When The Vaccine May Be The Problem
By Stephen A. Sheller

Dr. Stanley Plotkin is correct in saying that the world needs a vaccine for Lyme disease, but a recent article in the *Inquirer* has seriously misled the public as to why a previously released Lyme vaccine — which shares similarities to one Dr. Plotkin currently appears to be promoting — was removed from the market.

Reporter Ilene Rush characterizes the demise of GlaxoSmithKline's LYMErix vaccine as merely the result of "negative media coverage, poor marketing, and tepid endorsement by federal officials." Ms. Rush also states that opposition from "activists" led to a lawsuit which was settled in 2003, and that, although the manufacturer paid legal fees to several law firms, including my own, the claimants received no restitution. That statement is patently false. I know because I litigated the case, and hundreds of victims received significant compensation.

LYMErix failed because it fell far short of providing universal immunity from Lyme disease. Worse still, the LYMErix vaccine was rushed to market without adequate testing, and caused, and may still be causing, hundreds of life-threatening and debilitating injuries. In response to these complications, we initiated litigation with the sole purpose of removing a dangerous product from the market, or, alternatively, to make certain the vaccine's label adequately reflected its negative side effects. We accomplished this goal when LYMErix was voluntarily withdrawn from the market.

The fees we received from that successful class action lawsuit were considerably less than the $1 million claimed by Ms. Rush and did not come close to covering the time and expenses incurred by my firm. Moreover, the fees, which were approved by Court Order in Chester County, were paid to a New York law firm, not mine, and divided between several law firms that worked on three different class actions being pursued in New Jersey, New York and Pennsylvania. However, the lawsuit also resulted in LYMErix victims being authorized to pursue their individual claims without limitation. We obtained substantial recoveries for many of our clients that suffered terrible injuries from the vaccine.

When Ms. Rush states there is "no indication that the Lyme vaccine produced any long-term adverse reactions", she is flat wrong. Similarly, Dr. Plotkin fails to mention that many LYMErix users developed debilitating neurological symptoms, as well as chronic arthritis. Some of the most devastating injuries we saw were cases of Chronic Inflammatory Demyelinating Polyneuropathy (CIDP) which requires frequent doses of IgG, an antibody, at a cost of over $10,000 a month. Several of my clients contracted Bell's palsy after their injection of LYMErix, and others, including a 14-year-old New Jersey cheerleader, were diagnosed with LYMErix-induced Lupus. If the Lupus symptoms induced by her use of LYMErix follow the same path as conventional Lupus, this young woman will suffer a lifetime of pain.

Thanks to our lawsuit, we discovered when an infected tick bit a vaccinated person, the tick ingested the antibody, supposedly killing the Lyme bacteria and preventing infection. But, as the vaccine developers themselves acknowledged, the antibodies did not kill all the Lyme bacteria in the infected tick's intestine. Thus, the vaccinated person could potentially still contract Lyme

disease. Further, the modified injected antibody often did not react in the human body in the expected way.

In most so-called "live" vaccines, which are weak versions of the disease, the antibodies created are short-lived. They feed on the "enemy," the antigen, and that's the end of them. For reasons that were not understood either then or now, LYMErix created, in some people, an ongoing autoimmune disease response. In such conditions, the immune system sees the body's own cells as enemies and goes to a war with itself, as is the case with diseases like Lupus, ALS, and MS. Of all people, Dr. Plotkin should be aware of this potential side effect as he was the Medical Science Director for Pasteur-Merieux-Connaught (today, Sanofi Pasteur) and admittedly has consulted with many major vaccine manufacturers.

Finally, crucial to any discussion of LYMErix and all new bioengineered vaccines is the overutilization of bioengineered agents, something entirely ignored by Dr. Plotkin and Ms. Rush in her article. One reason drug manufacturers are keen to use such bioengineered agents is because they can be patented. Drug makers often can charge any price they want for the product, regardless of production costs which otherwise typically dictate market price. While I do not doubt the intrinsic worth of genetic modification to science or humanity, this type of science can be prematurely applied, resulting in devastating conditions similar to those inflicted on the users of LYMErix. Unfortunately for consumers, drug manufacturers are often the only party charged with the task of choosing between satisfying demand and social responsibility.

Baxter International has already begun drug trials in Europe for its new, patented version of a bioengineered Lyme vaccine, something that Dr. Plotkin and Ms. Rush fail to mention. The new version of the drug hopes to overcome the adverse effects associated with previous Lyme vaccines. But how can consumers make informed decisions about their healthcare without transparency regarding how the drug is developed and promoted, and, above all, an honest accounting of the previous failures of Lyme vaccines? That's what readers should be told.

- Stephen A. Sheller is the founding partner of Sheller, P.C., a national whistleblower, plaintiff's product liability, personal injury class action law firm based in Philadelphia. To learn more, visit Sheller.com and look for his soon to be released book including his work on Lyme Disease, *A Nation Betrayed*.

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