treatment and prevention by more and more inadequately tested pharmaceuticals.

I've come to think it possible that, if some leaders become blinded by sufficient quantities of private and public money, power and unquestioned reputation, the humans who are suffering in large numbers (because of authorities' profit-motivated actions) may shrink in these leaders' eyes to a mere collection of blots on medical statistics charts and graphs. In this world, such leaders might well, if they're not stopped, knowingly practice widespread experimentation on humans by using medical protocols and interventions that they claim are the safest, to all our hurt.

Yet even as I share these fears with you, let me make several key matters clear. I am convinced, through my research concerning chickenpox and shingles and by other research that's come to my attention, that the scientific community as well as the general public must maintain an attitude of constant alertness and vigilance. Such a mindset will ensure that all new medicines, vaccines and procedures are thoroughly tested (in trials large and long enough to shed light on all possible outcomes – beneficial and harmful) before huge numbers of people are subjected to them and/or state laws mandate their use.

We must demand of our public health authorities that each individual vaccine be evaluated separately and considered based on its own merits and/or demerits, by scientists independent of the drug or vaccine manufacturer. No vaccine should be automatically be regarded as safe just because a majority of previously licensed vaccines have proved cost-effective, successful, profitable to drug companies, and have been claimed to cause few adverse reactions.

Sadly, if you and I don't make ourselves aware of these issues, and, through public pressure that leads to preventive legislation against such conflicts of interest, "inoculate" ourselves against the kinds of abuses of public money and trust this book exposes, we may, sooner or later, find ourselves living in an age of endless, planned disease-and-treatment cycles bestowed on

us by unethical healthcare authorities and, through their well-paid governmental lackeys, greed-driven pharmaceutical firms.

What can we do to protect ourselves from such alarming possibilities?

Against opposition from some highly placed public health authorities, I have taken the initiative to submit six articles to respected scientific journals; who, after thorough review by their editorial staffs and scientific experts (my “peers”) in epidemiology, published those articles. Through my own research, I have located, and begun to share my ideas and findings with other scientists whose own well-regarded work echoes my concerns. I have also founded a non-profit organization to: (a) join the strengths of like-minded eminent medical and scientific professionals and (b) publish their work in a new, scrupulously reviewed (by scientific “peers”) journal called *Medical Veritas*®. A journal with over 20 world-renowned scientists, researchers, and physicians on its editorial board that is free of the taint and influence of large drug companies. Often, grants, advertising dollars, and mass reprint purchases by the pharmaceutical industry have increasingly influenced and directed the policies and practices of many “establishment” journals’ editors and the publications they oversee.

Ultimately, whether medical and pharmaceutical leaders conduct research and practice the healing arts ethically may well depend upon the pressure exerted on them as a result of exposures of unethical conduct related to the types of issues this book raises. As the concluding chapters of this book emphasize, truly objective vaccine research can only exist when all research data and results are allowed to be corroborated by independent experts, immune from the influence of: (a) sponsoring agencies that selectively control which data and results are reported; (b) vaccine profiteering motives; and (c) other conflicts of interest that are now possible because no oversight regulations exist to prevent them.

Neither prestige nor profit has motivated the release of this book. Rather, this work represents an attempt on the part of the author and myself to fulfill a moral obligation to warn our own families, our friends, our communities, our nation, and the world at large that all nations’ citizens should take a more active role in any decision-making that affects our own, our children’s and grandchildren’s, and our neighbors’ health.

I realize that this book presents a circumstantial “indictment” that is based on documented instances of apparent research corruption and medical neglect in high places. I do hope, however, that the questions this book raises will inspire others to investigate the issues raised and the circumstances that underlie these questions in far greater depth – and as soon as possible.

Moreover, this book has been written to call on “ordinary” citizens, like you, to no longer lend *carte blanche* support to, or put “automatic” trust in, all state-mandated healthcare decisions and the standard policies, protocols, and procedures that healthcare officials, politicians, and general medical practitioners may suggest or promote. This book also alerts those healthcare providers and elected political officials who may as yet remain unaware of the potential consequences of the specific universal varicella vaccination program and other problematic healthcare policies they have set in motion. Moreover, it highlights the responsibility they may ultimately bear for increased suffering and death, despite their “good intentions” to improve public health on a mass scale.

Please read on with these thoughts in mind and carefully weigh the evidence presented in the pages that follow. As this book’s researcher, I have tried to influence the author to state that evidence clearly enough that you may, as your own more fully informed conscience compels you, act on what you learn.