

A RESPONSE TO THE VETERINARY  
MEDICINES DIRECTORATE  
POSITION PAPER ON  
CANINE VACCINATION SCHEDULES

PART TWO

WHY WE DON'T  
VACCINATE LESS FREQUENTLY

A SYSTEMS APPROACH

Once you name something, it ceases to  
have power over you

<http://www.pharmabiz.com/article/detnews.asp?articleid=55415&sectionid>

"Vaccination should be need-based and all vaccines are deemed non-universal, unless specified otherwise based on scientific evidence. The mere availability of a safe and efficacious or even affordable vaccine cannot be a good enough justification for its widespread use. Vaccines are not consumer goods and should not be given or taken, unless their necessity is proven based on the scientific principles of public health."

**"Vaccines ... should not be unethically promoted through direct or surrogate advertising, advocacy by individuals, groups or aid agencies, on their own or funded directly or indirectly by the vaccine industry."**

Indian Council for Medical Research

## VETERINARY VACCINES: A SYSTEMS APPROACH

### Why are we over-vaccinating our pets?

We would like to remind you that this document has been submitted to the VMD for one reason only:

**We are over-vaccinating our dogs and this needs to stop.  
Annual vaccination is neither necessary nor safe.**

Throughout the years of running Canine Health Concern, I have asked why it should be that we have known since the 1970s that dogs, once immune to viral disease, are immune for years or life, yet we are still vaccinating dogs against viral diseases every year? You would have thought that it would be a simple matter of making the science known, and unnecessary annual vaccination would end.

But this has not been the case. We have continued - for over thirty years - to vaccinate our dogs every year in direct opposition to the known science.

### **Understanding the elements which keep annual vaccination in place**

The decision to vaccinate a dog each year does not rest solely with the dog's guardian, or with the dog's veterinarian. It is a complex decision based upon the beliefs of the wider society. How can such a faulty, damaging, practice masquerade so effectively as something good that we do for our dogs?

There is a wider picture which, when understood, can help to unravel the many threads of untruth which have caused us to do such harm to our friends.

Systems theory is a trans-disciplinary approach which considers a system as a set of independent and interacting parts. In the most general sense, 'system' means individuals and groups that are connected and joined together by a web of relationships. They make up the whole: the system.

To explain what a system is in terms of systems theory, a family is a system comprised of mum, dad and their children, and may also include aunts, uncles and grandparents. A school is a system comprised of teachers, pupils, school governors, support staff, and funders such as local and central government.

The veterinary vaccine issue can also be described in terms of a 'system' which involves a number of distinct and individual parts, such as pets, pet owners, the veterinary profession, the pharmaceutical industry, and legislators.

Systems dynamics recognises that the structure of any system – the many interlocking relationships among its components – is as important in determining the whole’s behaviour as the individual components themselves. In other words, the individuals and groups within each system, and the relationships between them, combine to make up the whole.

Each one of us is responsible for the system: for its triumphs as well as its dysfunctions. We are all part of the system and together make up the whole. Systems theory recognises that if a system is dysfunctional, individuals or elements within the system will naturally rise up in an attempt to correct the dysfunction.

There are many elements and relationships in the ‘system’ of animal healthcare. These have, together, developed current vaccine procedures and schedules, including:

### **THE ANIMAL HEALTHCARE INDUSTRY SYSTEM**

- 
1. The dogs
  2. Animal owners or guardians
  3. Breeders
  4. Pet food manufacturers
  5. Pharmaceutical companies
  6. Chemical companies
  7. Pet charities
  8. The pet insurance industry
  9. Boarding establishments
  10. Dog groomers
  11. Pet shops, both high street and internet-based
  12. Dog clubs (showing, training, agility)
  13. Pet behaviourists
  14. The Kennel Club
  15. Regulators such as Defra and the VMD
  16. The veterinary profession
  17. Veterinary teaching establishments
  18. Government
  19. Campaigning groups such as Canine Health Concern

## THE ELEPHANT IN THE ROOM

According to family systems theory, it has been observed that dysfunctional families are able to retain their dysfunctionality by keeping **secrets**. Family members are discouraged from telling anyone that daddy abuses them, or that mummy is a drunk. In dysfunctional families, no-one is allowed to acknowledge the unpalatable truth, and disobedience to this unspoken law is punished. Everyone can see the 'elephant in the room' (mum's alcoholism, for example), but no-one is allowed to acknowledge it or talk about it.

Similarly, dysfunctional families disallow certain emotions. Children are punished, ignored, neglected or abandoned for expressing anger, or joy, or sorrow, or vulnerability. This has a twofold function. Firstly, it stops mummy and daddy from having to witness and feel uncomfortable emotions. Secondly, it helps to maintain the family's dysfunctionality, as all members are coerced into repressing and denying their intuitions about the family's dysfunctionality. The system is thereby preserved as it is.

An example of this phenomenon is given by the late psychiatrist M Scott Peck, who described his experience of working with individuals in a town in America which existed solely to supply the nuclear arms industry. Inhabited by good, pleasant, interesting and intelligent people, the townspeople seemed able to overcome concerns about their shared occupation by never talking about the effects of atomic weaponry: the Three Little Monkeys Syndrome.

The scientific/veterinary community has systemised its own elephant in the room. This is the convention of not talking about the animals who experience vaccine adverse events. Indeed, the convention within science is not to call an animal a 'who' but a 'which'. Our dogs are its and numbers.

Dog owners are not allowed to talk about it if their dog was vaccinated on Monday and had his first epileptic fit on Tuesday. We are "punished, ignored, neglected or abandoned" by "mummy and daddy" – those in authority. Unless a "proper" scientist examines what happened to our dog and writes it up in a peer reviewed journal, what we see in front of our eyes is called an **anecdote** and dismissed. Even the SARSS looks at trends, and not individuals.

If we do talk about our dogs' deaths and question the coincidence of what appears to be cause and effect, we are labelled ill-educated and overly-emotional. We are encouraged to maintain the secret of vaccine damage and we are subjected to denial, dismissal, anger, and even contempt.

Yet it was Jonas Salk himself who said: "Intuition will tell the thinking mind where to look next."

Our dead dogs are irrelevant anecdotes as far as science is concerned, and we are encouraged to believe that we are not qualified to have an opinion. Emotions such as love, empathy and compassion are disallowed in science. The fact that we love our dogs appears to introduce a silo – a boundary – between Us and Them: the animal owners and the scientific community. There must be epidemiological studies, double blind trials and the consensus of the scientific elite before any scientific principle can be accepted – which is one of the reasons why change happens so very slowly.

Added to this, laws are made to protect the system in which the lawmaker believes. Those who hold the power in any system are loathe to let it go.

In addition, the vast majority of individuals have respect and admiration for those in authority. We respect and trust our vets; many of us even believe that our governments have our best interests at heart; and we believe in the authority of science.

It is incredibly difficult to undermine and overthrow a faulty hypothesis or paradigm which is supported by the authority figures within a system. Annual vaccination is one such faulty paradigm that is proving difficult to overthrow.

As systems theory has shown us, individuals within a system adopt rigid roles in order to protect the system as it is known. Doctors must be doctors, vets must be vets, and the people who cannot claim these rigid roles are expected to adopt different roles, such as victim or idiot. In a dysfunctional system, the rigidity of our roles is fiercely guarded.

Questioning the system's secrets, making visible its dysfunctions, the Rebel – whilst appearing to be the most difficult and disruptive element within the system – actually offers it the best chance to heal the system's dysfunctionality, and also the emotional, mental and spiritual dis-ease of its component parts. This is because intelligence isn't about what you know, it is about the questions you are prepared to ask and the listening you are prepared to do.

Once you are able to name something, it ceases to have power over you. Knowledge is therefore a vital component when one seeks to heal a dysfunctional system, and the individuals within that system. A thirst for Truth is also an imperative within life, and it is vital within a healthy scientific model.

Unfortunately, commerce has hijacked the animal healthcare system, and so truth is concealed within many protective layers.

Once human beings believe a thing to be true, they invest their sense of self, their lifestyle and their very survival in protecting that truth. History is littered with examples. We used to burn witches; we excommunicated people who said the world was round; and the Australian doctor who first recorded the effects of the

Thalidomide drug was struck off. Andrew Wakefield is one of the latest casualties of this phenomenon.

To have a healthy system, we must all question what we believe to be true, whether or not the system makes this easy for us to do.

### **Protecting the sacred vaccine cash cow**

The majority of individuals within the scientific and political communities believe fervently that vaccines have saved millions of lives. Whilst they accept that a minority of individuals do not respond well to vaccines, they believe that the vast majority benefits. The few are sacrificed in order that the majority thrive.

The problem is that these people have no idea of the extent of damage that is being done.

On the other side of the divide, there are those who believe that vaccines are causing more death and disease than they are preventing.

Others, still, believe that vaccines are a necessary 'evil', but that minimum vaccine schedules – balancing risks versus benefits; the path of compromise – is the way to go.

### **Naming the Elephants in the Room**

Dogs are part of the animal healthcare system. Indeed, one would think that the system exists in order to serve their needs. They are 'Man's Best Friend' and there is a multi-national, multi-billion industry in existence with the professed aim of keeping them well. The elephants in the veterinary vaccine room are the dogs who suffer vaccine reactions, and who are dismissed as anecdotes.

We are aware, of course, that some of the accounts below relate to British dogs, and others are from overseas. The vaccine industry is international. Please bear in mind that we have chosen not to include all of the reports that have come our way over the years, but a very small selection.

### **There is something wrong with our animals**

After reading Part One of this reply to the Veterinary Medicines Directorate, you will understand that science has recorded a myriad of potential adverse effects to vaccines. And yet "mummy and daddy" do not tell the children about this. They say, "take your medicine, it's good for you" without letting on that the medicine could cause harm (although, if we do question, we are told "but only very rarely ....").

It is impossible to definitively verify, within accepted scientific methodology and available technology, that every dog who became epileptic shortly after a vaccine event was made epileptic by a vaccine. Similarly, it is impossible to definitively state that every - or even most – dogs with cancer have been given that cancer by a vaccine. This is despite the fact that the detailed scientific evidence indicates that epilepsy and cancer are byproducts of the vaccine process. There is even scientific evidence to suggest that vaccine damage can be inherited, and that generational cancer is the result.

Although the history of vaccination is littered with journal accounts of inflammatory and immune-mediated diseases being positively associated with vaccination, we cannot definitively state that any individual dogs with these diseases are victims of a vaccine gone wrong. Neither can we say with any real certainty that a dog who became aggressive shortly after his shot is suffering from inflammation and destruction of the brain as a result of a vaccine.

There simply aren't the tests available with which to make a positive diagnosis that will link a vaccine to a vaccine-associated disease. **The scheme (Suspected Adverse Reaction Surveillance Scheme) is based on probability – and not on any scientific basis. It is also based upon the subjective judgment of individuals whose appointments may rely upon their sympathetic feelings towards the pharmaceutical industry, or a respect for the status quo.**

We know that vaccinated dogs develop autoantibodies to their own tissues and biochemicals, and we also know that these antibodies are markers for serious disease conditions – but we don't test for these autoantibodies when our dogs develop cancer. Even if we did conduct those tests, we couldn't really say that a vaccine caused those autoantibodies in every particular case.

We know that vaccines can cause encephalitis, which involves lesions throughout the brain and central nervous system – but we also know that other factors can cause encephalitis. We know that vaccines can stimulate IgE antibody production, cause T-cell immunodeficiencies, and stimulate autoimmunity – but when our dogs are beset with allergies and atopy, we can't definitively point to a vaccine as their cause.

Not in every single case.

**But we do know, scientifically, that there is no need to vaccinate dogs every year, and that by reducing vaccine frequency, we might be able to minimise the adverse effects.**

The Animal Healthcare System is dysfunctional. It is not meeting its stated aim; it is not delivering health. We need to look at the component parts within this System – to look at and acknowledge the herd of elephants – if any of us can



expect to have a dog who doesn't cost us a fortune at the vets, who doesn't suffer from chronic debilitating disease, and who doesn't die years before his time.

**We would like to make it clear, at this stage, that although we are looking at individual components within the pet product/healthcare industry, we are aware that all human beings do the best they can with the knowledge they have available. We are not seeking to burn witches, but to make the system's dysfunctions visible so that they can be healed.**

## **SYSTEM COMPONENTS**

### **1. The Dogs**

Dogs have no choice but to accept and submit to the food that is given to them, and to the veterinary procedures which are administered to them.

The dogs described here are the elephants in the room. We are not allowed to talk about them; they are derided as anecdotes if we do. Yet looking at their suffering and acknowledging their plight will heal the system's dysfunctionality – providing individual human members of the system are prepared to take responsibility for their part in the dysfunctionality that is occurring.

We therefore do not apologise for the personal nature of the following accounts from pet owners. How else are we to illustrate the random, generalised, unquantified effects of over-vaccination upon the pet population, and the dysfunctionality of the system?

Please look at these accounts in relation to the scientific picture presented in Part One of this response to the VMD. Understand that vaccines have been scientifically shown to cause immune-mediated, autoimmune, inflammatory, and systemic destruction. We know that the training given to scientists and vets will cause them to look away because these reports are anecdotal. Please overcome your training; please look. This element of your training is only a tool employed to keep you under the control of the system and the people it serves.

#### **Samson**

Samson O'Driscoll, a Golden Retriever, received a puppy vaccine whilst with his breeder. He was given the second in the series by Catherine O'Driscoll's vet. The following day, Samson presented with paralysed rear legs. The vet advised that Samson be given Paracetamol (which is poisonous to dogs) and he apparently recovered. The next year, Samson was given his first and only annual booster. That evening, his head swelled up like a football and he ran around the house screaming through the night. The emergency vet was called and she suggested that Samson be brought to the surgery the next day.

At the age of two, Samson appeared to be a healthy and vibrant dog, but Catherine decided that Samson should have a blood test as part of a routine health check. The blood test indicated that Samson had autoimmune disease – he was attacking his own biochemicals.

At the age of five, Samson was diagnosed with haemangiosarcoma, a form of cancer. His spleen was removed but he died two months after the operation.

No adverse event report was filed for Samson when he reacted with rear-leg paralysis the day after his second puppy shot (encephalitis/paresis). No adverse event report was filed when his head swelled up like a football on the evening of his first booster (anaphylaxis). No blood profiles were taken at the time to measure the vaccine-induced autoantibodies present within Samson's system (cancer).

### **Oliver**

When Oliver O'Driscoll presented with paralysed rear legs (which is a symptom of encephalitis, which is a known vaccine sequel), his death was regarded as a mystery by veterinarians who were questioned as to possible cause. No-one submitted a vaccine adverse reaction report.

### **Prudence**

When Prudence O'Driscoll was diagnosed with leukaemia, no-one was aware that there has been an "increase in the incidence of immune- and blood-mediated diseases (including leukaemia) in the pet population since the introduction of MLV vaccines" (Dodds). No adverse vaccine report was filed.

### **Sophie**

When Sophie O'Driscoll was diagnosed with crippling arthritis at the age of six, no veterinarian suggested that this might be connected with vaccine-induced arthritis, although scientific studies have been quoted within this document to establish the scientific link between vaccines and arthritis. No adverse event report was therefore filed.

### **Chappie**

When Chappie O'Driscoll was diagnosed at the age of two with thyroid disease, no-one suggested or, presumably, suspected a vaccine link, although vaccines are known to stimulate thyroid disease. No adverse event report was filed.

### **Polly**

This account has been submitted by Polly's owner, Eileen Lane.

I feel that my first dog, Polly, a tiny Yorkie, died far too young. She died from epilepsy, due I believe, to vaccination, because she was repeatedly boosted, ***even though she had an allergic reaction after her second booster.*** My vet insisted it was vital for her to continue having annual boosters! Each year, immediately before the booster was administered, the vet gave her an antihistamine tablet ***because he knew*** she was allergic to the vaccination. He

**knowingly** did this, regardless of the instructions given with the vaccine on the vaccine manufacturers data sheet guidelines (VMDSG).

After her death I read all I could about vaccination and diet. My first reaction when I read about natural diet was I couldn't possibly do that! Six months later, when I felt ready to have another dog, I knew there was no way I was prepared to feed her commercially prepared dog food after learning what went into it. I would never have any pet vaccinated again.

After Polly was given her first puppy shot she began having digestive/allergy problems. Within her first year she also had hormonal problems, repeatedly coming into season three weeks after the previous one had ceased. After the third one she was spayed to prevent this continuing. My vet was fully aware of all this, he was after all treating her and advising me what processed pet food to give her! At one time I told him that I gave her pieces of banana and cucumber as treats and he was astounded that I should think of giving such things to a dog but I reminded him that she could not tolerate any shop bought dog treats.

I often had to repeatedly cancel the appointments for her booster because of her digestive problems. On one occasion the nurse/receptionist told me this was not a problem as there was a few months overlap on the vaccinations so she would still be covered. Knowing this I thought it would be sensible to delay each booster taking this into account, especially given her problems. When I suggested this to the vet, he said she must have the booster at the correct time, as soon as I was able to make an appointment when she was alright. I now feel that I was lucky to have had my girl for as long as I did, considering that the vet insisted it was vital for her to continue having annual vaccinations even though she was allergic to them, having had a reaction to her second booster! Each year, immediately before the booster was administered, the vet gave her an antihistamine tablet because he knew she was allergic to the vaccination. He still did this knowing her full history and the instructions on the vaccine manufacturer's data sheet guidelines!

Polly began having what I will term 'fits' although this came into question at a later stage. After phoning the emergency vet on Boxing Day night we were told to take her to the surgery the next morning. From the very first visit to a vet I had always written down a full detailed description/ record of time/duration of all her symptoms and I continued to do so. Later on I also filmed her so the vets had the fullest picture possible. The emergency vet said she had epilepsy and would need to take anticonvulsants for the rest of her life. He gave us enough Phenobarbitone tablets for a month and we were to see our vet before they ran out or earlier if we had any worries. She had to have half a tablet twice a day but he said that if we couldn't cut it in half we would have to give her a whole tablet! She weighed under 6lbs... we bought a tablet cutter on the way home.

We took her to our own vet after two weeks as she kept wetting in her sleep and we were concerned. He said epilepsy can be a sign of something wrong with the

liver or kidneys so she must have a blood test. She would have to be sedated and we were to take her in the following week. I queried giving pheno medication with a sedative which he thought was a good point, so he told me not to give the pheno dose prior to the blood test. On the day of the blood test she hadn't had a fit for three weeks. After we collected her from the vets she began fitting before we left the car park, the vet checked her and told us to only give Phenobarbitone if she kept fitting, I had to give it that afternoon. She was having a few mild jerks/twitches for a few minutes, about 4 to 6 times a day, half an hour to one hour apart, usually occurring as she stirred from sleep, but she never lost consciousness and she often stood during these episodes. The blood tests were clear.

Things gradually deteriorated so the pheno dose was increased to one tablet twice a day. I was updating the vet with full details twice a week. Things got worse and I was very concerned with the weekend coming up. My vet wasn't at the surgery so I had to speak to the other practice vet who told me to increase the pheno dose to one and a half tablets twice a day to get through the weekend and to bring her in on Monday for a check as she also had conjunctivitis which wasn't responding to treatment with antibiotics. This higher dose of pheno made her doped up and nauseous.

On Monday our vet said there was too much messing about with the dosage and we were to put her back on one pheno tablet twice a day. He asked me to describe the fits AGAIN and then he said "that's not a fit." I pointed out that the emergency vet told me she was having mild fits to which he replied "Yes, that's what Petit Mal are." He described a Grand Mal and said unless she had one I was to stick to the lower pheno dose and phone him on Friday.

Things got worse through the week and on Friday he said he wanted to try a different anticonvulsant and if that didn't work she would have to see a neurologist. She had a better night on Friday so I rang on Saturday and queried changing medication but was told to change it from mid-day Saturday. She was to have one quarter tablet twice a day. She was much worse that weekend and I had to call another emergency vet who told me to give her an extra dose.

On Monday my vet said to give her one quarter of a tablet three times a day. Then he said he'd really like to see her fits and would like her in for observation. I reminded him again that she was fitting at night so as he was on call over the weekend he wanted her in then. I was not prepared to put her through that ordeal so I borrowed a camcorder and filmed her. After watching the video he said he wasn't convinced she had epilepsy, it looked more like Parkinson's movements. He said she shouldn't have been put on Phenobarbitone in the first place! As the fits were so mild it was better to wean her off the drugs and he also said the tablets could cause the fits!

He then said there had been an oversight on his part as he had omitted to check her blood glucose level so she had to have another blood test, to be done the following week on Tuesday. I was very concerned about her being sedated again and was told it had nothing to do with her deterioration but they would try to take the blood without sedating her. Then they would wean her off the drug slowly by gradually reducing the size of the doses over a couple of weeks. He asked me to film her if she deteriorated.

My vet was on holiday so I saw another vet. I refused to hand my poor frightened girl over until all my questions were fully answered and I had been assured that every test possible would be done on this blood as when the vet checked the notes it was apparent there were more tests that should have been done on the first sample. The vet said fits were only a symptom of some scarring in the brain from whatever cause and fits weren't in themselves harmful. She said it was probably a tumour, even though she and the other vets said my girl hadn't shown the typical symptoms expected which would indicate a tumour. They managed to take the blood without sedating her and I was told to reduce her medication to two doses a day to give her a chance to recover from that day's trauma. I queried this method of reduction but was told this was the way it was to be done.

On Thursday the vet told me the tests were normal and I must move quickly if I wanted her to be seen by a neurologist. She said my girl should not have been put on Phenobarbitone at the start. She painted a very bleak picture and told me specialists might put my girl through some awful procedures which would only prolong the outcome, she thought she probably only had a number of months left, no more than a year and her condition would deteriorate. She said there were a couple of other things they could try but by then I had no confidence in that practice. I didn't want to put my girl through the ordeal of seeing a neurologist with all it might entail. I thought the best thing was to try an orthodox vet who used Homoeopathy.

After reducing the dosage my girl's condition worsened and the vet said I might as well put her back on three doses from the next day (Saturday) and let the (homoeopathic) vet take over. I got an appointment that evening with the (homoeopathic) vet and showed her the film of my girl having slightly worse fits but they weren't Grand Mal. She said it was epilepsy which could have been caused by vaccination. She gave me remedies and told me to only give the extra dose of Mysoline if she needed it. Everyone had stressed the importance of getting her off it.

She had a better day on Saturday but on Sunday it was extremely windy, which affected her and her condition deteriorated and she was very restless and began pacing as if on edge all the time. By the evening I think she had her first Grand Mal. I rang the (homoeopathic) vet who told me to keep giving the remedies at every fit and to take her to bed to reduce the stimulation. She settled and slept for one and a half hours but then she deteriorated, having Grand Mal fits every

ten minutes and crying. I rang the vet twice in the early hours of the morning and she instructed me to give increasing doses of Mysoline. I rang again at 7 a.m. to ask if it was time to end her misery. She told me to take her to the surgery and she would sedate her to give her a rest. The vet said her heart was OK and injected her with ACP which she said probably wasn't what my vet had used to sedate her. My little one only relaxed and succumbed to the sedative when we got home and I laid her on her blanket on the settee. I sat beside her and after four hours she started to come round and then she had a couple of short Grand Mals, then she slept normally so I allowed myself a little hope that she might be alright. Then she came round and went into the most horrific, severe Grand Mal from which she never recovered, her little heart couldn't take any more and finally she was at peace . . . . .

Eventually, we reluctantly said our final fond farewells and on that bright, cold, sunny February afternoon we laid our beautiful girl to rest in her favourite place in the garden, which we could see from the house and I placed soft pink camellias on her grave. We wished her a safe journey and a happy life at Rainbow Bridge until the time comes for us to be reunited.

I had nursed my beloved girl, day and night, for nine weeks and I would have done anything to help her. I read a book about human epilepsy to try to understand the condition better. I wrote to a girl who had owned and cared for three epileptic dogs and she sent me details of a canine epilepsy organization whose veterinary adviser was a distinguished veterinary neurologist. I wrote to them requesting information. I always questioned the vets throughout her treatment but as time went on I became increasingly uneasy, not from any medical knowledge but from gut instinct, but I didn't know where to turn, who could I see? What could I do? I felt helpless, I was in the hands of others and I didn't know what else to do. I had arranged for a healer to see my girl on the Wednesday but she died on the Monday before.

It is 10 years since the death of my precious girl. With time the pain and sadness has become easier to bear but it hasn't gone away. It took me a very long time to come to terms with the guilt, feeling that I had killed her myself because I had let them, 'the experts', do what they did to her.

Some time ago I watched a television programme about TV vets where one vet said "the public don't realise just how little we know" (or words to that effect). Another said that when he was unable to make a diagnosis he found it useful to say something vague about the part of the body involved and gloss over it. A vet was treating a snake and said he knew nothing at all about snakes but he administered an anaesthetic and when things weren't going right he *then* phoned an expert who told him he had used the wrong anaesthetic. I personally would have far more respect and confidence in a vet who was honest with me, one who would admit he was unable to make a diagnosis but would investigate further/research/refer to someone more knowledgeable, rather than one who

would just have a go, perhaps using one of the powerful drugs at their disposal with all the possible dire consequences! I would feel my animal was far safer in the hands of a vet who would put my animal's health, safety and life above their own professional pride!

**The oath taken by newly-qualified vets is 'to help, or at least do no harm'. I expect nothing less for my animals, all animals deserve that much!**

After my precious girl's reactions to her vaccinations my vet did not tell me about the Suspected Adverse Reaction Surveillance Scheme (SARSS) form YELLOW CARD which makes me question just how many more adverse reactions to vaccines/drugs go unreported thereby giving a false impression of the true extent of the problems. Yet another example of pet owners being kept in the dark. 'Misrepresentation via silence.'

Prescription drugs for humans must be accompanied by an information leaflet instructing you to read it carefully BEFORE taking the medicine. It gives details under such headings as: What is in your tablets? How do your tablets work? Who makes your tablets? Why do you need to take these tablets? What else should you know about your tablets? Can you take ????? with other medicines? How should you take ????? What if you forget to take a tablet or take too many? Does this medicine have any side effects? How should your medicine be stored? It clearly lists possible side effects but I and my friends have never been given any such information when the vet has supplied drugs for our animals. If it is considered to be so important for us to be made aware of all this information, plus if we are considered intelligent enough to be able to understand it, why, is the same importance not applied in respect of our animals?

Hindsight is a wonderful thing but it came too late to save my precious dog. When I look back now over her whole life I can clearly see the warning signs, but at that time I did not have the knowledge to enable me to recognise their significance and I was also still suffering from 'white coat syndrome,' i.e. believing that the expert in the white coat must know best!

A short while after the death of my precious girl, the healer, who sadly was unable to visit her in time, came to see me with her friend. They listened and understood the anguish I felt. They kindly lent me books, and gave me information about CHC . They were the catalyst that started me on my quest for knowledge to enable me to find 'A BETTER WAY' for all my future pets. I will always be grateful to them both for that and for their enduring friendship and support. I subsequently found a great deal of information about various aspects of caring for dogs including: vaccinations, diet, homoeopathy and other alternative health care and also dangers to avoid, which I subsequently shared with my friends.



Once I and my friends had read this information and given it very careful thought we then felt we were in a position to make an informed choice about what we considered to be the best ways to care for our dogs. Our dogs are unable to make these choices for themselves and we strongly feel that once we have made the momentous decision to take a dog into our homes, our hearts and our lives it then becomes OUR RESPONSIBILITY to care for them to the very best of our ability.

From the dog owners I have met personally, I have come to the conclusion that they seem to be made up of two different types of people; those who would say to me “well it’s only a dog, move on, forget about it” and there are others, like myself, who find that statement an absolute insult to dogs and their owners. We refuse to bury our heads in the sand, we won’t be seduced by the glossy sales hype put out by big businesses and organisations, we don’t accept anything at face value, we look beyond the surface and ask questions. I never want to have to go through any more awful experiences due to my ignorance. I believe knowledge is power and I continually strive to learn more.

My beloved girl entered my life at the very time that I needed her the most. It was the most difficult period in my life as I had to come to terms with a life-changing transition due to my ill health. She made me smile, she made me laugh, she lifted my spirits and she brought so much joy to my life. She helped the whole family with her delightful presence. She was my constant companion, we were a mutual adoration society and I could never have repaid her for what she did for me. She was snatched from me before her time, we were robbed of her old age but I give thanks for the most wonderful time we did share.

I dedicate this to Polly, my precious, gentle, loving girl, the light of my life, for it was her tragic suffering that led to my enlightenment. I will no longer be brainwashed by the so called ‘experts’ who are often driven by greed, I will trust myself. I know my sweet girl would tell me ‘please don’t vaccinate, use Homoeopathy and feed us, your devoted companions, a Good Healthy Natural Wholefood Diet.’

## **Ted**

I am the owner of Ted, a 10 year old Labrador. He has enjoyed a great lifestyle and the companionship of Chaz, my chocolate lab. Walked daily in the woods, fed well.

I have been alarmed by information that I have learnt in the past few days around vaccinations, particularly so in respect of Ted's recent struggles. He went to the vet for routine annual jabs and a check up on his front paw; he had been limping for couple of days; his chronic arthritis was referenced, and he was diagnosed with an ear infection as well as an infection in his foot for which he was given antibiotics. He had his annual vaccinations also.

On his return home after a late pm appointment he ate his dinner as always. However he became lethargic and 'off colour' as the evening wore on. He refused his bedtime antibiotic and even the piece of meat in which it was disguised and took himself off to bed. In the morning he was surrounded by diarrhoea, vomit and pools of bile. He was very listless and so he was immediately taken to the vet. He was kept in and put on a fluid drip, was given steroids and antibiotics and stayed at the hospital for five days in total. He continued to have blood in his diarrhoea, continued vomiting and we were told that he had got haemogenic gastroenteritis and that he was 'very poorly'.

Gradually he began to take small amounts of food and we were sent home with a 'light' diet and an array of antibiotics and probiotics.

Further test have identified campylobacter and a 415 enzyme level indicating pancreatitis, both of which combined the vet says caused his illness. My understanding is that indeed these are difficult diseases but it is the timing and severity that is confusing me. There is no doubt that the tests have indicated these issues but apart from his limp he had displayed no symptoms of either. Everything was normal as far as I knew. He has been fit and well with a good appetite, exercised daily and a normal weight. For all these things to manifest so quickly and in such a short space of time has left me very concerned that it was his vaccination that caused it all. But according to the vet the timing is pure coincidence.

This has led me to begin reading all the information that I can find around side effects of the vaccinations and this is how I have come across your writings. I am very frustrated and annoyed at what I have been reading. What is more there is absolutely no acknowledgement from the vet that it was anything else but pure coincidence and misfortune.

I am now asking if he should have been given the jabs at his age, alongside his foot infection, his arthritis and indeed did he need them at all for 'protection?' Could the jabs have compromised his immunity so that the campylobacter became significant? (I understand that the dog could have been a carrier of this with no symptoms.) Could the steroids have altered the enzyme levels to give the pancreatitis?

I know that you will have lots of questions from concerned pet owners on this subject. I am looking for a steer as to whether to pursue this further with the practice. I have an appointment with the practice head next week and would welcome an indication from you as to whether you feel that this could be a direct link with Ted's vaccinations.

Jackie Hurley

In a subsequent email:

We have just returned from visit to the vet regarding Ted. It was a positive meeting. He was very receptive to all the information and concerns expressed and did in fact acknowledge many of the issues I raised. He accepted all the documents that you forwarded to me and said that he would read them. (It appears that Ted was last given parvo only two years ago and he admitted that he should not have been given it this time anyway.)

I felt very confident and informed and I was able to respond in a way that I felt was challenging and clear. It felt as though there was nothing he could contradict in what I was saying.

I think you may understand that this has affected me deeply and I hope that in some way I have encouraged this vet to begin to reshape some of his thinking. I shall continue to talk to friends and colleagues about our experience with Ted and certainly encourage them to inform themselves of current info and concerns around the vaccination issue. At the very least it's about making informed choices for our pets.

And now to the guy in question: Ted. He is much stronger now and seems well on form, though he's watched like a hawk I have to say.

## **Xena**

I have just stumbled upon the CHC website as a result of having a very sick German Shepherd.

Two weeks ago we took Xena for her booster, she is thirteen months old. Two days after her vaccine she was extremely distressed and then her back end collapsed. We were extremely worried for her, particularly with her breed. She was rushed to the vet who thought the problem may be with her spine. She was given a shot of Loxicam and we were told to take her back the following day. During that night she collapsed completely and we really thought we were going to lose her. She is a big bouncy pup who is so full of life to see her in such a state was horrendous.

The next day we took her back to the vets and she was kept in overnight for x-rays, the vets thought it could be her spine or her hips. Whilst at the vets she was given morphine and Loxicam injections. To cut a long story short her x-rays revealed a fantastic set of hips and solid spine. The vet then thought the condition may be panosteitis, even though this did not show on the x-rays.

Anyway over the next few days she did not eat, we were supposed to give her Loxicam with food, which we couldn't as she would not eat. By the Thursday she had picked up a little bit but was still not eating much. We took her back to the

vets and were advised to give her the Loxicam so long as she was eating. On the Friday morning she had deteriorated rapidly again, she could barely breathe and was in deep distress. We took her back to the vets and her temperature was very high, her back leg had virtually given way again. She was given a shot of morphine and some Tramadol tablets for us to give her.

Over the past two weeks she has suffered from extreme lethargy, total loss of appetite, lack of concentration and interest in everything, excessive runny nose, constipation then diarrhoea and generally what I can only describe as depression. It is only over the last couple of days that she has started to come round and is now getting back to the dog that we know and love. However we do not know what the long term damage is, if any. When we took her back to the vets today the vet we saw kind of hinted, by mentioning Canine Distemper, that there could have been some link with the vaccine - obviously he would not want to drop himself in it!

It would be interesting to know if giving the booster injection and causing these problems in animals is another way of generating revenue for the vets and drug companies!

Melanie Bairstow

## **Puppy**

I sold a very healthy, bouncy mini smooth dachshund pup at 8 weeks, 2 weeks ago to a devoted, delighted new owner. She took her baby to her vet to be vaccinated aged 9 weeks. The vet who administered the injection was extremely rough and the pup screamed like no other and hasn't been the same since. Over the last few days he has gone from bad to worse, resulting in his being admitted to hospital this morning with some form of encephalitis/brain swelling. He is now painfully thin, and in a great deal of pain at any contact with his head and to a lesser degree, his neck and shoulders. One of the vets in the practice suspected that the injection had been put in too deep and in the wrong place - but overnight they have conferred and are now steering all conversation away from this. I attended the consultation this morning with the owner and as soon as the vet (the one who had administered the jab) realised I was the breeder, his whole demeanour changed.... We are waiting to see if a local hospital with MRI facilities are available today - this is their next suggestion. He even had the cheek to tell the new owner that he could not rule out Syringomyelia!! They really are grasping at straws and trying to wriggle out of any responsibility.

I'm not sure what you can advise/suggest - I just felt I needed to contact someone with knowledge and experience. Where do we go from here? This poor little dog, who trusted us to do the right thing for him now has his life in the balance, all for trying to protect him from disease.

The next day:

Unfortunately things were taken out of our hands today and after the MRI scan and spinal tap the puppy was put to sleep. The vet at the referral centre said in his opinion the puppy was probably born with encephalitis (congenital) and that he was a time bomb waiting to go off and that the vaccination must of accelerated it. I don't know how he can tell the difference between vaccine induced and congenital encephalitis and as lay people we are powerless to argue... The fact that the actual injection was so badly administered seems to be irrelevant (to them). As you can probably imagine I feel sick to my bones, as does his owner.

Sally Yard

### **Queenie**

Queenie was born in January 1991 and diagnosed with diabetes in April of 1995. She is a miniature American Eskimo and weighs 27 pounds.

Queenie received her annual vaccination shots right on time...I honestly thought she had to have yearly vaccinations. I am talking about distemper etc - the whole host of other shots that your vet will want to vaccinate against annually. Every year Queenie would receive a little card in the mail addressed to her ... Queenie have your owner bring you in as your annual vaccinations are due. Protect your pet against all of the diseases. HA!

I would immediately go to the phone and make an appointment and race to the vet to receive her shots thinking it was a necessity. Note: The first two years there were no problems. The problems started the third year of annual vaccinations and in my opinion she at this time became over vaccinated and should not of received booster shots.

Queenie would be healthy all year...take her into get her shots and immediately she would be ill within a week or so and we would be back at the vets for health problems. My husband said haven't you noticed every year you take her in for shots and she becomes sick?

Judy Dick

### **Puppy shot**

On Wednesday afternoon March 17th my litter of Portuguese Water Dog pups received their first vaccine, MLV Canine Distemper/Parvovirus at 9 weeks of age. I have followed Jean Dodd's recommendations for several generations, not vaccinating after the initial puppy shots.

On Friday morning I noticed one pup being a bit lethargic, but was not alarmed at that point. That evening the pup was still acting a bit lethargic and I took her temperature (normal) and checked her gums (slightly paler than her sibs). A few

hours later she felt warm and her temp had risen to 103.2. I decided to take her to the emergency vet. Her CVT was down to 12%. She received a transfusion on Friday night which brought her CVT to 18% and started on a low dose of Prednisone. By 2:00 pm on Saturday she was back down to 13%, by 1:30 in the morning Sunday down to 11% so received a second transfusion taking her back up to 19%. By Monday morning she was up to 21%, Monday afternoon, 22%, unfortunately Tuesday down to 20% then 25% on Wednesday and 29% yesterday. The plan is assuming she is up to at least 30% on Monday we will start weaning her off the Pred. She is acting like a normal healthy 10 week old puppy now, and I have been advised to never vaccinate her again.

While my eyes have been open regarding the issues with vaccines for many years now, your article certainly opened them even more.

I appreciate the research that places like Purdue are doing and the work you do in getting the information out, unfortunately it is scary not knowing all the damage these vaccines are doing to our pets.

Melinda Harvey

### **Anaphylaxis**

We have four mini dachshunds. Ages 16 months, two years, five years and seven years. This past Sunday I took the 16 month old and the seven year old in for shots. They both had Distemper/Parvo and Bordetella shots. We left and within two hours, the 16 month old started acting like he was licking the air...I called my vet and they said to bring him back in. We are 10 miles away and believe me, my husband and I were scared to death. His tongue was swelling up. He was breathing, but he was getting panicky and so were we. They gave him an IV injection that took care of the problem and then gave me prednisone to take home to give him for the next couple of days. The other doxie who is seven...he is a smooth coat, was fine. He has never, ever had any reactions, nor have the other two. But, about an hour and a half after we were home, the little guy's face started swelling up. So, I called the vet and they had me give him one of the prednisone pills, along with a Benadryl tablet.

My vet called me back later to see how he was doing. She said that they also put an alert on the file for a vaccine reaction and said they would give him a shot of something, I forgot what she said, before he has shots again and then we are to give him Benadryl before we bring him in. It is now two days later and he seems to be back to his funny, perky crazy self. This happened when he had his first round of shots as a puppy. His face just swelled up. It is so, so scary. I am already nervous about taking any of them in for more shots, but I know it has to be done. Just be aware and be prepared the best you can and talk with your vet about your concerns before the vaccinations. Maybe that will help to eliminate some of the possibilities of an awful tragedy.

Nancy

## Rehka

I have just been reading the article in the Daily Mail by Alison Smith-Squire regarding vaccines making our dogs sick. I thought you may like to hear about my problems with Rehka my five year old Doberman after she had her vaccine.

In September 2009 I was getting a new puppy, so I had not had Rehka and Joe (Springer) vaccinated. I thought I should get them done, as they had both not been boosted in three years. The vet said as it had not been kept up to date that they would have to give the full vaccine again. Thinking that I was doing the right thing I went ahead. The vet did the usual checks taking temperature, listening to heart and lungs and carried on with the first vaccination.

All was fine, we went on holiday so they did not get their second vaccinations until 3-4 weeks later (again my vet checked her over and all seemed fine).

A couple of weeks later I was stroking her and noticed that her lymph glands under her throat were very large and took her to the vet the next day where she noticed her lymph glands on her back legs where also up. She was in good form and was eating and running about fine. My vet rang the vaccine company and they said they had never had or heard of any reactions like this but said that they would be willing to pay some costs towards the blood tests and fine needle biopsy that my vet took. My vet also put her on a course of antibiotics to see if that would have any effect. The test results came back and they could not see anything from the small needle biopsy. I was so pleased.

Three weeks later they were even bigger. I took her back and said I needed to know what was causing this so my vet removed one of Rehka's glands from under her throat and sent them off to have a biopsy carried out on it. All this time Rehka was doing just fine and looked perfectly healthy. Approximately a week later my vet rang me with the news that Rehka had Lymphoma and that with chemo she may last as long as 9 months. I could not even talk to her. I had to ring her back, I just could not believe that this was possible, she looked and was behaving perfectly fine.

I went up and talked to my vet the next day, she had been speaking to the veterinary research college and they suggested chemo or Prednisolone. I decided I did not want to put her through chemo so we put Rehka on eight 5mg tablets a day to start of with and then brought her down to a dose of three and my vet also suggested I that I would try homeopathy and gave me the name of a vet who specialised in it.

Here we are six months later Rehka is still happy and healthy, and apart from always being hungry and drinking a lot, she is in great form. She is still on three Pred, two Cimitidine and Corioius (a type of mushroom that my homoeopathic vet

says they were having good results from), her Lymph glands are nearly back to normal, so I live in hope.

My personal opinion is that this is a reaction to the vaccine although the vaccine company says definitely not, that it was underlying and that it had nothing to do with the vaccine. I will in future have all my dogs tested before having any vaccination.

Elaine Smyth

## **Sage**

I wonder if you can help. I have a seven year old Collie bitch called Sage with various mental problems that started when she was around two years old - not long after a booster. It started with progressing fears with various household things - cameras, kettles, my husband's laptop, mobile phones - to name a few. Up till then she had been perfectly normal. When she started to try and dig her way out of a window, shaking with fear, we thought we had better see what was happening. She also has what I call absences - where she won't come near us and even seems frightened of us!

She had blood test which were all normal then we went to see a behaviourist who couldn't tell us what was wrong - she saw Sage's problem when she picked up a white board wiper and Sage freaked. We then were referred to a vet in Bristol where Sage underwent an MRI scan on her brain and a spinal tap - the spinal tap results were fine but on the scan one part of her brain appeared "ragged" where it should be smooth - that was three years ago.

Since then we have "managed" her problems - although we do forget now and then. Since her problems began I stopped her vaccinations but at the end of last year Sage had to have a booster to enable us to place her in kennels with the other dogs. Since then she has become progressively aggressive with the other dogs -sometimes snarling but starting a fight at times. She is fine when we are out walking etc... I find it difficult because one minute she can be snarling, the next laying with her tummy exposed and being submissive.

I don't know if this could be a vaccine problem and would be grateful for any advice.

Chris Kurzfeld

## **Anaphylaxis**

I recently lost my puppy (my baby) due to anaphylaxis caused from a vaccine. Although she was rushed to the vet immediately for proper treatment she never recovered fully and eventually died a horrible, lengthy (ten hours) death. She had several seizures, lost all peripheral blood flow and body temperatures as low as 96 degrees. The vet tried everything in her ability to save her, but had never seen something so severe.



It is my hope that my story can prevent the heartache for some other animal lover by letting people know of the dangers of vaccines. As well as letting vets know the serious effects that can happen so they are better prepared. I would hope that some test could be offered to see if the pet could possibly be allergic to the vaccine, thereby preventing any future loss.

The vet informed me that the severe anaphylaxis would have possibly resulted in neurological damage if she had survived. But given the choice I would rather have my baby girl back. Thank you for your time and hopefully a test could come soon if not already available. If it is available it should be mandatory.

Meredith

### **Melly**

My name is Robert and I just lost my baby.....Melly...my female Airedale puppy of 4½ months and I am so devastated.....heartbroken and yes very angry!

When I got Melly, she was eight weeks old and I took her to my vet of some eight years and she received her eight weeks shots on 11/16/09...the Polyvalent multivalent Distemper, Hepatitis, Parvovirus, Parainfluenza, Coronavirus, and had a faecal exam. The next set of shots on 12/5/09 were the same boosters in addition to the inhaled vaccine Bordetella...the vet also administered a heart worm pill the same day. The next set of shots were given on 12/28/09 and were the same five boosters. I was advised to come back on 1/16/10 for the final shots which were the same five vaccines in addition to the Rabies Vaccine.

On 1/28/10 we noticed that Melly slept a lot that day and didn't have a lot of energy. The next day she also slept a lot and seemed to be limping and had some eye mucus, we also noticed she had loose stools and some mucus with a small amount of blood in the stool....this was Friday evening and our regular vet was closed so we took her to the emergency Vet and they examined her and did blood work.....

The Vet said the blood was fine but she was running about a 1 degree fever and prescribed her Metronidazole for the stomach and we went home. Melly spent the night in bed with me that night instead of her crate beside my bed and was very lethargic.....in the morning she seemed to be limping more and with more fever (1/30/09) and her gums were very pale.... this is Saturday...

We took her to our regular vet and she was running a 105.2 fever and the vet said we would need to leave her and immediately put her on IV fluids and Penicillin. We left her all day and around 8:00pm that night our vet said we could come and take her home that her fever was down to normal and that she was hydrated.

