

# VRAN Newsletter

Vaccination Risk Awareness Network Inc.

## **WHAT THEY DON'T TELL YOU ABOUT VACCINATION DANGERS CAN KILL YOU OR RUIN YOUR LIFE**

**By Russel L. Blaylock, M.D.**

After 30 years of intensive research, much has been learned about how brain cells work and what goes wrong when disease arises. One of the great enigmas has been the connection between vaccinations and certain brain disorders such as:

- ◆ Autism
- ◆ ADD
- ◆ ADHD

Gulf War Syndrome

\*More common neurodegenerative diseases (Parkinson's disease, Alzheimer's dementia and ALS)

As we learned more and more about how brain cells should work, we discovered that often normal processes, such as metabolism, could result in the accumulation of powerful chemical byproducts, called free radicals, that have the capacity to destroy these cells.

Free radicals, basically, are very reactive particles that bounce all around the cell damaging everything they touch. Most originate during the process of metabolism but can also arise from toxin exposure, irradiation and toxic metals. Because they are so destructive, cells have a network of defenses designed to neutralize them. This antioxidant network is composed of numerous components that include vitamins, minerals and special chemicals called thiols (glutathione and alpha-lipoic acid).

### **What Causes the Free Radicals**

The idea that free radicals play a major role in all of the conditions listed above is now proven--the big question is why are so many free radicals being generated? In the case of autism, ADD and ADHD many came to support the idea that mercury derived from vaccines was the source of the radicals. And it was known that mercury could cause free radicals to be generated in large numbers within the brain. Evidence connecting mercury to the autism spectrum disorders, neurodegeneration and the Gulf War Syndrome is strong, but not exclusive.

Interestingly, all of these diseases also share another common event--over activation of a portion of the immune system.

It is important to appreciate that only a certain part of the immune system is overactive, because other parts, such as cellular immunity, are actually diminished. In some instances, as with the childhood disorders, the problem is congenital and in others it develops as a result of many factors such as aging, toxin exposure, poor nutrition and excessive vaccination itself. Mercury can impair immune function as well.

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### **Vaccine Safety Tests: What are They? Why Do We Need Them? Why Are They Not Being Done?**

**By Harold E Buttram, M.D.  
FAAEM & Alan R. Yurko**

#### **Introduction**

At the present time Americans and their children are in the midst of an epidemic of chronic disease and disability. The Centers for Disease Control admits that 1 American child in 166 has been diagnosed with autism spectrum disorder. (1) In 1970,

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## VRAN NEWSLETTER

Vaccination Risk Awareness Network Inc.  
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### VRAN Board of Directors:

Mary James - President  
Rita Hoffman - Vice-President  
Edda West - Secretary/Treasurer  
Dr. Jason Whittaker - Director VRAN Speakers Bureau  
Leona Rew - Board Member  
Gloria Dignazio - Board Member  
Susan Fletcher - VRAN Researcher

With thanks to Lisa Farr for the newsletter layout.

### Statement of Purpose

- VRAN was formed in October of 1992 in response to growing parental concern regarding the safety of current vaccination programs in use in Canada.
- VRAN continues the work of the Committee Against Compulsory Vaccination, who in 1982, challenged Ontario's compulsory "Immunization of School Pupils Act", which resulted in amendment of the Act, and guarantees an exemption of conscience from any 'required' vaccine.
- VRAN forwards the belief that all people have the right to draw on a broad information base when deciding on drugs offered themselves and/or their children and in particular drugs associated with potentially serious health risks, injury and death. VACCINES ARE SUCH DRUGS.
- VRAN is committed to gathering and distributing information and resources that contribute to the creation of health and well being in our families and communities.

### VRAN's Mandate is:

- To empower parents to make an informed decision when considering vaccines for their children.
- To educate and inform parents about the risks, adverse reactions, and contraindications of vaccinations.
- To respect parental choice in deciding whether or not to vaccinate their child.
- To provide support to parents whose children have suffered adverse reactions and health injuries as a result of childhood vaccinations.
- To promote a multi-disciplinary approach to child and family health utilizing the following modalities: herbalist, chiropractor, naturopath, homeopath, reflexologist, allopath (regular doctor), etc.
- To empower women to reclaim their position as primary healers in the family.
- To maintain links with consumer groups similar to ours around the world through an exchange of information, research and analysis, thereby enabling parents to reclaim health care choices for their families.
- To support people in their fight for health freedom and to maintain and further the individual's freedom from enforced medication.

VRAN publishes a newsletter 3 to 4 times a year as a means of distributing information to members and the community. Suggested annual membership fees, including quarterly newsletter and your on-going

support to the Vaccination Risk Awareness Network:

**\$35.00—Individual \$75.00—Professional**

We would like to share the personal stories of our membership. If you would like to submit your story, please contact Edda West by phone or e-mail, as indicated above.

