

Bad blood in the Philippines?

David Morrison 1996 NOV 1

Possibly tainted vaccine may be tip of the iceberg

Philippine women may have been unwittingly vaccinated against their own children, a recent study conducted by the Philippine Medical Association (PMA) has indicated.¹

The study tested random samples of a tetanus vaccine for the presence of human chorionic gonadotropin (hCG), a hormone essential to the establishment and maintenance of pregnancy. Produced by the embryo after conception, hCG triggers the production of progesterone in the mother's body which, in turn, thickens the uterine endometrium and prepares it for implantation. By linking hCG with tetanus antigens in a vaccine, researchers fool a woman's immune system into not only producing antibodies against tetanus, but against hCG as well, essentially making her allergic to her embryo's chemical signal. Once her immune system is sufficiently stimulated against hCG, a woman will spontaneously abort any child she conceives. The PMA's positive test results indicate that just such an abortifacient may have been administered to Philippine women without their consent.

The PMA notified the Philippine Department of Health (DOH) of these findings in a 16 September letter signed by the researchers and certified by its President. Using an immunological assay developed by the Food and Drug Administration in the United States, a three-doctor research panel tested forty-seven vials of tetanus vaccine collected at random from various health centers in Luzon and Mindanao.² Nine were found to contain hCG in levels ranging from 0.191680 mIU/ml to 3.046061 mIU/ml. These vaccines, most of which were labeled as of Canadian origin, were supplied by the World Health Organization as part of a WHO-sponsored vaccination program.

The positive tests for hCG in the vaccine brings to a close the first stage of the two-part study commissioned by the Philippine Department of Health. The second stage calls for the blood of vaccinated women to be tested for antibodies to hCG. Once this second round of testing is complete, Philippine authorities will have a much clearer idea of whether any Filipinas have been chemically sterilized and, if so, how many.

Individual women who have lost children to miscarriage after accepting the anti tetanus vaccine have already been found to have antibodies to hCG. Dr. Vilma Gonzales had two miscarriages after receiving the tetanus vaccine and became suspicious. She had her blood tested for anti-hCG antibodies and found, to her great sorrow, that these were present "in high levels." As she later told a British Broadcasting reporter:

Women should have been told that the injection would cause miscarriage and, in the end, infertility. The Department of Health should have asked beforehand, so that only those who didn't want to have children had the injection. I really hope and pray to God that I will still have a baby and get a normal pregnancy. And I am still hopeful that the Department of Health will find an antidote to the antibodies as well.³

The possibility that Philippine women were being covertly dosed with an abortifacient vaccine got widespread attention after Human Life International, an international pro-life group, reported on peculiar tetanus vaccination programs in the Philippines, Mexico and Nicaragua. The World Health Organization⁴ only targeted women between the ages of 15 and 45—the child bearing years—for repeated tetanus vaccinations. This, by itself, might not have aroused too much suspicion—and WHO officials hotly denied

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any wrongdoing. When WHO'S research history on “reproductive immunology” came to light, however, the possibility became too great to ignore.

WHO's hCG research

For over 20 years, World Health Organization has been deeply involved in researching ways to make women's bodies reject their own children. As early as the 1970's, WHO funded research in this area by researchers in India and the United States.⁵ Though WHO later cut off funding for the 'Indian branch' of abortifacient vaccine research, it continues to fund US efforts.⁶ Current WHO-funded research in the United States, according to a leading researcher, has “moved on” from tetanus to diphtheria as the antigen link. For even greater efficiency and wider reach, the possibility of doing away with the antigen link altogether is also being explored.⁷

According to Dr. Vernon Stevens, a researcher at Ohio State, the effort to make millions of women allergic to their children faces three primary research obstacles. First, current abortifacient vaccine models require 2 to 4 initial shots to boost immune levels and then booster shots at three to six month intervals. Second, the hCG vaccine does not always “take” in all women. In recent Phase II (efficacy) trials of one possible vaccine, for example, only 60% of women vaccinated were later found to have highly effective levels of anti-hCG antibodies.⁸ And finally, according to Stevens, the current vaccines under research are just too expensive for widespread use.