When we got home she obviously didn't feel very good and seemed to not run but to "hop". She was in distress in her joints (or possibly this was caused from

the stomach....virus?) her stools improved some but the next morning (Sunday) we took her back to the vet (the vet met us at her office) and took her temperature and it was normal and decided against more IV fluids so again we took her home. Melly still didn't seem to feel good and act a normal puppy but she did have a good appetite (this is still Sunday 1/31/10) and was still not running....she again seemed to be stiff and to hop.

The next day 2/1/10 Monday I took her back to the vet and she was running a 1 degree temperature and the Vet thought she may have Panostenosis (puppy limp from long bone growth issues) and put her on Cephalexin 250mg times 2 a day. I took her home and she seemed to be getting a little better and we kept her on the Cephalexin. The following week she seemed to sleep a lot and I did research on HOD and Pano and found that both diseases were for the most part self-limiting and sometimes could take a couple of weeks to get over (I didn't know any better than to take my vet's diagnosis).

I kept a close eye on her during the week and she seemed to feel some better and always had a great appetite. On Monday 2/8/10 Melly just wasn't her self and I noticed that her gums were very pale. We immediately took her back to the vet and the vet pulled blood and her RBC was down to 15-16 and after she looked at her blood under the microscope she advised us that Melly had Haemolytic Anaemia and that her Red blood cells were clumping together. We rushed her to Georgia Veterinary Specialists where they confirmed she had Immune Mediated Haemolytic Anaemia.

Today, 1/14/10 - Monday - after seven days of hospitalization and some \$5500.00 for two blood transfusions, prednisone and cyclosporine, Melly is dead from vaccine mediated Haemolytic Anaemia.....this could all have been avoided!

I am so hurt.....so angry.....after some 300-400 hours of doing research.....I'm not so sure that the vaccines we give our dogs are not doing more harm than good. I found that these vaccines actually are credited with causing the very disease we vaccinate against as well as many hereditary diseases where the vaccines can actually do damage genetically! If Melly's story and our pain can help at least one person....then Melly didn't die in vain. My baby is gone and the pain is more than I can bear! Please, Please do as much research as you can before you let any vet put vaccines in your dog.....and Never Ever let a vet give Multivalent multiple vaccines with the Rabies Vaccine.....it may very well destroy the dog's immune system resulting in death.

Robert Grizzle

### **A form of epilepsy**

I am writing to see if you have heard of this occurring before:

A friend has a 5-year old German Shepherd. He was her competition dog, obedience, and doing very well. After a rabies vaccination, his tail developed a curl like a monkey's. Not long after both these occurrences he started spinning in circles and chasing his tail. Now the only way to keep him from spinning when he is stressed is to crate him. He has been on acupuncture, herbs, raw diet, detox, and chiropractic. Nothing has helped.

Are you aware of any other incidences of this and do you know of anything that has helped?

Paula

### **Rambo**

My beloved Rambo, a Yorkshire Terrier, was vaccinated on September 27, 2009 - Parvo/ distemper. He developed a large lump at the injection site. I was told by the vet to place cool compress and he should be fine. 21 days later my beloved companion passed away with AIHA/INHA (autoimmune haemolytic anaemia).

Rambo was 10 years old, very healthy and full of life. We went for our mile long walks daily. Never have I ever been informed of the danger and the possible reactions pets can have from vaccines.

At the time Rambo was vaccinated my two other Yorkies received the same vaccination. Both Pets continued to chew profusely - one on front leg, and the other hind leg.

I did get in touch with the manufacturing company and was informed this is a very very rare incident. After researching many many many hours on the Internet, I find this is not a rarity; it's only a rarity because veterinarians and drug companies choose to not report reactions.

My heart is broken. We think we're doing the best for our pets with yearly vaccines only to find out that we are causing an untimely death. I have forwarded this article to every person in my address book. I pray another pet owner does not have to go through the sheer gut wrenching agony that I had to go through watching my Rambo pass away.

Sharon Stanford

### **Nelly**

I have a beautiful Maltese puppy, Nelly, who is 14 months old, she had her first vaccinations at 10 weeks old, and 6 weeks ago I took her for her first annual booster.

She was given a shot that covered every vaccination necessary in one hit. At no point was I informed by my vet of any hidden dangers that could occur from

vaccinations and at no point was I advised it was at my own risk. Like most vets they tell you it is necessary and you are not made aware of any hidden dangers.

Two weeks ago my beautiful lively Maltese pup started walking in circles. This happened overnight. I booked her in the vets for the next morning and tried not to think the worst and if I am honest I assumed she had an ear infection as she has suffered with them in the past.

The next morning something wasn't quiet right with her face. It was almost like a stroke had occurred, on the right hand side of her face her vision had gone and also her hearing. She had also lost the ability to bite down on the right hand side of her mouth. It really was a pitiful sight she looked like she had brain damage. I took her straight to the vets and he advised me that there was no temperature present so ruled out any virus but after observing her walk on the floor he made a diagnosis of GME.

I couldn't believe what I was hearing, GME is an auto-immune disease that affects the brain, there is no cure and the prognosis is very poor. Dogs often don't live past a few days but at the very best a few months with this disease. Your own body cells start killing the good cells.

He advised me to take the normal blood tests, i.e., glucose etc. He never ran any toxic blood tests and he performed a spinal tap operation the next day. He took fluid from her spine to try and diagnose the condition and it seemed the fluid came back inconclusive. After this he booked her in for an MRI scan the following week.

To my sadness the scan showed up an "area". He confirmed GME (however you can never be 100% sure until autopsy on the dog). I asked for a second opinion on the scan so he sent it off to a friend of his that was a neurologist and Friday I got a diagnosis of NME (necrotizing meningoencephalitis). This condition is more aggressive than the GME and it kills very quickly. Nelly is now on steroids which have helped her and her vision and hearing has returned but this is just a temporary fix that keeps the fluid off the brain. The illness is going to take over very soon and there won't be much anyone can do.

I asked my vets how could this happen that my healthy dog who walked two miles the day before she fell ill, his answer was "no one knows". Well little did I know then but I linked this condition back to her having jabs six weeks ago. My vet would not say that it was possible that Nelly received an immune system illness just after having jabs (vaccinations give doses of illness into the dogs so the immune system so the body can attack them). Well that has sent her immune system into overdrive and her body now doesn't recognise bad cells from good cells so effectively her own good cells are attacking her brain.

The vets wont take any responsibility because the bottom line is it all comes back to money. If you start scaring people with the dangers most people would not go ahead with them. This would then make a massive decrease in their annual profits and perhaps not so many animals would fall sick. I have currently spent £1700 in one week at my vets so how many other hundreds of dog owners' pets are falling sick and not linking it to the vaccination?

I feel very strongly that as pet owners we are not being warned about the dangers of vaccinations and at no point do our vets warn us of possible side effects when they really should advise us that we "do it at our own risk". Why are parents given that option when they vaccinate their children but we are hidden from the dangers yet we pump our pets with dangerous viruses unnecessarily? I have since found out from this website that the Distemper vaccine can last up to 15 years yet we are jabbing our pets every year... why? Because of money for all these big companies.

Sadly I am going to have to put Nelly to sleep, I can't begun to tell you how many tears I have shed over this. This illness is aggressive and because of this killer of a disease my poor little pup has had no chance of life. I pray that anyone who reads this will really investigate exactly what they are risking before going ahead with so called "vaccinations" I hope you never have to see what I have with what NME does to an animal. It really is a wicked illness.

Vicky

## **Monty**

I sent you a letter a couple of weeks ago about my dog and issues around his illness and vaccination. I now have more information which I think will be of interest to you and for which I am also seeking advice.

A brief history:

Last year my dog Monty was suspected by the university hospital in Glasgow of having disc disease. Since he was ok at the time, having been on steroids, no investigation was undertaken. I was advised to reduce the steroids and return for an MRI scan should symptoms return. Eventually, the symptoms reappeared and slowly worsened. My local vet claimed not to have received a letter regarding the outcome of the hospital consultation, did not follow this up, and did not act on the neurologist's advice in his treatment of Monty. In addition, while Monty's symptoms were worsening and a raised lymph node was found and the possibility of lymphoma suggested, my local vet proceeded with Monty's annual vaccinations - a triple live vaccine plus one for Rabies.

Monty rapidly deteriorated and I had to get him back to the hospital myself. An MRI scan was undertaken and GME was diagnosed - (granulomatous meningoencephalomyelitis) - Monty had inflammation in the spine, neck and brain. He was started on chemotherapy and steroids which continue to this day.

He survived, but his health is seriously compromised.

In retrospect and in undertaking some research, I became unhappy with the treatment of Monty by my local vet - principally about the fact that I was initially referred to the hospital but that the outcome of the consultation was then ignored, as well as the fact that annual vaccinations were administered while symptoms of a possibly serious illness, including potentially of lymphoma, were present. As it turns out, lymphoma was not the problem but another very serious immune disorder, which I believe was dramatically worsened by the administration of the vaccine. I believe that Monty's health would not be as seriously compromised as it now is were it not for these clinical 'misjudgements'.

I wrote to the RCVS about these issues, to the department of professional conduct. Their very prompt reply was that the issues I raised were not matters relating to professional misconduct, or that they are not "serious enough" to be considered so. My complaint will be copied to the vet concerned, so at least my concerns will perhaps be reflected upon by him and future practice amended. I am, however, keen to take the matter further. I am finding it impossible to accept that the clinical judgement of the local vet was acceptable, either in Monty's case or for any other animal. Could you offer me any advice as to how I could take the matter further? How, for example, could I highlight the case with regard to the issue of vaccination? Also, do you know of any solicitors who deal with veterinary negligence?

Any advice you could offer me would be very greatly appreciated. I have undertaken a lot of research in dog magazines and on the internet regarding nutritional support and holistic treatment for my dog, but any pointers you could give me in this would also be really welcome.

Thank you for your time and I look forward very much to hearing from you.

(In another email):

I wrote to the RCVS but they assert that they do not deal with issues of "clinical judgement" unless they are "serious enough" to warrant the vet concerned being struck off - they do not consider this to apply in my case. However, a copy of my complaint will be sent to the vet concerned. It is wholly unacceptable that there is no ombudsman.

I could have spoken to my local vet directly but obviously it is a delicate issue and he was also extremely rude to me. (I have, of course, changed practice).

You may understand, from your own experience, how badly this whole experience has affected me, as well as my dog (he is only eight years old). I am struggling to cope practically and emotionally. In addition, I simply cannot let the issue go. I just cannot find it in myself to 'accept' what has happened. I find it

totally unjust, not just for Monty but for any animal. Although I realise that it will take a lot out of me I definitely want to pursue the issue.

(And later):

You may remember our correspondence from way back last year and you also very kindly sent me your book. I am writing to you again because my beloved dog recently passed away from the illness that was induced from the vaccinations he had in 2007. I was wondering if you knew of any pet bereavement support groups or networks that I could contact, particularly ones which deal with pets taken due to negligence or incompetence.

My grief waxes and wanes but it is very difficult to bear and I feel that I could benefit from some support.

You may also be interested to know that I am reopening my complaint to the RCVS about what was done to my dog because I would like some acknowledgement that it was unacceptable as well as to perhaps safeguard other pets.

Margaret

## **Yogi**

In July I took my two dogs to the vets to get a kennel cough vaccination. My nine year old dog 'Yogi' came down sick the following day and I called the vet. He was lethargic and very quiet, hiding out in his kennel and not wanting to come in the house which is very unusual for him.

He seemed better the next morning and I went out to do some shopping and when I got home that night he was making the strangest sound as he struggled to breathe. I called the vet and put the phone close to the dog for her to hear and she said he has something stuck in his wind pipe and we needed to operate immediately and bring him in, which I did.

On the way to the vets he was struggling so much I had to reach over to him to calm him down whilst driving and smashed up my car. It was still drivable so I just kept going to the vets.

I stayed with him till 6am on the floor of the vets to help calm him. She took X rays and saw that his wind pipe had totally collapsed. She sedated him and we put cold water on him to cool him as his temp was very high.

The clacking sound was still there when he breathed hard or got excited so we really had to keep him sedated until the hospital opened at 9am and my husband, who had to come back to Glastonbury from work in London to help me with this, to drive him to Langford Animal hospital near Bristol.

He was shaved to keep cool as he is a long haired dog, an American Eskimo, put into intensive care and treated and tested for congenial diseases, tropical diseases, Hawaiian diseases, snail bacteria and fox parasites, because our dogs had just come from Hawaii about eight months earlier. But they had both been tested and had a clean bill of health to be able to travel through quarantine.

Nothing could be found to be to be the cause, all the tests came back negative for the cause of his adverse reaction, so the vet said the vaccination was suspicious ..... But only after me prompting him by saying my dog has never been sick a day in his life he had a vaccination and almost died.... don't you think its got something to do with the kennel cough vaccination?

The bills came to approx 2500 pounds. Some of which I still haven't paid because I wanted the drug company to pay.

Today Intervet called me and offered us 1000 pounds towards the bill and take no responsibility for my dog almost dying.

Yogi has recovered but seems to get diarrhoea now out of the blue and had a cough two weeks ago but not a bad one. Generally he's doing alright.

Our other dog Bodhi, a five yr old Siberian Husky, got a cold and was sneezing a lot and wanted to be by himself for a day but that was he extent of it.

I'd appreciate any help or suggestions as to where to go with this from here as I told Intervet not to insult me with their pittance of an offer.

Ann

### **Too much to bear**

We exported a beautiful Rottweiler puppy bitch, pick of litter, to good friends in the US in 2005. She was extremely fit and healthy, fed on a mostly raw diet. She had her first jab at 6 weeks, rabies jab at 7 weeks and the 2nd puppy jab at 8 weeks, then she was shipped over to the US with no ill-effects. Sadly, at the age of 7½ months old, she simply laid down, went to sleep, and never woke up again. Her owner was heartbroken. When my friend rang me, I answered the phone, and she just couldn't speak. Somehow, I immediately knew it was Deb, and something was terribly wrong. She eventually pulled round and told me what had happened.

As you can imagine, we were devastated also. I could not believe such a healthy puppy had just laid down and died. A post mortem was carried out and all we gleaned from that was they could see no reason why she died, it was simply a case of heart failure. We panicked and had our Bitch heart-tested over here, in the UK and she came back 100% healthy and our vet saw no reason why we shouldn't breed from her again.



After much deliberation between ourselves and Deb, we thought this terrible tragedy was a 'one off' and we decided to send her another puppy from the next litter. Same routine ensued, puppy jabs and rabies jab given and this time, I actually flew out to the US with the puppy. Now, this was the same Dam but a different Sire. Can you believe the same thing happened again???

At the age of 7½ months old, this puppy bitch, again, laid down and went to sleep and never woke up again. We were even more shocked than the first time. I cried buckets on the phone to Deb and in private, in fact, I still do have tears when I think of those two beautiful puppies having their lives cut short so tragically, it has deeply affected me and my friend in the US.

This time, Deb sent the puppy away to have every test imaginable done on her to try and find the cause of her death. As before, they simply stated it was heart failure.

Deb spoke to the Professor on the phone and he said off the record, it was probably a reaction to the rabies jab but he wouldn't be prepared to make this statement publicly. Deb did so want an Import from the UK so then took one from a friend of mine with close lines to my own breeding and she sought special dispensation to be able to bring the puppy into the US without a rabies jab. The puppy is now 2 years old and the picture of good health, and has never had a rabies jab yet, she is too frightened to give one.

Well, this was enough to set me on my research of vaccines. I know enough now that I will NEVER EVER have any of my dogs vaccinated again.

Deb did bring over the paperwork from the testing she had done on the second puppy for me and I have it here at home. I was wondering, would you be interested in reading the report and perhaps you could make better sense of it than I can. I did show my vet who simply said the puppy had died of heart failure and was nothing to do with anything else. I now believe differently, and truly believe that the Rabies jab or the combination of all 3 jabs sent the puppy's immune systems over the edge. I now recommend to my puppy buyers if they are going to vaccinate the puppy, to at least wait until the puppy is 12 weeks old. Some buyers followed this but many didn't and, many of them have the problems you and others talk about as being vaccinosis, like immune problems and skin and allergy problems. I know what I blame for this!! One poor puppy even had a tumour growing on the site of his puppy vaccinations which had to be removed. Thankfully he has been okay since.

We bred the last litter from our Bitch late last year and we kept a male, he is now nearly 8 months old, unvaccinated, fed raw and he is simply the healthiest dog we have ever owned!

Victoria

## **Rhett**

Rhett, died at age 14½ due to kidney damage from a vaccination at age 13 (the old Booster Update game). He had fever, was treated for anaphylactic shock; passed out twice (10 second intervals) within two weeks on daily walks and experienced a spiralling down of health until euthanasia was the only alternative due to kidney failure.

Fred Fulcher

## **Tommy**

We would like to inform you of the recent experience we have had with our six year old Doberman dog following his Booster. Tommy was in excellent condition and was a Champion show dog who was Top Doberman in the UK 2000.

In May 2002 we took Tommy to the Vet for blood tests to see whether he needed his Booster and the Vet advised we should give the Leptospirosis vaccine as this was safe and would definitely be needed. On his return home, Tommy was very quiet and went and lay upstairs on his own. When we tried to get him to come downstairs, he had problems getting up off the bed and was uncoordinated. He then tried to get on the bed in the other bedroom and when we tried to help him, he fell back screaming in pain and could not move.

We immediately took him to the vets who kept him in for the day on a drip saying he had inflammation of his entire body and this was a known reaction to the vaccine. He seemed much better by the evening so they said we could bring him home but he deteriorated again, collapsed on his back end, wedged under the furniture and was screaming in pain. We rang the emergency vets who said to rest him and give him Metacam. We sat with Tommy throughout the night and we got the vet out first thing Saturday (the next morning) and he was given morphine and carried out in a blanket to be returned to the vets.

Over the next few days a myelogram was done and the pictures sent to a specialist and surgery was performed on the following Tuesday. One of Tommy's discs in the pelvic region had completely blown apart and there was massive haemorrhaging. The surgeon said he had never seen anything like it. Over the weeks and with physiotherapy, acupuncture and swimming Tommy had improved and was standing and sitting and seemed to be making a slow but constant recovery.

Tommy stayed at a specialist vets in Fleet, where he was swum every day and the treatment could not have been better. We then started to bring him home weekends and had him home for the last week with his daughter Leila, taking him back for swims every day. Throughout this time, Tommy was always in high spirits and was getting up onto his feet and attempting to move.

Unfortunately, over the last week, he started to deteriorate and was becoming less able to get around. We arranged for a consult with the surgeon on 1st August (unfortunately his 7th Birthday) and it became apparent after various tests that his nerve damage on the left side was too extensive and he would never be able to progress any further. We then had to make the terrible decision to let him go and not prolong the situation. Tommy had been a wonderful patient, endearing himself to all who met him and his willpower had been phenomenal. He will be sadly missed. The vets have reported the reaction to the Veterinary Drug Board who are looking into the matter, which we hope will stop another animal having to go through the same trauma.

We hope this information will help with your fight and should you require any further information, please do not hesitate to contact us.

Sue and Zoe Lewsley

### **Proceed with caution**

Two weeks ago we euthanized two beautiful, healthy German Shepherd pups. After discussion vaccination pros and cons with two holistic vets we decided on an alternate schedule of parvo and distemper and delayed the first parvo shot until they were 9 weeks old. After the second distemper shot two pups developed high fever within 12 and 24 hours and suffered from failing health for two weeks with a variety of symptoms like diarrhoea, lack of appetite, depression, weight loss. It all culminated in cluster seizures and after the most horrifying 24 hours of our lives we had both pups euthanized. Of course the vaccine manufacturer denies any connection with the vaccine.

The third pup got sick as well but not as severe and recovered.

Even though we don't have children, it is not too hard to imagine the horrible pain a parent must go through to lose a healthy, happy child because of a mandatory vaccine.

Gitta Vaughn

### **Lumps**

I already feed my dogs BARF/ Raw diet and have now got a GSD that doesn't throw up every day or have diarrhoea everyday because she just couldn't eat the commercial diets and also she can't eat the 'sensitive / allergen free diet' either.

I have had dogs react to vaccines where they get a massive lump on their neck that stays for about 2 weeks post vaccine. So have decided no more vaccines for my canine friends. My cats are not vaccinated either. Salem had his when he was a baby but not had any since. Luna has not had a vaccine ever and is a very healthy little cat. I once had a cat who had been vaccinated that went on to get cat flu anyhow.

I studied pharmacology for a module whilst at university - so when vets say vaccines are only effective according to manufacturers for 12 months I know it simply isn't true. When you have antibodies they simply don't vanish after a 12 month period never to be seen again... this applies to both human and animal – it's the way mammal's immune system works... hence why it is important for mammals to get colostrum from their mums and get some antibodies that way.

The only trouble with not having vaccines done is that the animals can't go into kennels if needed ... however I do have a nice friend who will come and pet sit !  
Julia

## **Mickey**

I have a 5 year 6 month old Chihuahua male dog named Mickey. On 16th February of this year I had his annual inoculations at my local vets. I was informed by the vet that he was due his rabies inoculation so as to stay in the pet passport program, as it was two years since his last rabies vaccination. I have since found out that I could have waited another year to have the vaccine.

Nine days after the vaccines, my dog became very ill with severe gastroenteritis in which his faeces was full of blood. I took him to the vets who prescribed him antibiotics and the condition cleared up after five days. Mickey never fully recovered after this and seemed to be tired and a lot quieter than usual.

Two weeks ago Mickey had contracted traumatic conjunctivitis which cleared after the vet prescribed eye drops. The morning of Thursday 2nd March, I noticed a huge change in Mickey, he started to cough and seemed like he was choking. I also noticed a drop in his energy and he laid down and did not want to get up.

Over the next few days his condition seemed to worsen and by Sunday 5th March, he did not want to walk and his jaw was hanging and his tongue was constantly hanging out of his mouth. He could not close his mouth and he could not chew anything. I took him back to the vets who diagnosed an intestinal problem. She prescribed antibiotics and gave him a shot of anti-inflammatory and antibiotic. The next day his condition had worsened and first thing Wednesday 8th March, I took him back to the vets and told them it had to be something affecting his brain. They did x-rays and blood tests and then I got a referral to a neurosurgeon.

Mickey had an MRI and a CSF, on Thursday 9th March, which showed that he most probably has inflammation on the brain. There was no sign of tumours. I noticed when talking to the neurosurgeon that she kept asking me specifics of Mickey's inoculations and she informed me that if he is to survive that he can never have another inoculation as this could send him into relapse.

I questioned if the inoculations that he had at the vets could have triggered this illness which he now has and she said it is a probability. I have researched topics on the connection of inoculations and serious problems occurring from them and have tied in dates and symptoms to the inoculations.

Mickey is currently at the RVC where they are awaiting to see if he responds to steroids to suppress the inflammation to the brain. I do not want him to be dependent on the steroids as I know that this can cause long term effects. Would you advise me to what I can do to rid the toxins of the inoculations out of Mickey's system and also how I can support his immune system and how I can pair homeopathic treatments with the steroids so that I can get him off the steroids quicker.

Myca

### **Bene**

I just finished reading your article regarding pet vaccinations. I am searching for answers for our family; we recently lost our five year old companion Bene to lymphosarcoma after receiving his vaccinations. He was healthy as far as we knew at the time. We had moved and had a new vet and location, which did not go well at the time. Almost as if Ben was trying to convey a message to us in retrospect.

His brother Buster is somewhat lost without his sidekick. It happened so fast and now he is gone. We so want his life to stand for something. He was such a great dog, very intuitive, very consoling during a stress-filled time of our lives. We miss him so much.

I realise that we, as you, are one of many. What can we do? Thanks for listening and doing this important work.

Joan

### **Max**

My 12 year old male Bichon Frise has AIHA. He has had four bouts of this over the past six years of his life. He has survived each episode with transfusion, prednisone, and now cyclosporine. He contracted this shortly after a booster vaccine and now even his vet acknowledges that this probably is what caused his disease.

Max seems to be doing well now. My question to you is: Is there anything I can do to mitigate the effects of the vaccine... any substance that will wipe out any vestiges of it or erase the memory of it in his immune system? He hasn't been vaccinated now in six years (thank God!) and his titer is quite high.

Bob

### **Have you heard of similar reactions?**

A friend has approached me as she knows my interests in all things dog and their wellbeing. She has had her seven year old Dalmatian boosted. A week to ten days later the previously hitherto healthy dog is a wreck. He is urinating, has diarrhoea and the vet told her he thought the dog had got hold of cocaine! The dog is now on a course of steroids to try and stabilise his condition.

Have you heard of similar reactions? The desperate owner is trying to find more out about it and how to help the dog but is not finding any information that is of any help. Just wondered if you could point me in the right direction so I can pass on something that may be of help

Naomi

### **Just not himself**

Last October my five year old German Shepherd had a reaction to his yearly booster vaccination, resulting in the formation of a golf ball-size lump over the site. This took about 2-3 weeks to eventually recede. Since that time, he has not been himself at all, with skin allergies, de-pigmentation of his lips, and generally appearing depressed compared to his previous temperament.

I am now very seriously considering no more vaccinations for this dog, as I feel they will be extremely detrimental to his health. I would so much appreciate your opinion if you would be good enough please.

Marlene, Australia

### **Trekkie**

I read your article on the web last night and was so shocked to hear that annual booster shots could be causing my twelve year old Papillion, Trekkie, to have AIHA. She was rushed to emergency this week and she has had to have transfusions and Prednisolone. We are all hoping for a miracle but the vets all say the cause is idiopathic.

Please, please let me know what the best course of action is if I don't have her vaccinated every year. I have another Papillion boy who isn't sick but he is seven and apparently boys are less likely to get AIHA.

I initially questioned the side effects of Frontline Plus, but all the vets here seem to think it's ok. However, no one has even brought up the subject of vaccines doing harm.

Looking forward to more insights on what I should be doing. Should dogs only be vaccinated every 4 or 5 years? Should they go to a homeopathic vet? I have

contacted a local homeopathic vet, and we will now see her for their annual immunity tests and other care issues.

When I raised annual vaccines as being the cause for haemolytic anaemia with Trekkie's vets, they said they had read the literature but there was not enough evidence against vaccines.

### **She was alright last year**

My Golden Retriever who is 2½ years old had the Lepto booster yesterday and this morning she was shivering, did not eat her breakfast, and hardly moves. She is very stiff in the back end. She had the same booster last year and had no reaction. This morning at 9am the same vet has checked her over and has given her an anti-inflammatory injection, and I have to phone him at lunch time to see how she is.

I am so wary of the whole booster as we lost an 18 month old black lab as she had a fit two days after the injection and the vet calmed her down with an injection and she never recovered. They say she had eaten slug pellets, but we knew there was no way she had got hold of them.

We do use a kennel and they insist on this booster and she goes shooting. What should I do? How long do the side effects lasts?

Claire

### **Albert**

I have six poodles - five standards and a toy. In the 30 years or so that I have kept dogs, I have always had them vaccinated and had the annual boosters without problems, until two events in the last year.

Just over a year ago, the then four dogs went for their annual boosters. Two weeks later, after a day's grooming and a day's showing, I was stroking my dog's face and suddenly felt a lump on the cheek bones that had not been there just a few hours earlier.

At first I thought he had been stung, but it didn't go down and a trip to the vets the next day gave us antibiotics. Over the next 4-6 weeks the lump went up and down with three courses of pills. Eventually we had surgery, thinking a foreign body such as a seed was in the pea sized lump, but I was shocked to discover it was a lymph node.

We had our boy tested for lymphoma which thankfully showed no indicators. He has been well all year but I will get him tested again to be sure before I breed with him.

Then two weeks ago we did the year's round of boosters. My big lad has been ok so far, but our younger boy who is 16 months went on to have a massive fit (I have seen fits in dogs before so I know it was a big one) almost two weeks to the day after the jabs. Thankfully he has been fine since, but it was scary. It may of course be coincidence but I am now planning to use the homeopathic route next year. Do you have a view on this, and does this mirror other experiences?

Elaine

(Later):

Thanks for coming back to me. Albert had a further three massive fits last Wednesday - a week after the first one, and had to be sedated.

He is now on epiphen and we have had a seizure free week so far. So we seem now to have a definite diagnosis of epilepsy, but the vet will not acknowledge any possible links to vaccines and has suggested I continue to boost my dogs in future years as not to do so would be irresponsible. I get on really well with her, but this is advice I am likely to ignore.

Bran's lump may have been a coincidence, but Hanna Painter at Poodle's in Need Rescue lost her standard boy with a cancer at the vaccination site that came up soon after a booster.

Elaine

(Once again):

You will remember us writing to you about Albert, our poodle boy who started fitting after his first booster. Sadly we had to have Albert put to sleep two weeks ago after he went into a chronic seizure cluster. He had 11 fits at home in spite of two tubes of rectal diazepam after their onset. He was still fitting on the way to the vets, continued in seizure on the table, and clearly had continued fitting in spite of IV Valium, etc through the night.

He was very flat the next morning and was still having mini fits, and I decided to do what I felt was best for him and let him drift away peacefully in my arms. He lasted just six months after the onset of his epilepsy, two weeks after his booster. It has broken my heart.

Thank you for your kindness and support along the way.

Elaine

### **More seizures**

I live in California, and my nine month old Welsh Pembroke Corgi had a reaction after her DHLPP. She was 4½ months at the time and it was the last in her series. Her face swelled and so did her mouth so she was put on an antihistamine and was fine a few hours later. Then she had her rabies at six months as required by the state here in the US. Two days after the shot I noticed her wobbling and



acting drunk and then she fell down and was in a coma like state. I took her to an emergency vet and they said she had a seizure and it could be a possible porto systemic shunt.

Four days later another episode, so she was taken in for blood work and a bile acid test. Her bile acids were 44 so we suspected the liver. She started having episodes every 72 hours.

I took her to UC Davis Veterinary Hospital and they performed an ultrasound and scintigram and her liver was fine. The only find was her lymph nodes were all swollen. They referred me to neurology.

They performed an EEG, MRI and spinal tap and she passes with flying colours. I have suspected the vaccine all along but no one here seems to think so and it's driving me crazy.

I now have her on a raw food diet and a holistic vaccine detox formula. She hasn't had a seizure in five days but she has developed a large knot on the side of her face beside her eye and one on her nose. Is she detoxing the vaccine? I've put her through so much to find a diagnosis and no one knows what the problem is. I even contacted a psychic and she said it was vaccine overdose. What should I do for my puppy?

Jill

### **Milly**

I run a canine carrier business and have been involved with local people requiring transport to vets, kennels, holiday destinations and also picking up dogs coming from Ireland and put into rescue centres in the UK.

I took a German Shepherd, a three-year old, owned by an elderly couple in their eighties to the vets for her annual booster. I know this veterinary practice, we were seen by the senior vet.

It turns out this dog has been on prednisolone 25mg every three days for an abscess. When this vet asked why their dog was on a course of steroids, and they explained why, he then told them that it would not be suitable to administer a vaccine if the dog was not 100% in tip top health.

I was delighted to hear this, but blow me down, he then explains again that he would vaccinate Milly but be aware of his warning. Needle goes in and this poor retired couple didn't understand what he was talking about. Makes me sick, but I have to bite my tongue, I did though on the way home tell them to think carefully about another jab in a year's time, as she will not require any more.

The reason for me to tell you this story which happened recently is how still vets are ignorant as to the real effect of vaccine damage and do not wish to know.

Lisbeth

### **Vaccine damage is not species-limited**

I run a rescue centre in the North East. I had 21 cats vaccinated with the same batch on the same day, in November. Within 7-10 days, all 21 cats became ill with cat flu. One died. Two were on a drip at the vets for three weeks. All 21 were seriously ill.

Swabs have been taken, and it seems that it is a virus that is present (as an inactive virus) within the vaccine which has caused the illness. Still awaiting 100% confirmation. The vaccine manufacturer has offered to pay the veterinary costs for the affected animals, but the £2-3 grand which the treatment costs is a drop in the ocean to a multi-million dollar international drug company. Our vets have been 100% supportive throughout.

Jan

### **A constant stream of anecdotes**

Please note that Canine Health Concern has received hundreds of communications like those above over the years. We are well placed to see the repetitive nature of these anecdotes. It is clear that veterinarians are not adequately trained to recognise vaccine reactions, and that although the cause and effect is fairly clear if one understands the potential adverse effects of vaccines, the SARSS scheme isn't going to pick up most of these cases.

Vets also seem to be largely unaware of the DOI studies, and therefore vaccinate animals when no vaccine is needed. Similarly, the licensing requirement, viz., "only healthy animals should be vaccinated" is repetitively ignored.

## 2. Animal owners or guardians

I am acutely aware that very few dog owners will read this document. I am aware that we are shouting into the wind.

Quite often, well-meaning supporters come up with ideas that might help us get the message out to dog lovers. They suggest that we organise dog shows, or go on twitter, or write to a certain scientist or a celebrity for their support. They don't realise that there are only two people running CHC; that we have already tried most things over the years, and that we lack the time and the resources to do any more than we are already doing. Importantly, very few people realise that there is an entire system of vets, legislators, animal welfare charities, and the pharmaceutical industry keeping annual vaccination as the norm.

Yet this document has been written as an appeal to the VMD and the government, and to try, once again, to find a way to get the dog owners to understand why their dog is a political issue, and why this affects their dog's health.

Many years ago, in the early days of Canine Health Concern, I spoke to the features editor of a national woman's magazine in order to interest her in a story to raise awareness of vaccine reactions in dogs. She advised me that, "Our readers want pretty fluffy stories about pretty fluffy dogs. They don't want to hear this sort of stuff. We maintain our readership in the millions by giving our readers what they want."

Similarly, highly paid and successful advertising copywriters understand that advertisements sell best when you "tell prospects what they want to know, not what they need to know". Analysis of any of the advertisements selling into the pet product market will confirm this to anyone who cares to look. High budget pet food advertisements (where a professional copywriter has been involved), for example, are all pretty pictures with meaningless but warm and fluffy strap lines. They don't tend to address the reason for food, namely the health-giving properties.

In many ways, the veterinary vaccine industry has been quite courteous and gentlemanly towards CHC. I am sorry to say that pet owners, on the other hand, have been the source of the most heartache and frustration. It is hard to get dog owners to look at information that could make a difference to their dogs' health. Thousands of years ago we decided that it would be a good idea to nominate tribal elders and put them in charge of the decision making. We have systemised the abdication of responsibility.

Most people in society want to hand the decisions and the responsibility over to someone who has put the work in for them: the 'experts'.

In its position paper, the VMD wrote:

**Advising on the correct vaccination course to follow is not an easy task as a routine programme of vaccination may require adaption to the local epidemiology of the various diseases to provide the best health security. It is right therefore, that the decision is taken by the animal owner following discussion and advice from their veterinary surgeon.**

In order for the animal owner to make sense of the complex issues surrounding vaccination frequency, they would need to be more knowledgeable about vaccine risks and benefits, and duration of immunity studies, than the average veterinarian. As we shall see later, vets are being systematically misled by their training.

Internet discussion groups are full of statements like this:

**“I would never forgive myself if Trixie died of parvovirus just because I didn’t give her an annual shot.”**

**“Ben has a cluster of fits every year after his annual booster. The vet says the cause is idiopathic, but that he is more susceptible to disease than dogs who don’t have fits, so we give him an injection to help reduce the severity of the reaction.”**

Pet owners are perhaps expert in sharing their lives with their dogs, but they are rarely trained scientists. They have difficulty in doing anything other than accepting and submitting to the advice that is given to them by veterinary professionals, and to listen to the messages created and disseminated through expensive marketing campaigns.

In order for animal guardians to have informed consent, they need to be told – by those in authority, such as vets or the VMD through an informed consent information sheet – what the risks and benefits are. These must be truthful information sheets, based upon the known science. They must not be biased in favour of vaccine sales; they must not minimise the risks.

If, as the VMD asserts, animal owners are to be involved in the decision process, they need to know what they are signing up to, and paying for – before the animals have a vaccine reaction, and not after.

### **3. Breeders**

Fingers of blame are typically pointed towards breeders, who – to be frank – are at the bottom of the pile as far as power and authority go. Breeders are individuals and couples who, for the most part, love their breed, and who go to great lengths to produce show-winning, healthy, dogs. They are usually horrified and confused when the dogs they breed suffer vaccine damage. Most of the time, they don't actually know that it is vaccine damage.

It is easy to point the finger of blame at breeders. But it isn't necessarily just.

Please note that the author of this report is not a breeder, and has never been.

Breeders are being let down by the Kennel Club. The KC encourages its members to over-vaccinate their friends, and turns its back on the evidence that vaccines and commercial pet food are causing harm.

It falls to every individual who loves the dogs to understand the truth, and to stand alone if necessary in order to uphold that truth.

#### 4. Pet food manufacturers

Nutrition is the basis of immunity and health. The pet food industry is another multi-national, multi-billion industry. With its ability to advertise, launch PR campaigns, attend exhibitions, hand out money to animal charities, and sew up the distribution channels, pet food manufacturers could easily be selling our dogs garbage to eat and we would be inclined to believe them when they say it's good for them.

We do not eat dogs and cats in the West. Therefore legislation governing what may be presented as food to pets does not concern itself with the health of humans should dogs and cats end up in the human food chain. Cattle and sheep, who are eaten by humans, are seemingly subject to greater protection than are companion animals – simply because the chemicals in the bodies of livestock might harm humans.

The pet food industry appears to be largely self regulating.

Since several veterinary vaccine datasheets state that immunocompetence may be compromised by a variety of factors, including diet, the food we give to our dogs has a bearing upon whether or not a vaccine can be considered safe for each dog.

The pet food industry grew from the waste product of the human food and agricultural industries. Pet food companies evolved as a result of the perceived benefit of gaining added value from waste.

The UK's Pet Food Manufacturers' Association web site carried the following words:

*“The industry's use of by-products from the human food and agricultural industries prevents the need for, and the costs of, disposal.”*

<http://www.pfma.org.uk/pet-food-ingredients/ingredients.htm>

(this sentence has recently been removed from the site)

#### **Pet food manufacture is big business**

Indeed, the total pet food market in the UK is worth £1.8bn, according to figures by TNS Worldpanel. One UK manufacturer – Pedigree Petfoods – spent over £34,465,000 (that's almost thirty-four-and-a-half-million, in the UK alone, on advertising alone) back in 1994 (source M.E.A.L.).

### **Marketing Week, Tue, 16 Mar 2010:**

Mars Petcare is launching a television advertising campaign to support the launch of its Whiskas Simply cat food range.

The TV ads are part of a £4.5m marketing investment for Whiskas Simply in 2010, and champion the taste credentials of the Whiskas Simply range.

The 30-second ads will air at the end of March and use the strapline, "My cat loves Whiskas and I love my cat".

### **Marketing Week, 10 December 2009:**

Pet food brands are gearing up for a New Year push as Pedigree ramps up its marketing and Farmers Choice Pet Foods enters the market with a new range of premium products.

Farmers Choice Pet Foods is launching a premium dried dog food in early 2010, supported by a £400,000 marketing campaign.

Contrast this sort of expenditure with the marketing budgets available to those of us who, from experience, know that real food (as opposed to manufactured food) promotes better health in dogs. Simply, our marketing budgets are negligible – if there is any marketing budget at all.

We don't get to go on TV with glossy advertisements to promote honest to goodness meat and bones (just like Grannie used to feed). We can't afford big stands at exhibitions. We can't even afford small stands. We can't hand out freebies. We can't pay vets to endorse the products that we don't sell but only recommend. We can't sponsor dog shows or throw money at the Kennel Club. We can't give free 'food' to the pet rescue organisations.

Money is power, and if you already have money, it's easy enough to invest it in order to generate even more money.

And yet diet plays a crucial role in immunity. If an organism, whether human or any of the animal species, has a biologically appropriate diet, they are better able to withstand viral and bacterial infection. I have given examples in my book, *Shock to the System*, of this. Cats fed real, raw, food thrive over generations; cats fed cooked food become weaker and weaker over generations. Cattle in India, with nose to nose contact with animals infected with Foot and Mouth disease, remain disease-free if fed properly.

One of the most shocking revelations during the early days of running Canine Health Concern was that the 'proper scientific trials' conducted by pet food manufacturers to prove that their food was the best food generally involved a handful of dogs who were fed the manufactured food for a few weeks. Then the

manufacturer would send out the studies and claim that this particular formula would be all a dog would need for life. And everyone sucked it up.

In a study conducted by Sheffey et al, puppies were deliberately starved of vitamin B5 and then vaccinated. They all died. B5 feeds anti-stress hormones, and it's easily destroyed by processing. Vitamin C also feeds anti-stress hormones, and C is also easily destroyed by cooking, freezing, and exposure to oxygen. Zinc, another nutrient vital to the stress response, is also unstable in processing.

Our dogs need to be able to mount a stress response in order to respond to the vaccine challenge. If they can't, because the nutrients aren't there to support the stress response, the vaccine can either cause the disease you're trying to prevent, or it will provoke an adverse reaction – such as anaphylaxis, allergies, or even brain damage.

One recent bulletin from *NaturalNews* reported on the vaccine/diet link:

Influenza vaccines have sent 57 children into life-threatening convulsions, reports *The Age* out of Australia. These influenza vaccines were being given to children under five to "protect" them from seasonal flu, but after receiving the shots, these children started going into convulsions.

An investigation has revealed that there is no quality control problem with any particular batch of influenza vaccines. They all pass quality control, in other words, so the convulsions are being caused by what is *intentionally* put into the vaccines, not by some mistaken chemical contaminant.

This, of course, baffles conventional doctors who have all been told that vaccines are perfectly safe and could never harm anyone. So rather than pausing to consider what might be contained in the vaccines that's causing children to go into convulsions, they charge ahead with the recommendation that even more people should get vaccines.

Alan Hampson, chairman of Australia's *Influenza Specialist Group*, "...advised young, healthy people anxious to get the flu vaccine to consider having the swine flu vaccine" reports *The Age*. There is no amount of real-world evidence, you see, that can break the mythological stranglehold that vaccines have over the minds of mainstream physicians. Even if children start dropping to the floor and convulsing right in front of them, they will continue to push vaccines on even more children.

### **The illusion of vaccine efficacy**

Vaccines are based on a scientific-sounding *mythology* that is widely believed by gullible physicians and scientists who simply believe what they are told rather than what's real.

This mythology is based on the belief that injecting foreign matter into the human



body will cause the immune system to adapt to the weakened foreign matter by creating *antibodies* that fight off future infections. This explanation, however, is pure mythology. In reality, an immune system can only invoke an adaptive response when it is properly nourished with **vitamin D**. And if the patient has enough vitamin D, they need no vaccine because vitamin D protects them from seasonal influenza in the first place.

Thus, **vaccines only "work" in those people who don't need them**. People who have the least protection against influenza due to their vitamin D deficiency also have the weakest immune response to vaccines. The vaccines, in other words, just don't work on them.

Children with particularly weak neurology are highly susceptible to **neurological damage** from vaccines. This damage may take the form of a coma, convulsions, autism or being partially paralyzed. Some children given vaccines soon find themselves in wheelchairs, unable to walk even though previous to the vaccine they were star athletes.

Learn more about the dangers of vaccines with these articles:

Virginia teen athlete in wheel chair after vaccine shot:

[http://www.naturalnews.com/027473\\_G...](http://www.naturalnews.com/027473_G...)

Swine flu vaccine linked to paralysis:

[http://www.naturalnews.com/026866\\_s...](http://www.naturalnews.com/026866_s...)

Vaccine puts girl in the hospital:

[http://www.naturalnews.com/027395\\_s...](http://www.naturalnews.com/027395_s...)

Vaccines linked to neurological disorders:

[http://www.naturalnews.com/022642\\_v...](http://www.naturalnews.com/022642_v...)

Ten questions doctors refuse to answer about vaccines:

[http://www.naturalnews.com/027258\\_v...](http://www.naturalnews.com/027258_v...)

We are vaccinating animals every year against diseases to which they are already immune. We are putting them at risk of an adverse reaction for no good reason.

Pet owners are also being subjected to persuasive advertising propaganda which leads them to believe that a dry, extruded, cooked food substitute will keep their pets healthy.

Our dogs are cash cows for the massively wealthy pet products market, but our pets' interests are not necessarily being served by these multinationals.

## 5. Pharmaceutical industry

Apparently, pharmaceutical companies exist to deliver drugs which promote health or which alleviate ill-health. However, parents and animal guardians grow increasingly concerned that this is not the case, but that pharmaceutical companies exist, first and foremost, to deliver profits to shareholders.

The drugs industry is facing a difficult time financially, since many of their patents have run out on lucrative 'blockbusters'. This means that we can buy the drugs from generic producers for less. Fantastic revenue is therefore being sought from other areas. It seems that vaccines fill the void.

### The Veterinary Vaccine Industry

A 2005 *Animal Pharm* report - <http://www.pjbpubs.com/cms.asp?pageid=2098> – described the veterinary vaccine industry as it stood in 2004, and projected forward to 2009:

The **veterinary vaccines** sector accounted for 20% of global animal health product revenues in 2004. Global sales totalled \$3.2 billion and the latest market forecasts predict the sector will grow in excess of \$4 billion by 2009.