**VRAN website: [www.vran.org](http://www.vran.org)**

**DISCLAIMER**

*The contents of this publication reflect the opinion of the authors only, and are not to be construed or intended as medical information. This publication is for informational purposes only and should not be construed as medical advice. The particulars of any person's concerns and circumstances should be discussed with a qualified health practitioner prior to making any decision which may affect the health and welfare of that individual or anyone under his or her care.*

## VRAN NEWS

### VRAN FUNDRAISING

A sincere and heartfelt THANK YOU goes to everyone who responded to our fundraising appeal and donated so generously to VRAN.. And THANK YOU to all members who renewed their membership pledges for another year. All of your help has been instrumental in enabling us to meet our operating budget for this year. Your continued support is THE critical element that allows us to continue our work of empowering parents to make truly informed vaccine decisions for their children.

### ANNUAL GENERAL MEETING

The VRAN Annual General Meeting was held by telephone conference on April 24, 2005. Present at the meeting were Mary James, Dr. Jason Whittaker, Rita Hoffman and Edda West.

Jason Whittaker is director of VRAN's speaker's bureau and is looking forward to doing much more vaccine risk awareness outreach when he and his family relocate to Winnipeg later this year. Because of the gag order placed on Ontario Chiropractors prohibiting them from discussing vaccine concerns with patients, outreach has been curtailed. But despite the gag order, Dr. Whittaker was still able to speak to professional and educational bodies in alternative health care to whom he presented his excellent power point lecture on vaccine risks. Jason Whittaker has also donated to VRAN a case of his audio CD - Vaccination: Science or Dogma, which will be used as a much appreciated fundraiser. Thank you Jason!

Elections were held. Jason Whittaker nominated Mary James to continue in her position as VRAN President, Rita Hoffman to continue as Vice President, and Edda West to continue as Secretary/Treasurer. All voted in favour of the Directors continuing in their positions for this year, 2005.

Edda reported that Jan Oswald of Slokan City, BC is our new bookkeeper. Jan has completed our accounting for 2004, and the new financial statement is included in this issue of the Spring/Summer 2005 VRAN Newsletter.

Rita Hoffman has explored various internet lists to enable us to send email bulletins with ease to our members. Currently news items sent to the several hundred people on our list is very time consuming and can only be done in increments of 10 people per email to prevent them from being rejected as spam. Having a web based list will mean ease of transmission of news bulletins to VRAN members. Please send us your current email address so we can update our file – send to:

Prior to the AGM, Susan Fletcher put forward a fundraising idea and submitted a letter for members to consider. Susan proposes that we ask VRAN members to help us find suitable advertisers for our website so that we can develop new and steady additional sources of revenue. The letter is included below.

Another fundraising suggestion was that we create a recommended book list that encompasses not only vaccine awareness books, but ones on alternative health modalities and a selection of healing autism books which could be linked to Amazon Books, with the aim of getting a percentage of any sales that are made from purchases through

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the VRAN website.

As well, Edda will contact the owners of Parent Books in Toronto who carry a broad selection of these titles and ask whether there is a way we could benefit from the sale of books when we recommend people buy from their store. Over the years, we've directed hundreds of people to their store for purchase of vaccine related books.

Bringing in new membership is a vital source of revenue, especially professional memberships. Edda reported that we have approximately 75 Chiropractors who are members and there are undoubtedly many, many more practitioners in Canada who would join in support of our work. We just need to do the outreach. Jason Whittaker offered to write a supportive letter to Chiropractors encouraging membership in VRAN. The letter along with a sample VRAN newsletter would go out to various Chiropractors through their networks across Canada, including the Chiropractic Awareness Council in Ontario.

And thanks to Mary James for reminding us again that we have some very rich material in articles that have been published in the VRAN newsletter over the years. Mary suggests we take the best articles and compile them into a booklet and use this as a fundraiser.

**“LOVE THEM - PROTECT THEM - NEVER INJECT THEM”**

This is the title of an eye catching full colour postcard developed by our friends at Vaccination Liberation and is included with this issue of the VRAN Newsletter. The postcard is designed to alert people to the fact that there are no safe vaccines (despite the phasing out of thimerosal in children's vaccines), and to encourage people to investigate before they vaccinate. The VaccineTruth.com website serves as a directory and link to vaccine risk awareness sites where the VRAN

website is prominently displayed. We encourage you to order more postcards to have on hand to share with others in your community. Cost (including postage) when ordering through VRAN is:

25 cards.....	\$10.00
50 “ .....	17.50
75 “ .....	25.00
100 “ .....	30.00

**CODEX RATIFIED – KISS YOUR VITAMIN SUPPLEMENTS GOODBYE**  
July 4, 2005

The adoption of the final form of the Codex Alimentarius Guidelines for Vitamin and Mineral Food Supplements is a huge victory for Big Pharma and paves the way for the pharmaceutical industry to take over the world vitamin supplement industry. Consumer access to health supplements will be severely restricted and costs

Canada) says, "The real issue is: Who decides, the individual or the state? This is the central question in almost every political issue. In free societies, individuals decide what medical treatments or health supplements are appropriate for them."

