TO: Albert Sabin
FROM: A.S. Evans, M.D.

I felt the 60 minute program on Snun Flin to have been most biased and unfair, e.g., to the scientists who made the decision, to Dave Sencer, and to CDC.

If you agree - raise your sonorous voice -

Best regards -

AE
Dear Mr. Wallace:

If the bias, lack of scientific objectivity, sensationalism, and search for a guilty culprit characterize other presentations as it did your report on "Swine Influenza," then I can place little trust in anything "60 Minutes" reports. In fact, I am keenly disappointed in you and your network for irresponsible journalism. Your report has undermined the confidence of the public in influenza immunization as well as in other immunization programs. You have implied that the decision to give swine flu vaccine was unwarranted whereas there was, and is, sound scientific grounds for that decision. You have undermined the public's confidence in an outstanding organization, the Center for Disease Control and made Dr. David Sencer, its former Director, a guilty culprit.

The facts of the case are:

1. There were 293 cases of Guillain-Barre Syndrome (GBS) in persons receiving influenza immunization and 264 in unvaccinated persons in the period October 1, 1976-January 18, 1977 and 10 deaths in each group (Morbidity and Mortality Report, CDC, January 21, 1977). This is not to say that there was not an increased risk of GBS in the first 8 weeks after immunization as compared to unimmunized persons, but the overall number of cases and deaths were very similar. You failed entirely to mention the cases in the non-immunized persons.

2. The Guillain-Barre Syndrome has been recognized as a rare neurologic sensitivity reaction after several types of immunizations as well as "natural infections; many are of unknown cause. Dr. Mark Hatfield who said on your program he had warned against GBS, did not mention it in a major report just prior to the start of swine flu immunization program in which he stated: "more serious reactions are quite rare, and fatal reactions have been reported on only 2 occasions, both in the mid-1940's; no fatalities associated with influenza vaccine have been reported in the past 30 years" (see attached). Influenza vaccine has been regularly given to all incoming recruits in the Armed Forces for the past several years without a serious reaction or death and providing about a 70% protection against the disease. Thus, there was no real precedent to predict that GBS would be a problem in this mass campaign.
3. You failed to mention what a "holocaust" the influenza outbreak of 1918 was. It nearly equaled the Black Death of the middle ages. There were about 25 million deaths in the world in that outbreak and 400,000 in the U.S. Half the world was ill. Spend a few hours and read A.W. Crosby's book Epidemic and Peace, 1918 to understand what a catastrophe it was! As far as anyone could tell the Fort Dix influenza strain was identical to that of 1918. The experts knew this and decided on a mass program to protect against a chance -- no one really knew how large -- most estimated about 10 percent -- of a devastating epidemic. It had taken over 6 months to prepare and distribute influenza vaccine in the 1957 Asian and 1968 Hong Kong outbreak -- too late to prevent widespread illness and deaths in the first wave. So this was a chance to prepare and give the vaccine early and perhaps prevent a major epidemic. The epidemic did not occur and we can all be thankful. I regard the influenza program as a "major medical insurance policy against a disaster that did not occur."

4. If a major epidemic had begun, I think we would have gone ahead with the immunization program even if we had recognized the tragic complications of GBS in 8 per million persons immunized. Some 300 cases and 10 deaths of GBS might have seemed a lesser evil than 50-100 million cases of influenza and over 100,000 deaths if the outbreak behaved like 1918. If this had been the case, and we had not given the vaccine I can well imagine the vitriol "60 Minutes" would have poured on CDC and other public health officials for not acting quickly in a mass program.

5. The experts who made the original decision say they would do so again given the same evidence (See Science 202:849, 1978). So would I. Enclosed are my views on the problem plus more of Dr. Geoffrey Edsall and Dr. Edward Kass.

I have great sympathy for those persons who developed GBS sequelae from the swine flu program as well as the equal number who developed it without immunization. But I have only disappointment and anger for irresponsible reporting.

This letter, and others you may receive like it, may be too long to quote but I do hope you are fair enough to point out that: 1) There were as many cases and deaths of GBS in persons not receiving the influenza vaccine as those who did -- and the risk of developing it was about 8 per million; 2) The decision to immunize against swine flu was based on the best scientific evidence available and made by experts who would make the same decision today as they did then; 3) We should be thankful no major epidemic did occur like the catastrophic one in 1918; 4) Influenza vaccine is usually very safe, is used regularly in the Armed Forces, and provides about 70 percent protection against the viruses included in the vaccine.

Sincerely yours,

Alfred S. Evans, M.D., M.P.H.
Professor of Epidemiology

P.S. I am particularly disappointed in your swine influenza report as a fellow classmate at the University of Michigan, Class of 1939.
Sunday, November 4

60 MINUTES did their program on Swine Flu. They interviewed Dr. Sencer and the program was done in such a way that it made Dr. Sencer look like a fool in my opinion. To most of the questions, he replied that he "didn't know" or "didn't remember".

...He was asked if he knew that there was a possibility of severe complications from the swine flu vaccine. Then they showed him a memo from a special committee which supposedly warned him in advance that there was a strong possibility of severe complications.

...They brought up the question of the consent forms that individuals signed when they received the vaccine. According to Mike Wallace, the consent forms stated that the vaccine had been field tested on a large number of individuals and had been found safe, etc. Wallace then asked Sencer why the first vaccine which had been field tested was suddenly replaced with another vaccine which had not been field tested. According to Wallace, this second vaccine was the one which was actually given in the mass vaccination programs. Dr. Sencer had no answer for this.

...A large portion of the program was concerned with interviewing a lady who was a school teacher. She was convinced by her husband to take the vaccine and developed severe paralysis. They showed film of her when she was confined to a wheel chair and was unable to use her hands, etc. She is now using leg braces but according to her doctors, she will never regain any more movement than she now has. She still has some facial paralysis and severe leg paralysis and some difficulty with certain movement of her hands.

She and her husband stated that since they felt that the "government" had not given them the entire truth about the circumstances at Fort Dix, the possible side effects of the vaccine, etc. that they would not have enough faith in the public health officials to ever take any further vaccines that they might recommend.

...They had an interview with another doctor (Hatfield, I think), who said that he had tried to warn CDC that there was a possibility of complications with the vaccine.

Most of the interview, however, was questioning David Sencer and showing the interview with the above-mentioned victim.

Your statements or documents were not mentioned in the program as far as I could tell.