#### Key findings (of the report):

- Veterinary vaccine sales amounted to \$3,205 billion in 2004 and have risen by 7% per year since 2000. This figure is forecast to exceed \$4 billion by 2009.
- The largest national markets are the US (\$935 million), Japan (\$236 million), France (\$22 million) and Brazil (\$221 million).
- The Brazilian vaccines market is dominated by FMD products, which account for 40% of sales. 348 million doses were sold in 2004.
- Six companies account for more than 70% of world veterinary vaccine sales. The market leader is Intervet, with sales of almost \$600 million in 2004.
- More than half of Fort Dodge's animal health sales are vaccines, and the company continues to invest in new products - a DNA vaccine against West Nile virus was approved by the USDA in July 2005, and the company has a five-year with the US government to develop an avian influenza vaccine antigen bank.
- In France, sales of vaccines for small animals were worth €50 million in 2004, accounting for 27% of total vaccine sales. The livestock and poultry markets are more valuable, but it is the small animal market that is driving growth.

#### Executive Summary (excerpts):

Sales of veterinary vaccines have outgrown the animal health products market as a whole since the beginning of this decade, and contributed \$3.2 billion, or 20%, to global animal health product revenues in 2004. This report examines the

factors that have contributed to recent growth of the vaccines market and assesses prospects for expansion in the sector through the remainder of the decade.

**Chapter one** of the study documents the development and application of new technologies that have enabled the successful commercialisation of new vaccine types.... 'Edible' (plant-derived) vaccines could be a commercial reality before the end of the decade, and may eventually represent a further significant milestone in the transformation of the market.

**Chapter two** of the report identifies the viral, bacterial and parasitic pathogens that represent the main targets for veterinary vaccines in each of the main food and companion animal species. Where vaccines against individual pathogens already exist, examples and product types are highlighted, while significant research into new immunological approaches is described. Where no vaccines are currently available, prospects for the commercialisation of such products and likely timelines are discussed.

In **chapter three**, the report looks in detail at the world market for veterinary vaccines, charting recent growth in the sector and examining its structure by major market region and by species. This assessment of the sector at global level is followed by profiles of seven national markets that together generate annual veterinary vaccine sales of just under \$2.1 billion – equivalent to almost two-thirds of the global total. The relative contribution of vaccines to national animal health sales totals, the structure and recent development of individual vaccine markets, and vaccine sales growth prospects are examined for each of these seven markets.

Based on the outlook for growth in these key markets, together with an assessment of the broad drivers and constraints expected to have a significant impact on the sector at global level, prospective growth rates for the veterinary vaccines market have been calculated for the period between 2004 and 2009. Of the seven major markets profiled in detail, Brazil will post strongest growth, with vaccine sales expected to rise at double-digit rates during the forecast period. By contrast, sales in the sector will rise at a compound annual growth rate (CAGR) of just 1% in Germany. At global level, veterinary vaccine sales are forecast to rise at a CAGR of 4.8%, exceeding \$4 billion in 2009.

**Chapter four** of the study examines trends in ownership of the global veterinary vaccines market, which has experienced a period of rapid consolidation over the past ten years. That trend has been driven partly by corporate-level restructuring, but the rising costs associated with involvement in the development, and the commercialisation of new immunological technologies, have also played important roles.

Finally, the report profiles six leading veterinary vaccine businesses which together generate almost three-quarters of all sales in the sector. The relative importance of vaccines as a source of revenues for each of the six companies is assessed, and recent changes in the structure of individual businesses are charted. Vaccine portfolios are described, with the emphasis on major recent additions to individual ranges, and involvement in vaccine research is examined,

highlighting individual products and technologies likely to be commercialised by each of the six companies.

You may have noticed that the terminology of this business report is not about eradicating disease or alleviating suffering, but about 'commercialisation', 'sales', 'markets', 'growth', and 'revenues'.

A *Visiongain* report - <http://www.visiongain.com/Report/51/The-Global-Veterinary-Pharmaceutical-Market> - is equally cheery about the prospects for selling vaccines into the veterinary market, and especially positive about high spending pet owners:

The animal health businesses of the major pharma companies have two parts:

- one for food producing animals
- and one for companion animals such as dogs and cats.
- Total global sales of veterinary medicines amounted to US\$11,330 million, a growth of 2.5% from the previous year. By species, the companion animal sector accounts for US\$4,165 million, having 36.8% share of global sales. The rest of the sales are from medication used to treat food-producing animals
- Since 1991, the animal health industry has grown by only 1.9% per annum in real terms, compared with the human health-care industry that is touching double-digit growth
- In the past five years, various issues in animal agriculture such as bovine spongiform encephalopathy (BSE), the growing preference for poultry meat and pork, which require fewer animal health inputs, has compounded problems in the food animal sector, reducing its growth to only 0.7 per cent per annum in real terms
- **However, one species sector has shown robust growth within this market: companion animals. Since 1991, the companion animal market has grown at 6.6 per cent per annum in real terms, which almost matches human health care.**

### **SHOULD YOU BE FOCUSING ON THE COMPANION ANIMAL MARKET?**

The strong growth of the companion animal market sector can be attributed to:

- the introduction of new technologies;
- lower costs of products;
- improved time to market for companion animal compared with food animal products and the industry's investment in the awareness of pet owners.

[Improved time to market is due to the fact that companion animal products don't need to be so rigorously tested as products going into animals we will eat.]

**Although the pet population has increased marginally, the key driver for growth has been the willingness of pet owners to spend more on the health of their animals and the ability of veterinarians to meet that need.**

Unlike food animals, which never reach old age and have a finite and fluctuating economic value, companion animals are living longer, and more degenerative geriatric diseases are being diagnosed, mirroring the trends in human health care. The opportunity to provide long-term care for ageing pets is an attractive one. **The human-pet bond has a high economic ceiling**, and both veterinarians and the animal health industry have recognised the potential of this market segment.

The value of treating chronic conditions has been demonstrated by the evolution of the non-steroidal anti-inflammatory drug (**NSAID**) market for canine arthritis. Perhaps the next growth segments to follow the explosion in heartworm control since the early 1990s, flea-and-tick control since the mid-1990s and NSAIDs for arthritis since the late 1990s could be behavioural drugs for canine cognitive dysfunction and cardiovascular drugs for congestive heart failure.

As the *Animal Pharm* report stated above, there have been many 'restructuring' deals taking place in the veterinary pharmaceutical industry over the past few years.

See <http://www.fiercebiotech.com/press-releases/press-release-schering-plough-corporation-completes-14-43-billion-acquisition-organon>

**PRESS RELEASE: Schering-Plough Corporation Completes \$14.43 Billion Acquisition of Organon  
November 20, 2007**

KENILWORTH, N.J., Nov. 19 /PRNewswire-FirstCall/ -- Schering-Plough Corporation today announced that it has completed the acquisition of Organon BioSciences N.V., creating a stronger combined company with broader human and animal health portfolios, an enhanced pipeline and increased R&D capabilities. Schering-Plough's agreement to acquire Organon BioSciences was announced on March 12, 2007.

"By bringing together complementary businesses, we will be growing even stronger and even better in our people, products and science," said Fred Hassan, chairman and chief executive officer, Schering-Plough Corporation. "The promise of this combination is profound. We will be working hard to realize that promise -- for our customers, for the patients, for our other stakeholders and for our shareowners."

Organon BioSciences is comprised primarily of Organon, a human health business, and Intervet, an animal health business. It also includes Nobilon, a human vaccine development unit, and Diosynth, a third-party manufacturing unit of Organon. Schering-Plough acquired Organon BioSciences from Akzo Nobel N.V. for approximately euro 11 billion in cash.

Hassan said, "Through this combination we create a powerful science and technology platform. We expand and strengthen Schering-Plough's late-stage Rx pipeline with five additional promising Phase III compounds. We acquire a robust biologics manufacturing capability that is an excellent match for our earlier-stage biologics projects.

"With Organon, we expand into two important prescription pharmaceutical franchises, women's health and central nervous system (CNS)," added Hassan. "These therapeutic areas add to our existing strengths in cardiovascular care, respiratory, immunology and oncology."

The transaction also makes Schering-Plough a global leader in Animal Health through the combination of Schering-Plough Animal Health and Intervet. "We increase our science strength, and we increase our scale in Animal Health," said Hassan. "This greatly increases the value we will bring to customers. We see this strong combined Animal Health unit as a key strategic part of our integrated business that will contribute to long-term high performance."

As a result of the combination, Schering-Plough's leading prescription products will include the Organon products: FOLLISTIM/ PUREGON, a fertility treatment; ZEMURON/ ESMERON, a muscle relaxant; and NUVARING and IMPLANON for contraception. These add to Schering-Plough's strong base of human pharmaceuticals, including VYTORIN and ZETIA, cholesterol-lowering medicines that Schering-Plough markets through a global joint venture with Merck & Co., Inc.; REMICADE, a treatment for immune-mediated inflammatory disorders marketed outside the U.S.; NASONEX, a prescription allergy nasal spray; and PEGINTRON for hepatitis C. Additionally, Schering-Plough's Consumer Health Care segment is an important asset with key products, including OTC CLARITIN, MiraLAX, DR. SCHOLL'S and COPPERTONE.

In Animal Health, the combination brings together complementary pharmaceutical products and vaccines to help prevent and cure diseases and increase performance. Schering-Plough adds to its portfolio additional vaccines for major animal species, such as VISTA/BOVILIS, a vaccine line for respiratory and reproductive infectious diseases in cattle; the NOBILIS range of live and inactivated vaccines protecting poultry against a wide range of viral and bacterial diseases; and CONTINUUM/ NOBIVAC, a range of canine and feline vaccines.

Schering-Plough will also have antiparasitics such as SAFE-GUARD/PANACUR, a de-wormer for use in many animal species; anti-infectives such as COBACTAN, a broad-spectrum antibiotic for livestock species and horses; and specialty products such as VETSULIN/ CANINSULIN, a diabetes mellitus treatment for dogs and cats. These products expand on Schering-Plough's growing presence in this market with products such as NUFLOR, a broad-spectrum antibiotic for cattle, swine and fish; OTOMAX, a canine ear ointment; RESFLOR, a combination antibiotic and anti-inflammatory for bovine respiratory disease; as well as the company's animal health services, including HOMEAGAIN, a U.S. proactive pet recovery network...

There is, of course, absolutely nothing wrong with making money, and many of us are thankful to the pharmaceutical industry for drugs which have helped us and our animals to stay alive or alleviate pain.

The issue we are highlighting, however, is that we are over-vaccinating our animals – giving them vaccines they do not need and which can cause harm – and the pharmaceutical industry, the veterinary profession, and the regulators do not seem willing to address this problem. Those of us who sit with our dogs as they die from vaccine-induced diseases do not wish our dogs to be the sacrificial lambs on the alter of profit.

Please note that many of the products listed in these market intelligence reports relate to conditions that vaccines, themselves, can cause, such as cardiovascular care, oncology (cancer), neurological impairment, and immunology.

According to *Fierce Pharma*, Merck has now acquired the Schering Plough “animal health global leader”.

See <http://www.fiercepharma.com/story/merck-nabs-schering-41-1b-deal/2009-03-09-0>:

#### **Merck nabs Schering-Plough in \$41.1B deal**

March 9, 2009

Sometimes, speculation is more than just an intellectual exercise. After months of encouragement from would-be corporate matchmakers, Merck agreed to pair up with Schering-Plough in a deal worth \$41.1 billion. That's \$23.61 per share, or a 34 percent premium on Schering's closing price Friday. Merck will fund the cash portion of the transaction with cash on hand and a \$9.8 billion loan from J.P. Morgan.

When the deal's done, Merck shareholders will boast 68 percent of the combined company--which will go under the Merck moniker-- and Schering's will control the remaining 32 percent. Merck chief Richard Clark will run it; Schering CEO Fred Hassan will stick around till the merger's done.

As you know, the two companies are already partners--or have been partners--on several drugs. Most notably, Merck and Schering work together on the cholesterol meds Vytorin and Zetia, which ran headlong into a fountain of controversy last year with the release of two sets of debatable data. Combined, sales of the drugs fell more than 20 percent during the fourth quarter on continued concern about safety and effectiveness.

Their previous partnership might have jump-started the combo, but the reasoning behind it is far more extensive. Schering-Plough will give Merck greater access to emerging markets; the company gins up about 70 percent of its sales outside the U.S., including more than \$2 billion a year in up-and-coming countries. Indeed, the combined firm is projected to generate half its revenues outside the U.S.

Plus, as the *New York Times* notes, Schering will beef up Merck's business in cardiovascular, respiratory and oncology drugs.

Schering also brings some promising R&D to the table--but as a recognized research leader, Merck probably has a better shot at actually bringing drug candidates to fruition, analysts said. "Schering-Plough wasn't necessarily in the best position to develop some of these drugs," Stephen Pope, chief global market strategist at Cantor Fitzgerald Europe, told *MarketWatch*. "Overall it's a very sensible move."

Now for the question on Merck and Schering employees' minds: Will the merged company shed jobs? Both firms already have cut thousands from their payrolls, including almost 2,000 sales reps. Clark said in a statement that he expected to see \$3.5 billion in savings from the deal, most of it from the full integration of its Vytarin/Zetia operations. No word on layoffs. But stay tuned.

In his film, "Capitalism, a love story", Michael Moore commented that we put up with the rich getting richer and the poor getting poorer because we all hope that, if only we work harder, we'll get rich too. But, it seems, the workforce doesn't necessarily get a share!

The following report -

[http://clients.squareeye.com/uploads/compass/documents/compass%20bitter%20Opill%20WEB%20\(2\).pdf](http://clients.squareeye.com/uploads/compass/documents/compass%20bitter%20Opill%20WEB%20(2).pdf) – "Drugs for people, not just for profit" was published by Compass – Direction for the Democratic Left Ltd. We will be quoting from it more widely later, but the following set of figures is interesting:

**Top ten executive pay and remuneration packages in the pharmaceutical industry, 2008**

CEO	Pharmaceutical company	Pay (\$m)	Pay (circa £m)
Miles White	Abbott	33.4	16.366
Fred Hassan	Schering-Plough	30.1	14.749
Bill Weldon	Johnson & Johnson	25.1	12.299
Bob Essner	Wyeth	24.1	11.809
Robert Parkinson	Baxter	17.6	8.624
Daniel Vasella	Novartis	15.5	7.595
Richard Clark	Merck	14.5	7.105
Frank Baldino	Cephalon	13.5	6.615
Sidney Taurel	Eli Lilly	13.0	6.370
Jeff Kindler	Pfizer	12.6	6.174

Just to spell this out, the CEO of Abbott was being paid nearly thirty-three-and-a-half-million dollars a year in 2008. The poorest of the listed CEOs only got a paltry twelve-and-a-half-million dollars a year. What does a person have to do to make that kind of money?



**In the UK, the veterinary vaccine industry appears to be everywhere, like a virus infecting all elements of the system:**

- Veterinary vaccine companies sponsor research and other projects within the veterinary teaching establishments.
- Veterinary vaccine companies sponsor further education for vets.
- Veterinary vaccine companies print vaccine booster reminders for vets, and engage vets in media campaigns to sell unnecessary boosters.
- Veterinary vaccine companies have been known to provide funds to assist vets in setting up their own practices.
- Veterinary vaccine companies send vets on jaunts overseas. One vet said: “I’ve been on three skiing holidays with Intervet, but it doesn’t influence my buying decisions.”
- Veterinary vaccine companies appear to see vets as part of the sales team.
- Veterinary vaccine companies engage high profile PR companies to help them spread the sales message – and they’ve got plenty of money for their PR budgets.
- Veterinary pharmaceutical companies, which include veterinary vaccine companies, fund the Veterinary Medicines Directorate.
- Veterinary vaccine companies have united in the UK through their trade association, NOAH, which has established itself as an ‘authority’ amongst veterinarians, academics and government bodies.
- Veterinary vaccine companies exert influence upon the media through advertising and sponsorship. If publications print unfavourable material, they are at liberty to pull their advertising.
- Veterinary vaccine companies have the funds to embark upon advertising campaigns aimed at the general public, as the following press release attest. Before reading it, however, please note that:

The VMD stated in its position paper:

**Advertisements for POM-V products may only feature in publications aimed at veterinary surgeons, pharmacists, veterinary nurses and professional keepers of animals. It is not acceptable to promote specific POM-V products directly to members of the public.**

**Any document that features information about a single product is deemed to be advertising. The VMD is not aware of any promotion of the national campaign that has promoted the vaccination of pet animals in an inappropriate way.**

## **Confusion Marketing**

The following press release relates to a consumer campaign, but appears to be aimed at vets, although it is carried in the press section of the National Vaccination Month website. This is the same website consumers would go to to find a participating vet. Intervet (which markets the NOBIVAC range of vaccines) doesn't actually mention its product line in the press release. This apparently makes it acceptable to tell people that their dogs and cats qualify for a fully puppy or kitten series of vaccines – for the price of a booster - if they've 'lapsed' by 18 months.

However, Intervet's website during 2008 did carry product information, which is in the public domain and which speaks to consumers:  
[www.vaccinationmonth.co.uk/voucher.php](http://www.vaccinationmonth.co.uk/voucher.php). Our screen print-off lists:

Nobivac DHP + Nobivac Lepto 2  
Nobivac DHPPi + Nobivac  
Lepto 2  
Procyon DA2PPI + Procyon CvL  
Procyon DA2PPi + Procyon L  
Quantum Dog 7  
Nobivac KC  
Intrac

However, once again, there's no need to worry about any regulations being contravened, because the above listing isn't for a single product. It's a basket-full of products – all from Intervet/Schering Plough Animal Health.

According to the following press release taken from Intervet's National Vaccination Month website, National Vaccination Month is:

“designed to increase awareness among pet owners of the need to vaccinate their pets... (is a) heavyweight marketing and TV advertising campaign ... The amnesty aims to address the shocking fact that only half of the nation's dogs, a quarter of the UK's cat population and just ten percent of rabbits are up-to-date with their vaccinations.” (What do they mean when they say “up-to-date”?)



National Vaccination Month  
March 2008

For immediate release  
19 November 2007

### **First Vaccination Month launched with TV advertising support**

An escalating number of unvaccinated pets – dogs, cats and rabbits – coupled with the widespread incidence of many infectious diseases revealed by CICADA, has prompted Intervet to launch the first National Vaccination Month (March 2008).

Designed to increase awareness among pet owners of the need to vaccinate their pets and drive unvaccinated pets into practice, Intervet is calling for veterinary practices to sign-up to this ground-breaking initiative and benefit from the heavyweight marketing and TV advertising campaign that will support it.

Central to the success of this major consumer promotion will be a nationally co-ordinated amnesty encouraging owners of unvaccinated dogs, cats and rabbits to have their pets fully vaccinated for the cost of a booster. The amnesty aims to address the shocking fact that only half of the nation's dogs, a quarter of the UK's cat population and just ten percent of rabbits are up-to-date with their vaccinations.

“Many small animal practices have taken part in our vaccination amnesty before with a great degree of success. What makes National Vaccination Month so different is that rather than practices running the amnesty on an individual basis with limited marketing support, by taking part in a nationally co-ordinated amnesty they will benefit from the significant advertising and publicity that will accompany the initiative,” says Ned Flaxman, Small Animal Business Unit Manager at Intervet UK. “What's more, rather than draw from their existing client base, National Vaccination Month aims to improve pet vaccination levels and bring new clients into practice.”

National Vaccination Month will be supported by a comprehensive marketing campaign including TV advertising, a radio campaign, PR editorial across a wide range of media, and a dedicated website for pet owners to search for their nearest participating vet.

Don't miss out on the opportunity to participate in the biggest consumer promotion of its kind. For more information on how to take part please contact your Intervet account manager or call Intervet's Veterinary Support Group on 01908 685685.

-ends-

Please note that this press release, in the public domain on Intervet's National Vaccination Month website, specifically states that, “The amnesty aims to address the shocking fact that only half of the nation's dogs, a quarter of the UK's cat population and just ten percent of rabbits are up-to-date with their vaccinations”.

There has been no effort to hide the fact that Intervet is behind National Vaccination Month in this press release. Veterinarians who participate in the National Vaccination Month campaign are offering Intervet/Schering Plough's products if a pet has "lapsed by 18 months". Not only are they offering Intervet/Schering Plough's products, but they are offering a full puppy or kitten series for the price of a booster.

Annual vaccination has been the established norm, although the science tells us that it is not necessary. The vaccines listed on Intervet's web site included vaccines covering core viral diseases, which do not need to be boosted annually.

No-one is making it clear that veterinary bodies around the world – such as the World Small Animal Veterinary Association, the American Animal Hospital Association, the American Veterinary Medical Association, and now the Australian Veterinary Association – have reflected the duration of immunity studies and advised that dogs should be vaccinated no more than every three years against core viral diseases. Fortunately, for the drug company, the advice in the UK from the VMD is that animals should be vaccinated at least every three years.

### **Local press coverage**

Members of Canine Health Concern, who know that annual vaccination against core viral diseases is unnecessary, angrily send press clippings to us from their local areas. Many of these are advertisements with confusing messages; others are editorial coverage.

An advertisement in the *Pontefract and Castleford Express* during February 2008 was placed by the Greenwood and Brown veterinary practice, and carried the National Vaccination Month logo. This advertisement confusingly said:

**Our practice is part of National Vaccination Month, so if your dog or cat is over 18 months of age, or your rabbit is over 9 months, and behind with their jabs, you should be eligible for major reductions in the cost of vaccination. Call us during March for further details.**

Are dogs, cats and rabbits going to get a full 'baby' series if they are older than 18 or 9 months, or is the offer open to owners who haven't taken their pets in for repeat shots in that timeframe?

Scottish practice Robson and Partners fared better, with a big editorial splash in their local paper, backed up with editorial comment. The front page had a large colourful headline:

**THE PET EPIDEMIC JUST WAITING TO HAPPEN ...**

## **NEWS page 8**

And on page 8:

### **Vets spotlight rising threat to pets**

**Rising numbers of pet owners are putting their animals at risk by failing to vaccinate them against fatal diseases, experts have warned.**

**Vets said under half the number of dogs, cats and rabbits they see in surgeries have received vital shots – and an increasing number are dying as a result.**

**Vets across the country are taking part in an initiative offering vaccinations at reduced prices to help raise awareness of the problem.**

**Top concern is the potential spread of canine disease parvovirus, which can cause sickness and even death.**

**The north-east has been listed as one of only three hotspots in the country at “high or increasing risk” of the infection. The others are Argyll and Edinburgh.**

**Throughout March, pets can receive a full treatment for the price of a booster shot if they have not been vaccinated in the past 18 months for cats and dogs and in the past nine months for rabbits.**

**North-east veterinary firm Robson and Partners, which runs surgeries at Laurencekirk, Montrose, Inverbervie, Portlethen and Stonehaven, is taking part in the scheme.**

**Partner Ian Anderson said: “We are diagnosing more and more cases of the diseases that we can vaccinate pets against.**

**“There is definitely a financial element to it. The other thing is complacency. People perhaps don’t appreciate the necessity for vaccination as much as they did in the past.”**

**The canine disease passes easily between unvaccinated dogs and the Blue Cross pet charity is worried that there could be an epidemic.**

**In the past year, 15,000 dogs in the UK are believed to have suffered from the disease.**

**Caroline Powley, a veterinary nurse for the charity, said: “It is heartbreaking to see so many young pets fall victim to this killer disease that can so easily be prevented by a simple injection.”**

**Cats are at risk of potentially fatal cat flu. Mr Anderson said only one third of the cats brought into his practice's north-east clinics have received shots for this.**

**For more information, see [www.vaccinationmonth.co.uk](http://www.vaccinationmonth.co.uk).**

**Pet owners can also print a voucher from this site.**

**COMMENT, PAGE 15:**

Turn to page 15 and you get an editorial comment:

### **High cost of being a pet-owner**

**It is both alarming and entirely understandable that fewer than half the animals seen in vets' surgeries in Scotland have been vaccinated against potentially fatal diseases. Alarming because, if the trend continues, sooner or later the diseases spreading through the animal kingdom will be passed on to vulnerable humans, with unthinkable consequences.**

**It is, however, not difficult to understand the thinking of those people who choose not to have their animals vaccinated. Many pet owners are elderly, often with just the cat and dog to keep them company, and simply cannot afford vets' bills, particularly those which are seen as routine or precautionary.**

**At a time when thousands of people are choosing not to go to the dentist (assuming they can find one) purely because of the cost of the examination, why should we be surprised that so many people are failing to keep pets' inoculations up to date?**

**The very fact that vets across Scotland are taking part in a campaign to address the problem by offering half-price vaccinations is an indication that they appreciate the prohibitive cost associated with being a pet-lover. We may be a nation of animal-lovers but, in this case, love has a price-tag attached.**

Let us look at the confusion and inaccuracies surrounding the above editorial coverage:

1. There was no epidemic waiting to happen. This is a scare tactic.
2. Vets spot a rising threat to pets? Where is the science to support this 'rising threat' claim?
3. An increasing number of pets are dying as a result of pet owners failing to get their pets jabbed? Increasing from what to what? Where is the scientific evidence for this? Since the only figures

available are based upon an industry vox-pop in support of a sales campaign, is this ethical advertising?

4. Parvovirus was the highlighted disease, and pets can “receive a full treatment for the price of a booster shot if they have not been vaccinated in the past 18 months”. Lines are being muddied here. Parvovirus, the featured disease, doesn’t need boosting if the dog hasn’t been vaccinated in the past 18 months.
5. Partner Ian Anderson claimed to be diagnosing more and more cases that pets can be diagnosed against. Since parvovirus was the featured disease in his article, I telephoned Mr Anderson and asked him how many cases of parvovirus he had seen in the last year. Three. Hardly an epidemic. From memory, I also believe he admitted that at least one of these dogs had been vaccinated against parvovirus.
6. So this area is one of only three hotspots in the country at “high or increasing risk”? Three cases make a hotspot? Maybe the practice down the road has more?
7. Diseases spreading through the animal kingdom will be passed on to humans? Really? Although the article spotlighted canine parvo (which cannot be passed on to humans), maybe they’re alluding to leptospirosis, which can? Well, when I telephoned every government agency in the UK (who all advised me to telephone a different agency), one scientist told me that he remembered a colleague who dealt with one case of lepto in a human, seemingly transmitted by a dog, back in about 1981. Scare tactics again? Who told the journalist that dogs’ diseases are in danger of being passed to humans for the editorial comment? Perhaps they’re referring to kennel cough, which can be passed to humans from the vaccine?
8. Is there really a financial element behind pet owners not giving their pets their annual jabs? But hasn’t the veterinary vaccine industry clocked on to the fact that “*The human-pet bond has a high economic ceiling, and both veterinarians and the animal health industry have recognised the potential of this market segment.*” (Visiongain report). Pet owners will go without themselves in order to care for their pets. They can also be guilt-tripped into getting their pets their unnecessary jabs fairly easily. Who is saving us, in the recession, from spending money we do not need to spend on unnecessary jabs?

9. Where is the science to support giving dogs and cats the full puppy or kitten series if they haven't been vaccinated in the past 18 months? Why do dogs need the full puppy series if they haven't had an unnecessary parvo shot? Is it safe to increase the antigenic load in this way? Is it advisable? Is it even necessary? Or is it a good way to 'add value' or a 'freebie' to a sales campaign?
10. The Blue Cross pet charity is worried there might be an epidemic? Upon what grounds? One can of course fully understand and appreciate that Blue Cross workers have seen parvovirus and they would want to prevent it. But why is this wealthy animal charity so seemingly ignorant of the duration of immunity studies?
11. Everyone seems very concerned about poor pet owners being unable to afford their unnecessary annual jabs. Are they aware of the unnecessary vet bills that can also arise in order to treat diseases caused by unnecessary jabs? What about the little old ladies who have only their pets for company? How are they going to cope when their friends come down with vaccine associated dermatitis, arthritis, epilepsy, cancer, or behavioural changes? Is it going to matter to them that their pet's vaccine-induced cancer is a "very rare event"?
12. In the past year 15,000 dogs in the UK are believed to have suffered from parvovirus? Who says? A sales organisation?

The campaign was also successful on a national level. The *Sunday Express*, March 9, 2008 reported in its YOUR MONEY section:

**Thousands of owners risk invalidating their pet insurance by not keeping vaccinations up to date.**

**Research shows that their owners' failure to have them injected means about 11 million pets (3 million dogs, 6 million cats and 1.8 million rabbits) in Britain are at risk from disease and infection.**

**This month is National Vaccination Month, supported by veterinary charity the PDSA.**

**"It is a vital part of pet ownership," says Elaine Pendlebury, senior veterinary surgeon at the PDSA.**

**"I have seen many cases of parvovirus and distemper [which can be vaccinated against]. It is absolutely tragic. Every year PDSA vets treat hundreds of pets suffering from illnesses and infections that vaccinations could have prevented."**



You can register and find your nearest participating vet on the website [www.vaccinationmonth.co.uk](http://www.vaccinationmonth.co.uk).

More than 1,750 practices are registered with the charity, and they will give eligible owners a full primary course for lapsed adult dogs and cats for a normal booster fee throughout March.

Keeping your pet's vaccinations up to date will ensure that insurance remains valid. You should read the terms and conditions to ensure the policy covers your animal's needs.

Petplan's policy clearly states that if a policyholder ignores advice to vaccinate an animal they may not be covered.

"We advise them that they may not be covered if they make a claim about one of the named conditions in the policy," says Sophie Parker of Petplan.

"The diseases covered by vaccination for dogs are: distemper, hepatitis, leptospirosis and parvovirus. For cats: feline infectious enteritis, feline leukaemia and cat flu. For rabbits: myxomatosis and viral haemorrhagic disease.

"We encourage all pet owners to ensure they take all reasonable steps to ensure their pet's health.

"This includes an annual vet check-up, including vaccinations and a dental check. Vets are best placed to advise when these are due for each animal and what is needed in terms of vaccinations"

In response:

1. It helps to have a network of supporters, especially supporters who wear a badge of authority that you can call upon. Are there any financial or business ties between Intervet and Petplan? We couldn't find any, but why would one business go out of its way to support the sales campaign of another? Does the PDSA get any financial support from Intervet? Is the PDSA's chief vet unaware of the science regarding DOI for core viral diseases? Why would the PDSA get involved in a campaign that is confusing, and might cause pet owners to jab their pets more often than is necessary?
2. Thousands of us risk invalidating our insurance if we don't keep our pets' jabs up to date! But what *is* up-to-date? PetPlan's claim form (<http://www.petplan.co.uk/assets/pdf/CFVetFees.pdf>) asks:

Is any part of this claim for a condition the pet can be vaccinated against?

**If Yes**, were the pet's **vaccinations** up to date at time of treatment?  
Yes No Don't know Please give date of last vaccination

But Petplan isn't asking which vaccine was used – the one-year, the three/four year, or the one (such as those tested by Dr Schultz) that protect for years or life.

Who is this “charity” that 1,750 vet practices are registered with for National Vaccination Month? Isn't this an Intervet initiative? Perhaps it sounds better if a charity is pushing annual shots. The endorsement sell. (Having said that, I know only too well that one hands over control of the details if a third-party journalist writes the piece.)

Millions of dogs, cats and rabbits are at risk from disease and infection? Really?

Once again, the boundaries are being muddied. Confusion Marketing. The article talks about vaccines having lapsed, and lists vaccines for all the diseases, including the core diseases that don't need boosting annually (although no-one makes it clear that the core diseases don't need to be boosted annually): **“The diseases covered by vaccination for dogs are: distemper, hepatitis, leptospirosis and parvovirus. For cats: feline infectious enteritis, feline leukaemia and cat flu. For rabbits: myxomatosis and viral haemorrhagic disease.”**

The PDSA's website <http://www.pdsa.org.uk/pet-health-advice/puppies-and-dogs/health#vaccinations> has this to say about pet vaccinations:

## **Vaccinations**

### **Should I get my dog vaccinated?**

Yes. Vaccination protects your dog against various diseases which can cause pain, distress and are often fatal.

By vaccinating your dog you have peace of mind, knowing that you have provided protection. As well as safeguarding your own pet, it also prevents diseases from being passed onto other animals.

### **What are vaccines?**

Vaccines contain a **harmless** form of the virus or bacterium that causes a particular disease. They work by stimulating the body's immune system in a **safe** way. If the dog then comes in to contact with the disease for real, the immune system “remembers” what it did to deal with the vaccine, so can fight the disease. This protects the dog. (CHC emphasis)

### **When should I get my puppy or dog vaccinated?**

Pets should receive a ‘primary’ vaccination course early in life, followed by ‘booster’ vaccinations throughout their life.

The primary vaccination course for dogs varies with the type of vaccine used.

The first vaccine can sometimes be given as young as six weeks of age, with the second usually given two to four weeks later.

Booster vaccinations are needed because the body's immune response gradually fades over time. They are often given every year, depending on the vaccine.

Ask your vet when it is best to vaccinate your puppy or dog.

### **Which diseases do vaccines protect against?**

- canine distemper ('hard pad')
- canine parvovirus
- infectious canine hepatitis
- kennel cough
- leptospirosis

If you are planning to take your dog abroad you will need to arrange additional vaccinations and health checks. Why not [download your own copy of our Vaccinations leaflet](#).

Confusion Marketing. You would have thought that the animal charities might be delighted to announce that early vaccinations are going to protect dogs against core viral disease for years or life, and that owners don't need to worry about boosters for these, which can come with side effects, even if those side-effects are rare. They might even be keen to tell the public, and the people who are constantly donating to their good cause, that they can save money at the vets by asking for the boosters that last for 3-4 years.

But, instead, they state that the immune response gradually fades over time, even though the independent DOI studies do not support this statement. They make no distinction between the core diseases and the non-core diseases. And they tell pet owners that vaccines are harmless and safe. Surely this wealthy charity has a chief veterinary officer who is up-to-date with the science, and who knows that all vaccines bring with them the risk of side effects – from arthritis, brain damage, autoimmune disease, and cancer, through to death?

They also state that vaccines prevent diseases being passed on to other animals, yet we know that this is not the case with the kennel cough vaccines. We also know that modified live virus (MLV) vaccines are capable of shedding into the environment and causing outbreaks. And we know that a licensing requirement is that unhealthy dogs should not be vaccinated – yet rescue organisations tend to vaccinate all the animals entering into their care, irrespective of immune status. We also know that rescue kennels are frequently beset by disease outbreaks, possibly because they vaccinate immunocompromised animals.

It is also interesting that, in May 2010, in the run up to another National Vaccination Month, the PDSA should make an announcement about parvovirus outbreaks. See <http://www.dogmagazine.net/archives/5563/parvovirus-outbreaks-in-park-in-the-uk/>

Dog owners are being urged to be on their guard after a series of outbreaks of suspected parvovirus, a potentially fatal canine disease.

Leading veterinary charity, PDSA, has reported an increase in suspected cases at its PetAid hospitals in Belfast, Derby and Bow – a total of about 80 suspected cases at these PetAid hospitals in one month alone. PDSA Senior Veterinary Surgeon, Elaine Pendlebury, said: “We have already seen 30 such cases in one month at our PetAid hospital in Belfast this year. Compared to the number of monthly cases the hospital saw this time last year – seven – this is a huge increase and a large number of dogs suffering from an entirely preventable disease.”

There has also been an increase in the number of suspected cases at PDSA’s PetAid hospitals in Gillingham, Leeds, Wolverhampton, Birmingham, Manchester and Bow. In total, these PetAid hospitals saw over 100 suspected cases in one month.

Canine parvovirus (CPV) is a highly infectious disease that can lead to death. It mainly affects younger dogs and symptoms include vomiting, diarrhoea, mucus or blood in the faeces, tiredness and loss of appetite.

Some dogs can survive the infection with intensive veterinary and nursing care but PDSA has seen an increase in the number of dogs dying from this disease. For example in 2009 the number of fatal cases in one month was 39 but this year to date this has increased to 43.

Since the PDSA presumably vaccinates all the dogs who arrive in their kennels, why are they experiencing outbreaks? Is there something wrong with the vaccine they are giving?

Disease outbreaks in rescue kennels which vaccinate everything that moves is no measure of any epidemic. MLV vaccines can cause the diseases they are designed to prevent in immunocompromised animals. Stressed and malnourished rescue dogs are likely to be immunocompromised. Once infected, they become infective (capable of spreading disease).

To be thorough, we telephoned a few veterinary practices in the areas mentioned by the PDSA – to see if the parvovirus epidemic was happening outside their own premises. Our calls were made on May 26<sup>th</sup>, 2010.

According to Scarsdale Veterinary Hospital in Derby, there is no increased incidence of parvovirus in the area.

According to The Island Veterinary Associates in Wolverhampton, they have seen no increase in the incidence of parvo, although their Stafford branch has seen an increase (although the vet we spoke to was unable to give any details). The vet said that if there is an epidemic it will be spreading, and advised us to vaccinate our dogs.

The Orchard Veterinary Centre in Birmingham says it has seen no increase in parvovirus in its practice, but advised us to vaccinate.

Banfield Veterinary Surgery in Manchester expressed surprise at the question and stated that they hadn't seen any parvovirus increase.

We received the following letter from the Humane Society of Kerrville, Texas:

After several young dogs becoming ill this year, shortly after being vaccinated, I decided to survey my records as to who and why.

This calendar year, we have taken in 49 young dogs of various breeds/mixed breeds. By young, I chose those one year and under. Many were puppies, just a few weeks old. Of the 49, 35 became ill within a few days of the vaccinations.

The illness of these 35 resulted in 15 deaths of young dogs/puppies. Most of which were thought to be from Distemper or Parvo. I say thought, because the tests for these illnesses are apparently unreliable (per our local Vets).

This percentage seems to be very similar to those the CHC found in their study. I might add that of the other 14 young dogs, 11 were adopted within a few days of vaccinations and I don't know if they developed any major or minor illnesses. Some people do not contact you when a newly adopted animal becomes ill, while some do.

ALL 49 OF THESE DOGS/PUPPIES WERE IN GOOD SHAPE WHEN THEY WERE TAKEN TO THE VET FOR THEIR VACCINATIONS. EVEN THE VETS REPORTED THAT THEY WERE HEALTHY.

The problem being, as you well know, there seems to be little we can do about this as the Vets refuse to acknowledge problems with vaccinations. In my case being associated with the Humane Society of our small city, I could never get away with not vaccinating as it has been ingrained in all of us that this is necessary.

I want to change but I don't know which way to turn. I might add that we are not your average shelter ..... cleanliness of our shelter is known throughout southern Texas. We are often the example other new shelters attempt to pattern themselves after. So, I don't believe some of the normal shelter/crowding problems exist here.

I just wanted to report some facts in support of your previous findings.

I enjoyed all of your reports.  
Respectfully,  
Jerry Bowman  
Director  
Humane Society of Kerrville, TX

Why is the PDSA alerting dog owners to the increased incidence of parvovirus in its own kennels? Please bear in mind that the PDSA has actively and overtly supported National Vaccination month in past campaigns.

Intervet's comprehensive PR campaign has in previous years included national and regional press releases, and some of these featured celebrities, which invariably increases press take-up on a story. Such campaigns are useful additional earners for celebrities.

Kate Humble, who "campaigns to raise awareness over pet disease among young people" on behalf of Intervet in the following press release is neither a vet nor a scientist. Although quite lovely, Kate Humble is a TV presenter who, in addition to trying her hand at waitressing, driving safari trucks and performing as a magician's assistant, specialises in presenting wildlife programmes. Presenters aren't the experts, by the way, they are the people who look good on TV and who can get a message across in an attractive way.

It should be noted that the VMD, in its position paper, embarrassingly contradicts Intervet's frightening low-vaccine-numbers sales message. The VMD asserts that:

**In the case of vaccine induced adverse reactions, to detect changes in the incidence of rare events requires large representative samples of both vaccinated and unvaccinated control animals to be compared in order to have sufficient statistical power to prove conclusively that the reported effect is due to vaccination. This is likely to be difficult to achieve, given the high numbers of vaccinated animals in the UK.**

PRESS RELEASE

**1 June 2009**

**KATE HUMBLE CAMPAIGNS TO RAISE AWARENESS OVER PET DISEASE AMONG YOUNG PEOPLE**

Vets are warning of a ticking time bomb in killer pet diseases with fears of falling vaccination levels due to the credit crunch putting Britain's 11 million unvaccinated dogs, cats, rabbits and horses at risk.

Recent research<sup>1</sup> for the National Vaccination Month campaign (1-30 June) spearheaded by TV wildlife and science presenter Kate Humble, has revealed that nearly a quarter of vet practices are seeing a reduction in vaccination levels

due to the credit crunch. [This was a small sample of 100 veterinary practices] The campaign aims to highlight the need for pet vaccination and will see around 2,000 vet practices across the country offering a discount on jabs throughout June. The campaign comes as 20% of vet practices have reported seeing a **large** increase in serious disease over the past 12 months.

More worryingly for the future, a You Gov survey<sup>2</sup> for the campaign points to a lack of awareness among younger pet owners over pet health. Of the 18-24 year olds polled who had not taken their pet to be vaccinated, 44% said it was because they were unaware of any disease risk to their animals. Awareness of disease risk was much higher in older age groups with just 13% of those aged 55 and over not realising that their pets were at risk from disease. Just under a quarter of those 18-24 year olds surveyed (22%) were not aware that they could catch things such as fleas and worms and diseases such as ringworm and Toxocara from their pet.

Through the campaign, Kate is also trying to highlight important health care messages for pets in the home – particularly among a younger audience.

She said: “The campaign highlights just how important it is for pet owners to take on board the need for good preventative health care for their animals throughout their whole lives. This includes good basic hygiene in the home as well as regular health checks, worming and control of unwanted nasties such as fleas.”

The campaign’s findings are backed up by a You Gov<sup>2</sup> survey of pet owners that found just under half are failing to vaccinate their animals with 53% of those polled not vaccinating their pets due to cost.

Almost one in five (19%) pet owners nationwide admit they have cut back on veterinary expenses such as vaccinations, health checks and treatments.

Key elements of the You Gov survey include:

- 53% of owners of unvaccinated pets cited cost as the reason for not vaccinating in the past 12 months compared to 34% for the last survey (Oct 07). Those polled citing cost as the reason broke down regionally as East of England (71%), South East (64%), South West (61%), Yorkshire and Humber (54%), North West (54%), East Midlands (51%), London (50%), North East (46%), Scotland (44%), West Midlands (38%), Wales (27%).
- 84% said they would participate in a campaign to get their pet vaccinated for less compared to 66% last time
- 50% have reduced the money spent on their pet due to the recession. This includes vet checks (7%), vaccination (7%) treatment (5%) and pet insurance (8%)

Vets are reporting increases in both the killer dog disease parvovirus as well as leptospirosis; the latter can be passed on from animals to people in the form of Weil’s disease.

Leptospirosis which is transmitted through rats' urine can be picked up by dogs as they swim in rivers or even drink from puddles. This often fatal disease can also be transmitted to people – tragically, one woman died last year after she was bitten by a wild rat in her garden<sup>3</sup>.

According to the most recent data<sup>4</sup> in the past six months alone, leptospirosis was reported by 40 per cent of veterinary practices in the UK. Research by the British Pest Control Association suggests that rat numbers in England are estimated to have swelled by 13% in the last year alone. Once thought of as a rural danger (in people, the disease is more common in those who work on farms or near rivers or take part in water sports), leptospirosis in the nation's pets is increasingly a risk in an urban context as rat infestations in towns and cities have reportedly doubled. Exeter, which according to recent reports is suffering a 66% rise in the rat population, has been designated a hot spot for leptospirosis according to a national disease surveillance study<sup>4</sup>.

The nationwide survey of vets<sup>4</sup> also shows that 57% of vet practices have confirmed or suspected cases of the killer disease parvovirus. [This was Intervet's own study involving only 95 veterinary practices.] Cases of cat flu are up 10% on last year with an estimated 66,000 cases across the UK per year being seen across 87% of practices.

As well as the risk posed to dogs by the reported rise in the rat population, ongoing mild weather conditions continue to put rabbits at risk of myxomatosis, a fatal disease spread by biting insects.

As well as equine flu, horses are at risk of tetanus from bacteria found in soil and can contract the disease from even a tiny cut.

In answer to this disease threat and to help owners during the recession, around 2,000 veterinary clinics across the UK are running a campaign for pet owners in June, as part of National Vaccination Month (1-30 June 2009), offering pets a full vaccination course against a range of fatal diseases for the cost of a booster.

Matt Brash, BVetMed MRCVS, who runs a small animal veterinary clinic in North Yorkshire and is star of the TV show 'Zoo Vet at Large' said: "These figures are concerning and we could be sitting on a ticking time bomb. The simple fact is that many pet owners don't realise that their pets are at risk of disease. Less than half of all dogs and cats are vaccinated, which is well below the amount needed to protect the pet population through herd immunity."

TV presenter Kate Humble said: "It is worrying that all too many owners start off with good intentions by getting puppies and kittens inoculated but fail to keep vaccinations up to date needlessly exposing much loved family pets to potentially life-threatening illnesses. The National Vaccination Month Campaign is not only offering a welcome bonus to these owners with its offer of a reduced cost vaccination throughout June but through its website [www.vaccinationmonth.co.uk](http://www.vaccinationmonth.co.uk), it is providing a great source of help and advice.