In free societies, the consumer decides the marketplace by his/her choices. In dictatorships, this is turned upside-down, in that the marketplace is dictated by the Siamese-twins of Government-Corporate collusion via "regulation", and the parameters of consumer choice become non-existent. CODEX is the final step in this 100 year-old battle to remove "citizen independence" in the area of health and medicine. The first Medical Acts around 1910 already contained the statement that it is illegal for citizens "to diagnose, cure or PREVENT a disease".

.....  
**..*CODEX is the final step in this 100 year old battle to remove “citizen independence in the area of health and medicine.***  
.....

will skyrocket as is already the case in many European countries. “Vitamins and minerals, for over-the-counter sale will be phased out, almost completely, in every country on Planet Earth”, is the theme of news releases from consumer health advocacy groups

As reported in the winter 2005 VRAN Newsletter, the implementation of the international Codex Guidelines will have disastrous consequences for everyone who depends on nutritional supplements to maintain health, especially those families who need supplemental micro-nutrients to heal their vaccine damaged children.

Dr. Ron Paul, a USA Congressman, in discussing the impact of CODEX and the harmonizing regulations of the WTO and complicit FDA (and Health

To understand the true nature of the beast we're facing, watch the 28 minute clip that was just released by film producer Kevin Miller. The clip is part of his full length documentary that will soon be available titled “We Become Silent: The Last Days of Health Freedom.” To view this clip go to:

- [http://www.helthliesexposed.com/pages/codex\\_news.shtml](http://www.helthliesexposed.com/pages/codex_news.shtml)
- <http://www.iahf.com/>
- <http://www.friendsoffreedominternational.org>
- <http://www.bolenreport.com/>

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Dear VRAN members  
Re: Fundraising proposal

In order to ensure the future continuation of the services VRAN provides we need to find dependable new sources of revenue. VRAN's directors have decided that website advertising is probably the most achievable source and are asking you to help find suitable advertisers. If you know of any businesses (especially ones that provide products and/or services appropriate for young families) that might be interested in advertising on our website, please contact us with details.

VRAN's is the premier website of its kind in Canada. It has received 94,306 visits in the last 12 months (that's an average of 7,856 per month). We can now show prospective advertisers how popular our site has become. But, being in the spotlight means that now, more than ever before, we need to uphold the high quality of our web material. And, of course, maintaining high quality will attract and keep advertisers.

For too long VRAN has relied solely on the generosity of its donors to balance its budget. We have developed to the point where we must find a steady additional outside source of income that can be relied upon year in and year out to help fund all our needs.

We thank you for your continued membership and look forward with much anticipation to your response to this request for help. If at any time you have any other ideas re fundraising, those suggestions would also be most welcome.

### How will we survive?

A Poem by Susan Fletcher

G. E'd, fluoridated,  
Chemtrailed, irradiated,  
Tracked down and vaccinated -  
How will we survive?

Vioxxed, Celebrixed,  
Filled with drugs  
And medically "fixed" -  
How will we survive?

Crystal meth'd,  
Methadoned,  
On the edge,  
Thoroughly stoned -  
How will we survive?

Globe is warming,  
Weather's storming,  
Garbage stews  
And methane's forming -  
How will we survive?

It's up to us  
To care enough  
To dare enough  
To change our world.  
Without the love  
The earth needs now  
How will we survive?

### How Vaccines are Made

Basically, vaccines contain either killed viruses or bacteria, germ components, toxic extracts or live organisms that have been made less virulent--a process called attenuation. To stimulate an enhanced immune reaction against these organisms, manufacturers added powerful immune-stimulating substances such as squalene, aluminum, lipopolysacchride, etc. These are called immune adjuvants.

The process of vaccination usually required repeated injections of the vaccine over a set period of time. The combination of adjuvants plus the intended organism triggers an immune response by the body, similar to that occurring with natural infections, except for one major difference. Almost none of these diseases enter the body by injection. Most enter by way of the mucous membranes of the nose, mouth, pulmonary passages or gastrointestinal (GI) tract. For example, polio is known to enter via the GI tract. The membranes lining these passages contain a different immune system than activated by direct injection. This system is called the IgA immune system.

It is the first line of defense and helps reduce the need for intense activation of the body's immune system. Often, the IgA system can completely head off an attack. The point being that injecting organisms to induce immunity is abnormal.