“Vaccines that are manufactured for distribution and use by the general population must be produced in high quality and at a cost affordable to most users, particularly in developing countries where the need for new methods is most acute,”⁹ Stevens wrote. The current WHO funded research in the United States aims to address this and the other problems.

Indian vaccine research

While WHO funds US - based research into abortifacient vaccines, the Population Council and the International Development Research Center (IDRC),¹⁰ based in Ottawa, Canada, have been funding the even more controversial efforts of Dr. Gursaran Prasad Talwar. Talwar, the founder of the National Institute of Immunology in New Delhi, India, is generally acknowledged to be the “father” of research into abortifacient vaccines.

Talwar and WHO officially parted company when Talwar's approach, based on using a longer segment of the crucial hCG molecule to generate the needed antibodies, was thought to be too close to the segments of related hormones and therefore thought to carry a greater risk of side-effects — side effects which, Talwar claims, never appeared.¹¹

(The Population Council also directly funded Talwar's research until the United States' “Mexico City” policy forced it to reconsider its support for the development of something as obviously abortifacient as his vaccine.)

At that point the IDRC stepped in and began funding efficacy trials for Talwar's vaccines.¹² In these trials Talwar claims that 188 of 148 women vaccinated, or about 80%, produced levels of hCG antibodies sufficient to abort their children and they maintained those levels for between 6 months and two years. This result has increased optimism and enthusiasm for the Talwar vaccine and drawn three more labs into the research effort.

Although Talwar's efforts have many champions, he is not without his critics. Controversy seems to follow him wherever he goes. He has been accused both of stealing compounds from other researchers¹³ and of not following established medical protocols for vaccine research.¹⁴

But from the point of view of numerous Filipinas, the most disturbing allegation against Talwar is that he has, in the past, tested his abortifacient vaccines on women without first testing them on animals.¹⁵ Both Indian researchers and WHO officials are on record as declaring that such abuses have occurred. Their testimony has helped fire opposition to the vaccine, especially on the part of women's groups.¹⁶

The blood of the women, in the end, will declare the truth. These abortifacient vaccines leave 'fingerprints.' Even positive tests for antibodies will not tell the whole story, however. For these tests, even when multiplied by the hundreds and thousands, cannot possibly convey the depth of misanthropy particularly towards people in the developing world represented by over twenty years of planning, funding, studying and publishing on abortifacient vaccines. Fifty years ago, at Nuremberg, the so-called "civilized" world looked into the depths of Nazi Germany's eugenic nightmare and shrank back in horror. Vaccines which induce women to abort their own children deserve the same response.

Endnotes

1 Letter from the Philippine Medical Association to Philippine Secretary of Health, 16 September, 1996.

2 Ibid.

3 British Broadcasting Corporation Horizon Series The Human Laboratory first aired in Britain on 8 November 1995

4 James Miller, "Baby killing vaccine: is it being stealth tested?" HLI Reports, June/July 1995, p. 1.

5 Madhusree Mukerjee, "Profile: Gursaran Prasad Talwar," Scientific American, July 1996.

6 Vernon Stevens, "Progress in the development of human chorionic gonadotropin antifertility vaccines," American Journal of Reproductive Immunology, 1996, volume 35, 148-155.

7 Vernon Stevens personal communication, 16 October 1996.

8 Vernon Stevens, "Progress in the development of human chorionic gonadotropin anti fertility vaccines."

9 Ibid.

10 Jayaraman, "India forges ahead with contraceptive vaccine," Nature Medicine, July 1995, 609-610.

11 Mukerjee.

12 Jayaraman.

13 Mukerjee.

14 Vernon Stevens, personal communication, 16 October 1996. Stevens related how research conducted under Talwar at National Immunology Institute differed from US research in that researchers did not always "go back to square one" if they reconfigured a vaccine conjugate.

15 Mukerjee.

16 Ibid.

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