“The really sad aspect is that people who are reducing veterinary care due to the recession may be making a false economy by putting their pets at risk of serious disease which may lead to treatment at far greater cost than the price of the annual jab.”

The You Gov survey suggests that where people have had to pay for unexpected vet bills they are paying for them on credit cards. One had to put the family pet down and many revealed that they had made personal sacrifices in order to keep looking after their animals including stopping smoking, cutting out luxuries, clothes and socialising.

The You Gov survey highlights how, despite lavishing affection and presents on their pets, people are not taking adequate steps to protect them from preventable killer diseases. The survey reveals that 65% of pet owners consider their animal to be an extremely important member of the family with over half (54%) buying them Christmas presents. However, only 56% of pets were vaccinated with just under a quarter (22%) of owners unaware of any disease risk.

**Currently, 3 million dogs, 6 million cats, 1.8 million rabbits and 500,000 horses are unvaccinated leaving them at risk of a range of fatal diseases, many of which are untreatable.**

For more information on National Vaccination Month and how to protect your adult dogs, cats, rabbits and horses<sup>5</sup>, log on to [www.vaccinationmonth.co.uk](http://www.vaccinationmonth.co.uk)

- ends -

#### **Notes to editor**

<sup>1</sup> Blue Donkey survey of 100 vet practices, October 2008.

<sup>2</sup> All figures, unless otherwise stated, are from YouGov Plc. Total sample size was 2,131 adults. Fieldwork was undertaken between 13<sup>th</sup>-15<sup>th</sup> May 2009. The survey was carried out online. The figures have been weighted and are representative of all GB adults (aged 18+).

<sup>3</sup> Mrs Carol Colburn, 56, from Brighton, Sussex, died in May 2008 after contracting Weils Disease from a rat who scratched her as she tried to free it when it got stuck in her garden bird feeder.

<sup>4</sup> CICADA-Live (Computer-based investigation into Companion Animal Disease Awareness) research collected in the six months to May 2009 by animal health company, Intervet/Schering-Plough Animal Health. The responses were compiled from 95 veterinary practices (representing 332 vets) across Britain and include suspected and confirmed incidents of disease.

The primary objective of the CICADA-Live project is to increase awareness of the prevalence and distribution of infectious diseases affecting companion animals in the UK.

<sup>5</sup> Dogs and cats over 18 months of age and that haven't been vaccinated for at least 18 months are eligible for National Vaccination Month. Rabbits that haven't been vaccinated for 9 months and are at least 9 months old are also eligible. Horses will need to be over 12 months of age and be unvaccinated or have lapsed from their normal booster vaccination by more than three months.

So on the back of a survey of 95 vet practices talking about real or suspected disease, the British government's Veterinary Medicines Directorate is prepared to both believe in the accuracy of the surveys carried out in support of a sales campaign, and to quote them?

The VMD stated in its position paper:

**[Leptospirosis] Infection can cause serious disease in many species and is a potentially lifethreatening disease in humans. Weil's disease is a severe form of human leptospirosis leading to jaundice following liver damage and kidney failure. Leptospirosis was reported by 40% of UK veterinary practices in a recent industry survey (CICADA-Live survey, June 2009) covering a six month period.**

Mrs Carol Colburn, 56, from Brighton, Sussex, tragically died in May 2008 after contracting Weils Disease from a rat who scratched her as she tried to free it when it got stuck in her garden bird feeder (although the main body of the press release claimed the rat bit her). Could they not find a human who died more recently after contracting leptospirosis from their **dog**? String rat... dog ... disease ... and death together and you can frighten people into confusion-fear-based responses.

Contrast previous National Vaccination Month publicity with a communication from Blue Zebra PR on behalf of Intervet this year (2010) in answer to an *Our Dogs* journalist's questions about 'National Vaccination Month':

**If, as world veterinary bodies claim, 98% of dogs are immune to viral disease after their puppy shot and first booster, why does the 'National Vaccination Month' offer a full puppy series for the price of a booster for dogs whose shots have lapsed by more than 18 months?**

It is estimated that there are currently 3 million unvaccinated dogs in this country and with a vaccination policy that is designed to protect the individual (unlike the human vaccination policy which is designed to protect the population by vaccinating enough people to create general immunity), the stated aim of many independent experts is to vaccinate more animals.

National Vaccination Month was established to encourage dog owners who have never had their pets vaccinated to do so and to encourage owners whose dogs' vaccinations had lapsed, to bring them up to date. The initiative does not encourage over vaccination but instead aims to bring down the cost of vaccination for those dogs that could be at risk. Each dog taking part in the

scheme would be individually assessed by a vet to decide which vaccines and how many doses are needed.

The minimum requirements of restarting a vaccine course depends on the specific vaccine used but typically only requires a single dose of some components (eg parvovirus, distemper and hepatitis) and two doses of other vaccines such as leptospirosis.

The journalist also asked:

**Do you believe the vaccine industry has a responsibility to educate vets so they don't administer unnecessary, ineffective, or potentially dangerous vaccines?**

The response: We are not aware of the existence of any such dog vaccines in the UK especially given the rigorous procedures that are undertaken before a vaccine is licensed. Having said that, we do believe the vaccine industry has a responsibility to educate vets and to pioneer developments in the vaccination field.

To this effect we are the sponsors of the Vaccine Guidelines Group that formulate the WSAVA guidelines. In addition, we are currently running a Continuous Professional Development programme across the country exploring some of the latest thinking on pet diseases and vaccination from experts in the field.

There are a number of responses to Intervet's statement. The first is to ask why this "lapsed by 18 months" phrase is continually repeated if the aim of the campaign is to reach dogs and other pets who have never been vaccinated? Why don't they just say, "if your dog has never been vaccinated, we will give him the full puppy series for the price of a booster"? What does the timeframe "lapsed by 18 months" have to do with anything? Confusion marketing? And why are they always featuring parvovirus and never making it clear that Intervet has a parvovirus vaccine that is good for three to four years?

CHC members have made enquiries of a number of veterinary practices participating in National Vaccination Month since it first started, and have been told that dogs were, or are, in line to receive a full puppy series for both core and non-core diseases if they have not been boosted within the previous 18 months under this scheme.

Their findings are shown below.

**I contacted Blythman & Partners Veterinary Practice, 2 East Street, Whitburn, Sunderland SR6 7BX (this is a large practice in the area - with about 6 different offices scattered throughout the region). They said that the normal price for each of the vaccinations is £26.67 each (x2). But this special offer they are running this month means you only pay the price of a normal booster which is £38.76. The injection covers everything except**

**rabies and kennel cough (namely - parvo, distemper, hepatitis, leptospirosis, and influenza).**

**I have to say I feel the price of £38.76 is excessive and I am curious to find out what the usual price of an annual booster would be!**

South West Dorset, This is my own vet!! They were a bit vague on actual price and had to go and check about the vaccines given, In the end I was told "the first part of DHPPIIL" normal cost £57.36 (less the discount) then come back for the second part two weeks later which is free.

Practice address:-

Bredy Veterinary Centre  
Sea Road North  
Bridport  
Dorset

**I asked my husband to phone the two local practices who are taking part in the vaccination promotion. These are his findings:**

**Broadway Veterinary Surgery, Broadway, Bebington, Wirral CH63 5NH.**  
The receptionist was familiar with the promotion but had to make enquiries as to what the vaccination covered. She knew that the dog would have to be over 18 months overdue of vaccination. She came back saying that the vaccine would be non-live vaccine and would protect against Parvo, Distemper, Lepto, Hepatitis, Parainfluenza. Kennel cough would be given separately as a nasal spray. They re-start the puppy vaccination, first vaccination costing £21.93 The second vaccination would be given 4 weeks later, free of charge. No offer for health check was forthcoming.

**The second practice**

**Parkside Veterinary Surgery, 2 Sefton Road, New Ferry, Wirral CH62 5AT**

The receptionist was unfamiliar with the promotion and had to wait for the practice manager to return on site. She phoned back later to say yes they were participating. When my husband asked what did the vaccination cover, she didn't know and had to go and find out. Coming back saying it protects against Parvo, Distemper, Lepto, Hepatitis, Parainfluenza. When asked if vaccine was live, she didn't know and had to go and ask. Came back reading from something which said it was free stride live vaccine. Kennel cough given separately as nasal spray. Normal cost of annual booster £43.50. With this promotion they re-start the vaccine protocol as for a puppy with one total price for both vaccinations (normally £57.95) but with this promotion £43.50 with the production of a voucher.

**Neither practice were familiar with the 3 year protocol nor were they familiar with the term MLV as an abbreviation or spelt out in full (certainly hope the vets would know even if the receptionist/practice manager /veterinary nurse were unaware!)**

The vaccination "Amnesty" (misleading?) starts now and is to be advertised nationally on TV and in the "media". He congratulated me for making the call.

The discounted vaccinations would be Distemper, Hepatitis and Lepto, but not Parvo or Kennel Cough (although I was offered the latter for £19.27). I am horrified at the website's blatant scaremongering tactics – apparently I live in a red danger zone for parvo (although my vets haven't seen a case for ages). If I hadn't lost one dog and had one survive (albeit damaged) from vaccinosis I could easily be sucked in by their technique.

**I rang about my mum's dog Jess who is 12 and hasn't been vaccinated for years... they dug out her records and told me she hadn't been vaccinated since 1997 so she was Well Overdue (I'll tell my mum....)**

**I asked whether it mattered that she wasn't a regular client of this practice and was told No, but where does she usually get seen? Oh I said she hasn't seen a vet in years, that's why I think my mum should take advantage of this amazing offer and get her boosted.**

**Oh well it wouldn't be just a booster when the dog is So Overdue, but we can offer the full primary course for the price of a booster - that's Distemper, Hardpad, Parvovirus, Leptospirosis and Parainfluenza - two shots 2-4 weeks apart at £34.38 instead of the usual £50.96 - and including a free health check. It's just a one-off offer and we can't promise that next year, it wouldn't go back to the old price, but if you get the booster done in good time you don't have to start again with the primary vaccinations like you would if it had lapsed. And if your dog (sorry, your mum's dog) was to get ill (we do occasionally hear reports of dogs with parvovirus though not in this area) that could mean a lot more expense, so a saving in the long run, and much better for everyone - EVERYBODY benefits! I asked, what about distemper, and she said, she would have to find out, not sure...**

**Oh right says I, but another thing, now I THINK this dog is healthy but it's quite old, is this at all risky? Oh no she says, but if the dog's off colour on the day of the checkup we will just re-schedule. No problem.**

**Just looking at this website again, I say (thinking aloud) and it says something about a £30 voucher...bit of flustering at the other end....does it? you're the first person to ask, we aren't really into the swing of it yet .....hmmm... oh well that would make it £20.96.....oh excellent, maybe I can convince my mum now that it's even MORE of a bargain.**

**Of course I need to discuss it with her, seeing as it's her dog....**

**They look forward to hearing from me, and aren't so busy ...could probably get an appointment the same day.**

**Anyway it all sounds just lovely. I shall kidnap "my mum's old dog", by force if necessary and rush to take advantage of this super offer at The Mount Veterinary Group, 89 Middlecave Road, Malton, N. Yorks YO17 7NG**

I phoned one of our participating vets who are:

Abbey Croft

38 Station Road  
CW9 5RA

They are offering everything except kennel cough for the price of £28.35 - it consists of two jabs two weeks apart covering parvo, hepatitis, distemper and leptospirosis. Kennel cough is not included.

She asked a few questions and I answered for Jasper saying he had his puppy shots, and she said he would qualify for the offer as he has missed out on his boosters.

**I have phoned the two nearest vets.**

**First one: Priory Vets - 59, Purewell, Christchurch, BH23 1EN**

**Vaccines - cover distemper, adenovirus, parvovirus, leptospirosis, parainfluenza, coronavirus**

**They would give my two year old dog a full set of vaccines, which would be one now and another in three-four weeks. After that parainfluenza and leptospirosis would be boosted annually, all the rest would be boosted every three years.**

**Cost with voucher would be full price for the first set of vaccines, and free for the second.**

**Second: Magnolia House Veterinary Clinic - 1a Stoney Lane, Christchurch BH23 7LQ. They said:**

**If dog has not been vaccinated for 18mths or more, then they give two primary vaccinations with two weeks between, and under the Vacc Month discount it would be charged as a booster (£22.99). Brand is Intervet, which they said was the only one participating in Vaccination Month.**

**Diseases covered: parvovirus, distemper, hepatitis, leptospirosis.**

**Following the first course, all the above diseases are included in an annual booster.**

Well that was good fun. My 3 year old Labrador Harry, has had his puppy jabs but nothing since. I am new to the area so was just making enquiries !!!!!

Abbeyfields  
49 Clarence Street, York, YO31 7EL  
Tel. 01904 654016

Course of two - £40.29 (normally £57.72 !!!!!)  
Leptospirosis, Hepatitis, Distemper and Parvo

I said that I thought these diseases had been wiped out and she gasped and said that in the last two weeks they had had two adult dogs in with Parvo and 7

months ago a puppy but all survived as treatment is so much more effective nowadays but even so these diseases are very preventable due to the vaccines and that the diseases are still around especially in cities such as York where there are lots of flats !! They would send me a reminder every year and he would require these jabs for the rest of his life.

Minster Veterinary Practice  
Salisbury Road  
York, YO26 4YN

£31.78 during the amnesty.

Same as when he was a puppy - injections 2 weeks apart.

Distemper, Parvo, Hepatitis, Parainfluenza.

Again diseases very much around but was obviously busy but said to just ring up and they would get me in the same day ..... wonderful.

Neither Harry or my Beardies will be taking up their offer.

**I rang the following vets:**

**Holtspur Vet Clinic - Beaconsfield**  
**Wheelhouse Vet Group - Amersham/Chesham**  
**Wendover Heights Vet Centre - Aylesbury**  
**Wellington House - Princes Risborough**

**They are all offering parvo, hepatitis, lepto and distemper for the offer. One complete 'puppy' shot with a booster 2 wks later. Kennel cough is extra.**

Re the vaccination info, I have already receive a notification from a vet I no longer use. They are

Alexandra & Hillyfields  
Hillyfields Way  
Winscombe,  
Somerset BS25 1AE

I rang them and they are offering the usual, Distemper, Lepto., Hep., and Parvo virus. You pay for the first, second free. They also offered kennel cough shot as an extra for £25. (Offers I was able to refuse!)

They didn't give me any other info, except to ask me to book. I have the letter and list which I will forward to you.

**I rang the Drove Vets. I asked were they doing the offer of vaccinations, "yes the usual boosters" but had to push for details which was Hep, Lepto, Dist, and Parvo, not Kennel Cough. Could not tell me how much. Had to go in to vets so asked if they had a leaflet on it she just said log on to the web site!**

**The other Vets, Thameswood, when asked she said "do you mean the vaccination amnesty?" She had no details "but it would be the usual" when pressed she said Hep, Lepto, Dist, Parvo not Kennel Cough**

Here is the reply :-

Greenwood & Brown wrote by email:

The vaccinations are against Distemper, Hepatitis, Parvovirus, Parainfluenza, Leptospirosis. You can take advantage of this offer for more than one dog but no extra discount is given for multiple animals.

**I have just rang a practice near me which is participating in this scheme.**

**Companion Care Basingstoke  
Pets at Home  
Hatch Warren Road  
Wallop Drive  
Basingstoke  
Hampshire  
RG22 4TT**

**They are going to be using the Intervet Nobivax which will include: distemper, hepatitis, parainfluenza, parvo virus and lepto. It consists of two injections two weeks apart.**

**The second year they give the same 'full' vaccination again and the third year a smaller vaccination is given.**

Both vet practices in Biggar are partaking. Armac, 4 Station Road, are supplying Parvo, Dist, Hep, Lepto, Herpes? (she said Herpes the first time but when I asked her to go over it again, she didn't mention it) and Parainfluenza.

When I called The Two Rivers practice, 157A High St., they didn't know. They are aware of National Vacc. Month, but will have to look in to the details.

**The Padocks Veterinary Practice  
Eastcroft Farm  
Eastcott  
Devizes  
Wiltshire  
SN10 4PJ**

**They said:**

**Puppies get full booster at 8 and 10 weeks, with all the vaccines in and again at one year of age – full booster.**

**At age two (providing they have had 3 full vaccinations) they give ½ a vaccine, and when I ask what was in that it was everything except the**



**distemper. From then on the magical ½ vaccine is given ever other year with a full vaccine in between.**

**The full price is £25.00**

**½ vaccine is 22.50 which is every other year. This is the normal price from this vets.**

The Willows. Hartford, Northwich is offering two shots for £28.35 two weeks apart, covering, parvo, distemper, hepatitis & leptospirosis but not kennel cough.

So rather than reaching dogs who have never been vaccinated, they appear to be reaching dogs who are already immune and who do not need to be revaccinated. If Intervet feels that it has a responsibility to educate vets, it is not doing very well on the subject of duration of immunity.

It must also be remembered that whilst 3-4 year vaccines exist to protect against core viral diseases, many veterinary practices in the UK are sticking with the one-year vaccines.

The second response is that Intervet is a sponsor of the WSAVA Vaccine Guidelines Group, which is itself clear about the Leptospirosis vaccine being non-core. The WSAVA advises that this vaccine should not be used unless there is a clear disease threat. This does not prevent Intervet, via its PR firm, from stating:

“However, one aspect of all leptospirosis vaccines as far as we are aware is that they need at least annual boosting. Although they are regarded as non-core by some (ie only applicable to those dogs at risk) in the UK there is sufficient evidence that leptospirosis protection is applicable to the vast majority of dogs since they have access to the outdoor environment where rats are widespread.”

A year before my Golden Retriever, Gwinnie, passed away from old age (at the age of 15 years and 8 months), she caught a rat in a nearby stream. The rat kindly bit her on the cheek, drawing blood. Gwinnie had not been vaccinated against leptospirosis (or anything else) since her puppy shots. She did not fall down and die of leptospirosis.

Rats can only spread leptospirosis if they themselves are carrying this disease. The presence of rats does not automatically denote disease.

Pet owners need proper, verifiable, figures about real disease threat. They do not need to risk the known severe adverse effects associated with the leptospirosis vaccine upon the advice of a sales and marketing campaign.

They need the confusion cleared with regard to annual vaccination. The pharmaceutical industry is not giving clear direction. It does, however, see vaccines as a key growing market.

National Vaccination Month appears to be ongoing in 2010, although I personally haven't seen any of the usual TV and press advertisements. However, during June 2010, one of CHC's members forwarded a leaflet that had been sent to her in the post from the Willows Veterinary Group. It read:

**Vaccine Amnesty**

We notice from our records that your pet has not received a booster in the last 18 months.

It is vitally important to maintain your pet's immunity against debilitating and potentially fatal diseases. Without regular vaccinations your pet's health is at risk.

During June and July we are holding a Vaccination Initiative to help you get your pet's vaccinations up to date.

As part of this great offer, we will give a health check and offer a complete primary vaccination course for the price of a booster.

Please call your local surgery to arrange an appointment.

We look forward to seeing you and your pet soon.

## 6. Chemical companies

Although chemical products have a bearing on canine health, much of it negative, it is too big a subject to go into in detail within this document. However, we would like to share our experience of the VMD's attitude towards chemical companies' products.

Chemicals are sold into the dog market chiefly through flea control products. The VMD is charged with the task of licensing these products, and ensuring their efficacy and safety. As business reports have shown, there is a cross-over between drug manufacturers, vaccine manufacturers, and chemical manufacturers.

Many flea control products have been found to be carcinogenic to dogs. In the late 1990s, Canine Health Concern issued a press release outlining the dangers of one flea control product component, namely Carbaryl, which is a dangerous carcinogen.

Within two weeks of our press release, the British government withdrew Carbaryl from sale in head lice treatment for humans. The VMD gave the veterinary chemical industry 18 months to use up their stocks, even though laboratory studies had shown that Carbaryl is more carcinogenic to dogs than to other species.

This indicates that it is important to the British government, through the VMD, that industry is financially supported, whereas it doesn't matter if dogs acquire cancer from their flea control products.

Other flea control products come with the warning that owners must not sit with or hug their dogs after administration. Children have to be kept away. Packaging must be disposed-of safely, away from waterways, lest it kills fish.

Did you know that if you feed a dog a biologically appropriate diet (just like Grannie used to do), then they are unlikely to suffer from flea infestations? Just speak to a dog owner who feeds naturally and who doesn't over-vaccinate. They'll tell you how healthy their dogs are, and how they don't need to use flea control chemicals.

Sometimes we wonder if the VMD is in existence to fast-track dangerous chemicals to market.

## 7. Pet charities

We have already highlighted the leaking boundaries between the veterinary vaccine industry, unnecessary boosters, and animal charities. It is of course quite possible that the animal charities have only the interests of the animals in mind. It is possible that their veterinary officers are unaware of major announcements from such bodies as the World Small Animal Veterinary Association, and therefore remain unaware that duration of immunity to core viral diseases persists for years or life. It's also very possible that they are unaware of the wide range of adverse effects associated with vaccines, and would choose to recommend we over-vaccinate, or allow confusion to reign, rather than have animals unprotected.

But it would certainly be in the interests of the veterinary vaccine companies to have the animal charities help them with their marketing campaigns.

Do corporations give money to charities for the sake of altruism, or do they tend to support the charities which support their aims?

Intervet's web site [http://www.intervet.co.uk/news/2009-11-27 -  
\\_seasons\\_greetings\\_donation.aspx](http://www.intervet.co.uk/news/2009-11-27_-_seasons_greetings_donation.aspx) states:

27 November 2009: Every year, instead of traditional Season's Greetings cards, Intervet/Schering-Plough Animal Health supports charitable projects or organizations with activities that benefit animal welfare and people.

Another link: <http://www.intervet.co.uk/company/csr.aspx> states:

### **Responsibility and Integrity**

At Intervet/Schering-Plough Animal Health we believe our responsibilities to wider society extend beyond our primary goals as a business. We are committed to raising standards and to adding value wherever we can — in the food chain, for the animals which benefit from our products and, on a broader level, to the environment and wider society as a whole. We strive to conduct our business in such a way as to maximize its social, environmental and economic benefits and encourage our employees to apply these fundamental principles in all aspects of their professional lives.

Intervet/Schering-Plough Animal Health is involved in a number of areas where we believe we can contribute to improving people's lives and the world we live in. We focus on areas in which our scientific expertise, products and people can really make a difference to everyday lives and to raising professional standards.

During this time significant milestones have been achieved including the introduction of a ground-breaking national working party within the animal and human health sectors. This pioneering group was set up to bring the subject of child abuse, animal abuse and domestic violence to the fore. The Links Group

consists of the RSPCA, NSPCC, Women's Aid and other leading authorities, including Intervet/Schering-Plough, to raise awareness of the connection of violence and helping to make a difference.

Another link: [http://www.intervet.co.uk/news/2009-08-26 -  
\\_charity\\_and\\_vaccination\\_campaign\\_put\\_horse\\_welfare\\_first.aspx](http://www.intervet.co.uk/news/2009-08-26_-_charity_and_vaccination_campaign_put_horse_welfare_first.aspx) - shows Intervet's support of a horse charity.

26 August 2009

The UK's largest equine re-homing charity, World Horse Welfare, has been an additional beneficiary of the first equine National Vaccination Month, receiving a donation of £2,000 from the campaign's founder, Intervet/Schering-Plough Animal Health.

National Vaccination Month committed to make a donation to World Horse Welfare for every horse or pony vaccinated under the scheme. The result has been a win for all, with over two thousand previously unprotected horses and ponies vaccinated, and a significant one-off donation to the charity at a time when it needs it most.

Tony Tyler, Deputy Chief Executive of World Horse Welfare said, "We were delighted to be involved in National Vaccination Month. It is essential that horses are vaccinated against tetanus and equine flu, as they cause tremendous suffering and, potentially, death. We ensure that all animals passing through the World Horse Welfare gates are vaccinated as a matter of course. The £2,000 donation from National Vaccination Month will be a great help in looking after vulnerable horses and enable us maintain our own comprehensive vaccination program."

The campaign included horses and ponies for the first time this year, offering discounted vaccination programmes against equine flu and tetanus.

Angus Robinson, from Intervet/Schering Plough Animal Health, said, "We are delighted with the success of this year's National Vaccination Month campaign and particularly proud that we have been able to support the more vulnerable equine population with a donation to World Horse Welfare."

National Vaccination Month saw thousands of dogs, cats, rabbits and horses vaccinated in June protecting against a range of diseases, some of which can prove fatal.

The major well-known pet charities in the UK are multi-million pound marketing organisations, and they attract and accept funding from companies selling into the pet products market. Other animal charities are not multi-million pound organisations and accept funding, however small, with much gratitude.

Dr Michael Fox, a British veterinarian based in the United states, openly recounts the tale of his effective dismissal from the American Humane Society after he

wrote the forward to a book which exposed the dangers inherent within commercial pet food. When Dr Fox returned to work as chief veterinarian of the Humane Society, he was demoted and his salary was frozen. His furious boss told him that the organisation was just about to seal a sponsorship deal with a major pet food manufacturer.

Intervet's website [http://www.intervet.co.uk/news/2009-11-01\\_-\\_pet\\_diabetes\\_month.aspx](http://www.intervet.co.uk/news/2009-11-01_-_pet_diabetes_month.aspx) proudly announces a funding collaboration with the PDSA:

1 November 2009

This November Intervet/Schering-Plough is pleased to support Pet Diabetes Month and The Great Pet 'Pee' Test campaign, to help increase awareness and screening for diabetes. Pet Diabetes Month (November) is a new nationwide screening campaign to test the UK's cats and dogs for diabetes.

Diabetes is reported to affect up to 1 in 100 pets and the condition is on the increase. In a survey less than half of pet owners surveyed knew that pets can suffer from diabetes. Diabetes is increasingly common in dogs over 5 years of age, cats over 8 years, overweight pets and certain breeds. Luckily, diabetes can usually be easily diagnosed using a simple urine test. The **Great Pet 'Pee' Test** is a national initiative to test at-risk pets for diabetes.

The new nationwide screening campaign The Great Pet 'Pee' Test aims to mobilise the region's pet owners to collect a free diabetes 'test strip' from the practice to check their cat or dog for diabetes and submit the result in a special online survey on diabetes – the first of its kind in the UK. The campaign aims to reach both existing clients and potential new ones.

Owners can log the findings anonymously on [www.petdiabetesmonth.co.uk](http://www.petdiabetesmonth.co.uk). For each logged result, 10p will be donated to the PDSA by Intervet/Schering-Plough Animal Health. Findings from the survey will be used to help assess current pet diabetes levels throughout the UK and to identify any regional variations.

Further information on the signs of diabetes can be found on our website – for further information, contact your veterinary surgeon.

On another site - <http://willmydoghateme.com/canine-diabetes/november-is-pet-diabetes-month-oh-the-irony> - we see:

**November is Pet Diabetes Month. Oh, the irony!**

*By [Edie Jarolim](#) | Published: December 5, 2009*

[Originally posted November 8, 2009]

Via my alert pal Constance B. Riggs, a dietitian who focuses on human diabetes at her excellent Eating Soulfully blog, I just discovered that November is Pet Diabetes Month. I'd always wondered who comes up with those designations and now I know: Drug manufacturers who want people to use their products. Yes, the

trail through various tweets and blogs led me to discover that the designation had been made by Schering-Plough, the manufacturer of Vetsulin which, the FDA announced in early November, is defective. I blogged all about it a few days ago; see [The Vetsulin Crisis: Cold Comfort](#).

I guess once you publicly dedicate a month to a disease, you can't take it back.

Intervet's website said that Pet Diabetes Month is, "to help increase awareness and screening for diabetes", not that it has a drug to sell.

The FDA website mentioned above -

<http://www.fda.gov/AnimalVeterinary/NewsEvents/CVMUpdates/ucm188752.htm> states:

**FDA's Center for Veterinary Medicine Alerts Veterinarians About Problems with Vetsulin® to Treat Diabetes in Dogs and Cats**

November 2, 2009

The Food and Drug Administration's (FDA) Center for Veterinary Medicine (CVM) and Intervet/Schering-Plough Animal Health are alerting veterinarians and pet owners that Vetsulin®, a porcine insulin zinc suspension used to treat diabetes in animals, may have varying amounts of crystalline zinc insulin in the formulation. Because this Intervet/Schering-Plough Animal Health product is out of specification it could cause a delay in insulin action and an overall longer duration of insulin activity. Products having significant problems with stability can affect the management of chronic diseases. Unstable insulin products can result in unpredictable fluctuations in the glucose levels of diabetic patients. Intervet/Schering-Plough Animal Health is unable to assure FDA that each batch of their product is stable.

FDA and Intervet/Schering-Plough Animal Health request that veterinarians closely monitor their patients receiving Vetsulin® for any changes in onset or duration of activity, or for any signs of hyperglycemia or hypoglycemia. The classic signs of hyperglycemia include increased thirst, increased urination, weight loss and lethargy. The classic signs of hypoglycemia would include disorientation, unsteadiness, weakness, lethargy, and seizures.

While Intervet/Schering-Plough is working with FDA on resolving this issue, supplies may be limited. Therefore, veterinarians should consider transitioning their diabetic patients to other insulin products. In addition, FDA encourages veterinarians to report any adverse events with the Intervet/Schering-Plough Animal Health product to the company through the Technical Services Department at 1-800-224-5318.

A Compass document -

[http://clients.squareeye.com/uploads/compass/documents/compass%20bitter%20opill%20WEB%20\(2\).pdf](http://clients.squareeye.com/uploads/compass/documents/compass%20bitter%20opill%20WEB%20(2).pdf) – concerns itself with the pharmaceutical industry in relation to human drugs. We assert that the same potentially negative influence impacts the animal market. The Compass documents states:

In the UK, because of the relatively stringent regulation of DTCA, the focus of pharmaceutical marketing rests with patient groups.

[A patient group is a group whose interests lie with patients. In the pet market, the equivalent of a patient group might be the Kennel Club, the RSPCA, the Dogs Trust, Blue Cross, and so on.]

The Compass report continues:

There are over 2,000 patient or advocacy groups in the UK, and they provide invaluable information and support for their members. They are in some cases the only voices for vulnerable people in the face of illness, disability and discrimination.

However, worryingly, these groups, whose existence in some cases is very hard to mouth, desperate for funding in order to continue to exist and support their members, are accepting pharmaceutical industry funding. For the company these 'strong ties can advance corporate goals and brand objectives' and for the patient group they can limit both perceived and actual independence and objectivity.

Pharmaceutical industry sponsorship of patient groups is widespread. Ball et al. examined websites of 69 patient groups for ten chronic conditions; 37 (54%) disclosed funding sources, 31 of which received industry funding. Of the groups that disclosed financial information, 83% had received funding from the industry. This suggests that a large proportion of patient groups are receiving some funding from the industry. This funding can in some cases be a small proportion of their budget. However, Paul Flynn MP, in evidence given to the Health Select Committee, argued that for some patient groups pharmaceutical company funding actually represents much larger percentages of their funding, up to 80% in some cases.

For example, in 2007 GlaxoSmithKline, one of the largest UK pharmaceutical companies, provided financial support to 55 patient groups in the UK, with a total investment of £2.36 million. For some organisations this was a very minimal amount of their total budget, but in some cases it equalled up to 25% of an organisation's budget.

This influence could be seen to affect such organisations' behaviour directly or indirectly. This bias can create tension between government bodies such as NICE and patient groups, as a report by the *Independent* argued. The report stated that key organisations which have been active in attacking NICE had been sponsored by the pharmaceutical industry.

[NICE is the UK government body which assesses whether it is justified for the National Health Service to fund specific drugs.]



The case is similar in Europe. A study by Kirsten Schubert and Gerd Glaeske at Bremen University showed the influence of the pharmaceutical industry over patient groups. The report showed that in 2005 health insurance companies were the main sponsors of patients' groups in Germany, spending a total of €28 million (circa £19 million). However, the report argues that pharmaceutical companies are increasingly moving in to the area. Schubert stated, 'Pharmaceutical firms have recognized that patient groups have a large influence' and that 'members are often not aware of the involvement of the pharmaceutical industry'. The authors of the study recommend that all sponsorship be made transparent.

Canine Health Concern calls for transparency from animal charities receiving money from companies that can affect the health of dogs. Disclosures specifically need to be made if the animal charities actively support marketing initiatives on the part of pharmaceutical companies.

If the major pet charities are in receipt of funds from the pharmaceutical industry whilst promoting unnecessary vaccines, pet owners need to know. Further, little old ladies who bequeath their worldly goods to these charities need to know what their money is being used for.

If pet charities are promoting vaccines, or microchips, or pet food, or any product group which represents a huge international market, the public needs to know before they are able to assess the integrity of the advice being given.

Caroline Davies, editor of *Dogs Monthly* magazine, has been investigating the pros and cons of mandatory microchipping – another highly lucrative earner for big business, also with blurred boundaries between wealthy corporations and animal charities. Extracts follow from the article, in the July 2010 issue of *Dogs Monthly*:

One canine rescue and rehoming charity, Dogs Trust, even has a roving 'chip van' that tours the country, implanting dogs and cats, and offers advice about the benefits of microchipping.

The Microchip Advisory Group (MAG), according to the British Small Animal Veterinary Association (BSAVA), is made up of representatives from companies in the field of microchips, animal welfare groups and veterinary organisations; its members comprise microchip manufacturers, distributors, databases, major purchasers [of chips] and major implanters. Between them they developed a code of practice.

...leading cancer specialists said the findings troubled them: one said that before microchips are implanted on a large scale in humans, testing should be done on larger animals such as dogs or monkeys; another saw a need for a 10-20-year study of chipped canines 'to see if you have a biological effect'; a third said that reactions from implants affecting up to 10 dogs in 100,000 would not be a cause for concern, but 20-30 in 100,000 would raise red flags.

Advocates of animal chipping say that the figure for adverse reactions to chips is tiny since the British Small Animal Veterinary Association's (BSAVA) introduction of adverse reaction reports in 1997, via their Microchip Advisory Group (MAG), compared to the millions of dogs implanted with microchips, so the procedure is considered safe.

The MAG scheme, however, is an informal reporting system – vets are not required by law to report adverse reactions to microchips.

As far as further research into chip safety goes, vet Chris Laurence, current chairman of the MAG and also veterinary director of Dogs Trust (the UK's largest canine charity and a leading advocate of mandatory microchipping in dogs), says: "I suggest that over 10 years' experience of microchipping and the extraordinarily low rate of harmful adverse reactions is, in effect, informal clinical research, and any further....."

According to the BSAVA, any adverse reaction reports received by them are passed directly to Mr Laurence, who is also the vice-chairman of the Pet Advisory Committee (PAC), which provides information and advice to Parliament and national and local government.

The Kennel Club-owned and managed Petlog database says that they are logging 40,000 new registrations a month – that's 480,000 dogs a year. That represents a lot of earning potential (£800,000 a month if chipping is charged at £20) for the database, implanters and chip manufacturers and distributors. That's also potentially a lot of lost or stray dogs safely returned to their owners and saved from destruction if the system works efficiently.

... the studies' lead author Linda Lord found that, in another study, microchipped stray pets were more likely to be reunited with their owners than those un-chipped, but that 'no animal identification is more effective than a tag on the collar that includes the pet's name and owner's phone number'.

Lord is a sponsored speaker at veterinary meetings by microchip manufacturers Bayer Animal Health and Intervet Schering-Plough Inc, while co-author Walter Ingwersen is a consultant for PetHealth Inc, the parent company of a microchip manufacturer.

Lawrance Rafferty, founder of the Northern Ireland politics and business website [www.talk-big.com](http://www.talk-big.com) (where more information regarding other aspects of microchipping can be found) has his own views on why microchipping should not be made mandatory in the UK.

He says: "Those in government that advocate mandatory chipping are not adhering to the precautionary principle required by European Union (EU), which is supposed to be the backbone of all European studies. No complete scientific study has been done as regards microchipping dogs, impartial or otherwise. So that rule has been broken.

"In Northern Ireland the public consultation regarding introducing mandatory chipping was swamped by animal welfare groups. There were a couple of

breeders there, but very few owners. The majority of dog owners don't even know there is a consultation and it was not extensively advertised.

"The meetings comprised stakeholders and lobbyists. Each person was allowed to ask two questions and the animal welfare groups dominated the entire meeting, despite being from England in many cases and having no real right to be at a local assembly meeting in Belfast designed to get local views.

"In addition, the Minister for the Department of Agriculture, and Rural Development, Michelle Gildernew wasn't even there to see it, so that is how important she felt it was to get local opinion.

"So basically, the entire yardstick by which legislation is measured was subverted in the consultation thus far.

"Having gone to the Belfast meeting for the consultation on compulsory microchipping, the adverse reaction figures given were presented as if they were peer-reviewed science. When I questioned the figures and asked where they came from I wasn't given an answer.

"A large proportion of those at the meeting were from animal shelters in England. I discovered that the figures had been taken as fact because they came from animal welfare groups. Some of those groups operate in close cooperation with the large RFID manufacturers and distributors on MAG. This is not impartial advice, it is lobbying.

"What were they doing at a local government assembly meeting? What is their agenda?

"The one thing that is sure is that with millions of dogs getting chipped, some will have an adverse reaction. The owner could end up with a massive expense of having to treat a dog with cancer. What does that cost? Thousands of pounds! Will vets be treating that dog for free? No. Will insurance companies adjust policy exclusions to avoid paying out on this? Possibly. So the owner gets nailed again, the dog gets a painful cancer, and the vets and big pharmaceutical industries get richer.

"At the end of the day I really just want to have the choice to avoid implanting my dogs with something which may cause a severe adverse reaction and ultimately cancer."

Advertising, marketing and PR professionals are fully aware of the term, 'endorsement sell'. If a person in authority, or an organisation in authority, endorses your products, they are believed and their advice is followed.

Many of the major animal charities in the UK promote annual vaccination but do not appear to be receptive to any scientific information relating to longer duration of immunity against core viral diseases. Neither do they appear to be receptive to information about illnesses caused by vaccines. And now they are getting involved in pushing mandatory microchipping. Microchipping may have a good

track record of uniting dogs with their owners – but so does a collar and tag, and so does tattooing. Neither of the latter two options, however, are projected to be multi-billion industries, and neither are associated with cancer.

We have been unable to unearth very much information about money changing hands between the veterinary vaccine industry and the animal charities in the UK, although we do not rule out the potential for this. Enquiries made to the Charities Commission drew a blank as this information does not need to be declared.

The simple fact is this: we do not need to vaccinate our dogs every year against core viral diseases, but the animal charities are not providing clarity on this fact. Instead, they are supporting confusing marketing campaigns which – in my view – use scare tactics to frighten pet owners into paying for a veterinary procedure which is neither necessary nor without harm.

Transparency is called for.

## 8. The pet insurance industry

One would assume that the pet insurance industry would want to see healthy pets, if only to reduce their insurance payouts.

In 2006, Canine Health Concern took a phone call from a marketing executive at a large pet insurance company. The executive explained that pet insurance claims were 'going through the roof', and she wondered if we could advise the company on alternative treatments that might reduce claims. We volunteered to visit the company to make a presentation.

The presentation went well. The executive and her manager expressed positive appreciation, and asked if we would visit their headquarters in order to repeat the presentation. We agreed to do this. We also responded to the marketing executive's request to help her with proposals to her managers with the aim of helping the company reduce pet insurance claims. We were happy to do this since reduced claims means that there are healthier pets. The marketing executive emailed her profuse thanks.

Subsequently, the contact went cold and we were given the brush-off.

Some time later, I gave a presentation at a Pet Insurance Industry conference held in Edinburgh. The conference was attended by representatives of both the pet food industry and the veterinary vaccine industry. I was allowed to make my presentation, and then attacked – seemingly not by the insurance industry delegates who sat quietly together in one part of the room, but by veterinarians in attendance.

I couldn't understand why vets should have been at a pet insurance industry conference. People do not pay the hefty delegate rates unless they have a reason to do so. What is that reason?

We also left wondering what interests would be met by the veterinary vaccine and pet food industries attending this conference? Why do many of the pet insurance companies insist upon annual vaccination when it is clearly not required, and even counter-productive?

Interestingly, Intervet advertises Lifelong pet insurance on its website, arranged and administered by Pinnacle Pet Healthcare Ltd. See <http://www.pinnacle.co.uk/micro/pets/index.php?token=jhg13rewoizjh1rw1hzw45r6wiykfh2>.

Lifelong offers customers £25 each year towards their pets' annual health check and vaccinations.

The website says:

“Why your vet displays lifelong  
pet insurance in their practice...

**lifelong** was developed with the help of vets. That’s why it  
actively encourages preventative health care.

Every year we send you a £25 voucher to help pay for an  
annual health check and any booster vaccinations that might  
be needed.”

The British Small Animal Veterinary Association logo is displayed on the Lifelong  
web site -

<http://www.pinnacle.co.uk/micro/pets/index.php?token=jhg13rewoizjh1rw1hzw45r6wiykfh2> – providing endorsement.

Once again, we call for transparency. What business – literally – does Petplan  
have in promoting Intervet’s National Vaccination Month?

Some of the pet insurance companies do not push annual shots. Animal Friend  
pet insurance went so far as to put the following words on its website:

**Be your furry friend's pet health care advocate**

Your animal can't speak - so when it comes to pet health care, it is important you  
act as its advocate.

This is according to CTWatchdog's George Gombossy, who points out that while most  
vets put the health of your furry friend ahead of anything, others may be unaware of its  
medical history.

This, he argues, means you must stay informed of every step of veterinary treatment  
your pet receives and if you are unsure about the necessity of any of it, you have every  
right to make your point known.

For example, should your cat be a strictly indoors moggy, there is often little need for it  
to have all the vaccinations it would have to have if it were an outdoors animal.

In fact, unnecessary vaccinations can very occasionally be harmful - so it is wise to know  
exactly why they are essential.

"So be a smart consumer and the next time your vet tells you that you need something,  
demand an explanation and ask questions," Mr Gombossy recommends.

Animal Friends are a specialist pet insurance company providing dog insurance and cat  
insurance to British pet owners since 1999 and we now offer horse insurance too.

[http://www.animalfriends.org.uk/pet\\_care\\_news/be\\_your\\_furry\\_friend\\_s\\_pet\\_health\\_care\\_advocate\\_19763291.html](http://www.animalfriends.org.uk/pet_care_news/be_your_furry_friend_s_pet_health_care_advocate_19763291.html)

## 9. Boarding establishments

In its position paper, the VMD states:

**The VMD does not regulate the vaccination requirements laid down by animal boarding establishments. Local Authorities issue licences to proprietors of boarding kennels and catteries under the provisions of the Animal Boarding Establishment Act 1963. The licence can stipulate a number of conditions to secure the health of welfare of animals kept at the establishment. Animals must be kept in suitable and secure accommodation, supplied with adequate food and fresh drinking water and visited at regular intervals. In addition the licence may stipulate that reasonable precautions are taken to prevent the spread of infectious diseases and parasites.**

Mandatory annual vaccination is frequently enforced by kennels which are, in turn, mandated by local authorities in the UK, following advice from the Chartered Institute of Environmental Health which, in turn, draws upon the advice of a number of organisations, including the Royal College of Veterinary Surgeons. Their Model Licence Conditions were drawn up over fifteen years ago and we understand that they are currently 'thinking' of revisiting and reviewing them. However, they say, funding needs to be acquired.

If the government, through its regulator, the VMD, does not make the current science known to these advisory organisations, then what hope for change? Kennels will continue to insist upon annual vaccination certificates because they are unaware of the known science, and because they fear losing their licenses.

In this way, unnecessary and potentially harmful vaccinations are forced upon the British public and their innocent pets.

The VMD also stated:

**The Model Licence Conditions and Guidance for Dog Boarding Establishments recommend that the owners of any animal admitted to kennels must provide proof of current vaccinations for canine distemper, infectious canine hepatitis (ICH), leptospirosis (*L. canicola* and *L. icterohaemorrhagiae*) and canine parvovirus and other relevant diseases. The course of vaccination must have been completed at least four weeks before the first date of boarding or in accordance with the manufacturer's instructions. An additional note advises that vaccination against Kennel Cough should be encouraged and advice sought from a veterinary surgeon given the multi-factorial nature of this disease.**

Please note that these vaccines are only recommended. They are not enshrined in law. The problem, of course, is that local authorities believe, from previous guidance, that annual vaccination is the recommendation, and few kennel owners are aware of current science. What actually is a 'current' vaccination? Confusion is not good governance.

## **Elements 10-13 of the Animal Healthcare System:**

**10. Dog groomers**

**11. Pet shops, both high street and internet-based**

**12. Dog clubs (showing, training, agility)**

**13. Pet behaviourists**

The above groups are comprised mostly of 'ordinary' dog owners who are not trained scientists, and who rely upon the advice given to them by veterinary professionals with regard to vaccination frequency. They frequently repeat the advice they are given, often unaware of the inaccuracy of that advice.

Dog groomers, pet shops, dog clubs and pet behaviourists need to be aware of the facts before giving revaccination advice to their clients and customers.

Many of the dog clubs insist upon full annual vaccination before they will allow dogs to attend events. Once again, unnecessary vaccination is being imposed upon dog owners and their innocent animals.



#### **14. The Kennel Club (whose mission statement is to promote the general improvement of the dog)**

A seven-page letter was sent by CHC to the recent Kennel Club enquiry looking into canine health. We also sent Professor Bateson our books and our DVD.

Our submission related to the following areas as they affect dogs' health:

- Genes
- Nutrition
- Vaccines
- Environmental toxins
- Stress
- Harmful and/or ineffective medical interventions

We called upon the Kennel Club to:

- look into the health benefits of biologically appropriate food for dogs. If the experience of naturally-rearing dog owners is considered inadequate, then the Kennel Club should sponsor such research - without the involvement of vested interests.
- look at the scientific evidence and lobby for an end to the over-vaccination of companion animals.

We also stated that:

- whilst it's unlikely that breeders will stop breeding pedigree dogs, we have every reason to believe that proper husbandry will effect a welcome change in the health of dogs.
- measures can be taken to reduce the risks of pedigree breeding. For example, if there were more than one Best of Breed in the show ring, this would take the strain off one genetic pool. Dogs could be used at stud only after the age of six, by which time most genetic faults would be apparent.
- There is very little sense in looking for genetic faults and eradicating them from the breeding programme if we continue to introduce genetic faults through faulty husbandry. (Vaccinated dogs develop autoantibodies to the own DNA according to the Purdue study.)

We did not receive a reply from Professor Bateson, and Canine Health Concern was not listed amongst the contributors. After enquiring, Professor Bateson's

secretary apologised for failing to acknowledge our submission, but said that they were not considering these issues in their enquiry.

Subsequently, the Kennel Club launched the findings of its enquiry in collaboration with the Pet Food Manufacturers' Association, and appointed the VMD's Steve Dean to its board of Trustees.

The Kennel Club is in receipt of significant funding from the veterinary products industry.

## 15. Regulators such as Defra and the VMD

On 21 January 2010, the Australian Pesticides and Veterinary Medicines Authority (the equivalent of the British Veterinary Medicines Directorate) issued the following position statement:

**The annual vaccination of dogs and cats has been common practice in Australia and elsewhere. The international veterinary community is now increasingly supporting the position that annual re-vaccination with core vaccines is not required on a life-long basis.**

**In reviewing the current evidence and literature on vaccination protocols for dogs and cats, the APVMA:**

- 1. acknowledges that in some circumstances, such as communities with high prevalence of infection, annual revaccinations may be advisable**
- 2. does not support the retention of label statements that direct or imply a universal need for life-long annual revaccinations with core vaccines**
- 3. supports the Australian Veterinary Association's vaccination policy and is of the view that product labels should be amended to align with that policy**
- 4. is working with vaccine registrants with a view to updating labels.**

In response to our letter asking for the VMD to also acknowledge and make known the fact that annual vaccination against core viral disease is unnecessary, the VMD asserted that vaccines are rigorously tested for safety and efficacy, and outlined the status quo with regard to veterinary vaccines in the UK. The VMD did not respond to our request to withdraw one-year vaccines from the market.

With regard to vaccine frequency, the VMD stated:

**A veterinary surgeon is empowered to make a clinical benefit/risk judgement based on the local reports of infection and taking account of the age, health, home environment, travel plans and lifestyle for each individual animal presented for vaccination and discuss recommended vaccine schedules with the owner. Thus the decision to vaccinate the individual patient and the frequency thereof is a matter for the veterinary surgeon and his client to discuss. It is not an issue where the VMD should intervene.**

QUESTION TO THE VMD: Why not? Who else will stop unnecessary annual vaccinations which have the potential to cause harm?

With regard to the APVMA statement, the VMD responded:

**The VMD sees no conflict between the APVMA position and that of the UK and other EU regulatory Agencies. The APVMA recognises that in most cases core vaccines need not be administered any more frequently than triennially and that even less frequent vaccination may be considered appropriate. For most UK MLV vaccines for dogs, authorised re-vaccination intervals are at least three years.**

In the same breath, the VMD states:

**For the majority of UK authorised dog vaccines the re-vaccination interval for the core vaccines canine distemper (CDV), canine parvovirus (CPV) and canine adenovirus (CAV) is at least every three years.**

These are opposing statements. On the one hand the VMD asserts that it sees no conflict with the Australian regulatory pronouncement that revaccination should occur no more often than every three years. It then goes on to state that revaccination should take place at least every three years. This, in effect, is saying that revaccination can take place in year one, two or three.

In response to coverage of CHC's letter to the VMD – calling for the withdrawal of one-year vaccines - in *Veterinary Times*, the VMD sent the following letter to *Veterinary Times* and the *Veterinary Record*:

**Departure from SPCs is  
vet's own responsibility**

Dear editor,

We are aware of interest within the veterinary profession and among pet owners concerning the World Small Animal Veterinary Association (WSAVA) guidelines and how these fit with guidance in product literature for UK authorised vaccines intended for use in dogs. The summary of product characteristics (SPC) is a publicly available document based on the data package generated during development of a product, and agreed by the VMD during the authorisation process. It provides guidance on the correct use of the product and includes information that may help the veterinary surgeon when prescribing the product. The indications for use for individual products are authorised to reflect the unique data package submitted by the company to support the quality, safety and efficacy of the product. Revaccination schedules set out in SPCs are supported by data to demonstrate they are appropriate.

The WSAVA guidelines were developed, by a panel of experts, from American guidelines (which have been in place for a number of years) and were based on clinical experience, opinions and scientific

data that may or may not have been published. These guidelines provide useful guidance to clinicians, but must be read in conjunction with the SPC for each individual product. The WSAVA guidelines should be considered supplementary to UK authorised SPCs and, for the most part, are complementary.

In reality, we understand that, in the UK, vaccination schedules are based on the authorised SPCs. Recent trends in data mean that most products now indicate a duration of immunity of three to four years for canine distemper, parvovirus and adenovirus after completing the primary vaccination schedule in minimum-age puppies.

However, some veterinary surgeons may also take into account the WSAVA guidelines by, for example, giving a full first-annual booster before applying the extended duration of immunity claims, or by delaying the second vaccination until the animal is at least 12 weeks of age in some high-risk areas or where levels of maternally derived antibodies are expected to be high.

**It is important for veterinary surgeons to understand that, when departing from the SPC, they do so under their own responsibility.**

Each authorised product will have a benefit/risk assessment of the product, taking into account the reactions observed in safety trials and weighing these up against the benefits of vaccination.

The veterinary surgeon can also make a clinical benefit/risk judgement based on the individual animal's age, health status, home and travel environment and lifestyle. A number of multi-component and single-component vaccines are available on the market, which should provide flexibility in planning vaccination schedules in accordance with an individual animal's needs.

More detailed comment is available on the VMD's website ([www.vmd.gov.uk](http://www.vmd.gov.uk)), which also includes the SPCs and public assessment reports (UKPARs) for authorised products.

Yours faithfully,

JOHN FITZGERALD,  
Director of operations, VMD,  
Woodham Lane,  
New Haw,  
Addlestone,  
Surrey KT15 3LS.

One vet contacted CHC to express his view that John Fitzgerald's letter was threatening to vets. And yet a study by the VMD itself revealed that a high percentage of vets in the UK don't actually understand what 'SPC' means. Is this another case of Confusion Marketing?

We have long suspected that the Veterinary Medicines Directorate is more concerned with promoting the interests of the veterinary vaccines industry than it is with the wellbeing of the pet population. We make no accusation, but leave the reader to draw their own conclusions from the information supplied.

In its response to CHC's letter, the VMD stated:

**It is, however, recognised that there is an increasing body of scientific literature and opinion that suggests the DOIs of the core vaccines (as defined by the WSAVA Guidelines) for dogs may be considerably longer than the authorised claims for existing vaccines on the EU market. Nevertheless regulatory and scientific requirements restrict extrapolation of generic claims, like the data discussed, to specific products. Despite this conflict, veterinary surgeons in the UK may take account of recommendations in the WSAVA guidelines and scientific journals when devising optimum vaccination schedules for their clients' pets. However a shift to a revised vaccination regime that proved ineffective in maintaining the control of any of the diseases mentioned could be disastrous for a community of pet animals.**

The statement above seems to contradict the VMD's statement to the veterinary press, above, issued in the same time period. It gives veterinarians the right to take account of the scientific literature, whilst at the same time warning them that they're on their own if they do.

The VMD also stated, in relation to independent DOI studies:

**Confounding these observations and claims is the lack of detail reported in the primary scientific literature for these studies and as a result a thorough scientific analysis of the data is not possible without the provision of the raw data. For example, it is not possible to ascertain the number or age of the puppies at the time of vaccination, their immunological status or the vaccination protocol and products administered. The serological methods are not described, nor are the clinical signs or the detailed observations following challenge. Whilst the evidence as reported is persuasive, much of the data would not meet the usual standards of scientific scrutiny reserved for peer reviewed primary literature.**

Forgive me for this comment, but I feel that I have just wandered onto the set of "Yes Minister". The VMD does not follow the same rules when accepting Intervet's sales vox pop in relation to the prevalence of leptospirosis in the UK. This marketing intelligence is considered good enough for the VMD to advocate yearly vaccination for a non-core disease.

And since when were medicinal products or biologics meant to be administered because there's not enough information to say that they shouldn't be? Should it not be the other way round?

Informed pet owners in the UK – intelligent people who take the trouble to study the science – understand that there is no need to vaccinate their pets every year. On the other hand, ill-informed pet owners are being persuaded by veterinary surgeons, aided by confusing marketing campaigns, to vaccinate against core viral disease on an annual basis.

Although the VMD acknowledges that adverse reactions are under-reported, pet owners are trying to tell the VMD that adverse reactions are a serious problem.

Once circulating antibody exists, one can assume that immunity resides in memory. Revaccination confers no added benefit. This is rudimentary science. The only factor which leads to disease in an already-immune dog is that the animal's immune system can be compromised by poor diet, existing poor health, stress and genetic factors. Revaccination will confer no added benefit in these circumstances. A vaccine is more likely to make pets ill, or die, in these circumstances.

Why does the VMD seek to obfuscate the issue with irrelevant minutiae and by setting the scientific bar unreasonably high? Is it in order to promote sales?

Let us remind the VMD that the World Small Animal Veterinary Association, the American Animal Hospital Association, the American Veterinary Medical Association and the Australian Veterinary Association are comprised of veterinarians.

Veterinarians stand to lose significant income by eschewing annual booster sales. And yet they have made official, public, statements to make it clear that if an animal is revaccinated against viral disease, existing antibodies will cancel out the vaccine challenge. No added immunity is conferred. There is no benefit. It is really quite simple.

We don't vaccinate children every year, or every three years, for the exact same reason.

## **Who is the VMD?**

The following link describes the consultation process at the Veterinary Medicines Directorate.

From <http://www.defra.gov.uk/corporate/consult/new-independent-body-ah/annex5-descript-ah-delivery-landscape.pdf>

**Department for Environment, Food and Rural Affairs Consultation on a new independent body for animal health: *A modern governance and funding structure for tackling animal diseases***

Extract:

## Veterinary Medicines Directorate (VMD)

The Veterinary Medicines Directorate (VMD) is an Executive Agency of Defra. Its aim is to “**protect public health, animal health, the environment and promote animal welfare by assuring the safety, quality and efficacy of all aspects of veterinary medicines in the UK.** Animal Health and Welfare within the FFG DG is VMD’s principal customer within Defra”.

The VMD has three main areas of work:

- Licensing – the assessment of applications, issuing and maintenance of Marketing Authorisations for veterinary medicines in accordance with EC and UK legislation; pharmacovigilance for veterinary medicines through the surveillance of suspected adverse reactions and the licensing and inspection of manufacturers and wholesale distributors of veterinary medicines.
- Residues – the surveillance for residues of veterinary medicines and banned substances in home produced livestock and animal products, reporting of results and co-ordinating follow-up action.
- Policy – provision and implementation of new policy/legislation on all aspects of veterinary medicines. Providing policy advice to Defra Ministers.

Another government document, however, paints a slightly different picture:

### “The Veterinary Medicines Directorate A Hampton Implementation Review Report”

<http://www.bis.gov.uk/assets/biscore/better-regulation/docs/10-693-veterinary-medicines-directorate-hampton-implementation-review>

Extracts appear below. Highlights have been added by CHC:

The VMD was established following the publication, in February 1988 of the *Review of Animal Medicines Licensing* by Mr P.W. Cunliffe CBE, **former Chairman of ICI Pharmaceuticals Division**. The main recommendations of this Report brought together a variety of assessment and licensing activities for veterinary medicines vested at the time in the then Ministry of Agriculture, Fisheries and Food (MAFF).

The integration of these regulatory activities into a single Directorate allowed **the full cost of the licensing work to be met from fees paid by the industry** to a single organisation. Since its establishment the VMD has succeeded on a year-on-year basis to meet its full cost recovery targets.

**The legislation establishing the regulator:**



The VMD is an Executive Agency of Defra. As such, it is staffed with civil servants and it has no separate legal existence to the Department, but it has substantial operational independence from it.

The regulator's statutory remit or objectives:

**VMD's vision is ensuring "the responsible, safe and effective use of veterinary medical products."** Its responsibilities include:

- Authorising veterinary medicines and monitoring their safety and efficacy following the grant of a Marketing Authorisation. Marketing Authorisations are issued to companies once they have demonstrated that their product is of the appropriate quality, can be used safely and will be effective when used in accordance with the instructions that accompany them. There are presently over 1,700 Marketing Authorisations in the UK for veterinary medicines. The VMD website includes a list of these products and a Summary of Product Characteristics for each of them ([www.vmd.gov.uk/espcsite/default.aspx](http://www.vmd.gov.uk/espcsite/default.aspx)). The website also provides a summary of the data assessment carried out for recent national applications.
- Developing, updating and enforcing legislation relevant to veterinary medicines, controlling them from their point of manufacture, as they are supplied and all the way through to their moment of administration. The Veterinary Medicines Regulations, revoked and remade annually, are intended to bring together all of the legislation relating to veterinary medicines in the UK and to implement European legislation.
- Monitoring foodstuffs derived from animals for residues arising from the use of veterinary medicines and unauthorised animal medicines. Two schemes are operated by the VMD: the statutory residues programme which is paid for by the relevant UK food producers and the non-statutory programme for imported food which is paid for by the Government.

The regulator's budget:

The VMD's income for 2008/09 was approximately £15 million. **Around three quarters of the income comes from charges and levies paid for by the relevant sectors of industry which include the pharmaceutical industry, primary food processors and veterinary surgeons.** This funding operates on a full cost recovery basis. Defra provides funding in the region of £3 million each year, which largely goes towards meeting enforcement costs and non-statutory residue testing.

The VMD has a wide range of stakeholders. Those who are directly subject to its work as a regulator include some identified 4,500 **customers** who pay for the services directly or indirectly: provided. In descending order of income in 2006/07, these were:

- 352 pharmaceutical companies

- 286 red meat abattoirs
- 73 poultry abattoirs
- 30 fish farms
- 255 milk processors
- 883 medicated feed manufacturers
- 1,326 veterinary surgeons
- 1,221 “suitably qualified person” premises
- egg trade association representing hundreds of customers
- 32 medicine export companies
- 284 medicated feed suppliers
- 23 game abattoirs.

The VMD regulates the supply of veterinary medicinal products in the United Kingdom. However **it is keen to minimise the burden of this regulation on the industry**, for example, through its Small Animal Exemption Scheme (SAES) that allows ‘low-risk’ products for ‘low-risk’ species to be exempted from the normal marketing authorisation process. However:

- **The process that manufacturers have to negotiate when seeking a change to existing marketing authorisations can impose a considerable burden.** Stakeholders contend that this impacts their ability to bring modified products, for example, with more indications, to market since additional, and arguably unnecessary, regulatory requirements can make this **cost-prohibitive**;
- The VMD should publish **its innovation policy outlining how it is using new forms of technology to help veterinary medicine manufacturers bring new products to market.** In addition, the VMD should set out the opportunities that the industry has within the regulatory framework to market products and help **improve the availability of medicines** in the veterinary sector.

Review findings: The extent to which the review team believes the regulator is acting in line with the Hampton principle:

**Except when given face-to-face, advice is not always tailored to the particular needs of each audience and little, if any, advice is geared towards the general public.**

For the purposes of detecting suspected adverse reactions from veterinary products, information collected enables the VMD to track the side effects of veterinary medicines on animals or humans. **While pharmaceutical companies are obliged to report adverse reactions, veterinary surgeons, pharmacists and members of the general public are encouraged to do so as well; though they are under no obligation to do this.** Reporting adverse reactions by individuals takes the form of completing a one-page sheet available on VMD’s website, which will be available to be completed and submitted electronically in the future.

As a dog owner whose primary goal is to secure the health and wellbeing of my dogs, it seem to me that the Veterinary Medicines Directorate has lost its initial direction, which was to ensure “**the responsible, safe and effective use of veterinary medical products.**” Rather, the VMD has become a government body concerned with the need to **fast-track**, wherever possible, veterinary products to market.

**The VMD is not concerned with the safety of the pet population. How can it be when it advocates and facilitates the sale and use of vaccines that are not required; under-plays adverse reaction rates; and promotes industry marketing material in defence of unnecessary annual vaccination?**

The Veterinary Medicines Directorate is conflicted. It cannot both protect the pet population and its owners whilst at the same time seeking to make life easier for its customers (pharmaceutical companies), and openly promoting its customers’ marketing material. The chief and cherished customers of the VMD are the veterinary pharmaceutical industry. Our pets and other animals are merely the cash cows.

In addition to the visible ethos behind the Hampton report, examination of any of the VMD’s Report and Accounts (for example, for 1999/2000) illustrates the internal culture of the organisation.

Customers and stakeholders are itemised as:

- The pharmaceutical industry
- First processors and retailers of meat and other animal products
- Government ministers
- Distributors of animal medicines and medicated animal feedstuffs

It adds, seemingly as an afterthought in an additional paragraph: “We also recognise our responsibilities towards our stakeholders (i.e., all those affected by our work.) These include consumers, the veterinary profession, producers of animals and animal products and the general public.”

Perhaps it is an oversight that animals themselves are not mentioned, and the general public are last on the list.

Under ‘Monitoring and ensuring compliance’, the VMD had this to say in their report and accounts:

**We continued closely to monitor our compliance with our Customer Service Standards, including:**

- **Seeking regular feedback from customers and stakeholders on the quality of our service....**

One would ask how the VMD seeks or receives regular feedback from the general public or, indeed, animal guardians? They certainly don't take our calls! Rather, the purveyors of products are viewed as the VMD's customers. It is they that the VMD is geared to serve.

## **VMD staffing**

Steve Dean is the current chief executive of the VMD, receiving a salary listed at between £95,000 and £100,000 per year. Before going further, it must be noted that Professor Dean's background was known before he was invited to head the VMD. His appointment simply highlights the ethos of Defra and the UK Government. A Defra press release stated:

### **DEFRA APPOINTS NEW CHIEF EXECUTIVE OF THE VETERINARY MEDICINES DIRECTORATE**

The appointment of Steven Dean, MRCVS, as the new Chief Executive of the Veterinary Medicines Directorate, was announced today.

Steven Dean has been the Director of Licensing at the Veterinary Medicines Directorate since 1996. He will take up his new post on 1 April, following the retirement of the present Chief Executive, Dr Mike Rutter, CBE, MRCVS, on 31 March. Steven Dean was selected for the post following an open competition.

Steven Dean will also be Director of Veterinary Medicines. In his new capacity, he will consolidate and strengthen the Agency's position as one of the key regulatory authorities for veterinary medicines in Europe.

#### Notes for editors

The Veterinary Medicines Directorate (VMD) was established in 1989 and became an executive agency of MAFF - now DEFRA - in 1990, to fulfil the functions of Ministers in relation to veterinary medicines, medicated feeding stuffs and residues in meat and animal products under the relevant UK and European Community legislation. **The VMD's aim is to protect public health, animal health and the environment and promote animal welfare, through assuring safety, quality and efficacy in all aspects of veterinary medicines in the UK.** The Chief Executive will lead and direct a multidisciplinary team of professional, scientific and administrative colleagues including veterinarians, pharmacists, toxicologists and ecotoxicologists, biologists and microbiologists, finance, IT staff and administrators.

Steven Dean qualified in veterinary medicine at the Royal Veterinary College, London in 1974 and gained a Diploma in Veterinary Radiology in 1982. He worked in general veterinary practice and as a lecturer in Anatomy at the Royal Veterinary College before **working for 17 years in the pharmaceutical industry, becoming Technical and Marketing Manager (Europe) for Syntex Animal Health until 1995. He was a consultant to the veterinary pharmaceutical industry** prior to being recruited through open competition to the post of Director of Licensing, VMD in 1996. He is a member of the British Veterinary Association, a member of the British Small Animal Veterinary

Association, a Scientific Fellow of the Zoological Society of London, Governor for Berkshire College of Agriculture and a member of the Kennel Club. **He is a past-chairman and treasurer of the Association of Veterinarians in Industry.**

Steve Dean, chief executive of the VMD, is not just a vet. He spent many years as a marketing man within the pharmaceutical industry with Syntex Animal Health, and worked as a consultant to the veterinary pharmaceutical industry. He's an industry man.

A web search on 'Syntex Animal Health' reveals the normal ties and associations common within the pharmaceutical industry, and shows where Syntex fits into the industry picture :

### **Mergers, Acquisitions and Alliances in the Pharmaceuticals Industry**

The Pharmaceutical Company industry consists of many broad based companies with many subdivisions to smaller specialized companies. Out of hundreds of pharmaceutical companies world wide, the top twelve companies for 2000, ranked in order by pharmaceutical sales value by Price WaterhouseCoopers, dominate the pharmaceutical industry. Each of these companies owns subsidiaries and has joint ventures with other well-known companies. Interestingly, most of the twelve companies contain two divisions, a pharmaceutical division and an agribusiness sector.

A recent merger, January 2001, of two major pharmaceuticals companies- Glaxo Wellcome and SmithKline Beecham. Glaxo SmithKline has a joint venture with Warner Lampert.

Pfizer is a large independent company who owns Warner Lampert and Parke-Davis.

DuPont Pharmaceuticals owns Merck and Co. creating a new company called Dupont Merck. DuPont has two divisions. Its pharmaceutical division is called Dupont Merck. They have an alliance with Aventis to acquire the Aventis pharmaceutical division in France. DuPont's agribusiness sector is called Pioneer Hi-Breed. Merck and Co. also owns 50% of the Animal Health division of Aventis in London.

AstraZeneca was another fairly recent merger, in 1999, between Astra Pharmaceuticals, which was previously Astra Merck, and Zeneca, previously ICI Pharmaceuticals. They also have an agribusiness sector called Advanta.

Aventis was created by a merger between Hoechst and Rhone- Poulenc. It has an agribusiness sector. Schering owns Twenty-five percent of its Crop Science division and Merck owns fifty percent of its Merial division.

Bristol- Meyers Squibb is a long-standing pharmaceutical company. Over the years it has acquired Clairol, Drackett, Mead Johnson, Zimmer and Westwood companies.

Novartis was created between the merger of two Swiss companies, Sandoz and Ciba. In 2000, the CIBA Vision division of Novartis acquired Wesley Janssen VisionCare, Inc. In the Generics department, Novartis acquired the Latin American penicillin business of Wyeth and purchased the European generics business of BASF Pharma. In the agribusiness sector, Novartis and AstraZeneca chemicals unit have merged to create Syngenta.

Pharmacia was created by the merger of Pharmacia Upjohn and Monsanto. Monsanto is the agribusiness, however it owns Searle and Co., a pharmaceutical company.

Hoffman-LaRoche owns many companies within its corporate divisions. In Pharmaceuticals it owns Genentech. In Bioscience it owns **Syntex Corp.** and in diagnostics it owns Boehringer Mannheim and Corange. Roche owns flavors manufacturer Tastemaker and Givaudan- Roure. Roche recently sold DePuy to Johnson & Johnson.

American Home Products acquired Wyeth- Ayerst Pharmaceuticals.

Another web reference thrown up the by the 'Syntex' search - – brings up: [Animal Health Care - Products | Wyeth](#), showing that Syntex became part of Fort Dodge, a veterinary vaccine manufacturer.

**The move to this Kansas City suburb followed the acquisition of the American Cyanamid Company and **Syntex Animal Health**, and allowed the Company to ...**

**[www.wyeth.com/divisions/fort\\_dodge.asp](http://www.wyeth.com/divisions/fort_dodge.asp) Fort Dodge Animal Health**

Founded in 1912 and a division of Wyeth since 1945, Fort Dodge Animal Health is a leading manufacturer and distributor of prescription and over-the-counter animal health care products for the livestock and companion animal industries. Fort Dodge Animal Health serves the U.S. and international markets, distributing products in more than 100 countries. It currently ranks first in veterinary vaccine sales in North America.

The division's ability to research and develop new and innovative products and deliver them to the marketplace is highly respected in its field. Fort Dodge Animal Health is one of the industry's more successful companies in achieving U.S. Department of Agriculture registration for new and innovative biological products. The division has numerous registrations for canine, feline, equine and bovine biologicals, along with several unique products in the development pipeline.

Fort Dodge Animal Health is recognized for its breakthroughs in veterinary medicine and new product development. In 1999, the division launched a new line of its popular Duramune<sup>®</sup> canine vaccine, which offers dog owners broader protection against two clinically significant strains of *Leptospira*. CYDECTIN<sup>®</sup>, a product used to control internal and external parasites in beef cattle, received approval for an additional label claim to include dairy cattle.

Another link states:

## **Bayer USA's Mobay Corp. expands its animal health business.**

[PR Newswire](#) | February 15, 1989

### **BAYER USA'S MOBAY CORP. EXPANDS ITS ANIMAL HEALTH BUSINESS**

PITTSBURGH, Feb. 15 /PRNewswire/ -- Mobay Corp., Bayer USA's chemical company(A), today announced that it has acquired AGRION Corp. and its wholly owned subsidiary, Diamond Scientific Co. of Des Moines, Iowa.

The purchase price was not disclosed.

Diamond Scientific researches, manufactures and markets vaccines for both large and small animals as well as other veterinary products. The company was formed in 1985 to purchase the Diamond/**Syntex** agribusiness production facilities in Des ...

**[\(Read the rest of this article with a FREE trial to HighBeam Research\)](#)**

And another:

## **AMERICAN HOME PRODUCTS CORPORATION SIGNS AGREEMENT TO PURCHASE **SYNTEX'S** ANIMAL HEALTH IMPLANT AND PACKAGED PRODUCTS BUSINESS**

[PR Newswire](#) | July 6, 1995

MADISON, N.J., July 6 /PRNewswire/ -- American Home Products Corporation (NYSE: AHP) announced today that it had entered into an agreement to purchase the Syntex animal health implant and packaged products business from Roche Holdings, Inc. These new products will complement the existing AHP animal health business, particularly in the livestock market. The sale is conditioned upon certain regulatory approvals and other conditions.

American Home Products is one of the world's largest research-based pharmaceutical and health care products companies and is a leading ...

Another report, from

[http://findarticles.com/p/articles/mi\\_m1370/is\\_n3\\_v26/ai\\_12103327/](http://findarticles.com/p/articles/mi_m1370/is_n3_v26/ai_12103327/), states:

## **Drug firm agrees to correct Naprosyn false advertising - Syntex Laboratories; anti-inflammatory drug**

[FDA Consumer](#), [April, 1992](#) by [Rebecca D. Williams](#)

All good advertisements pitch their products in the best possible light. But when it comes to advertising drugs, FDA won't allow those ads to be colored with deception.

FDA made that point clear recently in an investigation of Syntex Laboratories of Palo Alto, Calif., which had been advertising unapproved uses for an arthritis drug. Last October, FDA and Syntex signed a consent decree requiring the firm

to stop the misleading advertising and set up a \$2 million account to pay for a campaign to correct the misinformation.

The action came as part of a larger FDA initiative pushing for accurate labeling in thousands of foods, drugs, and medical devices and was hailed by FDA Commissioner David Kessler, M.D., as a landmark case and "an important and innovative approach to remedying promotional abuses by drug companies."

Syntex Laboratories had advertised that its top-selling product, a prescription arthritis drug called Naprosyn, was "arthroprotective"--that is, it could prevent joint deterioration from arthritis. In fact, no clinical studies have proven that claim. Naprosyn has been approved by FDA only for treating pain, inflammation and fever in people with arthritis and other inflammatory conditions.

Syntex promoted Naprosyn's alleged arthroprotective qualities in brochures, print advertisements, video programs and advertisements, and a seminar set up to look like an impartial medical forum.

FDA first learned of these violations in 1988 through routine checks of the company's advertisements. Whenever drug companies run new ads for print, video or radio, they must also submit copies to FDA before the ads run.

FDA warned Syntex that its advertisements were in violation of the Food, Drug, and Cosmetic Act. Syntex said it would stop using the term "arthroprotective"--yet it continued to suggest in promotional activities and materials that the drug could prevent joint deterioration.

The chief executive of the VMD was **“working for 17 years in the pharmaceutical industry, becoming Technical and Marketing Manager (Europe) for Syntex Animal Health until 1995”**. Of course, Steve Dean was Syntex Animal Health’s European marketing manager, and is therefore free from his American colleagues’ censure.

Whilst it may be normal for highly qualified and esteemed scientists to work in both government and industry, due to eminence in their fields, Steve Dean was a marketing man, part of the sales team, who promoted Syntex products. He also worked as a **“consultant to the veterinary pharmaceutical industry prior to being recruited through open competition to the post of Director of Licensing, VMD in 1996”**.

How important is it that our regulators retain their independence from the pharmaceutical industry? A BMJ article illustrates an area in which this is important – on a global level.

Several officials at the World Health Organization were in the pay of leading drug companies when last year’s swine flu scare was declared an epidemic. The moment the WHO increased the threat level to phase 6, or epidemic, multi-billion contracts that drug companies had set up with health agencies around the world were automatically triggered. GlaxoSmithKline (GSK) recently announced a



surge in first-quarter revenues of 17 per cent because of £698m (\$1bn) of sales of its Pandemrix swine-flu shots. The European Parliament and an independent team are separately investigating the WHO's role in the so-called epidemic – and especially its connections to the drugs industry. Several drug companies were sponsoring influential WHO committees that were advising on the spread of the swine flu (H1N1) virus, and several WHO advisors have admitted they were receiving payments from drug firms. (Source: WDDTY. 2010; vol 21, no 3 (June): 7-8; BMJ, 2010; 340: c2912).

It is also worth breaking off here to look at a *USA Today* report into a worrying incident at the American Food and Drug Administration (FDA). The FDA is the UK's Defra equivalent, and the VMD is the division of Defra that licenses products and oversees adverse reactions.

### **Our view on drug safety: FDA vet tracks dog deaths, gets smeared in the process**

#### **Tale of ProHeart 6 raises questions about who calls the shots at agency.**

ProHeart 6 — a controversial heartworm drug for dogs — came back on the market last week, almost four years after it was pulled when hundreds of dogs died and thousands more suffered adverse reactions. Ordinarily, this might be of interest mainly to pet owners and veterinarians. But this is much more than a dog story.

During the process that took ProHeart 6 off the market, the drug's maker investigated and denounced a Food and Drug Administration scientist who gathered the damning data. And instead of protecting its scientist, the FDA booted her off the case and tried to have her criminally prosecuted.

It's a disturbing tale for anyone who relies on pharmaceutical companies and the FDA to ensure that medicines for animals and humans are safe, one that raises questions about the conduct of a major corporation and its federal regulator.

The story begins in 2001, when ProHeart 6 came on the U.S. market. It was regarded as a breakthrough. Veterinarians could inject it once every six months, replacing the once-a-month pill people gave — or often forgot to give — their dogs to ward off potentially deadly heartworms. Though many dogs did fine on ProHeart 6, others had dangerous complications. Eventually, the FDA says, 500 to 600 dogs died and there were "adverse" reactions, including seizures and uncontrolled bleeding, in 5,500 to 6,000.

In 2004, the FDA pushed ProHeart 6 manufacturer Fort Dodge Animal Health, a subsidiary of pharmaceutical giant Wyeth, to remove the drug from the market. Wyeth argued that the drug was safe but agreed to remove it. Then it fought back.

The company targeted Victoria Hampshire, a veterinarian and FDA safety officer who collected and analyzed the adverse drug reports on ProHeart 6. Wyeth hired investigators who dug up information on Hampshire's home, her tax records and a veterinary website where a handful of her friends and veterinary clients could

buy drugs and pet supplies. (It's not uncommon for FDA's vets to practice medicine part-time in their off hours.) Wyeth executives then alleged that Hampshire had a conflict of interest.

Without telling Hampshire what was going on, the FDA took her off the ProHeart 6 case and began an internal investigation that culminated when FDA investigators asked the U.S. attorney in Maryland to criminally prosecute her. It took one day for the U.S. attorney to sort through the flimsy referral and refuse to press charges. The FDA eventually exonerated Hampshire, and she now works at the agency in a different job.

ProHeart 6, meanwhile, is back on the market. The manufacturer and the FDA say the drug is safe, free of the solvent residue thought to have caused the earlier problems. But the drug is being administered under a strict "risk minimization" plan that applies to only a small number of FDA-approved drugs for animals and humans.

We know much of this story not because Wyeth or the FDA disclosed it voluntarily, but because a persistent investigation by Senator Chuck Grassley, R-Iowa, dragged it out of them. The probe revealed that Wyeth officials had easy, undocumented access to the FDA to lobby for ProHeart 6 and attack Hampshire. FDA managers seemed more interested in placating Wyeth than in dealing fairly with one of its scientists.

The most troubling aspect of this is the effect it will inevitably have on other FDA safety officers. After seeing what can happen when someone gathers evidence that a drug is unsafe, what safety officers wouldn't think twice about risking their careers by antagonizing powerful companies?

That's a terribly dangerous way to run a drug safety process that can ultimately mean life or death to animals and humans alike.

Posted at 12:22 AM/ET, June 17, 2008 in Animals - Editorial, Drug abuse - Editorial, USA TODAY editorial | [Permalink](#)

The above report illustrates the culture that prevails within the American veterinary licensing body. One person standing strong in the face of unacceptable adverse reactions was unsupported, ignored and sacrificed by her colleagues. Sadly, we appear to have had no such champion within the VMD.

Following ProHeart's release back onto the market, a press release was issued by the American Committee on Energy and Commerce:

[http://energycommerce.house.gov/Press\\_110/110nr300.shtml](http://energycommerce.house.gov/Press_110/110nr300.shtml)

**NEWS RELEASE**  
**Committee on Energy and Commerce**  
**Rep. John D. Dingell, Chairman**

**For Immediate Release: June 25, 2008**

**Contact: Jodi Seth or Brin Frazier, 202-225-5735**

### **Dingell, Stupak Question FDAs Re-approval of ProHeart6**

Reps. John D. Dingell, Chairman of the Committee on Energy and Commerce and Bart Stupak, Chairman of the Subcommittee on Oversight and Investigations, today pressed the Food and Drug Administration (FDA) to explain why it approved the return of ProHeart 6, a canine heartworm treatment, to the market. In two letters sent to the FDA, the congressmen specifically asked for information and documents leading up to the agency's decision to re-approve ProHeart6.

In light of the serious, life-threatening reactions associated with ProHeart 6, the Committee is concerned that there is simply not enough new data to justify reintroduction of this controversial product to the market, said Dingell.

Wyeth Pharmaceuticals recalled ProHeart 6 in September 2004, after Dr. Victoria Hampshire, former Adverse Event Coordinator for FDAs Center for Veterinary Medicine (CVM), demonstrated to FDA managers that the drug was causing an inordinate number of illnesses and death in dogs treated with the drug.

Shortly thereafter, in January 2005, FDA convened a Veterinary Medicine Advisory Committee (VMAC) meeting to evaluate the safety of ProHeart 6. The overwhelming consensus of the VMAC was that more data including targeted animal safety studies, was needed to establish the risks associated with the use of ProHeart 6.

Nevertheless, according to the Summary of the Supplemental New Animal Drug Application (NADA) for ProHeart 6, CVM did not require target animal safety studies for this supplemental approval.

Given the safety concerns raised in connection with the use of ProHeart 6 in dogs, shouldn't CVM have convened a VMAC or other independent public forum to thoroughly evaluate the safety and risks of the drug before reintroduction to the market? questioned Stupak.

Earlier this year, Senator Chuck Grassley (R-IA) issued a report resulting from his investigation into charges that ProHearts manufacturer, Wyeth Pharmaceuticals, instigated a retaliatory smear campaign against Dr. Hampshire culminating in a referral for criminal prosecution. As a consequence, FDA managers removed Dr. Hampshire from her duties in connection with ProHeart 6. Grassley requested that Chairmen Dingell and Stupak review the report and assist in his investigation of FDAs mishandling of an internal investigation of Dr. Hampshire.

[Read the document request letter](#)  
[Read the information request letter](#)

Prepared by the Committee on Energy and Commerce  
2125 Rayburn House Office Building, Washington DC 20515

Although, in the US, elected representatives have investigated suspect dealings between the pharmaceutical industry and the government's licensing body, no

such questions have been raised by British Members of Parliament to our knowledge. What we appear to have in the UK is a licensing body which has a former industry man at its head, and a refusal to act upon the over-vaccination issue.

In America, when over a hundred dog owners got together to mount a class action lawsuit against Pfizer, the makers of Rimadyl, after their dogs had died of Rimadyl side-effects, the FDA instructed Pfizer and other veterinary cox-2 inhibitor manufacturers to issue datasheets for pet owners, stating that a side-effect of this class of drugs is potential death. Meanwhile, elsewhere in the world, where the FDA has no jurisdiction, pet owners are still in the dark.

A kindly licensing body, whose aim is to protect the animals, would surely make the side-effects of these drugs known to the UK pet-owning population, too. But the VMD has remained silent on this issue.

### **A vicious circle**

Canine Health Concern members have for the past few years been writing to their MPs to voice their disapproval of Intervet's National Vaccination Month. They have quoted duration of immunity studies showing that annual vaccination is neither necessary, nor scientifically supported. Our MPs refer our members' complaints to the Minister responsible for the VMD, who asks the VMD's opinion. Ministers then reply to the Members of Parliament, quoting the VMD.

Thus we have a circle which takes us from the VMD, with its ties to the pharmaceutical industry, through our elected representatives, back to the citizens. Is this democracy?

**The VMD does not have an arms length relationship with the veterinary pharmaceutical industry, which pet owners might have assumed. Rather, its culture is one of facilitation and support for the highly incestuous and powerful pharmaceutical industry.**

Rumours have circulated for many years that Steve Dean is flown around the world by corporations within the veterinary vaccine industry as a paid seminar speaker or chair. Is this appropriate? For example:

From 2005, Steve Dean has been taking part in the "UK Mirror Group", whose secretariat included Steve and two colleagues from the VMD, and whose Chair was Phil Sketchley from the National Office of Animal Health "representing UK animal medicines industry". The aim was to prioritise gaps in research.

Steve Dean was at NOAH's annual conference to help **launch** The NOAH Compendium of Data Sheets for Veterinary Products. NOAH is the trade association representing the UK veterinary pharmaceutical industry.

Steve Dean was at the third Food Chain Conference hosted by NOAH in 2008. According to the press release, delegates were treated to “presentations from Steve Dean, of the Veterinary Medicines Directorate, case studies exploring the 'Role and Benefits of Vaccination'...”

Notes for editors accompanying the press release stated:

Tickets cost £110 and the programme and booking form can be downloaded from the NOAH website [www.noah.co.uk](http://www.noah.co.uk).

1. For further information contact Andrew Kendall or Debbie Lightfoot on 01394 610022 or Phil Sketchley or Alison Glennon at NOAH on 020 8367 3131, or email [noah@noah.co.uk](mailto:noah@noah.co.uk) or visit the NOAH website [www.noah.co.uk](http://www.noah.co.uk)

2. NOAH represents the UK animal medicines industry. Its aim is to promote the benefits of safe, effective, quality medicines for the health and welfare of all animals

According to the VetPulse TV channel, Steve Dean was at the 2009 NOAH symposium, and is featured on a 'still'.

According to NOAH's Annual Review for 2000-2001, alongside listings for exhibitions and press events for NOAH, it's announced that Steve Dean was appointed CVMP Chairman. CVMP means the Committee for Medicinal Products for Veterinary Use, and the agency plays a 'vital role' in the marketing procedures for medicines in the European Union.

The former industry man therefore extends his influence to the European legislation.

In 2007, Steve Dean was at the Global Animal Health Conference talking about “Regional Harmonization through Mutual Recognition”.

“In addition,” the blurb said, “the conference will explore alliances and partnerships between public and private sectors to achieve the advances needed in the successful treatment, prevention and control of existing and emerging diseases.” Here, Steve shared the platform with veterinary pharmaceutical speakers, including Pfizer, Elanco Animal Health and Merial.

In 2009, Steve Dean was a speaker at the British Veterinary Association conference in Cardiff. The BVA thanked the following corporations for their very generous sponsorship:

Norbrook Pharmaceuticals Worldwide  
Fort Dodge Animal Health  
Hills Pet Nutrition  
Lloyd & Whyte Ltd  
Merial Animal Health Ltd  
National Office of Animal Health (NOAH)  
Novartis Animal Health UK Ltd

## PetPlan

Surely a regulator should keep himself at arm's length from the bodies he is regulating? Is a man who helps an industry at marketing events and, perhaps, spends post-seminar evenings with industry representatives chatting over a nice meal, and sharing jokes in the bar, going to have more sympathy for pet owners and their pets, or is he going to consider the needs of his pals first? Is he going to be inclined to make hard decisions that will reduce his friends' profits?

Is this why the Veterinary Medicines Directorate sent us a 37-page document which didn't address our request for core one-year MLV vaccines to be withdrawn?

In fact, when you look into the aims, objectives and culture of the Veterinary Medicines Directorate, you can't help but draw the worrying conclusion that the VMD is there to support its 'customers' – the veterinary pharmaceutical industry – and speed its products to market. Regulators do not maintain an arms length approach, but are tucking themselves up in bed with the industry they are meant to regulate.

**From the VMD web site: <http://www.vpc.gov.uk/General/declaration.html>**

Members of the VPC and its sub-committees are required to follow a code of conduct with regard to their relations with the pharmaceutical industry. The VPC Chair is not permitted to have any commercial interests in the pharmaceutical industry. Every member has to declare any interest in the pharmaceutical industry. A register of interests is updated annually and published on the VPC website and in its [Annual Report](#). Members also declare any interests before individual items on the agenda are discussed at the meetings and there is clear [guidance](#) on a member's involvement in the discussion of an item when an interest has been declared.

Please note that the Veterinary Products Committee, part of the VMD, is the body that decides whether a vaccine reaction is a vaccine reaction or not.

### **VPC REGISTER OF INTERESTS**

Prof Diana Anderson has received studentship funding from AstraZeneca

Dr Susan Bews has a pension from Sanofi Aventis, Consultancy fees from Astellas, and shares in Sanofi Aventis

Dr Alistair Boxall lists consultancy income from Eurovet Animal Health, PhD funding from GlaxoSmithKline, consultancy from Huvepharma, Invesa, Janssen, and Krka

Dr Clare Bryant lists studentship funding from Pfizer, and a research grant from Pfizer.

Mr Peter Cargill lists consultancy activity with Bioproperties Ltd, Coophavet SAS, Intervet Schering-Plough, and Lohman Tierzucht, and a shareholding in Pharmsure.

Prof Barry Cookson lists consultancies with 3M, Biomerieux, GSK, Gojo and Wyeth

Dr Susan Dawson lists consultancy for Intervet Schering-Plough, research grant from Dechra, lectureship and research grant from Intervet Schering-Plough, and research grants from Merial, Novartis, Pfizer, and Virbac.

Prof Jacqui Matthews lists consultancy from Intervet Schering-Plough, Intervet Schering-Plough Industrial partner on research grant, Merial Consultancy/Fees, Merial In-kind support for research projects, Novartis Consultancy, Pfizer Research Support, Virbac Consultancy/Fees, Virbac Research Scholarship, and GlaxoSmithKline Shareholding.

Mr Frederick McKeating has declared a Phytopharm shareholding.

Mr Declan O'Rourke lists Alpharma Belgium BVBA Consultancy, Boehringer Ingelheim Vetmedica Consultancy, Dechra Pharmaceuticals PLC Consultancy, Eli Lilly & Company Ltd Consultancy, Forum Products Ltd Consultancy, Janssen Pharmaceutica nv Consultancy, Pfizer Consultancy & Shares, Vetoquinol S.A. Consultancy

Prof Andy Peters lists consultancies with Anitox, Aspenbio Pharma, and Bayer

Mr Andrew Praill declares Boehringer Ingelheim and Vetmedica Personal Interest, and is a veterinary advisor for Centaur Service Ltd.

Prof Stuart Reid declares research grants from Controlled Therapeutics, Dechra Vet, Fitzpatrick Referrals, Genesis-Faraday, Intervet UK, Kilco, LandNat, Merial UK, Moypark Ltd, OMSCO, Petsavers, Pfizer, Quality Meat Scotland, Reactivlab Ltd, and Waltham.

Mr Peter Southgate's register of interests includes a directorship of "Fish Vet Group holding", marketing authorisation for a fish product, Novartis Clinical trials, product monitoring and training, Intervet Schering-Plough Clinical trials, product monitoring and training.

**Whilst the above regulators are no doubt individuals of integrity, wouldn't it be better if officials and committee members within the Veterinary Medicines Directorate and the Veterinary Products Committee were totally free of any conflicts of interest? Can the VMD and the VPC not find scientists who don't take research grants and consultancy money from the very industry the VMD is supposed to be regulating?**

Examination of the Veterinary Medicines Directorate paints a picture of a culture that – understandably – is concerned with getting drugs and biologics to market.

Viewed in this light, one can also understand why the VMD might be reluctant to impose any legislation that might wipe out booster vaccine sales for the international multi-billion veterinary pharmaceutical industry.

The Government needs to put some independent people on the job to decide whether or not it is ethical and legal to vaccinate animals who do not need to be vaccinated. Clear direction is needed for the veterinary profession – free from commercial spin – and the pet owning public.



## 16. The veterinary profession

The Veterinary Medicines Directorate's position paper on vaccine schedules for dogs and cats states:

### **Position of the British Small Animal Veterinary Association (BSAVA)**

35.1 The BSAVA produced a policy statement on companion animal vaccination in 2007.

35.2 The BSAVA endorsed the Veterinary Products Committee (VPC) report (2002) and the Committee for Veterinary Medicinal Products (CVMP) statement (2003) on canine and feline vaccination, and advised members that they should consider the recommendations made in these reports when discussing with owners the relative risks and benefits of vaccination policy.

35.3 The BSAVA is a member organisation of the WSAVA and endorses the vast majority of WSAVA Guidelines for the Vaccination of Dogs and Cats (2007).

35.4 The BSAVA believes that vaccination plays a very valuable role in the control of infectious disease in cats and dogs. It recognises that adverse reactions, including lack of efficacy, may occasionally occur but that the overall risk/benefit analysis strongly supports the continued use of vaccination to control major infectious diseases of cats and dogs. The BSAVA strongly supports the concept that a thorough risk/benefit assessment on an individual case basis should be discussed with clients when deciding on timing of vaccination and use of particular vaccines for particular animals. The BSAVA strongly supports all scientifically valid research into the epidemiology, control and prevention of canine and feline infectious diseases in the UK and the publication of such research, so as to provide veterinary surgeons with appropriate information on which to base decisions. The BSAVA strongly supports further research into improving efficacy and safety of vaccines.

35.5 The BSAVA supports the use of the wide range of high quality, safe and efficacious licensed veterinary vaccines. The BSAVA believes that all animals should receive the benefit of solid protective immunity from life-threatening infectious diseases that is conferred by vaccination using licensed veterinary products. The BSAVA endorses the concept that tailored vaccine programmes should be applied to as many animals as possible within a population to maintain the level of protective immunity within that population.

35.6 The BSAVA strongly endorses the importance of pharmacovigilance and the VMD's Suspected Adverse Reactions Reporting Scheme.

Unfortunately, nowhere does this statement, which is presumably endorsed by the BSAVA, acknowledge that it is common practice for pet owners to be persuaded to vaccinate their dogs and cats against the full range of core and non-core diseases on an annual basis, and that this practice needs to end. It does not provide clarification for any confusion amongst vets or animal guardians.

## Veterinary Victims

Veterinarians are just as much victims of the dysfunctional animal healthcare 'system' as pet owners. They are educated in colleges that take money from the veterinary pharmaceutical and pet food industries which, according to many vets and veterinary students we have spoken to, influences the teaching agenda.

The professional veterinary bodies also accept sponsorship and research funding from the veterinary pharmaceutical industry.

Further education for vets is delivered by veterinary pharmaceutical and pet food companies. Can you imagine the accountancy profession getting further education credits for going on freebies with the clients they audit?

The veterinary pharmaceutical industry swarms like ants into the minds of student vets. In marketing terms, they aren't doing anything wrong; they are doing an incredibly good job.

See Intervet's web site: <http://www.intervet.co.uk/company/csr.aspx>:

### Connect

Closer to home, tomorrow's vets are a key focus for the company and to help assist students during their college years, Connect has been running as an educational and support service since 1992...

In addition, the company operates the Connect Bursary Award which provides financial assistance for veterinary students wishing to undertake worthwhile research over the summer break, both in the UK and abroad. The award enables students to gain skills that will be directly transferable to those needed in their future careers and experience veterinary medicine in new and sometimes challenging environments.

Another web link - [http://www.intervet.co.uk/news/2008-01-28\\_-\\_joe\\_neary\\_from\\_cambridge\\_veterinary\\_school\\_wins\\_intervet\\_connect\\_bursary\\_prize.aspx](http://www.intervet.co.uk/news/2008-01-28_-_joe_neary_from_cambridge_veterinary_school_wins_intervet_connect_bursary_prize.aspx) - illustrates the process:

Joe Neary from Cambridge Veterinary School has been awarded the overall Intervet Connect Bursary Prize for his research into the cattle parasite, *Onchocerca armillata*, in North Cameroon.

Joe was one of nine veterinary students to gain funding from the Intervet Connect Bursary scheme, which enables students to carry out research both in the UK and abroad via awards of up to £750. As overall winner, Joe was awarded a trophy and £250 following a day of informative presentations from award recipients.

"Joe's presentation demonstrated both professionalism and enthusiasm for the research he carried out in North Cameroon which will not only impact the

agricultural community but will also have human health implications” comments Jim Hungerford, general manager at Intervet UK. “Intervet has provided bursaries to vet schools for the last 16 years and the scope of the projects submitted and the energy and commitment that has gone into them is always admirable.”

Whilst up to £750 is no doubt a most welcome boost for a veterinary student, one can't help but draw comparisons between this generous bursary and Fred Hassan's 2008 salary of £14.749 million. Mr Hassan, you will remember, was head of Schering-Plough. It would take Mr Hassan approximately six minutes to make £750, and he could pocket £250 in the time it takes to go to the bathroom. Joe Neary, however, had to demonstrate professionalism and enthusiasm, and act as Intervet's PR opportunity for his £250.

Another Intervet link states:

### **A Double Triumph for the Connect Bursary**

The Connect Bursary has just marked its 18th year in true style; the exceptional quality of the projects from this year's Bursary recipients meant that, for the first time ever, we have made two overall winner awards.

Furthermore, we celebrated the inaugural Connect Equine Bursary Award, which is also included in this supplement.

“Being part of the Connect Bursary is intended to give veterinary students both the freedom to explore new ground as well as providing a taste of working in industry. Once more this has been achieved with a refreshing diversity of projects.

Through the Bursary Award Day we travelled from exploring equine health and welfare in Jaipur, to fruit bats in Tanzania and stallion sperm in Colorado. No less impressive were the practical based investigation of the adverse effects of chemotherapy in dogs and the exploration of laterality in dogs.

The joint award winners were Charlotte Cockburn from the Royal Veterinary College for her exploration of laterality in dogs and Hayley Harwood from the Royal (Dick) School of Veterinary Studies, Edinburgh who identified an optimal thawing process for frozen stallion semen.

We are also delighted to welcome the inaugural Connect Equine Bursary recipient, Holly Claridge from the Royal Veterinary College, who had to satisfy a panel of equine experts with her project to describe the 3D anatomy of the cervical articular process joints in relation to the spinal cord.

All of these projects really are a testament to the spirit of the Bursary and showed what it is possible to achieve.”

**David Hallas, General Manager,  
Intervet/ Schering-Plough Animal Health**

Contrast this with an invitation I received to give an evening talk at the Royal Dick Veterinary College. The talk, given by myself and a veterinary friend, was publicised under-cover lest the 'powers that be' found out about it and put a stop to it. Many of the young people in attendance told us that they wanted to practice holistic animal healthcare, and were going through the motions to qualify so that they could, by law, work with animals.

Intervet is of course not the only pharmaceutical company throwing money at veterinary students. Our medical students and doctors are also subjected to the same friendly gestures.

One vet, who I admire enormously, wrote to me to defend the cosy relationships between the pharmaceutical industry, veterinary teaching establishments and vets. "How else are we to raise funds for our research?" she asked.

But where is the regulation on this? Pharmaceutical companies should not be handing out money to whomever in the System is amenable to control. Perhaps the government should consider an EU-wide levy on the pharmaceutical industry. This would enable grants to be given, and research projects to be funded, without anyone having to worry about research bias.

Professional veterinary bodies in the UK also benefit from industry sponsorship, and they abdicate responsibility with regard to over-vaccination.

In response to our letter to the VMD, which was copied to the Royal College of Veterinary Surgeons, the RCVS wrote to us to say:

**The specific points you raise are not matters for which the Royal College of Veterinary Surgeons has responsibility but I note your concerns with interest, particularly as the veterinary profession inevitably places reliance on the VMD datasheet guidelines.**

As stated previously, Norbrook Pharmaceuticals Worldwide, Fort Dodge Animal Health, Hills Pet Nutrition, Lloyd & Whyte Ltd, Merial Animal Health Ltd, National Office of Animal Health (NOAH), Novartis Animal Health UK Ltd, and PetPlan sponsored the 2009 British Veterinary Association Conference.

In 1998, a CHC member organised a local talk about the vaccine issue after her puppy acquired brain damage and had to be put to sleep after a single Leptospirosis vaccine. She invited her vet to attend. Afterwards, the vet told me that although he didn't agree with everything I said, he had heard enough to believe that I deserved a wider audience amongst vets. He invited me to speak to his local vet group in a room above a pub. I willingly agreed. The next thing I knew, the event was being sponsored by Intervet. Instead of a room above a pub, it was a fancy hotel with around 160 vets and student vets in the audience. I asked the vet who had originally invited me to refrain, for once, from accepting industry money.

But, in the end, it was another battle with Intervet. I was routinely jeered by the vets in attendance, and Intervet's David Sutton was routinely cheered. There was a man in the front row who did his best to heckle and start a riot. But the food was lavish and the hotel accommodation very good. I chose, instead, to stay in a local B&B at my own expense.

### **Unable to hear**

There is a term – cognitive dissonance – which describes an uncomfortable feeling caused by holding two contradictory ideas simultaneously. The theory of cognitive dissonance proposes that people have a motivational drive to reduce dissonance (discomfort) by changing their attitudes, beliefs, and behaviors, or by justifying or rationalising them.

Dissonance occurs when a person perceives a logical inconsistency in their beliefs, when one idea implies the opposite of another. The dissonance might be experienced as guilt, anger, frustration, or even embarrassment.

It must pose a dreadful dilemma to have invested so many years in training to be a veterinarian, only to hear the message that your original aim of healing the animals is being subverted by something you have been trained to do. This would indeed make you feel angry, frustrated or even guilty.

But if your education is being supplemented with sponsored events from respected industry leaders, comfort would be available. If you could be shown research or expertly crafted marketing material that alleviates your worries about the annual shots you are giving, it would help you to leave things as they are. To make you feel even more comfortable, you might demonise anyone who says that what you are doing is scientifically unjustified.

It's not just about booster income. Vets have been systematically trained to act as the sales arm for the veterinary pharmaceutical industry. I apologise profusely for making this statement. My aim is not to offend, but to make visible the dysfunctionality of the system. And the only reason for making this dysfunctionality visible is to hasten the end of a practice that is harming the animals.

Veterinary practices are also businesses – with overheads - and the onus is understandably on profitability in this commercial world.

At the same time, when a veterinarian names the elephant in the room, and speaks out publicly against vaccine protocols and vaccine damage, he or she is often censured by the profession.

And yet there are many veterinarians around the world who risk their careers in order to speak their truth – and express their concerns - about the vaccine issue.

Some might think that Canine Health Concern is a group of “old biddies getting involved in something they have no qualifications to comment upon....” but we are not alone in our concerns.

The following interview with veterinarian Dr Patricia Jordan was published in the Canine Health Concern newsletter during 2008:

*Q: What made you want to be a vet?*

A: I love nature, being in appreciation with the outdoors, the animals, the sounds of nature, and I was enthralled with biology and science. When I went to the vet with our family dog, I was proactive in trying to understand what they were doing to him. As I became older, I felt that veterinary medicine needed more compassionate members and despite being discouraged by both my father (who told me I was not wealthy enough or smart enough) and my high school counsellor, who said it was too difficult to get into a school..... despite all of that, I set my sights on getting there.

*Q: As a veterinary student in college, did you notice a high presence of pharmaceutical and pet food companies? Was sponsorship by big business evident to you at that time?*

A: Of course - that was the only way we learned.....coming through as wide eyed senior students, the only book we ever got on nutrition was from Hills "Science" and of course the teaching hospital was stocked with free inventory from Hills. Therefore all I learned about nutrition was the Hills propaganda.

Of course, for the vaccines, we were stocked with free product and I understand this still continues today, with our most eminent institutions of higher learning (Tufts, for example) doling out the vaccines that cause the most highly adverse effects.

We got nothing but propaganda when you think of it, as rarely are your instructors anything but academic fodder. I think at North Carolina (NC) we had the only token practitioner professor in the entire nation of veterinary schools. NC had a unique introduction to practical veterinary medicine by the program that Dr. Ben Harrington started, coming from his largest Apex Veterinary Hospital in NC. All of the rest of the instructors were academics and we all know who supports them, their work, and their research grant funding.

A particular peeve of mine is that "Dinners of Disinformation" are the continuing education for veterinarians. For example, pure hogwash at the Fort Dodge Dinner that I attended, pushing their latest version of the feline vaccines and providing junk science at the feeding trough with an open bar to hear dribble that is so much propaganda. I have attended plenty of them and can only say that I have documented with digital pictures, tape recordings and video footage that these programs are about conflict information propaganda and seducing

veterinarians into pushing their drugs and vaccines - a worse good old boy's club there never was.

To see this on a much broader scale all you have to do is attend the national meetings, which I stopped after nine years of that nonsense.

It is criminal that any professional is able to get credit for attending that dribble - and that propaganda is the only continuing education most professionals receive. Also, we would get scholarships, textbooks, equipment, free poison for our own pets, clothes, trips, prizes... yes when one calculates the heavy toll that propaganda has..... even the free publications that disguise themselves as legitimate researched articles, it is a cycle of professional deception worse than the unrecognised and unacknowledged adverse effects of those wares.

*Q: When did you start to become disillusioned with conventional veterinary medicine?*

A: By the time I had been out in practice for seven years I knew that western medicine not only didn't work, but that it was responsible for making more disease and more death.

I found it de-constructing health rather than building health. I never did embrace Hills "Nutrition" and never sold a bag of that through my practice.

I had never linked the benefits of yearly immune assaults with over administration of vaccines, so my patients did not have the serious amount of disease that I saw coming from practices that embraced the full potential of aggressive "preventative health" measures.

Luckily for me, NC already had the sense not to support yearly rabies vaccines and thus, until I went North to Massachusetts, I was protected from the total immune annihilation I saw occurring with the most aggressive vaccination programs imaginable.

The practice in Massachusetts not only supported over vaccination, and with the most highly adverse vaccines available, but they verbally chastised me for spending any time talking to clients about their pets' diets, preferring instead to push whatever they had overstocked from their veterinary supply company. The experience was so traumatizing that it was really my first experience with a host of money doctors or business veterinarians that are so prevalent in our profession.

*Q: Did you have 'an awakening'?*

A: My awakening came in 1989 when I saw with my own eyes, an animal-abusing veterinarian, purposely causing disease with the use of vaccines and drugs available. He had used a hormone therapy in a cat and then charged for working up the mammary problem it caused. I questioned him on this and he yelled at me. I later saw him performing surgeries on congenital defects that were allowing the congenitally defected animal to be shown in dog shows. I finally

witnessed him strangle a pet to death and through all of this, I realized that there was a very ugly truth in veterinary medicine.

There were those who used these drugs and vaccines knowing that they would generate more and more and more money for them through the propagation of more medical problems.

It was at that time I left working for that business veterinarian and opened up my own practice. I didn't know how bad the problem had become until I found myself in the last three years working once again for another business veterinarian. I still am traumatized and, having been licensed in over 13 states and visiting practices all over the United States for a six month period, I was very upset to learn that this money business medicine was more, much more, prevalent than I could have imagined.

Sadly, also, I felt betrayed for ironically, there has been an association with the veterinary profession being known as "the other family doctor" and "the compassionate profession". I suppose I aged a life time when I realised this. I also felt more alone than ever.

*Q: When did you first see a vaccine reaction for what it really was, and what effect did it have on you?*

A: I first saw a vaccine reaction when a company salesman first came in and pressured me so badly that his vaccines were so safe and so much better than the ones I had previously stocked. I allowed him to leave only one tray.

I had a client who brought her cat in and since I had run out of my preferred vaccine, I administered that product. I have to be thankful that the reaction in that patient was immediate. The owner was worried that her cat would die, it was a full blown anaphylactic reaction, and I'm so grateful I was able to help the cat survive. I was so grateful that kitty did not die, and he came very close.

You can imagine what I did with those vaccines. I should have never allowed him to talk me into using them. Even running out of the other and for what ever reason, I should never have administered the vaccines from the company known to have the most adverse events.

Later, when I saw animals that were aggressively over vaccinated yearly and saw their health destroyed by the time they were four or five, I knew it was the immune system's reaction to these yearly assaults that was the link with the diseases - autoimmune disease, cancer, so much chronic disease when they were aggressively administering vaccines, drugs, poisons and toxins.

It was only three years ago that I realised that everything - the demodex we treat, the fungal infections we treat, the parasites, and most of the infectious diseases - all were in actuality coming from the adverse results of vaccinations.

I mean, you vaccinate a puppy into immunosuppression and then they break out with disease. The T cells fall out from the vaccines and then you get demodex, parasites, fungal infections. Once I saw what was happening in those patients, it



was not hard to track the road of pathology. Looking into the research, it's all there - the cancer from the vaccines is not exclusive to cats and fibrosarcoma. Vaccines are full of genetic mutators and carcinogens and protein sequences that are causing the Lyme Disease Syndrome etc. Also, I could see, once the veil was removed, just how hard our profession works to "not see" any effect of what our very own hands have done.

Once enlightened, I tracked down the research and I found it. I have almost 250GB of it, from not only veterinary research but also in human research papers. I now understand how much better humans are than dogs and cats at deflecting genetic transmutations and mutations (to a certain point).

I realise the much greater assault on the animals undergoing yearly immune assaults of vaccine batteries and then the poor quality of nutrition (which really is the foundation of good immunity). I then understood why the problems were so much more frequent in the animals. I was so frustrated when I realised that what we do in the name of business is the biggest form of job security from a profession that needs a license for the privilege to practice can hide behind.

*Q: Have you had much personal conflict with conventional veterinarians? (In the UK, homoeopathic vets have been attacked for their views.)*

A: There is so much angst between conventional veterinarians and the truth. With truth comes responsibility and that is simply too much for most to bear. I mean, I have had conventional doctors tell me, "I am too old to learn anything new". I have heard them say, "I don't care, they can't make me stop," and the new vets, who are still under the delusion that there is only good intentions behind those who pushed their company's version of health into their faces, into their bank accounts, into their student loans, car payments, exalting their ego, and the list goes on and on and on.....many can't see truth.

I have to admit, I now have no tolerance for them, they can't face facts, and I can't stop finding the research that proves the medicine and the vaccines and the poor foods are the bulk of the disease process. Once I realized that I was "working with the enemy", that they don't call it the medical mafia without reason, I even called the AVMA and they suggested that I find another job.

*Q: If you were a vet from the future, here to change and uplift the profession, what changes would you want to see happen?*

A: I now see where health comes from. It comes from nutrition. It's probably no secret now that veterinary and medical doctors get little to no nutrition training in school. I believe that this is because the pharmaceutical companies are set up for health de-construction, not health, and cause more disease. They change the face of disease but never treat the root of the disease. I was so surprised to find out that it was gene theory and certainly not germ theory that was the key to understanding health.

Pasteur, I have found, was dreamed into being credited with how to treat disease. Instead it was Antoine Beauchamp and his understanding that the

individual's terrain (immune system and body mind) determined health. And then only in the last three years did I discover that this was through the gene theory. Our genes can be affected by the air we breathe, the water we drink and the sunshine we exist under, and optimal nutrition is the best vaccine against disease.

I would train the vets of the future in optimal nutrition, naturopathic medicine using herbal medicine. Like Hippocrates said: "let food be your medicine". I would embrace the work of Antoine Beauchamp and understand that the innate wisdom of the individual is what we have to support, like Clements Von Piquet determined. It's more important what's in your kitchen than what's in your pharmacy.....and harken to the wisdom of Dr. Shannon of the NIH who stated famously that the only safe vaccine is the one that is never used.

I am excited as I travel down the path of energetic medicine and trace out the path of quantum physics to illuminate the biophotons in food and intention in our DNA, in unlocking the real knowledge to working with dis-ease and dis-harmony, using Homeopathy and Reiki, Spinal Manipulation, sound, colour and aromatherapy to effect the shifts towards cure - and never picking up another synthetic drug or administering a chemical poison or injecting a blood poisoning vaccine ever again.

I look for the day that, as Dr. Richard Pitcairn wrote in his paper, *A Foolish Practice*, that he predicted, "in 50-100 years the idea of injecting disease to cure disease will be seen as dangerous as blood letting and pure mercury administration". In other words, the greatest medical assumption ever made will be looked back upon with shame and horror.

All of those extra years being brainwashed, submerged in the wrong thinking process, in the propaganda, in the predictable training. What more could you expect, when vets are never allowed to even view the big picture?

I will end with a quote from Dr. Harris Coulter's prophetic book, *Vaccination, Social Violence and Criminality, An Assault on the American Brain*. "The Medical Hubris, it's collateral damage and unintended consequences....we will look back at this process of vaccine administration both in shame and in horror....." and the link to the extent of this horror, you can not imagine. I have seen it, I can show you the path (pathology) that expressively, and now we can prove genetically, is the link between western medicine and the corruption of the blood."

## **Naming the Elephant**

When 31 vets in the UK signed a letter that was published in *Veterinary Times*, calling for an end to annual vaccination, there were calls for the signatories to be struck off. Several ducked back under cover for fear of losing referral business from their veterinary peers. There has since been a concerted attack on homoeopathy in the veterinary press, since many of the signatories were homoeopathic vets. Christopher Day, who has been particularly open about his concerns regarding vaccine adverse effects, was dragged through the courts not

once, but twice, on negligence charges. This took years of his life, and caused him considerable stress before the courts exonerated him. Although he would not say so himself, one has to wonder if he was being scapegoated for speaking out about the vaccine issue.

Canine Health Concern has seen a significant rise in attacks upon the homoeopathic veterinary fraternity since this group made its concerns known with regard to over-vaccination. The shame of this is that very few homoeopathic vets in the UK are willing to speak out, despite vaccine damage being part of the homoeopathic training.

Over in America, Dr Bob Rogers – a conventional vet - tried to stop annual vaccination amongst his Texan colleagues. He received 14 bricks through his window.

It must be acknowledged that the veterinarians who have moved the over-vaccination issue forward most consistently are not homoeopathic vets at all, but conventional vets in America.

### **Vets are misled about vaccination**

Veterinarians in the UK (and overseas) are very confused about the vaccine issue. I was staggered to be told by a seminar delegate from Denmark recently that, in her country, it is the law that all dog owners must vaccinate their dogs every six months against the whole range of diseases. Now this is either because they can get away with it in Denmark, or they are doing it as an experiment to see what these overdoses can do to an organism.

One vet recently emailed me to complain about an article in the national press which mentioned CHC. He offered the following insights about the problems the veterinary profession faces with regard to over-vaccination:

I don't think that there is sufficient appreciation for the situation we are in, and that most of us do try our best to help clients and pets. Under the current Medicines Act it is a criminal offence for vets to use a medicine outside of its license.

So we don't have any real choice when it comes to the recommendations we make to clients: If we choose to deviate from a drug license in even the most minimal way (such as extending the course of treatment by a few days) and an animal becomes ill, we will be sued, struck off and criminally prosecuted. This is the case even if we have good reason to use the drug in this manner, and the animal's illness is proven to be unrelated to the manner of use of the medication. The only people who can go beyond this are specialists. Most of us do continue to offer honest advice to clients despite this, but it has to be recognised that the law does not support this.

This is not the only hammer we are hit with.

The CASCADE legislation had a similar effect by taking away our ability to dispense generic drugs, thus raising the cost of medicines to our clients. Now, we cannot even write prescriptions for generics, because we are compelled to write prescriptions for branded products. There is no scientific justification for this.

With the new legislation the penalties for failing to follow these directives are very severe indeed.

The situation for drug companies is little different, and I think it is quite wrong to misrepresent why vaccines are licensed for annual repeats; it is not all about corporate greed.

One reason that you completely overlook on your website is that the basis for a license is the trial used to demonstrate its efficacy.

The company carries out antibody testing and challenge testing after vaccination, to show that the vaccine is effective.

The licensing authorities require this, but will only give a license for that specific use of the vaccine.

So a successful one year trial means that a one year vaccine renewal will be indicated.

This raises problems.

Firstly, extending the license for a vaccine to 3 years would mean that the animals would have to be involved in a trial that is three times as long, and therefore several times as expensive.

Secondly, the chance of failure of the product is higher, if the vaccine fails to provide absolute protection throughout that 3 year period.

Thirdly, and obviously, the cost to benefit ratio does not favour paying more money to develop a product that you sell less of.

There is therefore no competitive advantage to developing vaccines with a less frequent re-vaccination, but it is not the fault of the vaccine manufacturers that the licensing system is so restrictive.

Companies are forced to operate, and find ways to profit from, the constraints imposed on them.

This situation could be completely transformed if licenses were designed to evolve as evidence accumulates about a product, and if vets were permitted to make evidence-based decisions without the threat of prosecution.

If this were the case then drug companies would find a competitive advantage from having longer acting vaccines, because clients would be able to ask for

these products, but they would not have to spend huge amounts of money to get it.

The real target of your campaign should be to demand a change to the licensing structure and the Medicines Act, not to attack vets, or to attack drug companies that are bound by a legal framework that has shaped their corporate behaviour.

Here are some changes that might help:

- 1) To permit vets to adapt the use of medicinal products, such as vaccines, in line with current peer reviewed scientific evidence rather than being forced to stick to the monograph (due to the threat of prosecution).
- 2) To allow licenses to be changed according to any substantial additional research that appears. This would mean that, in the case of vaccines, the product might enter the market with a one-year re-vaccination interval, but this would change as evidence accumulated that immunity persisted for longer than this.
- 3) The requirement for the performance of new vaccines to be regularly reviewed on an epidemiological basis, so that the license would ultimately reflect the real-world efficacy (which might be several years).
- 4) Combination vaccines used as "boosters" should only include components that are known to confer a similar duration of immunity, to avoid unintentional hyperimmunisation.
- 5) Vaccine manufacturers should be compelled to develop tests that confirm vaccination status.

This combination of changes would allow vets to act responsibly and in accordance with current evidence, and would encourage flexible licensing.

I fully support the idea of challenging licensing systems, and offering the public useful information with which to make informed decisions.

The best evidence, and in fact the only evidence you really need, to support your case is the WSAVA recommendations on vaccination, which is absolutely direct and clear.

- 1) Infectious diseases such as parvo and distemper kill animals.
- 2) Vaccines are proven to reduce the impact of these diseases in populations and individuals.
- 3) The core vaccines should therefore be given to all pets.
- 4) Vaccines, like all medicines, can produce adverse effects.
- 5) In order to minimise adverse effects and derive the maximum benefit from vaccines, individuals should only be revaccinated when it is necessary.

There are clearly barriers to this simple approach, mostly due to the regulatory framework. That needs to be tackled, and interestingly the veterinary profession finds the regulatory system pretty frustrating too. No conflict there.

With drug companies I am a pragmatist. I don't have faith in drug companies but I have faith in the predictability of corporate behaviour. Companies exist to make profit and take advantage of opportunity.

With poor regulation this leads to exploitation, but with the right regulation they can be made to work in favour of society.

I don't blame drug companies, because it is like blaming a tiger for being a predator.

The problem is with regulation, and in my opinion the VMD is the problem.

The problems in veterinary medicine are systematic, and the result of poor regulation.

I have challenged the VMD on several issues in the past, and contacted the MHRA to discuss their reaction. Universally the MHRA has taken a much tougher stance on issues that the VMD has failed to respond to at all.

The government has implemented progressively more restrictive and punitive legislation that has destroyed the independence of our profession and our ability to make rational and compassionate prescribing decisions.

Other veterinarians are curiously unaware with regard to vaccine adverse effects.

Via email to Catherine:

You are very superstitious. I guess ignorance and mythology run closely with one another. You need to put your paranoia aside and not contaminate the world with your grossly misleading and ill informed opinions.

One simple example is that there is approximately one (1) vaccine induced sarcoma in cats for every ten thousand (10,000) cats vaccinated. Put that up against the several thousand that are saved from pain, suffering and early death by vaccination and the case is made for your ignorance.

Try a psychologist and perhaps some medication.

(American vet)

Vets also seem confused about vaccine adverse effects. For example, a vet offers a pet owner advice on this web link:

[http://wiki.answers.com/Q/What are the possible side effects of distemper v accination in dogs:](http://wiki.answers.com/Q/What_are_the_possible_side_effects_of_distemper_vaccination_in_dogs)

Question: My dog just got her distemper shot 52 hours ago. She is really lethargic, won't go down stairs, won't eat or drink, and when I rub her back, right near her nipples, the skin tenses up. We hope she'll be ok, but we don't know yet. We don't know where on her body the shot was given. If anyone has some advice, please give it.

Answer: This does not sound like a reaction to a distemper vaccine (DHLP/Parvo). A true reaction to a distemper vaccine would be swelling occurring within 5-10 minutes of receiving the vaccine. The vaccine is always given under the loose skin on the neck area. This sounds like something entirely different and you should take your pet into your Veterinarian as soon as possible. Again a true anaphylactic reaction would be swelling within 5-10 minutes of giving the vaccine and that is usually caused from the Lepto part of the vaccine. When you have the next vaccine, ask your Vet to leave out the lepto part if the dog has had a true anaphylactic reaction. Please have your dog checked out immediately by your Veterinarian.

Another vet went into print (in *The Wirral Champion*) with the following advice about booster vaccines:

Pet owners are often put off vaccination by media scares because they don't know where to ask professional advice – and that is where the Vet on the web can help. Owners can also be confused as to why annual re-vaccination is necessary. The answer is that pets age roughly seven times faster than humans – so medical changes progress that much faster in pets than humans. Where we might need a tetanus vaccine every five years, the cat needs an annual booster.

Other vets have made it their business to understand the science regarding boosters.

"A practice that was started many years ago that lacks scientific validity or verification is annual revaccinations. Almost without exception there is no immunologic requirement for annual revaccination. Immunity to viruses persists for years or for the life of the animal. Furthermore, revaccination fails to stimulate a secondary response as a result of interference by existing antibodies."

Dr. Ronald Schultz Ph.D. (immunologist and Chairman of the Department of Pathobiological Sciences, University of Wisconsin School of Veterinary Medicine) and Dr. Tom Phillips D.V.M. Ph.D. **Kirk's Current Veterinary Therapy XI**

"The first thing that must change is the myth that vaccines are harmless. Veterinarians and animal guardians have to realise that they are not protecting animals from disease by annual vaccinations, but in fact, are destroying the health and immune systems of these same animals they love and care for."

"Vaccinations represent a major assault on the immune system, cause irregularities and abnormalities in the immune system, which then manifests as chronic diseases - life-threatening conditions such as auto-immune crises to conditions destroying the quality of life of an animal, as in chronic skin allergies. What we are now seeing are generations of over-vaccinated animals."

Charles Loops DVM

"In the process of training as a doctor or veterinarian, one goes in as a relatively naive young person. The conditioning is heavy; it costs a lot of money, and of course you want to do well. Students are told how wonderful vaccines are, and they don't really question it; they accept as a fact that they're these great boons to health, are never harmful, and have saved a lot of lives—it's black and white. The companies making the vaccines have great amounts of money and influence to campaign and advertise. You have a situation on the one hand where doctors are conditioned to accept, and on the other hand companies powerful enough to squelch negative comment."

Dr. Richard H. Pitcairn, D.V.M., Ph.D

"The most common problems I see that are directly related to vaccines on a day to day basis are ear or skin conditions, such as chronic discharges and itching. I also see behavior problems such as fearfulness or aggression. Often guardians will report that these begin shortly after vaccination, and are exacerbated with every vaccine. In a more general and frightening context, I see the overall health and longevity of animals deteriorating."

Dr. Pat Bradley D.V.M.

"There is no scientific data to support a recommendation for annual administration of vaccines. Furthermore, repeated administration of vaccines may be associated with a higher risk of anaphylaxis and autoimmune diseases."

"There is little scientific documentation that backs up label claims for annual administration of most vaccines. In the past, it was believed that annual vaccination would not hurt and would probably help most animals. However concerns about side effects have begun to change this attitude. The client is paying for something with no effect or with the potential for an adverse reaction."

*The AVMA Journal* (208, 1996)

"Another trend of the past few years is coercion of guardians into procedures such as vaccination. This coercion may be blatant, such as refusal to provide services, even emergency care, unless the animal is 'current' on vaccines.

"Sometimes even critically ill animals are vaccinated upon admission for treatment.

"More subtle means include induction of fear and/or guilt by asserting (as an authority figure) that companion animals are at risk if not vaccinated yearly, and that failure to comply is evidence of lack of caring.



"Tactics such as this can create feelings of guilt in the guardian, leading to a fear-based decision to vaccinate an animal that is not at risk. This is unethical, if not outright malpractice, and refusal is an acceptable response."

Don Hamilton DVM

"Routine vaccinations are probably the worst thing that we do for our animals. They cause all types of illnesses. Repeating vaccinations on a yearly basis undermines the whole energetic well-being of our animals. Veterinary immunologists tell us that vaccines need only be given once or twice in an animal's life. First, there is no need for annual vaccinations and, second, they definitely cause chronic disease."

"Would you rebel if your doctor told you to get measles, mumps, rubella, diphtheria, pertussis, tetanus, and hepatitis shots every year of your life until you died, instead of only a few doses as a child?"

Dr. Christina Chambreau D.V.M.

"In a general and frightening context, I see the overall health and longevity of animals deteriorating. The bodies of most animals have a tremendous capacity to detoxify poisons, but they do have a limit. I think we often exceed that limit and overwhelm the body's immune system function with toxins from vaccines. "The most common problems I see that are directly related to vaccines on a day to day basis are ear or skin conditions, such as chronic discharges and itching. I also see behaviour problems such as fearfulness or aggression. Often guardians will report that these begin shortly after vaccination and are exacerbated with every vaccine."

Dr. Pat Bradley, DVM

"We have been destroying the immune system. Over the years it has become increasingly clear that some vaccines are ineffectual or unnecessary, and some vaccines are dangerous, even causing symptoms of the disease they are supposed to prevent."

Dr. Roger DeHaan D.V.M.

"Vaccinosis is the reaction from common inoculations. Reactions might take months or years to show up. In our practice, we've seen hypothyroidism, ear infections, immune-system diseases, joint maladies, and behavioral problems as reactions to over-vaccination."

Dr. Pedro Rivera D.V.M.

"We should not allow politics and tradition or greed to enter the decision (on frequency of vaccination). Changing vaccination schedules doesn't have to mean less profit, but that you have more income from some clients and less from others. Veterinarians and the industry need to have

guts to be honest with ourselves and assess the risk and not be trapped in tradition."

Dr. Dennis Macy in "Are We Vaccinating Too Much?" *AVMA Journal*, 1995

"You take healthy animals and often very quickly after you vaccinate, you can see simple things like itching of the skin or excessive licking of the paws, sometimes even with no eruptions and licking of the air. We see a lot of epilepsy, often after a rabies vaccination. Or dogs or cats can become aggressive for several days. Frequently, you'll see urinary tract infections in cats, often within three months after their [annual] vaccination. If you step back, open your mind and heart, you'll start to see patterns of illness post-vaccination."

Dr. Dee Blanco, D.V.M

"We are harming pets by causing fibrosarcomas, possibly hypothyroidism and IMHA. The research has been done to support reduced vaccination recommendations. More importantly research shows that unnecessarily repeating vaccines has no effect. The AVMA Council on Biologic and Therapeutic Agents concluded that no research exists to support our present prevailing recommendations. Drs like Ford, Schultz and Wolf have presented the data and made persuasive arguments with persistence and dignity. After 7 years less than 7% of Veterinarians have changed. I feel it is fair to say many refuse to listen. I have filed complaints about Veterinarians giving unnecessary vaccines. I am truly saddened that my complaints have been necessary. I do not think Veterinarians are intentionally committing fraud. Ask yourself if the public has a right to know the truth and make informed decisions on their pet's health."

Bob Rogers, DVM

"I had two situations where we had spent a long time building up two older, severely immunocompromised dogs, and then their owners had them vaccinated for just about everything known to man. Both of those dogs died within about a month of vaccination. Can we prove a cause and effect? No. Do I think there was a cause and effect? Yes."

Dr. Carvel Tiekert, executive director and founder of the American Holistic Veterinary Medical Association.

### **All Veterinary Schools in North America Changing Vaccination Protocols**

We have now had a report that all 27 veterinary schools in North America are in the process of changing their protocols for vaccinating dogs and cats. Here, in a nutshell, are the new guidelines under consideration:

"Dogs and cats immune systems mature fully at 6 months. If a modified live virus (MLV) vaccine is given after 6 months of age, it produces immunity, which is good for the life of the pet (i.e., canine distemper, parvo, feline distemper). If

another MLV vaccine is given a year later, the antibodies from the first vaccine neutralize the antigens of the second vaccine and there is little or no effect. The titer is not 'boosted' nor are more memory cells induced.

"Not only are annual boosters for parvo and distemper unnecessary, they subject the pet to potential risks of allergic reactions and immune-mediated haemolytic anaemia. There is no scientific documentation to back up label claims for annual administration of MLV vaccines. Puppies receive antibodies through their mothers milk. This natural protection can last 8-14 weeks. Puppies and kittens should NOT be vaccinated at LESS than 8 weeks. Maternal immunity will neutralize the vaccine and little protection (0-38%) will be produced. Vaccination at 6 weeks will, however, delay the timing of the first highly effective vaccine. Vaccinations given 2 weeks apart suppress rather than stimulate the immune system. A series of vaccinations is given starting at 8 weeks and given 3-4 weeks apart up to 16 weeks of age. Another vaccination given sometime after 6 months of age (usually at 1 year 4 months) will provide lifetime immunity."

### **PETS DON'T NEED SHOTS EVERY YEAR**

#### **Experts say annual vaccines waste money, can be risky**

By Leigh Hopper

Houston Chronicle Medical Writer

Debra Grierson leaves the veterinarian's office clutching Maddie and Beignet, her Yorkshire terriers, and a credit card receipt for nearly \$400.

That's the cost for the tiny dogs' annual exams, including heartworm checks, dental checks and a barrage of shots.

"They're just like our children," said the Houston homemaker. "We would do anything, whatever they needed."

What many pet owners don't know, researchers say, is that most yearly vaccines for dogs and cats are a waste of money -- and potentially deadly. Shots for the most important pet diseases last three to seven years, or longer, and annual shots put pets at greater risk of vaccine-related problems.

The Texas Department of Health is holding public hearings to consider changing the yearly rabies shot requirement to once every three years. Thirty-three other states already have adopted a triennial rabies schedule. Texas A&M University's and most other veterinary schools now teach that most shots should be given every three years.

"Veterinarians are charging customers \$36 million a year for vaccinations that are not necessary," said Bob Rogers, a vet in Spring who adopted a reduced vaccine schedule. "Not only are these vaccines unnecessary, they're causing harm to pets."

Just as humans don't need a measles shot every year, neither do dogs or cats need annual injections for illnesses such as parvo, distemper or kennel cough. Even rabies shots are effective for at least three years.

The news has been slow to reach consumers, partly because few veterinarians outside academic settings are embracing the concept. Vaccine makers haven't done the studies needed to change vaccine labels. Vets, who charge \$30 to \$60 for yearly shots, are loath to defy vaccine label instructions and lose an important source of revenue. In addition, they worry their patients won't fare as well without yearly exams.

"I know some vets feel threatened because they think, 'People won't come back to my office if I don't have the vaccine as a carrot,' " said Alice Wolf, a professor of small-animal medicine at Texas A&M and an advocate of reduced vaccinations. "A yearly exam is very important."

The movement to extend vaccine intervals is gaining ground because of growing evidence that vaccines themselves can trigger a fatal cancer in cats and a deadly blood disorder in dogs.

Rogers conducts public seminars on the subject with evangelical zeal but thus far has been unsuccessful in persuading the Texas Veterinary Medical Association to adopt a formal policy.

"I'm asking the Texas attorney general's office if this is theft by deception," said Rogers, whose Critter Fixer practice won an ethics award from the Better Business Bureau in 2000. "They just keep coming out with more vaccines that are unnecessary and don't work. Professors give seminars, and nobody comes and nobody changes."

When rabies shots became common for pets in the 1950s, no one questioned the value of annual vaccination. Distemper, which kills 50 percent of victims, could be warded off with a shot. Parvovirus, which kills swiftly and gruesomely by causing a toxic proliferation of bacteria in the digestive system, was vanquished with a vaccine. Over the years, more and more shots were added to the schedule, preventing costly and potentially deadly disease in furry family members.

Then animal doctors began noticing something ominous: rare instances of cancer in normal, healthy cats and an unusual immune reaction in dogs. The shots apparently caused feline fibrosarcoma, a grotesque tumor at the site of the shot, which is fatal if not discovered early and cut out completely. Dogs developed a vaccine-related disease in which the dog's body rejects its own blood.

"That really caused people to ask the question, 'If we can cause that kind of harm with a vaccine ... are we vaccinating too much?' " said Ronald Schultz, a veterinary immunologist at the University of Wisconsin School of Veterinary Medicine. "As you get more and more (vaccines), the possibility that a vaccine is going to cause an adverse event increases quite a bit."

Less frequent vaccines could reduce that risk, Schultz reasoned. Having observed that humans got lifetime immunity from most of their childhood vaccines, Schultz applied the same logic to dogs. He vaccinated them for rabies,

parvo, kennel cough and distemper and then exposed them to the disease-causing organisms after three, five and seven years. The animals remained healthy, validating his hunch.

He continued his experiment by measuring antibody levels in the dogs' blood nine and 15 years after vaccination. He found the levels sufficient to prevent disease.

Fredric Scott, professor emeritus at Cornell University College of Veterinary Medicine, obtained similar results comparing 15 vaccinated cats with 17 non-vaccinated cats. He found the cats' immunity lasted 7.5 years after vaccination. In 1998, the American Association of Feline Practitioners published guidelines based on Scott's work, recommending vaccines every three years.

"The feeling of the AAFP is, cats that receive the vaccines every three years are as protected from those infections as they would be if they were vaccinated every year," said James Richards, director of the Feline Health Center at Cornell. "I'm one of many people who believe the evidence is really compelling."

**Texas A&M's Wolf said the three-year recommendation "is probably just as arbitrary as anything else," and nothing more than a "happy medium" between vaccine makers' recommendations and the findings by Schultz and Scott aimed at reducing vaccine-related problems.**

But many vets are uncomfortable making a drastic change in practice without data from large-scale studies to back them up. There is no animal equivalent of the U.S. Centers for Disease Control and Prevention, which monitors outbreaks of vaccine-preventable disease in people, thus keeping tabs on a vaccine's effectiveness.

Federal authorities require vaccine makers to show only that a vaccine is effective for a reasonable amount of time, usually one year. Richards notes that studies to get a feline vaccine licensed in the first place are typically quite small, involving 25 to 30 cats at most.

There is no federal requirement to show a vaccine's maximum duration of effectiveness. Arne Zislin, a veterinarian with Fort Dodge Animal Health, the largest animal vaccine maker in the world, said such studies would be expensive and possibly inhumane, requiring hundreds of animals, some of them kept in isolation for up to five years.

"I don't think anyone with consideration for animals would really want to go through that process," said Zislin, another vet who believes current data are insufficient to support an extended schedule.

Diane Wilkie, veterinarian at Rice Village Animal Hospital, said she tells pet owners that vaccines appear to last longer than a year, but her office hasn't officially changed its protocol yet. She said 20 percent to 30 percent of her cat patients are on the extended schedule.

"It's kind of a hard situation. The manufacturers still recommend a year, but

they're the manufacturers," Wilkie said. "It's hard to change a whole professional mentality -- although I do think it will change."

In Houston, yearly pet examinations typically cost \$50 to \$135, with shots making up one-third to half of the expense. A dental check, heartworm test, fecal check and overall physical are usually included in the price. Without the shots, vets could expect to lose a chunk of that fee.

But an increasing number of vets are emphasizing other services, such as surgery. Wolf said savings on vaccines might prompt pet owners to get their pets' teeth cleaned instead. An in-house test to check antibody levels is in development.

"I definitely think there's a profit issue in there; don't get me wrong," Wilkie said. "(But) people are willing to spend money on their pets for diseases. Although vaccines are part of the profit, they aren't that big a part. We just did a \$700 knee surgery."

### **Pet Vaccinations**

**Article by: Dr. Karen Becker, DVM, NMD**

When you first become a pet owner, the adoption agency, the breeder or the retail store where you made your selection will usually give you a vaccination schedule; you naturally assume that this is what you need to do to keep your pet safe and healthy. But is it?

Some of the common vaccinations can actually be doing your pet more harm than good. In the wide world of vaccinations, in general, we over vaccinate; our children, our pets and ourselves. In kids, we eventually stop vaccinations after puberty; in adults, vaccinations are usually given in a series. But with our pets, we continue booster shots until they are well into their senior years. In the human race, there typically aren't annual shots that are required; and there's no way we would afflict our elderly family members with an array of yearly boosters.

So have you ever wondered why we put our pets through this? Another thought to ponder; have you ever wondered why your Chihuahua gets the same size vaccine as your Great Dane? And at the same frequency? Believe it or not, following the recommended vaccination schedule is overwhelming your pet's immune system; and just like in humans, your four-legged friend can have reactions to the vaccines they are given, without you realizing it.

A study of more than 2,000 cats and dogs in the United Kingdom by Canine Health Concern showed a 1 in 10 risk of adverse reactions from vaccines. This contradicts what the vaccine manufacturers report for rates of adverse reactions, which is "less than 15 adverse reactions in 100,000 animals vaccinated" (0.015 percent). It should be no surprise that adverse reactions of small breeds are 10 times higher than large breeds, suggesting standard vaccine doses are too high for smaller animals. Finally, a handful of bold veterinarians, who have seen the worst-case scenarios of over-vaccination, have paved the way for ending over-vaccination.

## Current Vaccine Schedules

As most of you know, many veterinarians recommend that on an annual basis dogs are to receive rabies, parvovirus, distemper, adenovirus, parainfluenza, leptospirosis, coronavirus, hepatitis, lyme (borelia); semi-annually, bordetella (kennel cough) is sometimes recommended every 6 months. Our feline friends are scheduled to have annual rabies, feline leukemia (FeLV), distemper (panleukopenia), rhinotracheitis, and calicivirus; and depending on risk, chlamydia, feline infectious peritonitis (FIP), and ringworm can be added. Many vets advise both puppies and kittens get their “core vaccines” at ages 6 weeks, 8 weeks, 10 weeks, 12 weeks, 14 weeks, and 16 weeks.

Then, they get boosters at one year, and annually thereafter. Doesn't this sound extreme for an animal that averages from 10, 25 to 50 pounds? How was this schedule decided upon? One of the veterinary pioneers, Dr. W. Jean Dodds, president of the nonprofit animal version of the Red Cross called Hemopet, reported that the recommendations for annual vaccines were just that—recommendations. They were not based on any scientific evidence.

The United States Department of Agriculture and the drug companies, together, put the recommendations for annual vaccination into action more than twenty years ago. And being creatures of habit, we have continued to do it this way because, well, that's the way it's always been done. Not to mention that it's a financially sound arrangement with residual income for both the veterinary and drug industry. And over the past few years, protests to annual vaccines have been mild. To make matters worse, the USDA puts the annual vaccination recommendation right on the product label, enforcing this 20-year-old belief that your pets need to be vaccinated every year. Annual Vaccines are Big Money for Many Vets... Even Bigger Money for Big Pharma.

Without compelling evidence that they actually cause animals more harm than good, there is no motivation for this industry to change the highest earning element of its practice. Many vets cling to annual vaccine schedules because of economic dependence more than maintaining a “cautious” standard of care. This is particularly true for the typical small vet practice (1-3 people, non-specialty, non-emergency practices). Just take a look at the profit margin: A single rabies vaccine costs the vet about 61 cents per unit. The client (pet owner) is typically charged between \$15 and \$38, plus a standard \$35 office visit. The markup on the vaccine alone is 2,400 percent to 6,200 percent—a markup equivalent to charging \$217 for a loaf of bread.

According to one estimate, eliminating the one-year rabies vaccination and the accompanying office visit for dogs alone would decrease the average small vet's income from \$87,000 to \$25,000—and this doesn't include cats or other vaccinations.

According to James Schwartz, author of *Trust Me, I'm Not a Veterinarian*, 63 percent of canine and 70 percent of feline vet office visits are just for vaccinations. No question why there's heavy opposition to eliminating the yearly vaccine schedule. Clearly, this would result in a huge economic loss for any veterinary practice that is built around boosters.

Here's something else to wrap your head around; the vaccines you are paying so much for? They are providing even more income for vets, simply because the adverse reactions and other medical issues caused by the vaccines keep Fido coming back more often than you would like to take him!

Vets aren't the only ones cashing in on this outdated practice. Veterinary vaccine sales amounted to more than \$3.2 billion in 2004 and have risen 7 percent per year since 2000. This figure is projected to exceed \$4 billion in 2009. Six companies account for more than 70 percent of world veterinary vaccine sales. The market leader is Intervet, with sales of almost \$600 million in 2004. That's a whole lot of 61-cent vaccines. The United States has by far the largest share of the world market with revenues of \$935 million, and Japan comes in second with \$236 million.

### **Risks Far Outweigh Benefits**

In 1991, a lab at the University of Pennsylvania documented a connection between an alarming increase in sarcomas (a type of cancerous tumor) and vaccinations in cats. As it turns out, the mandatory annual rabies vaccinations led to an inflammatory reaction under the skin, which later turned malignant. It isn't difficult to imagine what happens next to the felines. That same year, researchers at University of California at Davis confirmed that feline leukemia vaccines were also leading to sarcomas, even more so than the rabies vaccine. This led to even further investigations where these grim statistics were noted: cats that were diagnosed with vaccine-induced sarcomas were estimated to be 1/1,000, or up to 22,000 new cases of sarcoma per year.

It didn't take many more findings like that before veterinary professionals began to consider vaccination as a risk factor in other serious autoimmune diseases. Vaccines were causing animals' immune systems to turn against their own tissues, resulting in potentially fatal diseases such as autoimmune hemolytic anemia in dogs (AIHA).

Additional studies showed that delayed vaccine reactions were the cause of thyroid disease, allergies, arthritis, tumors and seizures in both cats and dogs. These findings led to a 1995 article in the Journal of the American Veterinary Medical Association that concluded: "There is little scientific documentation that backs up label claims for annual administration of most vaccines."

And then there's the issue of adjuvants. Thimerosal, mercury, and aluminum-based adjuvants are still being allowed in veterinary vaccines. So, your pet is being exposed to potential antigens that could abnormally stimulate his immune system, but last a lifetime and cause chronic disease. It's not hard to figure out that the less of this, the better. This cannot be said enough, giving your pet a vaccine when your pet is already immune won't increase its immunity. It does, however, increase unnecessary risk to your animal.

Evidence suggests that, like humans, dogs and cats could be vaccinated with certain vaccines early in life and be protected for a lifetime. With the exception of rabies, the core vaccines probably last at least seven years and should not be



given more often than every three years. In one study, the antibody levels of more than 1,400 healthy dogs of all ages were measured for parvo and distemper. Nearly all the dogs were immune (95-98 percent), suggesting that annual revaccination may not be necessary.

Many of the non-core vaccines are bacterins, vaccines created to treat non-viral infections (Lyme disease and Chlamydia, for example) and may have a shorter duration; about one year. But not all animals are at risk of exposure, and the vaccines have proven to be significantly more reactive to the immune system. So assessing risk versus benefit is very important before considering these very reactive vaccines.

Researchers say there has been no increase in disease rates among dogs that have gone to vaccines every three years. There certainly is ample evidence that the dangers of repeated vaccinations are real. A study published by Purdue in 2005 found correlations between vaccine reactions in dogs and variables such as age, size, and number of vaccines given.

#### **The study found:**

- \* Smaller dogs are more prone to vaccine reactions than larger dogs
- \* Risk of reactions increased by 27 percent for each additional vaccine given per office visit in dogs under 22 pounds, and by 12 percent in dogs over 22 pounds
- \* Risk increased for dogs up to 2 years old, then declined with age
- \* Risk increased for pregnant dogs and dogs in heat
- \* More reactions were found in small dogs given Leptospirosis vaccine. In humans, if we do not have a healthy diet, and natural supplements, we are more prone to ailments and diseases, hence the need for vaccinations and boosters. The same goes for animals. Dogs and cats need vaccine protection if they aren't eating an ideal diet. The better your pet's nutrition is, the healthier his immune system will be, and better able to fend off pathogen attacks.

#### **My Vaccine Recommendations:**

- \* Wellness visits are important for other reasons besides vaccines. It is important to check for heartworm and tumors, and assess your pet's general overall health. I do recommend checkups every six months, although I do not recommend annual vaccines.
- \* Rabies vaccines are required by law. There are 1-year and 3-year rabies vaccines available, and they are the same product. If you opt to vaccinate your pet against rabies, please ask for the 3-year vaccine. Consider finding a holistic vet that provides homeopathic rabies vaccine detox, called Lyssin.
- \* Request a Vaccine Titer Test: this will help you determine if your pet has adequate immunological protection from previous vaccines (puppy or kitten shots). Antibody levels can be measured from a blood draw, in place of revaccination. IFA is the best titer test that assesses immune system's response.

\* Please discuss with your vet the risks versus benefits of the diseases you are considering vaccinating for, before you automatically assume additional vaccines are necessary.

\* Indoor housecats should not be vaccinated annually, especially if they never go outside or have access to other cats (potentially exposing them to infectious disease). Over-vaccination is one of the main reasons the general health of our feline patients is deteriorating.

\* Do not vaccinate your dog or cat if it has had a serious life-threatening vaccine reaction.

\* Do not patronize any boarding facility, groomer, training facility or veterinarian that requires you to vaccinate your pet more than necessary. The decision by some vets to come forward with the truth about pet vaccines is a positive step toward changing our animal health care system. Veterinary vaccines are one more unfortunate example of the corporate greed that permeates the pharmaceutical industry.

It is noteworthy that most of the vets who speak out about over-vaccination are American, although we do have a few in the UK, too. Maybe this is because America is a bigger country than Britain, and the 'rebel' percentage is on par with population figures. Maybe it's because America doesn't have an organised campaigning group such as Canine Health Concern, so aware vets in the UK are able to take a back seat and let CHC get on with the work. Or maybe it's because American citizens are less willing to take a corporation's word for it and are more outspoken and litigious. Maybe the culture allows for senators, veterinarians and pet owners to be heard more freely.

It cannot have escaped the notice of any vet in the UK that the WSAVA, the AAHA, the AVMA and the AVA have all announced that annual vaccination is unnecessary. And yet many veterinary practices in the UK continue to vaccinate against core viral diseases annually.

As more clients become aware of the lack of science behind annual vaccination, pressure and contention will become more common in the veterinary practice.

### **Vet bashing**

Since its inception, there has been confusion between a desire to end the unscientific and potentially harmful practice of annual vaccination and a perceived attack on the veterinary profession. On the contrary, we at CHC understand the dilemmas facing British vets. Many of our friends are vets, and we actively like the people who make up the veterinary profession. Vets are nice people. This is why we are calling for the British government to provide clarification and to recall one-year vaccine licenses.

The veterinary profession is, in our view, being manipulated by the system as it currently stands. This is not good for the profession, and it is not good for the individuals who make up the profession.

By: Rachael Whitcomb  
**DVM NEWSMAGAZINE**

SOUTHAMPTON, U.K. -- Euthanasia and attitudes about humanity and ending life may be a factor in high suicide rates for veterinarians in the United Kingdom, a study suggests.

"This altered attitude to death may then facilitate justification and lower their inhibitions towards perceiving suicide as a solution to their own problems," David Bartram writes in a new study on suicide among veterinarians.

Studies reveal that 93 percent of veterinary healthcare workers are inclined to favour euthanasia of human beings, and veterinarians struggle over the desire to preserve life and the ability to end suffering.

Two years ago, Bartram revealed that veterinarians are four times more likely than the general population and twice as likely as other healthcare professionals to commit suicide. His new study offers some clues on why this trend occurs.

The initial study in 2008 set the stage for this follow up by the same authors, Bartram, BVetMed, DipM, MCIM, CDpAF, FRCVS, and D.S. Baldwin, MB, BS, DM, FRCPsych. The study, titled "Veterinary surgeons and suicide: A structured review of possible influences on increased risk," was conducted at the Southampton University School of Medicine and published last month in Veterinary Record.

The number of actual suicides among veterinarians is not high, but proportionally, the veterinary profession has a high rate compared to other healthcare professions, according to the study.

And the numbers aren't going down. From the early 1950s until 1975, suicide rates among male veterinarians in Great Britain doubled. The ratio of veterinarians who end their lives is "consistently among the highest of all occupations," says Bartram. Women in the profession and small-animal practitioners also seem to choose suicide more frequently than their peers in the general population, the study notes. Additionally, a California study cited by Bartram affirms these results, stating that male and female veterinarians had higher mortality rates -- 2.5 times and 5.9 times greater, respectively -- than the general population. The rate increased for veterinarians who had been in the profession for less than 30 years.

Veterinarians most commonly use self-poisoning as a means of suicide, with barbiturates as the method of choice. Deliberate self-poisoning accounts for 76 percent to 89 percent of suicides in male and female veterinarians, respectively, compared to the rates of 20 percent (men) to 46 percent (women) for the general population.

Access to lethal means has been a proven contributor to suicide rates in numerous studies, Bartram says, and both doctors and veterinarians most often commit suicide through self-poisoning due to their ready access and knowledge of medicines. Veterinarians, however, are less supervised in their use of medicines than physicians, Bartram concludes.

Personality traits also can be a factor, and veterinarians, as well as physicians, tend to harbour characteristics of emotional immaturity that can foster suicidal thoughts. High academic achievers from a broad spectrum of professions are included in this group, as they tend to fall victim to "socially prescribed perfectionism" with high levels of competition with peers, fear of failure and anxiety, Bartram says.

Admission criteria at veterinary schools, which focuses on finding the very brightest and most dedicated candidates, tends to attract these personality types by selecting students with high academic achievement and related emotional immaturity. Improving on emotional immaturity in veterinary schools could help students better learn to deal with clients in their future careers and act as a buffer against work-related stresses, Bartram says.

Veterinarians work with little supervision and can make many mistakes in their early careers, Bartram writes. Those mistakes may have "considerable emotional impact and may be significant in the development of suicidal thoughts." Add to that long work hours, the threat of client complaints and litigation, rising student debt and ethical challenges, and it seems to be obvious why so many in the veterinary profession struggle with depression and suicidal thoughts. Long hours present a special challenge, as a study of German veterinarians revealed that those who worked more than 48 hours per week reported higher levels of stress and a greater incidence of driving accidents.

Dealing with clients throughout those long hours adds its own burden, says Bartram, citing a study that showed the suicide rate is 1.5 times higher for people in client-dependent occupations, as client dependency is a major source of work-related stress.

Another factor linked to the long work hours of veterinarians is the lack of work/life balance and the toll it takes on emotional health. This trend is seen more frequently in women veterinarians, according to the study, which may help explain the higher ratio of suicides among female veterinarians. Women veterinarians also report higher levels of emotional empathy with animals, greater concern for animal welfare and animal rights, and more emphasis on the human-animal bond, according to Bartram. These factors can make euthanasia and failed treatments even more difficult for female veterinarians to cope with, he says.

Now that the case has been established that veterinarians are at greater risk of suicide than other professions, Bartram says it's time to focus on prevention. Predisposing factors involved in suicide can be identified at many stops in a veterinarian's career path, and enhanced assessments can be used in the veterinary school admissions process to help intervene with individuals who may

have a hard time dealing with the pressures of their chosen career, Bartram says.

It is a tragedy that bright, intelligent, animal lovers are being educated by a system that makes it almost impossible for them to consciously adhere to the oath they make on qualification.

It is a tragedy that the veterinary profession finds itself at war with clients who are increasingly becoming dissatisfied with the treatments meted out to their pets.

And it is a tragedy that veterinarians are being persuaded to participate in marketing campaigns to sell products that are not needed and which may cause harm.

It is also unacceptable that pet owners continue to be misled and coerced into paying for a veterinary procedure which has not been proven to be of benefit, particularly when the intervention has the potential to cause harm.

## 17. Veterinary teaching establishments

In 1994, a dog owner called Sally Cronk organised a seminar to raise money for the Sadie Fund. Sally's dog – Sadie – had died of autoimmune haemolytic anaemia and, in those days, no studies had yet correlated AIHA with a recent vaccine event in dogs. Sally's campaign was aimed at raising funds for the Royal Veterinary College. Professor David Williams was assigned to work with Sally from the College, and he was to research this subject.

As Sally was raising funds for the RVC, Professor Williams suggested that the fund-raising lecture be held in one of the College's lecture rooms. But shortly before the event was due to take place, a veterinary vaccine manufacturer and a pet food manufacturer contacted the College and threatened to withdraw their funding if the event went ahead. All of the speakers were informed of this development.

Unfortunately for them, the publicity had already gone out. As a compromise, the two multinationals were invited to share the stage with the existing speakers, namely Catherine O'Driscoll, Richard Allport (a homoeopathic vet), John Burns (a then small pet food manufacturer), and Hilary Jupp (a knowledgeable natural rearing dog owner).

The event itself turned out to be more like World War III than a lecture. Audience members angrily pilloried the vaccine company representative, feeling that their dogs had been killed by vaccines.

After the event, Professor David Williams was head-hunted to work at the Animal Health Trust. He wrote to Sally Cronk to complain that the money Sally had raised, his research funding, had been allocated to a different project. Professor Williams subsequently moved out of the UK in order to carry on with his research.

When CHC became the subject of a World in Action TV documentary, we gave the producers the names and contact details of experts in the vaccine field, including one of the UK's most eminent vaccine academics. The TV's researcher was amazed and incredulous at the telephone conversation he had with this academic expert. He couldn't believe how open he had been, and how his words echoed the complaints raised by CHC. But when the cameras arrived, this academic was confusingly silent.

Veterinary teaching establishments jeopardise their funding if they speak out against pharmaceutical dominance. They rely upon funding from commerce.

Veterinary students also notice this. Some are even members of Canine Health Concern, and they tell us that lecturers will agree with what we say behind closed

doors, in private. But they will not speak out in public, and certainly not in lectures.

Big business influences the teaching curriculum for vets. Our vets are being misled.

A levy should be imposed upon organisations selling into the animal healthcare market, and the resultant funding should be apportioned – without coercion – amongst the veterinary colleges. Only in this way will our veterinarians obtain an unbiased education.

## 18. Government

Let no-one be mistaken. Your dog is a political issue. His death at the age of 3, 4, or 5 has more to do with government legislation and industry bias than it has to do with any individual breeder.

The UK has a new Government – a coalition government. Does this represent a blessed opportunity for our elected representatives to listen to the people, and show compassion for their beloved pets, rather than help fill the coffers of industry?

On the subject of political lobbying, the then Conservative leader, David Cameron – now our Prime Minister – predicted that it was “the next big scandal waiting to happen” and was one that had “tainted our politics for too long, an issue that exposes the far-too-cosy relationship between politics, government, business and money”. <http://www.telegraph.co.uk/news/election-2010/7189466/David-Cameron-warns-lobbying-is-next-political-scandal.html>.

The term ‘lobbying’ refers to attempts to influence an MP’s vote – either by their parliamentary colleagues, one of their constituents, or by any outside organisation. The professional lobbying industry was estimated to be worth £1.9 billion and employ 14,000 people in 2007, with some MPs being contacted as many as one hundred times a week. It is recognised that funding political parties can also be an indirect form of effective political influence. Following public outcry, some funding began to be described as loans.

It is true to say that multi-million and multi-billion corporations invest heavily in ‘lobbying’, otherwise known as ‘public affairs’. In my time as a PR consultant, I worked alongside lobbying firms, and I was also privy to conversations in which my boss, who later became an MP, offered to obtain knighthoods for clients – and this was back in the 1970s. By buying a peerage, you have a chance to directly influence the legislative process.

Many MPs and Ministers are recruited by lobbying firms, and lobbyists have been recruited by Ministers as ‘special advisors’. The question we haven’t been able to answer is whether influential people in the pet product industry / animal welfare industry are undercover lobbyists whilst holding their responsible positions as heads of their known organisations.

Does the fact that it seems impossible to overturn the unscientific practice of unnecessary annual vaccination illustrate the truth behind conspiracy theories? Are we living under the tyranny of commerce?

Tony Blair was questioned on the UK TV programme *Question Time* before he was elected Prime Minister of the UK. One member of the audience asked Mr Blair what he intended to do about big businesses making more and more profits



but laying off more and more staff. Mr Blair replied: “Governments have come unstuck by messing with big business.”

An alternative view is that multinational corporations pay big taxes and employ thousands of people who also pay taxes. They are vital to the economy. Upset them, and they can simply up sticks and move overseas.

Extracts from an article by Martin Walker MA gives us greater insight:

Since the year 2000, rather than distancing themselves from the pharmaceutical companies, and tightening the regulatory screws on conflict of interests, the links between government agencies and pharmaceutical companies has spread unchecked.

A number of issues were on the agenda for the Association of the British Pharmaceutical Industry (ABPI) when Labour came to power. Members wanted assurances that, in a privatised NHS, there would be guaranteed markets for their drugs. They wanted the support of government in dealing with the animal liberation movement, and agreement that member companies could work with government in the multi-million-pound assured market of vaccines production. Finally, they wanted the government to strengthen their monopoly market position in Britain and Europe, and to help choke off competition from nutritional supplements and herbal medicines.

In 2000, New Labour set up the Pharmaceutical Industry Competitive Task Force (PICTF), under the co-chairmanship of then parliamentary under-secretary of state for health, Lord Hunt of Kings Heath, and Tom McKillop, CEO of Astra Zeneca. (Lord Hunt since resigned as junior health minister in protest at the Iraq war.) The government team included Lord Sainsbury and Stephen Timms MP, then permanent secretary at the department of health. For the pharmaceutical companies, the most senior executives from the ABPI, Glaxo Wellcome, Novartis, Pfizer and Merck Sharp and Dohme attended.

While the PICTF was sitting, with the help of the Department of Trade and Industry (dti), Wyeth –the only pharmaceutical company so far to partner the government in the manufacture of vaccines with its meningitis C jab – set up a lobby group, Networking for Industry (NFI). In turn, NFI, which takes declared annual funding of around £100,000 from the pharmaceutical industry, set up the Associate Parliamentary Group for Health (APGH).

The competitive task force deliberated until March 2001, then a second group was set up to continue the high-level discussions. Named the Ministerial Industry Strategy Group (MISG), it, too, was chaired by Lord Hunt and Tom McKillop. The group also included Lord Sainsbury and Margaret Hodge, Sir Richard Sykes, and ABPI director general Trevor Jones. Leading pharmaceutical executives were again involved, along with ministers and officers from the Department of Health (DH) and dti. The aim was to resolve *‘key issues that affect not only the industry, but the interests of government and patients’*. That these interests might at times be irreconcilable seems not to have occurred to anyone.

The Parliamentary Office of Science and Technology issued a POSTnote during August 2004 to outline the government's position on UK vaccine capacity. This explains the former government's thinking behind vaccination.

<http://www.parliament.uk/documents/post/postpn314.pdf>

**Annual seasonal influenza outbreaks and pandemic disease planning have generated parliamentary interest about the UK's position in sourcing adequate quantities of vaccines. A key policy issue concerns the extent to which the government should stimulate vaccine research and manufacturing capacity rather than it being led by the commercial interests of the pharmaceutical sector. This POSTnote gives an overview of the position in the UK and how public health interests are reconciled with those of industry.**

### **Background**

Vaccines stimulate the immune system to respond to disease-causing micro-organisms (such as bacteria or viruses). They are the most cost-effective health treatment and are used to:

- **prevent disease** – giving healthy people vaccines allows them to build immunity to a disease without being exposed to it. Most of the vaccines currently routinely given in the UK prevent diseases such as diphtheria, tetanus, measles, mumps and meningitis. Globally, the World Health Organisation estimates that vaccines prevent 2 million deaths every year.
- **treat existing disease** – therapeutic vaccines, which stimulate the immune system to fight existing disease, as well as preventing future infection are also in development. Promising targets include type 1 diabetes, multiple sclerosis, rheumatoid arthritis and some cancers.

The DH (Department of Health) is the largest purchaser of vaccines in Europe, spending ~£200m every year on centralised purchase and distribution for national immunisation programmes. It costs ~£200 to vaccinate a child fully according to the routine schedule. The DH spend on vaccines will increase considerably when the recently licensed human papilloma virus (HPV) vaccination against cervical cancer is introduced for teenage girls in autumn 2008.

The major commercial vaccine manufacturers are usually divisions of large multinational pharmaceuticals, limited to a few suppliers. While the industry is a global business and manufacturing facilities are not tied to the country of sale, many companies have operations based in Europe.

The number of new vaccines coming onto the market is increasing, although the number of companies producing them has decreased in recent years, due to withdrawal from vaccine research or company mergers.

Like any other medicine, the costs of vaccine research, development and regulatory approval are considerable.

Therefore, a company has to be confident that it is scientifically possible to make a vaccine and that there is a reasonable sized market for its product to be profitable. Economic factors also mean that companies are less likely to develop vaccines for rare diseases or those endemic to the developing world such as malaria and HIV, without government initiatives or other incentives such as tax credits or advance market purchase commitments. Similar considerations mean that industry is unlikely to develop vaccines on a speculative basis against potential threats, such as bioterrorist agents or emerging diseases.

The technical and commercial features of the vaccine market mean that companies tend to seek global markets for each vaccine. This increases the chance a company will recoup its development costs and make a profit. This may mean that some specific national requirements may not be supplied. For example, a new combination paediatric vaccine that would suit a complex European childhood immunisation programme may be inappropriate for a developing country where different (usually younger) ages at vaccination are needed. Developing countries may access vaccines through companies' tiered pricing schemes and initiatives such as the Global Alliance for Vaccines and Immunisation.

In the US, shortages of several paediatric vaccines have been ongoing since 2000 due to a combination of factors. Several companies left the market over litigation fears. One producer stopped making tetanus and diphtheria vaccine to develop a more profitable childhood pneumococcal vaccine. This left only one other national producer, which did not have enough notice to meet the shortfall. In 2004, the MHRA suspended Chiron's manufacturing licence for its influenza plant in Liverpool due to contamination. The company was scheduled to supply ~48 million doses to the US; it did not produce vaccine for a year while addressing the problems.

Seasonal influenza vaccine manufacturing problems affecting the UK's supply occurred in 2005 and 2006. This did not affect the number of doses reaching patients since more than one manufacturer was supplying the DH. This illustrates how reliance on a single supplier can leave the NHS exposed, a concern raised by the House of Commons Public Accounts Select Committee in 2003.

### **Stockpiling vaccines**

DH policy aims to hold six months' worth of stock of vaccines used in national programmes at its central storage facility if there is only one supplier of a vaccine. Where there is more than one, 3 months' supply of each product is held. The benefits of stockpiling have to be carefully balanced against wastage, since vaccines have a limited shelf-life. The DH's policy of central purchase and distribution has resulted in a continuous supply of vaccines (with no shortages) for at least the last eight years for the childhood immunisation programme. Even so, the DH cannot guarantee vaccine supplies.

At an international level, the World Health Organisation has come under scrutiny. According to a report in the Mail, on 25<sup>th</sup> June 2010:

## **Swine flu risk 'was vastly over-rated' by World Health Organisation**

By Fiona Macrae  
25th June 2010

Threats of a swine flu pandemic were 'vastly over-rated' by the World Health Organisation, an inquiry has concluded.

The Council of Europe last night also accused the UN's health arm of 'grave shortcomings' in the process that led it to declare a pandemic last year.

Plummeting confidence in health advice could prove 'disastrous' in the event of a severe future pandemic, parliamentarians at the Strasbourg-based senate said.

The assembly also accused the WHO of being 'highly defensive' of its handling of the outbreak and drugs companies of influencing the decisions taken.

Members, including five British MPs, voted overwhelmingly in favour for greater transparency in public health decisions.

It wants governments to 'ensure that the private sector does not gain undue profit from public health scares' and drug companies to revise their rules to ensure any potential conflicts of interests are made public.

The debate and recommendations follow a report which described the declaration of the H1N1 pandemic as a 'monumental error' driven by drug companies - spreading fear and wasting huge amounts of money.

Paul Flynn, the British MP who led the Council Of Europe probe, described it as 'a pandemic that never really was'.

Mr Flynn said predictions of a 'plague' that would wipe out up to 7.5million people proved to be 'an exaggeration', with fewer than 20,000 deaths worldwide.

Britain braced itself for up to 65,000 deaths and signed vaccine contracts worth £540million.

The actual number of deaths was less than 500 and the country is now desperately trying to unpick the contracts and unload millions of unused jabs.

The focus on swine flu also led to other health services suffering and widespread public fear.

Pharmaceutical companies, however, profited to the tune of £4.6billion from the sale of vaccines alone.

Mr Flynn said: 'There is not much doubt that this was an exaggeration on stilts. They vastly over-stated the danger on bad science and the national governments were in a position where they had to take action.'

'In Britain, we have spent at least £1billion on preparations, to the detriment of other parts of the health system. This is a monumental failure on the WHO's part.'

The WHO has firmly rejected all the criticism, saying the outbreak fitted the criteria for a pandemic - and to claim otherwise was disrespectful to those killed by the virus and their families.

It also takes the view that not all ties to drug companies are necessarily conflicts of interest.

Read more: <http://www.dailymail.co.uk/news/article-1289418/Swine-flu-risk-vastly-rated-World-Health-Organisation.html#ixzz0rsb39s00>

If the Government wishes to make substantial savings in this economic climate, it would do well to look at the efficacy and safety record of flu vaccines, and stop buying them.

## Lax Regulation

The following report –

[http://clients.squareeye.com/uploads/compass/documents/compass%20bitter%20Opill%20WEB%20\(2\).pdf](http://clients.squareeye.com/uploads/compass/documents/compass%20bitter%20Opill%20WEB%20(2).pdf) – “Drugs for people, not just for profit” was published by Compass – Direction for the Democratic Left Ltd. Although relating to the pharmaceutical industry’s involvement in human healthcare, many of the insights can legitimately be applied to the problems identified within this document as they relate to animal healthcare. Snapshots from this download include:

- The pharmaceutical industry has long been regarded as one of the jewels in the crown of the British economy. It is an industry in which Britain has excelled. But like all other sectors its performance needs to be assessed. It was not long ago that the financial services sector was viewed as even more competitive and world leading. But it has crumbled because of lax regulation. We don't want to see the same fate befall the pharmaceutical industry. The danger signs are there. Profits and pay are up but productivity is down. Under the threat of flight, companies are lightly regulated in the pursuit of short-term profits driven by the bonus schemes of top executives
- ... expenditure on pharmaceutical products has grown faster than the gross national product in all European countries. At the same time, pharmaceutical companies remain incredibly profitable, with some companies seeing annual profits of between 20% and 30%.
- ... bias is created through the industry's control over clinical trials. The industry designs, manages, funds and therefore controls the majority of clinical trials. These clinical trials are used to make licensing decisions and influence prescribing practices. **Trials sponsored by**

**the pharmaceutical industry have been shown to contain bias in favour of the industry sponsor.**

- The pharmaceutical industry invests heavily to influence doctors. While the Department of Health invests nearly £4.95 million in postgraduate education for doctors, **the pharmaceutical industry spend over 300 times as much: £1.65 billion.** Influence by the pharmaceutical industry can alter the prescribing habits of doctors...

- **Make clinical trials open to public scrutiny**

Independent scientific information is essential for the future of modern healthcare and the future of the pharmaceutical industry. For this reason it is essential that all phase 3 trials be carried out independent from the industry. These could be funded through an industry levy. This proposal was initially put forward by Professor John Abraham from Sussex University in his book *Science, Politics and the Pharmaceutical Industry*, as it would ensure independence and allow greater scrutiny and accessibility to the necessary clinical trial data. Further, any trial used for licensing must have been registered before it was started, as is currently done in the US. This could also be combined with a 'guilty until proven innocent' approach on all industry-sponsored clinical trials.

- **Educate doctors through public funding**

For doctors, independence, transparency and freedom from bias are essential. This report has highlighted how through industry funding and influence this is impossible. This report would therefore support greater investment in independent education for doctors and other medical professionals. The current spending by government on information for doctors stands at about £5 million. This report argues that this needs to increase to £10 million, as doctors currently struggle to deal with often conflicting advice. The report would also support other measures to limit industry influence, such as banning or limiting industry contact with doctors. As of July 2009, Massachusetts and Vermont have introduced new legislation banning pharmaceutical companies from lobbying doctors, through providing free lunch and gifts; this report supports similar legislation in the UK.

- Expecting pharmaceutical firms to act like charities, and not like the companies they are legally obliged to be, is a delusion on our part, but it is an image that has been fostered by the industry and its representatives. This misguided perspective accounts for many of the inherent problems that can be seen in the way the industry is treated by regulators and government. In failing to see the industry as a business, society fails to recognise the need for more stringent regulation, often expecting it to act in our best interest, not its own. The consequence of this is a declining rate of therapeutic innovation accompanied by a plethora of practices designed to maximise market share and profit margins at the cost of true therapeutic innovation.

- The pharmaceutical industry understands the usefulness of fostering this image and therefore actively presents itself as the archetype of a caring, science-based free enterprise. It pushes the image that it is the neo-liberal dream of an innovative market, which through competition will undertake risky and costly R&D, dedicated to the treatment of disease, and alleviation of suffering. With attractive phrases like Johnson & Johnson's 'our caring transforms', Pfizer's 'life is our life's work' or GlaxoSmithKline's 'enabling people to do more, feel better, live longer', pharmaceutical companies seek to portray themselves not as profit-seeking companies, but as the Good Samaritan. The trade group in the UK that represents the industry is the Association of the British Pharmaceutical Industry (ABPI), which actively seeks to present this image with the strap line 'Medicines for a healthy future'.
- The ABPI represents 72 companies. It is based in Whitehall [where the British Parliament is based], employs 60 full-time members of staff and has considerable influence on and a close relationship with government. The then President of the ABPI, Nigel Brooksby, stated in the ABPI's 2007 annual report:

“(I am the) envy of my colleagues in Europe for the strong and mutually supportive relationship the industry has enjoyed with government and the NHS in the UK.”

- In the EU, US and Australasia there has never been a requirement on companies to produce drugs with a therapeutic advantage. If such a requirement were put in place it is likely that we would see a change in the focus of pharmaceutical research carried out by the industry, with a greater emphasis placed on therapeutic advance rather than on predicted profitability.
- Even after the Thalidomide disaster, the then UK Conservative Health Minister Enoch Powell argued that it was in the commercial interests of a drugs company to test its products appropriately and ensure that they were safe and beneficial – intimating that regulation was, in consequence, unnecessary.
- Under Margaret Thatcher in the UK and Ronald Reagan in the US a period of effective deregulation and a pro-business legislation ensured these companies grew to become immensely profitable. In recent years the oligopolous structure has remained, with the industry still dominated by the few super firms, such as GlaxoSmithKline and AstraZeneca in the UK.

- Evidence suggests that industry influence over clinical trials has resulted in biased science. When a drug is sold it is not sold alone but as part of a package of science. The efficacy of the drug is believed in because of the science that supports it.
- ... through systematic bias created in clinical trials inaccurate information is published and used as evidence when it comes to licensing decisions on the safety, efficacy and quality of drugs, and this in turn affects prescribing practices of doctors.
- Within the scientific community it is increasingly recognised that the industry's influence is creating a bias in RCTs. Richard Horton, editor of the *Lancet*, and Richard Smith, previous editor of the *British Medical Journal*, argue that 'deliberate slicing and manipulations of trial data can provide a seriously misleading picture'.
- In the 1980s Elina Hemminki revealed biased under-publication of industry-sponsored studies as a particular concern. Hemminki found that if a clinical trial had been designed to look for adverse effects of drugs it was far less likely to be published than studies that had not looked for adverse drug reaction. This could suggest the adverse drug reactions caused by drugs were being covered up in industry-sponsored trials by withholding them from publication.
- Fiona Godlee, current editor of the *British Medical Journal*, stated in 2008: "The evidence that industry funding biases the design and reporting of clinical research is overwhelming. The government must step in to create the necessary regulatory structure to ensure that this is no longer allowed to continue."
- Because of the shareholder structure of most pharmaceutical companies they are required to increase their market share. One obvious way of doing this is by influencing the prescribers of medicine: doctors, nurses and pharmacists.
- However, the prescribers of medicine's main priority is to improve the health of their patients; this can result in a conflict of interests. As a result the relationship between health professionals, particularly doctors, and the industry can be problematic for the independence of the medical profession. Also attempts to influence prescribing practices are diverting attention and investment away from therapeutic innovation and towards increasing market share through biasing prescribing practices.
- The drugs that each of us takes are trusted, not because we as individuals know or understand the complex chemical processes that are involved as we swallow the pill, but often because we simply trust in the independent and unbiased information provided to us by our doctor, nurse or pharmacist. Years of medical training and continuing postgraduate education are designed to ensure that these



professional groups of people can provide us with the information and treatment that we need. In this paradigm the individual depends on the medical profession, and any publicly available information through the NHS, for unbiased information on treatments. However, within this dependency a different story is also apparent, a story in which the information the doctors have is actually biased, and the growing influence of the industry over doctors has resulted in non-rational prescribing practices, which are potentially damaging the curative potential of our health service.

- Indeed the growing body of evidence on the impact of the pharmaceutical industry on the medical profession led Jerry Kassirer, former editor of the *New England Journal of Medicine*, to argue that the pharmaceutical industry has ‘deflected the moral compasses’ of many doctors and health professionals.
- In the UK the pharmaceutical industry sponsors over two-thirds of all medical postgraduate education and information. The annual marketing budget by the industry for medical education is estimated to be £1.65 billion in the UK; this is just under half the total amount spent by the industry on R&D in the UK.
- **Why is the pharmaceutical industry getting away with it?** It is no coincidence that the growth of the colossus that is the pharmaceutical industry coincided with the election of Margaret Thatcher in 1979 in the UK, and Ronald Reagan in 1980 in the US. With these two uniquely determined and ideologically neo-liberal administrations came a new pro-market belief. Vast wealth and profit were symbols of an industry functioning effectively, almost irrespective of therapeutic or product innovation.
- The Thatcherite neo-liberalism that dominated UK and international politics in the 1980s continued under New Labour in regard to its treatment and regulation of a number of key sectors – most notably finance, public services and pharmaceuticals. While progress was made early on under the Labour government with interventions like NICE – providing guidance and information – the underlying principle that markets serve the public interest held sway. The pharmaceutical industry has benefited, in terms of market growth, from this political ideology and as a result it has dominated discourses of medicine; however, it is now failing. This government accepted unchallenged the perspective that markets could solve our ills; regulatory reform was never deemed a priority and discussion on it fell silent. Blair promised to protect the industry and he seemed happy to allow market forces to determine health. The checks and balances that are necessary to ensure that the profit motive also encourages therapeutic innovation are not there, allowing the situation to continue, relatively unrestrained.

- The ever apparent threat of a company moving abroad is commonly seen as a reason to retain light regulation. This report would therefore strongly lend its support to an improved regulatory and supervision structure on an international level and would encourage a harmonisation of the European regulatory systems.

Meanwhile, market intelligence projects a healthy outlook for the vaccine industry:

<http://www.visiongain.com/Report/336/The-Global-Vaccines-Market-2008-2023>

### **The Global Vaccines Market 2008-2023 Report Details**

The period 2008-2023 will see a vaccine “boost”. There will be a new resurgence in the sales and utilisation of vaccines. Are you prepared for this? You should be. During this period, vaccines will be one of the fastest growing segments of the pharmaceutical market. Vaccine revenues will increase in size by several hundred percent between 2007 and 2023. This brand new in-depth report, The Global Vaccines Market, 2008-2023, describes trends in the market both quantitatively and qualitatively. In recent years, this global vaccines market has undergone a renaissance, as the importance of vaccines in both developed and developing nations becomes underlined by epidemiological patterns and healthcare needs.

The key growth driver for vaccines is their cost-effectiveness in combating disease. **This situation will encourage greater use of vaccines by governments** and private healthcare providers....

One can't help but wonder whether this burgeoning vaccines market is driven by real data concerning vaccine efficacy and safety, or by vaccine-company insiders within the civil service.

Nor can one tell whether our elected representatives – Members of Parliament – being allowed to take consultancy money from pharmaceutical companies might have anything to do with it. And what are the implications of high-paying careers in industry for those who have left office? Is this about favours returned?

Nor do we know whether our governments are chosen by wealthy benefactors, including the media and big business, before they are elected.

There is also a question concerning parliamentary animal welfare groups. Is the rumour true? Are MPs sitting on these groups allowed to take consultancy money from industry?

Is our government serving the needs of the people, or the needs of industry?

## Swine Flu Fiasco

Last year, the world was in the grip of a swine flu pandemic scare. The pandemic didn't materialise, but it caused plenty of fear, even paranoia amongst sectors of the British public. We at Canine Health Concern attempted to put a balanced view of the predicted pandemic in our newsletter. As it happens, we turned out to be right:

### **SWINE FLU, VACCINATION, AND WHO TO BELIEVE**

I have to admit that I am fairly unsettled by the various pieces of information that seem to be making up a rather ugly jigsaw in relation to swine flu. I am also mindful of the fact that, on one side of the picture, everyone's health, and even life, is potentially at risk from a virus that is predicted to cause mayhem around the world.

The other side of the picture is that 'dark forces' may be scaremongering for their own aims.

Perhaps you could spare some time to look at the individual jigsaw pieces, and make up your own mind – which will enable you to make informed, considered, choices with regard to your healthcare, and the healthcare of those in your care.

For those of you who are busy, these are the summary points. The rest of the article provides the background to the following points:

1. There is no data to show that the swine flu vaccine is going to be effective.
2. There is no data to show that the swine flu vaccine is going to be safe.
3. The swine flu vaccine, when it arrives, will be experimental.
4. Those targeted to be the first to receive the new experimental swine flu vaccine are elsewhere listed as contraindicated for the vaccine.
5. There are known side-effects to every vaccine, ranging from allergies, to autoimmune disease, to death.
6. MLV vaccines can cause the disease they are designed to prevent, thus potentially adding to any 'pandemic'.
7. World leaders are concerned about world over-population.
8. At this point in time, there appears to be no evidence to support any predictions for a pandemic.
9. Doctors on the street are telling us that swine flu appears to be no different in terms of symptoms to normal seasonal flu.

10. Baxter accidentally released a vaccine this year that was itself capable of causing a pandemic.
11. Baxter, amongst others, is now being paid by our government to produce a swine flu vaccine.
12. Baxter sought a patent license for a swine flu vaccine process nearly a year ahead of any so-called pandemic.
13. A journalist has filed a lawsuit against the World Health Organisation, Baxter, and others, claiming to have decisive proof that drug companies and government agencies are actively engaged in distributing deadly biological agents in order to trigger a pandemic.
14. Vaccines are now the biggest growth sector for the pharmaceutical industry.
15. Multi-million-pound/dollar contracts are being awarded to vaccine companies on the back of a predicted pandemic.
16. Other predicted pandemics never materialised, but human beings did suffer serious adverse reactions from the vaccine.
17. One industry insider suggests that swine flu may have come from a lab.
18. Governments around the world, and the World Health Organisation, have legislation in place to force experimental vaccines on people against their will.
19. There are other things you can do, aside from vaccinating, to protect yourself from viral disease.

Sir Liam Donaldson, the UK's Chief Medical Officer, announced that anywhere between 19,000 and 65,000 of us could die from the swine flu 'pandemic'. This gives him only a 46,000 margin of error to go by! Clearly, he doesn't have a clue.

Putting it into perspective, during the 1999 to 2000 winter, seasonal flu deaths reached 21,000 in the UK, and even during average winters there are normally anywhere between 6,000 to 8,000 deaths from flu.

Perspective aside, even one death from influenza is of course too many, especially if it's 'me' or someone I love dying from the flu. It's quite natural, then, for the uninformed to want to be vaccinated.

However, putting it into perspective again, there are other causes of death, like road traffic accidents, malaria, 'normal' flu, and tuberculosis that put the current swine flu picture into the shade. At this point in time, we don't actually know that this swine flu 'pandemic' is actually definitely going to kill any more people than normal seasonal flu bugs.

A column in the *Sunday Times* a few weeks ago, written with tongue in cheek, stated:

“It’s that man again: Britain’s chief frightener, Sir Liam Donaldson, was on the front pages suggesting that 40 people a day could die from swine flu.

“That number, Sir Liam added helpfully, ‘could be lower. And it could be higher.’ Indeed. One of the two, then.

“Sir Liam once suggested that hundreds of thousands of British people ‘could’ die from Sars, although he added the proviso that such a figure ‘could be lower, and it could be higher’. As it happens, it was lower – somewhere around the region of nil.”

Obviously, the picture changes daily, and information conflicts itself in subtle and not-so-subtle ways.

According to The *Sunday Telegraph* on the 12<sup>th</sup> July, for example, 90 million doses of the vaccine had been ordered by the government. “Details of the inoculation plans emerged after the death of a patient, reportedly a middle-aged man, at a hospital in the Basildon area of Essex.”

But *BBC News online* reported on the 28<sup>th</sup> May (before any healthy people died of swine flu) that, “The UK government has deals in place with Baxter and GlaxoSmithKline for up to 90m doses of a swine flu (H1N1) vaccine by December.”

Has the government ordered 90 million doses of swine flu vaccine because the man died without having an underlying illnesses, or had they placed the order before this development?

The *Sunday Times* (as opposed to the *Telegraph* quoted above) also stated that the National Health Service is preparing to vaccinate the entire population against swine flu “after the disease claimed the life of its first healthy British patient”.

This, then, sounds like the wording supplied to the papers via a press release. They’re saying that the vaccine is being made available because someone who wasn’t ill beforehand had died of swine flu. But this isn’t true. They were planning to vaccinate the entire population against swine flu before this man died.

Now this is either sloppy journalism, with journalists at the *Telegraph* and the *Times* forgetting a press release that came in during May, or it’s pointing towards the possibility that the mainstream media is playing a part in deliberate scaremongering, with propaganda being fed to them by governments and/or pharmaceutical companies.

It may appear to be a small detail, but when lives are at stake, small details become important.

Meanwhile, *Pulse*, a newspaper intended for ‘health professionals only’ reported:

## **Top GPs accuse Government of causing panic over swine flu**

Leading GPs have accused NHS chiefs and ministers of ratcheting up fear over swine flu and have urged them to act now to calm patient panic causing mayhem in practices.

Dr Sam Everington, a GP in Tower Hamlets, who has acted as a leading adviser to Lord Darzi on primary care and was formerly deputy chair of the BMA, said scaremongering by the Department of Health had seen the nation gripped with fear, leading to 'utter chaos' for practices in areas with the most number of cases.

He said: 'All this is being ratcheted up by the Chief Medical Officer (Sir Liam) and the Government. They are actively scaremongering everybody.'

'We have no evidence that this is in any way worse than winter flu, yet the approach has been taking clinicians away from more serious problems with patients and causing great fear among the public.'

Of Sir Liam Donaldson he said: 'It's almost like he's been preparing for this pandemic flu for so long he wants it to be fulfilled.'

'But I challenge anyone in the Government to come out and say this is worse than ordinary winter flu. It's clearly not.'

But perhaps we should take swine flu warnings and concerns on face value and accept that the scientists really do know that there's a killer pandemic on the way?

Or should we be listening to the conspiracy theorists who claim that the 9/11 World Trade Centre bombing was a plot to enable a 'war on terrorists' to commence, which itself would enable governments to implement draconian anti-terrorism laws, which would in turn enable governments to do things like force us to be vaccinated against our will? Barbara Loe Fisher, President of America's National Vaccine Information Center came out with the following alarming statement:

"Department of Homeland Security officials are declaring that any disease outbreak is a matter of homeland security. Department of Defense officials are defining public demonstrations as 'low level terrorism.' In some states ... doctors have persuaded legislators to quickly pass pandemic influenza legislation that will allow state officials to enter homes and businesses without the approval of occupants; to investigate and quarantine individuals without their consent; to require licensed health care providers to give citizens vaccines and to ban the free assembly of citizens in the state."

In the UK, Vaccine Awareness Network (VAN) UK announced:

“The Joint Committee on Vaccination and Immunisation recently took control of the UK vaccination schedule, giving them power to bring in new vaccines without a government vote and to enforce vaccines. They are currently discussing whether to hire a ‘guardian of the state’ to sue the parents of unvaccinated children to FORCE them to submit their children for jabs.

“At the same time, WHO have MANDATED universal vaccination of entire populations with a new swine flu vaccine...”

So far, no government body, to my knowledge, has actually said that every one of us, you and me included, must submit to a swine flu vaccine. Maybe it would be premature of them, since no vaccine is available at the moment. But it appears that there are laws in place around the world to enable our governments to force us to have a jab, even if we don’t want it. You have to ask why governments would want to force people to be vaccinated against their will. Is it because they truly believe that vaccines are effective and safe?

Well that’s certainly what they’re telling us via the media.

The *Sunday Times* reported:

“The path of a popular medicine from the laboratory to the chemist or doctor’s surgery can involve years of clinical trials on a select group of patients.

“When the new vaccine for swine flu arrives in Britain, regulators said this weekend, it could be approved for use in just five days.

“Regulators at the European Medicines Agency (EMA) said the fast-tracked procedure has involved clinical trials of a “mock-up” vaccine similar to the one that will be used for the biggest mass vaccination programme in generations. It will be introduced into the general population while regulators continue to carry out simultaneous clinical trials.

“The first patients in the queue for the jab – being supplied to the UK by GSK and Baxter Healthcare – may understandably be a little nervous at any possible side effects. A mass vaccination campaign against swine flu in America was halted in the 1970s after some people suffered Guillain-Barré syndrome, a disorder of the nervous system.

“However, regulators said fast-tracking would not be at the expense of patient safety. (CHC emphasis) “The vaccines are authorised with a detailed risk management plan,” the EMA said. “There is quite a body of evidence regarding safety on the trials of the mock-up, and the actual vaccine could be assessed in five days.”

So we're all going to be guinea pigs, then, although maybe we'll be comforted that mock-up trials (whatever they are) have taken place.

One problem, of course, is that governments around the world have also set up vaccine damage compensation schemes which protect vaccine manufacturers against expensive claims. There's a limit on any compensation you might, if you're lucky, get from your government, and you have to prove that your life has been substantially ruined (by 80%) before you'll get anything. That's if you're still alive to fight for it.

To further dent our confidence, and also cast doubt on the mock-up trials claim, the *Wall Street Journal* has subsequently reported that,

"A swine-flu vaccine is proving difficult to manufacture because the viruses used to make the shots aren't yielding a large amount of active ingredient, two large vaccine makers said Thursday.

"Their comments echoed similar statements from the World Health Organization earlier this week, and mean that millions of vaccine doses ordered by many governments could arrive later than expected."

So it's going to be a total experiment when the vaccine finally arrives. They haven't even got their manufacturing process sorted out, let alone tested the vaccine for safety. The following article from *Time* magazine, skimmed over by the *Sunday Times* above, illustrates what can happen in such vaccine experiments:

In February 1976, an outbreak of swine flu struck Fort Dix Army base in New Jersey, killing a 19-year-old private and infecting hundreds of soldiers.

Concerned that the U.S. was on the verge of a devastating epidemic, President Gerald Ford ordered a nationwide vaccination program at a cost of \$135 million (some \$500 million in today's money).

Within weeks, reports surfaced of people developing Guillain-Barré syndrome, a paralyzing nerve disease that can be caused by the vaccine. By April, more than 30 people had died of the condition. Facing protests, federal officials abruptly cancelled the program. The epidemic failed to materialize.

Only one person died from the swine flu itself in this 1976 "epidemic," yet more than 30 died of the tainted flu vaccine promoted by the U.S. government. Two short commercials made in 1976 show the bizarre scare tactics used which were far out of proportion to the reality.

Dr Mercola ([www.mercola.com](http://www.mercola.com)) added his own experience to the picture:

"This isn't the first time the public has been warned about swine flu. The last time was in 1976, right before I entered medical school and I



remember it very clearly. It resulted in the massive swine flu vaccine campaign.

“Do you happen to recall the result of this massive campaign?”

“Within a few months, claims totaling \$1.3 billion had been filed by victims who had suffered paralysis from the vaccine. The vaccine was also blamed for 25 deaths.

“Several hundred people developed crippling Guillain-Barré Syndrome after they were injected with the swine flu vaccine. Even healthy 20-year-olds ended up as paraplegics.

“And the swine flu pandemic itself? It never materialized.”

According to many, including the Health Freedom USA website,

“In fact, Guillain-Barre Syndrome is a newly concocted name for a much more familiar condition: Polio. In this case, very clearly vaccine induced.

“Lest anyone take comfort from the notion that Guillain-Barre Syndrome was caused by a unique vaccine, poorly produced in 1976, consider the following:

“In a press release dated October 9, 2006, “Guillain-Barre Syndrome After Vaccination in United States” a study using the US Government’s *own* Vaccine Adverse Event Reporting System Data (VAERS) showed that Guillain-Barre Syndrome (aka Polio) is alive and well in the vaccinated population:

“Of the 54 cases studied, Guillain-Barre syndrome was observed in 57% of the patients who had received an influenza vaccine, followed by 22% of the patients who had received a hepatitis vaccine either as a single vaccine or in combination with other vaccines. In the same study group, 11% of the patients with GBS had received the measles, mumps, and rubella (MMR) vaccine in combination with other vaccines, with the remaining study cases having received haemophilis B conjugate vaccine, tetanus and diphtheria toxoid, or typhoid vaccine.

“Up to 20 % of the patients developed GBS after receiving more than one type of vaccine.” – Source: American Association of Neuromuscular and Electrodiagnostic Medicine (AANEM)

<http://www.newswise.com/articles/view/524115/>

Vaccine activist Dr Tenpenny states:

Some of the new H1N1 (swine flu) vaccines are going to be made by Novartis. These shots will probably be made in PER.C6 cells (human retina cells) and contain MF59, a potentially debilitating adjuvant. MF-59 is an oil-based adjuvant primarily composed of squalene.

All rats injected with squalene (oil) adjuvants developed a disease that left them crippled, dragging their paralyzed hindquarters across their cages. Injected squalene can cause severe arthritis (3 on scale of 4) and severe immune responses, such as autoimmune arthritis and lupus.

Reference (1): Kenney, RT. Edleman, R. "Survey of human-use adjuvants." *Expert Review of Vaccines*. 2 (2003) p171. Reference (2): Matsumoto, Gary. Vaccine A: The Covert Government Experiment That's Killing Our Soldiers and Why GI's Are Only the First Victims of this Vaccine.

No vaccine is entirely safe. All vaccines are capable of causing encephalitis (inflammation of the brain), brain damage, arthritis, diabetes, epilepsy, skin problems, allergies, autoimmune disease, cancer and death. I say this with certainty, because it's true, and there are scientific studies to back me up in any court of law. And some vaccines appear to be more of a risk than others.

Meanwhile, further pieces of the jigsaw, little snippets of information, combine to make everything about this so-called pandemic look somewhat sinister. Perhaps the whole alarming-rumour-swine-flu-let's-sell-another-vaccine-mill can be best summed up by the following market analysis reports.

From FierceBiotech, the Biotech industry's daily monitor, July 2009:

**"In times of crisis, Big Pharma turns to vaccines"**

"Long being regarded as an unattractive market, vaccines have re-emerged as successful growth driver for Big Pharma. The launch and rapid uptake of novel, high-price products such as Wyeth's Prevnar or Merck & Co's Gardasil, along with the emergence of novel vaccine technologies and **favourable legislation** have brought vaccines back into the main focus of pharmaceutical and biotech companies."

This report has more meaning when you realise that the time is up on many of the world's most lucrative pharmaceutical money spinners. Their patents have run out or are running out, and the manufacturers stand to lose billions in income.

*Wall Street Journal* had this to say:

Shares of the world's largest flu vaccine makers rallied Friday afternoon, the day after the World Health Organization declared its first official flu pandemic, for the H1N1 virus, since 1968.

Large-scale vaccine makers were in sharpest focus, with shares of GlaxoSmithKline PLC, AstraZeneca PLC, Novartis AG and Baxter International all advancing at least 4%. Sanofi-Aventis, another leading manufacturer, saw its shares rise 3%.

Novartis also said on Friday that a test run of its new cell-based vaccine production technology was able to produce a H1N1 vaccine within weeks.

Current technologies, which use eggs to culture vaccine, can take up to six months.

Novartis already has one cell-based production plant on-line, in Marburg, Germany. A second plant is under construction in Holly Springs, N.C. Novartis received culturing batches of the H1N1 virus from the Centers for Disease Control on May 27 and hopes to have initial vaccine batches ready for clinical testing in July.

Savient Pharmaceuticals was the big winner amongst the mid-sized caps, with shares rocketing over 50% to \$8.97.

### **Novavax shares soar on NIH swine flu agreement**

Novavax saw its stock soar 75 percent to a high of \$3.26 after the company announced it will be working with the National Institutes of Health to evaluate its first batch of H1N1 vaccine. The National Institute of Allergy and Infectious Disease's Division of Microbiology and Infectious Diseases unit has agreed to work with Novavax to evaluate the VLP vaccine.

Please make a mental note, and start looking for details coming to you about governments, government departments and academic establishments sharing vaccine initiatives with industry, and pocketing a share of the profits. Keep your eyes open for political parties receiving sponsorship from pharmaceutical companies, and MPs being awarded jolly useful consultancy positions from industry.

Remember the last Foot & Mouth outbreak in the UK, and how it was traced back to a shared government/industry research facility?

Cast your mind back, too, to the Foot & Mouth outbreak at the end of the 1990s. Do you remember the Trevor McDonald TV programme that asserted that Defra (a government department) was telephoning wood yards to ask about burning materials two weeks ahead of any Foot & Mouth epidemic being announced?

Do you remember that the official advice was to stack the dead bodies of cattle and sheep out in the open air – even though Foot & Mouth is an airborne disease?

According to the PEERS Want to Know team, a group of journalists who share information on the internet because the major papers won't share it:

“Now is the time to educate yourself on the power of the multinational pharmaceutical companies to manipulate government, to incite fear, and to reap huge profits.

“Read the revealing words of the former editor-in-chief of the prestigious *New England Journal of Medicine*, Marcia Angell, M.D.

“The combined profits for the ten drug companies in the Fortune 500 (\$35.9 billion) were more than the profits for all the other 490 businesses put together (\$33.7 billion) [in 2002].

Over the past two decades the pharmaceutical industry has moved very far from its original high purpose of discovering and producing useful new drugs. Now primarily a marketing machine to sell drugs of dubious benefit, this industry uses its wealth and power to co-opt every institution that might stand in its way, including the US Congress, the FDA, academic medical centres, and the medical profession itself.

“Drug industry expenditures for research and development, while large, were consistently far less than profits. For the top ten companies, they amounted to only 11 percent of sales in 1990, rising slightly to 14 percent in 2000. The biggest single item in the budget is neither R&D nor even profits but something usually called “marketing and administration”—a name that varies slightly from company to company. In 1990, a staggering 36 percent of sales revenues went into this category, and that proportion remained about the same for over a decade.”

Every large successful multinational understands that they need to put a large percentage of sales revenue back into marketing. Businesses grow in line with their ability to influence policy makers and the buying public. “To he who has, shall more be given.”

Read, by contrast, a Reuters report:

**Pandemic flu shows need for pharma incentives:** WHO July 14, 2009, Reuters News

Pharmaceutical firms need incentives, including lucrative patents, to keep creating drugs and vaccines against emergent threats such as the H1N1 influenza pandemic, the World Health Organization’s head said on Tuesday. “Progress in public health depends on innovation. Some of the greatest strides forward for health have followed the development and introduction of new medicines and vaccines,” said WHO Director-General Margaret Chan.

The discovery of isolated H1N1 infections that resist the anti-viral Tamiflu, made by Roche and Gilead, and the global scramble to secure flu vaccines have shown the importance of robust research and development, Chan said. “Innovation is needed to keep pace with the emergence of new diseases, including pandemic influenza caused by the new H1N1 virus,” she told a meeting on intellectual property and health, a contentious issue that has divided rich and poor nations.

Did you spot the clue about Tamiflu – from the WHO – above? How swine flu resists this anti-viral? Why are governments stockpiling it, then, and issuing press releases to suggest we take it in the fight against H1N1?

Of course, these wealthy multinationals need our world governments to offer them incentives. But what happens if they make huge mistakes and cause epidemics? Are they subject, like the rest of us, to any repercussions for the harm they do?

Have we heard in the news of any punishment being meted out for vaccine company ‘accidents’? Consider the following news story:

### **Swine flu may have started in laboratory, expert says**

Bloomberg, May 20: The man who helped develop the Tamiflu flu anti-viral drug believes the swine flu epidemic has been caused by human error. Adrian Gibbs says the H1N1 virus may have been man-made and was passed to humans after a handling mistake at a laboratory.

Gibbs, who has studied germ evolution for 40 years, is to publish a paper about his theory, which he developed after studying the swine flu virus’s genetic blueprint. “One of the simplest explanations is that it’s a laboratory escape,” he told reporters from Bloomberg.

Viruses are developed on eggs, and Gibbs believes the new H1N1 strain may have accidentally evolved before being passed to humans. He has discovered that the strain mutates three times faster than the most closely-related viruses found in pigs, which suggests it had evolved outside of swine.

It would not be the first time a virus has ‘escaped’ from a laboratory. Earlier this year the avian flu virus made its way into a consignment of seasonal flu vaccines, which were destined for around 18 countries in Europe.

Some scientists also suspect that the Russian flu outbreak of 1977 was started when a virus was accidentally released from a laboratory.

Let’s re-visit the avian flu virus mistake, covered in the April edition of CHC Update:

Czech newspapers are questioning whether the shocking discovery of vaccines contaminated with the deadly avian flu virus – distributed to 18 countries by the American company Baxter – was part of a conspiracy to provoke a pandemic. Because of routine laboratory protocols, accidentally mixing a live virus biological weapon with vaccine material is virtually impossible.

Baxter flu vaccines contaminated with H5N1 (the human form of avian flu) were received by labs in the Czech Republic, Germany and Slovenia. Initially, Baxter refused to reveal how the vaccines were contaminated with H5N1, saying it was a “trade secret.” After increased pressure, they then claimed that pure H5N1 batches were sent by accident.

The fact that Baxter mixed the deadly H5N1 virus with a mix of H3N2 seasonal flu viruses is hard to understand. The H5N1 virus on its own has killed hundreds of people, but it becomes more airborne when combined with flu viruses. The effect could be a potent, airborne, deadly biological weapon.

And now Baxter has secured lucrative contracts to produce swine flu vaccines.

## **The World Health Organisation is Holding Lots of Meetings to Abate Our Fears**

The World Health Organisation is holding meetings and press briefings to assure us that world leaders have our best interests at heart. Here are some extracts from a transcript of a virtual press conference with Gregory Hartle, WHO Spokesperson for Global Alert and Response, and Dr Marie-Paule Kieny, Director of the Initiative for Vaccine Research, WHO. The session took place on July 14 this year.

Richard Knox, National Public Radio: “Dr Kieny, you said earlier that you do not expect safety issues to arise with the pandemic vaccine and tests but do you think that there is less risk of Guillain-Barre syndrome with this new swine flu vaccine than there was in 1976 and why?”

“And secondly, I wonder with the accelerated safety tests that will be necessary, how many subjects will you expect to have tested and how can experts draw conclusions about safety from these tests when the vaccine has been put into a hundreds of millions of people?”

Dr Marie-Paule Kieny: “It is not completely known why the vaccine which was distributed against the swine flu in 1976 induced higher risk of Guillain-Barre syndrome. There are a number of hypotheses and one of the hypotheses is that the vaccine was contaminated by a component coming from a bacterial infection that was inducing antibodies that cross reacted with self protein and therefore, caused Guillain-Barre syndrome. (NON-SENSE)

“The vaccines which are produced now are much better purified than the way they were in 1976, so we really do not think that it is likely,” (YOU DON’T THINK?) “that we will have these side effects again, but to be absolutely honest, of course it is only when you have a large scale distribution of vaccines that you know with certainty the safety profile of the vaccine.” (This is the World Health Organisation telling us that we will only know how safe the swine flu vaccine is after we’ve all been injected with it.)

“Modern vaccines such as those which are used to immunize children and adults currently in all countries of the world are very safe products. Nevertheless, in a very small numbers of people they do induce adverse reactions and this can be the case as well for adjuvanted vaccines and non adjuvanted vaccines. So what needs to be put in place and everyone is working towards this direction is a very good surveillance system and monitoring adverse effects so that as soon as a signal pops up it can immediately be followed-up, investigated and adequate public health measures be taken to respond to that.” (It will be a bit late when millions of people have already received the vaccine in a worldwide experimental trial.)

Helen Branswell, Canadian Press: “I would like to get some information about adjuvants and children. Obviously young people are among the people hardest hit by this strain so far but I don’t think that there is much [ANY] evidence at all about safety of adjuvants in that group. I was looking at a document yesterday that shows that with MS59 for instance [OTHERWISE KNOWN AS SQALENE], it

has been given to 6 or 700 children which is not a long safety record. Are there any other vaccines – not influenza vaccines – but marketed vaccines with these kind of adjuvants that children receive now and that might give us a sense of whether or not they are safe to use in children?”

Dr Marie-Paule Kieny: “You are absolutely right that safety data, at least in terms of numbers are lacking in certain population groups. You mentioned the children, certainly there are no data in children [NO DATA IN CHILDREN!!!!!!] more than 6 months old and less than 3 years, there are no data in pregnant women [NO DATA IN PREGNANT WOMEN!!!!!!], there are no data in asthmatics [NO SAFETY DATA IN ASTHMATICS!!!!!!] , so there are quite a number of populations for which there are no data.

“SAGE has also made the point that as quickly as possible data should be obtained on these populations groups if they are to be vaccinated with these new vaccines. In terms of use of this new novel adjuvant in children, there is no vaccine for very young children that is using the formulation.”

[NO-BUT, THERE IS A CONSIDERABLE AMOUNT OF DATA WITH SQUALENE IN GULF-WAR VETS RECEIVING BOTH AN EXPERIMENTAL ANTHRAX VACCINE AND AN EXPERIMENTAL “HIV” VACCINE-WHICH IS WHY THERE ARE NO LESS THAN 300,000 PERMANENT CLAIMS FOR TOTAL DISABILITY AMONG THIS “POPULATION” OF ADULTS].

“The closest being the vaccine which is currently developed is the malaria vaccine, which has been tested in a few thousand children and is being tested now in Africa with this indication for malaria in a few thousand children, but apart from that, these data are still lacking.”

The above capitalised comments in brackets are from Andrew Maniotis, PhD, Visiting Associate Professor of Bioengineering, Program of tumour mechanics and tissue regeneration, University of Illinois. Dr Maniotis believes, from years of research, that vaccines are causing cancer in humans, and that AIDS is not a virus but the result of a vaccine and chemical assault on the immune system.

After the swine flu epidemic failed to materialise, CHC reflected the following in its newsletter:

Well that was a bit of a fiasco, wasn't it – the so-called Swine Flu Epidemic! Like the Avian Flu before it, it proved to be nothing like they predicted. Far from being an epidemic, it wasn't any different to regular seasonal flu. Meanwhile, governments around the world have handed millions over to the pharmaceutical industry in a sort of reverse tax bonus for vaccine manufacturers.

To me, the swine flu fiasco reflects the very same issues that you and your dogs face. The dogs, too, are forced to have unnecessary and potentially harmful shots because their owners have been conned into them, and the government allows it to happen – even facilitates it – seemingly supporting the vaccine industry over and above the life of your dogs.

## **Vaccine Reactions – as expected**

According to *Kyodo News*, the Japanese health ministry planned to launch an investigation into whether or not the H1N1 vaccination can increase the death risk for people with serious chronic diseases. This followed an increased number of reported deaths and serious side-effects amongst people who received their shots.

The ministry said post-vaccination deaths totalled 104, around 80% of whom were people aged 70 or older; nearly 1,900 cases of side-effects were also reported.

Over in America, Jordan McFarland, a 14-year-old boy from Virginia, was reported to be weak and struggling to walk after coming down with Guillain-Barre syndrome (GBS) within hours of receiving the H1N1 vaccine for swine flu. Jordan left hospital in a wheelchair nearly a week after developing severe headaches, muscle spasms and weakness in his legs following a swine flu shot.

Likewise, a young woman in France was also diagnosed with GBS after a swine flu shot. The woman, identified only as a health worker, was diagnosed with GBS six days after she received the swine flu shot.

Swedish and Chinese health officials also reported a number of serious side effects, including deaths of people who received the H1N1 vaccine.

In China, the Ministry of Health announced that the two people, including one teacher from Hunan province, died hours after receiving their inoculations. Chinese health officials have withdrawn all vaccines from the same batch used to inoculate the teacher.

Fifty-four percent of Chinese residents reported in a *China Daily* survey that they would not get the H1N1 vaccine because of concerns about the shot's safety. Among those inoculated so far in China, more than 1,200 have complained of side effects ranging from sore arms, rashes, and headaches, to anaphylactic shock and sudden drops in blood pressure.

In Atlanta, USA, according to *Associated Press*, hundreds of thousands of swine flu shots for children were recalled because the vaccines had 'lost strength'.

The Shots, made by Sanofi-Pasteur, were for children between the ages of six months and three years. Despite the recall, parents were told not to worry, and not to bother doing anything if their children had received the defective shot. "The vaccine is safe and effective," said Dr Anne Schuchat of the Center for Disease Control.

### ***Well why withdraw it then?***

In February, another manufacturer, Novartis, recalled five lots of seasonal flu vaccine under similar circumstances.



## Waste of Our Money

In the UK, according to the *Telegraph*, the government was preparing to offload millions of unwanted swine flu vaccines as officials predicted there would be no third wave of the 'pandemic' this winter. They were also considering whether to stand down the National Pandemic Flu Service. Fewer than 5,000 people in Britain were thought to have contracted swine flu by the 9<sup>th</sup> January.

Ministers had signed contracts worth £100 million to deliver 90 million vaccines to Britain.

The government was considering exercising a break clause in its contract with Baxter, which supplies vaccines used by the NHS. There is no such clause in the GlaxoSmithKlein contract but ministers were in discussions with the company about future supplies.

Professor David Salisbury, the Department of Health's director of immunisation, admitted that this still left the problem of vaccines which had already been delivered, but added that the government would keep a stock in case the virus returned.

The amount of taxpayer money wasted was considered to be a matter of 'commercial confidentiality'.

A number of other countries, including France, have also announced plans to sell off their surplus vaccines.

Who to, we wonder?

Meanwhile the vaccine manufacturers did quite well out of inaccurate pandemic predictions for the fourth quarter of 2009. GlaxoSmithKline made \$1.7 billion, Novartis got \$700 million, and Sanofi-Aventis pocketed a cool \$500 million. Will there be any accountability?

According to *Pharma News*, the Parliamentary Assembly of the Council of Europe (PACE) planned to hold an emergency debate and inquiry into the "influence" exerted by drug makers on the World Health Organisation's (WHO) global H1N1 flu campaign.

The text of the PACE resolution approved by the Assembly states:

"In order to promote their patented drugs and vaccines against flu, pharmaceutical companies influenced scientists and official agencies responsible for public health standards to alarm governments worldwide and make them squander tight health resources for inefficient vaccine strategies, and needlessly expose millions of healthy people to the risk of an unknown amount of side-effects of insufficiently tested vaccines."

The WHO's "false pandemic" flu campaign is "one of the greatest medicine scandals of the century," according to Dr Wolfgang Wodarg, chairman of the PACE Health Committee, who introduced the

parliamentary motion. "The definition of an alarming pandemic must not be under the influence of drug-sellers," he said.

Conducting its own analysis, Harvard University concluded that the swine flu 'pandemic' was oversold. The paper suggested that swine flu was unlikely to create a severe epidemic. In light of this, according to the report, officials had taken many steps that may have been unnecessary, including mass vaccinations.

Clearly, the events outlined above have been superseded by news reports on June 25<sup>th</sup>, mentioned at the beginning of this section. It is worth remembering the comments by Paul Flynn MP:

The debate and recommendations follow a report which described the declaration of the H1N1 pandemic as a 'monumental error' driven by drug companies - spreading fear and wasting huge amounts of money.

Paul Flynn, the British MP who led the Council Of Europe probe, described it as 'a pandemic that never really was'.

Mr Flynn said predictions of a 'plague' that would wipe out up to 7.5million people proved to be 'an exaggeration', with fewer than 20,000 deaths worldwide.

Britain braced itself for up to 65,000 deaths and signed vaccine contracts worth £540million.

The veterinary vaccine industry has enjoyed the ability to exaggerate the prevalence of viral and bacterial disease, and the frequency with which vaccines are needed, since the 1970s. It has done so with the aid of the Veterinary Medicines Directorate, a government department.

It has laughed in the faces of those of us who have sought to share the scientific truth and spare unnecessary expenditure and grief, and it has been able to do so with the aid of successive governments.

This is shockingly damning of our so-called democracy.

## **CAN WE HOPE THAT OUR GOVERNMENT WILL INTERVENE TO STOP UNNECESSARY ANNUAL VACCINATION FOR THE ANIMALS?**

The UK has a new government, a coalition government. Some say that this is because the current government will take the rap for the financial mess the world is in. The governor of the Bank of England said that whoever won this election would be out of office for at least ten years after they've finished.

Perhaps now is the time to introduce reform.

If this government is looking for budget savings, it could consider putting an independent scientist on the job to rationalise vaccine spend. As mentioned earlier in this document, for example, flu vaccines do not appear to work.

### **Annual pet vaccination**

We do not seek to change the world. We just want them to stop over-vaccinating our dogs.

After sixteen years of campaigning, to receive such a cavalier response from the VMD is beyond disappointing.

Perhaps someone will read this document and actually do something.

We are over-vaccinating the animals. It is harming them. It needs to stop. No vaccine is entirely safe. We should vaccinate only if it is shown to be necessary.

In the year 2000 – ten years ago – the American Veterinary Medical Association Council on Biologic and Therapeutic Agents presented their consensus at the 137<sup>th</sup> Annual AVA Convention. They stated:

🐾 When an annual booster vaccination with a modified live virus vaccine (i.e., distemper, parvovirus or feline distemper) is given to a previously vaccinated adult animal, no added protection is provided. Modified live virus vaccines depend on the replication of the virus for a response. Antibodies from previous vaccines do not allow the new virus to replicate. Antibody titers are not boosted significantly, memory cell populations are not expanded. **No additional protection is provided.**

🐾 Vaccine manufacturers' label claims should be backed by scientific data. There is no scientific data to support label directions for re-administration of MLV vaccines annually.

🐾 Vaccinations are important for the prevention of diseases. Annual physical exams at the time of vaccination help improve health by the early detection of treatable disease and contribute to the overall quality of life.

- Vaccines are not harmless. Unnecessary side effects and adverse events can be minimised by avoiding unnecessary vaccinations.
- Average pets are similar enough in their exposure to infectious disease and in their response to vaccines that we can have a standard recommended vaccination protocol.
- Veterinarians need a standard procedure to report adverse events from vaccinations.

In 2008, after Canine Health Concern members wrote to their political representatives, calling for a halt to annual vaccination, they received the following letter on Defra headed paper from Jeff Rooker, then Minister for Sustainable Farming and Food, and Animal Welfare:

The Veterinary Medicines Directorate (VMD) is responsible for ensuring the safety, quality and efficacy of veterinary medicines used in the United Kingdom. Veterinary medicines are required to be authorised by the VMD before they may be marketed in the UK. This requires assessment of scientific data provided by the applicant company against statutory criteria to ensure the product is safe and effective when used in accordance with the manufacturer's instructions.

For each application for a Marketing Authorisation for a veterinary medicinal product safety, quality and efficacy are thoroughly examined with regard to the intended circumstances and conditions of use. These may vary considerably with different species and products, and therefore require evaluation in respect of each species in which their use is recommended. Safety in this context includes that of the animal being treated, other animals with which it may come into contact, people handling and administering the medicine to the treated animal, as well as the consideration of the risks to the consumer of food and the environment.

All authorised dog and cat vaccines on the UK market have been manufactured to an acceptable quality and with the assurance that the products are both safe and efficacious to the target species.

The issue of the duration of immunity for some vaccines has been considered by the Veterinary Products Committee (VPC) Working Group on Feline and Canine vaccination. The Working Group concluded that there is reasonable evidence that the duration of protection may be significantly longer than one year for some diseases, however for other diseases protection beyond one year may not be certain. Furthermore, for some diseases the Working Group concluded more frequent vaccination

interval may be needed to provide protective immunity. The full report can be found here:

<http://www.vpc.gov.uk/Working/feline.html>

The Working Group made a number of recommendations in relation to establishing the true duration of immunity for particular products. The current regulations require that the minimum duration of immunity should be established and there are ethical, welfare and cost implications for generating data in controlled laboratory conditions for determining the actual duration of immunity for each antigen in a particular vaccine. The European Committee for Veterinary Medicinal Products (CVMP) has adopted a Note for guidance on the duration of protection achieved by veterinary vaccines which sets out the principles and data requirements for establishing the duration of immunity for vaccines. This guidance is available here:

<http://www.emea.europa.eu/pdfs/vet/iwp/068299en.pdf>

In conclusion the current claims, recommendations and vaccination schedules are supported by scientific data in compliance with European and National requirements. If a veterinary product is used other than in accordance with the authorised manufacturer's instructions a veterinary surgeon administering the product does so at his own risk and may be held accountable for any adverse events.

As mentioned previously, government ministers go to the VMD to receive guidance when the annual pet vaccination issue is raised. And the VMD appears to be deeply conflicted, with worrying ties to the veterinary pharmaceutical industry. It's also worth remembering that when the VMD talks about adhering to European legislation, Steve Dean is or was the chairman of the European legislator:

According to NOAH's Annual Review for 2000-2001, alongside listings for exhibitions and press events for NOAH, it's announced that Steve Dean was appointed CVMP Chairman. CVMP means the Committee for Medicinal Products for Veterinary Use, and the agency plays a 'vital role' in the marketing procedures for medicines in the European Union.

The CVMP is now chaired by Anja Holm, Senior scientific officer, Dept. of veterinary medicinal products, Danish Medicines Agency, Denmark, who lists amongst other relevant positions, Assistant in the toxicological department, H. Lundbeck A/S, Denmark (1991-1993). H. Lundbeck A/S is a "global pharmaceutical company". Areas of expertise and research interests include safety and efficacy assessment of veterinary medicinal products, in particular immunologicals, DNA-vaccines, technology and safety, Pharmacovigilance, veterinary, Clinical trials, assessment of protocols.

In 2009, the Minister strangely ducked out, so that when CHC members wrote to their MPs, rather than receiving replies from the Minister, they received a reply direct from Steve Dean.

In a letter to CHC member Stephanja Gardener via her MP Stephan Crabb, Steve Dean wrote:

Mrs Gardener is concerned that the VMD allows vaccine manufacturers to market and promote unnecessary annual vaccination. This is not the case. The VMD follows the European legislation, transposed into national legislation, which states that any claim made by the manufacturers must be supported with data from specific trials, carried out with the product to be authorised, following the proposed vaccination schedule. General non-product specific data obtained from scientific literature cannot be accepted unless further data is produced demonstrating the information can be applied to the product. In practical terms this means that even though scientific publications may report a duration of immunity of years for certain vaccines, unless the pharmaceutical company submit specific data from studies carried out under strict scientific guidelines, such a claim cannot be accepted. . .

Leptospirosis for example is not globally distributed and furthermore the bacterial agents which cause the disease related to infection vary between countries. Unfortunately, the UK does have a serious risk with leptospirosis for many animal species including man.

However, as stated previously, the VMD relies upon Intervet's small informal vox pop to assess the prevalence of leptospirosis amongst dogs in the UK. It also quotes the current method of vaccine licensing, which requires manufacturers to come up with DOI data to prove duration of immunity for each product which, itself, ignores the scientific principle that:

**Once immune to viral disease, dogs and cats  
remain immune for years or life.**

**We call upon the British Government to reflect the known science and put the health and wellbeing of consumers and their pets ahead of the profit requirements of the pharmaceutical industry.**

**If nothing is done to stop the over-vaccination of companion animals, let the people know that our Government does not have its citizens' best interests at heart, and cares not a jot for our pets.**

## **19. Campaigning groups such as Canine Health Concern**

Well meaning dog lovers often advise CHC to write to a particular scientist, or to contact such and such an organisation. They say, “Why don’t you go on Twitter and Facebook?” or “Why don’t you organise a fund raising dog show?” They quite naturally don’t see the bigger picture, whereas we – who are doing the work (and this includes many other individuals around the world, working on their own but within a lose-knit group of activists) – are literally over-worked and under-paid. There just aren’t enough hours in the day to do many of these things, and we have to use our resources very carefully.

Few dog lovers appreciate that governments, via their regulatory bodies and the pharmaceutical industry, work together to ensure that unnecessary annual pet vaccinations are bought and paid for by an unwitting public. Few dog lovers understand that we are seeking to counteract not only multi-million marketing budgets, but also the legislation and the legislators.

Organisations such as CHC are formed and run by individuals whose only motivation is their love for dogs. We cannot accept industry funding for fear that it might reduce our ability to speak the truth. Neither would it be offered. There are no budgets to cover advertising, exhibitions, PR, and so on. We cannot pay anyone to do anything for us. All work is undertaken by the individuals running these organisations. In the case of Canine Health Concern, two people do all the work, although members help enormously by handing out leaflets and sharing information with fellow dog lovers. Many of our members have also actively lobbied their MPs.

For the most part, campaigning groups such as CHC are viewed with derision, and even demonised, by the tightly-associated bodies, corporations, and government departments which promote pharmaceuticals and other multi-billion pet products.

We are less than ants seeking to climb onto the backs of elephants. We are lone ants seeking to climb onto the back of a herd of elephants.

Each time a book is published, or a DVD is made, or a leaflet is circulated, we hope that dog lovers will actually look at them, and that they will be motivated to do something. Sometimes they do. But the sad fact is that if everyone who agreed with us, or who we have helped, supported the work by just becoming a member, we could do a lot more.

Sadly, whilst the internet allows us to spread information, it has also created a society that expects its information for free. In this way, the internet is actually counterproductive. Dog lovers are slowly becoming more informed, but because

the nature of the internet is passive, it's far too easy to press the delete button and fail to act.



## CONCLUSION AND CALL TO ACTION

Every group and individual within the animal healthcare system is responsible for the problem we face. This means you. One small group of campaigners cannot hope to win change on its own.

In Part One of this document, we gave scientific references to explain why it is such a bad idea to vaccinate animals year after year – especially when the scientific principle has been established that:

### **Once immune dogs (and cats) remain immune for years and probably for life**

Added to this, it is clear that no vaccine is without risk. When we vaccinate, we trade vaccine-induced disease against viral and bacterial disease. In order for annual vaccination to end, everyone needs to play their part.

**Dog owners** are not just victims. By abdicating responsibility and failing to understand what it is they pay for in the name of love, they fail to repay the trust that their dogs place in them.

**Breeders** seek recognition and approval from the Kennel Club. They need to become informed of the over-vaccination issue, and the pet food issue, and insist upon change within the Kennel Club. Breed clubs need to disseminate information about real food and minimal vaccine schedules.

**Pet food manufacturers** need more stringent regulation. Food is the cornerstone of health.

**Pharmaceutical companies** are not the saviours of the world. They are not the Good Samaritan. They are highly profitable multinational businesses. The pharmaceutical industry needs tighter regulation - on a global basis. It certainly does not need government to make life easier for it through the VMD.

**Chemical companies** have a huge impact on the environment. We all need to question the chemicals we use.

**Pet charities** (animal welfare groups) need to declare their interests. We require transparency.

**The insurance industry** is part of the ruling elite, sharing the major part of the world's wealth alongside pharmaceutical, petrochemical and banking industries. If an insurance company tells you that you must vaccinate your pet every year, buy your insurance elsewhere, or put a premium equivalent in a building society each month.

**Boarding establishments** – kennel owners – need to campaign for and demand proper guidance and justifiable, scientifically-based, requirements from their local authorities.

**Pet shop proprietors** should understand that they play vital role within the pet healthcare industry. By stocking ethical products that generate health, and by helping to educate pet owners, they can play a pivotal role in change our dogs need.

**Dog clubs** need to educate themselves and stop imposing unscientific vaccination requirements upon their customers and members. Get excited about agility events, ringcraft classes, and obedience competitions – but get excited, too, about your dogs' good health.

**Pet behaviourists**, as with any individual purporting to do good work on behalf of the dogs, behaviourists need to educate themselves on the vaccine issue. Many of the behavioural problems you are trying to deal with are caused by neurological damage from a vaccine. Behaviourists and trainers are key members of a network of dog lovers who give advice about husbandry and healthcare - without being paid by multinationals for their advice.

**The Kennel Club** is at the point of power between responsible dog breeding and the pet products industry. It is too closely involved with industry to represent the animals it purports to serve.

**The Veterinary Profession** has been trained to follow strict codes of conduct and behaviour which are deemed acceptable within the scientific community. The profession is thereby suppressed. It is time to set yourselves free of the tyranny of commerce – and good luck to you. The animals need you.

**Veterinary teaching establishments** need to be freed from the tyranny of commerce.

**Regulators such as the VMD** need to get out of bed with the pharmaceutical industry. Stop pushing drugs, and start defending health.

**Our government's** reaction to this document will demonstrate to the dog owning public whether we live in a democracy, or whether we are foolish to trust in the democratic process. 'Our government' refers not only to central government, but also to the MPs our members contact when requesting democratic representation, and to our civil service.

**Campaigning groups such as CHC** – we will carry on so long as we are able, and as long as we are allowed. So long as we have strength, we will not rest until our dogs' lives are placed ahead of profit, and ahead of political interests.

Should CHC cease to exist, there are many individuals around the world who will carry on with the work.

The dogs have done far more for the human race than we will ever comprehend. We will not watch their suffering and stand silently by.

However – there is one way to silence us for ever. All the government needs to do is put an end to annual vaccination. It is unscientific, it is unjustifiable; it is harming our dogs.

Stop it.

## RECOMMENDATIONS

1. The British government must look into the conflicts of interests within both the VMD and Defra, and remove those conflicts. The Veterinary Medicines Directorate must be made to re-establish its initial aim to:  
  
**“protect public health, animal health, the environment and promote animal welfare by assuring the safety, quality and efficacy of all aspects of veterinary medicines in the UK”.**
2. The VMD must remove unproven prescriptive revaccination recommendations on vaccine product labels, and replace them with the known scientific principle that immunity to core viral disease persists for at least seven years by direct challenge, and 15 years by serology.
3. The VMD must refrain from supporting the retention of label statements that direct or imply a universal need for life-long annual revaccinations with core vaccines.
4. There is an error of logic in the European licensing approach which requires manufacturers to submit data to support revaccination schedules. This has historically enabled manufacturers to submit data to support annual vaccination and their own sales targets, contravening the known science concerning duration of immunity. This illogical approach must be re-evaluated, taking into account the now established scientific principle that once immunity to viral disease exists, it persists for years or life.
5. Until such time as points 2, 3, and 4 above are achieved, veterinarians must be under no obligation to follow revaccination intervals recommended on vaccine labels.
6. The VMD must stop pushing non-core vaccines on behalf of the veterinary vaccine industry. Instead, it must seek to establish independent data about disease prevalence so that pet owners can make informed risk assessments about the use of non-core vaccines.
7. The VMD must not advocate the use of vaccines, such as leptospirosis and kennel cough, which pose a danger to animal and public health but which do not come with substantial evidence of benefit or efficacy.
8. The VMD must distance itself from pharmaceutical and vaccine industry marketing material, research, and activities. It should not rely upon such research to help promote unnecessary revaccination schedules.

9. Veterinary teaching establishments must be freed from the commercial influence and agenda of industries selling into the animal healthcare market. A levy upon industry would be an impartial solution.
10. Further education for veterinarians must come from clean and impartial sources, and not from companies wishing to sell product.
11. Pet charities should be obliged by law to declare financial ties with companies selling into the pet products / animal healthcare market, and must also declare their interests when supporting industry sales campaigns.
12. The VMD must provide guidance to veterinarians regarding titer testing in place of revaccinating. The 2010 WSAVA guidelines acknowledge that “the principles of evidence-based veterinary medicine would dictate that testing for antibody status (for either pups or adult dogs) is better practice than simply administering a vaccine booster on the basis that this should be ‘safe and cost less’”.
13. The VMD, in consultation with CHC (which is known to be free of commercial bias), must prepare informed consent information sheets for pet owners so that pet owners may assess the risks and benefits associated with vaccination, and so that they may be aware of scientifically established – independent – duration of immunity studies against core viral diseases in both dogs and cats.
14. Where such information and research does not exist – either for vaccines for other species such as horses and rabbits, or in the case of new vaccines – then the government should fund such research before licensing these products.
15. It is imperative that computerised databases be funded and instituted so that we are able to pick up adverse reactions to drugs and vaccines – rather than rely upon the existing and woefully inadequate SARSS scheme. These databases must be linked to every veterinary practice in the UK to gather data about vaccine events, drug prescriptions, and illnesses arising subsequent to administration. Data should be analysed by individuals with no ties whatsoever to the veterinary pharmaceutical industry.
16. The VMD stated in its position document:

**The VMD recognises and supports the concerns of the pet owning community and their desire to understand the potential risks to their pets from unnecessary vaccination. In response to these concerns, the Veterinary Products Committee (VPC) established an independent working group on feline and canine vaccination. The full report is available on the**

VPC's website <http://www.vpc.gov.uk/Working/feline.html> . The working group concluded in 2002 that vaccination plays a very valuable role in the prevention and control of the major infections in dogs and cats and, although, adverse reactions occasionally occur, the risk/benefit analysis strongly supports their continued use. The VMD is not aware of any new developments that would affect the previous conclusions of the Working Group.

With respect, we need a new Working Group. One that is comprised of individuals who have no financial ties with the veterinary vaccine industry – or, indeed, the wider pharmaceutical industry.

**"Annual revaccination provides no benefit and may increase the risk for adverse reactions. The percentage of vaccinated animals (those vaccinated only as puppies) protected from clinical disease after challenge with canine distemper virus, canine parvovirus and canine adenovirus in the study was greater than 95%."**

Dr. Ronald D Schultz, Professor and Chair of the Department of Pathobiological Sciences at the School of Veterinary Medicine, UW-Madison. (Schultz, R.D. - *Current and Future Canine and Feline Vaccination Programs. Vet Med 3: No. 3, 233-254, 1998*)