Because more and more reports are appearing citing vaccine failure, their manufacturers' answer is to make the vaccines more potent. They do this by making the immune adjuvants more powerful or adding more of them. The problem with this approach is that in the very young, the nutritionally deficient and the aged, over-stimulating the immune system can have an opposite effect--it can paralyze the immune system. This is especially prevalent with nutritional deficiency.



An early attempt to vaccinate Africans met with disaster when it was discovered that many were dying following vaccination. The problem was traced to widespread vitamin A deficiency among the tribes. Once the malnutrition was corrected, death rates fell precipitously.

Another problem we see with modern vaccines is that the immune stimulation continues over a prolonged period of time. This is because of the immune adjuvants. They remain in the tissues, constantly stimulating immune-activating cells. With most natural infections the immune activation occurs rapidly, and once the infection is under control, it drops precipitously. This, as we shall see, is to prevent excessive damage to normal cells in the body.

### What Happens to the Brain With Vaccination?

It seems the brain is always neglected when pharmacologists consider side effects of various drugs. The same is true for vaccinations. For a long time no one considered the effect of repeated vaccinations on the brain.

This was based on a mistaken conclusion that the brain was protected from immune activation by its special protective gateway called the blood-brain barrier. More recent studies have shown that immune cells can enter the brain directly, and more importantly, the brain's own special immune system can be activated by vaccination.

You see, the brain has a special immune system that operates through a unique type of cell called a microglia. These tiny cells are scattered throughout the brain, lying dormant waiting to be activated. In fact, they are activated by many stimuli and are quite easy to activate. For our discussion, activation of the body's immune system by vaccination is a most important stimuli for activation of brain microglia.

Numerous studies have shown that when the body's immune system is

activated, the brain's immune cells are likewise activated. This occurs by several pathways, not important to this discussion. The more powerfully the body's immune system is stimulated the more intense is the brain's reaction. Prolonged activation of the body's immune system likewise produces prolonged activation of the brain's immune system.

Therein lies the danger of our present vaccine policy.

The American Academy of Pediatrics and the American Academy of Family Practice have both endorsed a growing list of vaccines for children, even newborns, as well as yearly flu shots for both children and adults. Children are receiving as many as 22 inoculations before attending school.

### What Happens When the Brain's Immune System is Activated?

The brain's immune system cells, once activated, begin to move about the nervous system, secreting numerous immune chemicals (called cytokines and chemokines) and pouring out an enormous amount of free radicals in an effort to kill invading organisms. The problem is--there are no invading organisms. It has been tricked by the vaccine into believing there are.

Unlike the body's immune system, the microglia also secrete two other

ing viral and bacterial infections of the brain. High quinolinic acid levels in the brain are thought to be the cause of the dementia seen with HIV infection.

The problem with our present vaccine policy is that so many vaccines are being given so close together and over such a long period that the brain's immune system is constantly activated. This has been shown experimentally in numerous studies. This means that the brain will be exposed to large amounts of the excitotoxins as well as the immune cytokines over the same period.

Studies on all of these disorders, even in autism, have shown high levels of immune cytokines and excitotoxins in the nervous system. These destructive chemicals, as well as the free radicals they generate, are diffused throughout the nervous system doing damage, a process called bystander injury. It's sort of like throwing a bomb in a crowd. Not only will some be killed directly by the blast but those far out into the radius of the explosion will be killed by shrapnel.

Normally, the brain's immune system, like the body's, activates quickly and then promptly shuts off to minimize the bystander damage. Vaccination won't let the microglia shut down. In the developing brain, this can lead to language problems,



***...the brain will be exposed to large amounts of the excitotoxins as well as the immune cytokines...***



chemicals that are very destructive of brain cells and their connecting processes. These chemicals, glutamate and quinolinic acid, are called excitotoxins. They also dramatically increase free radical generation in the brain. Studies of patients have shown that levels of these two excitotoxins can rise to very dangerous levels in the brain follow-

behavioral dysfunction and even dementia.

In the adult, it can lead to the Gulf War Syndrome or one of the more common neurodegenerative diseases, such as Parkinson's disease, Alzheimer's dementia or Lou Gehrig's disease (ALS).

A recent study by the world-renowned immunologist Dr. H. Hugh Fudenberg found that adults vaccinated yearly for five years in a row with the flu vaccine had a 10-fold increased risk of developing Alzheimer's disease. He attributes this to the mercury and aluminum in the vaccine. Interestingly, both of these metals have been shown to activate microglia and increase excitotoxicity in the brain.

## Direct Effect of the Cytokines

Various cytokines have been used to treat cancer patients as well as other common diseases. Studies of the effects of these cytokines on brain function reveal some very close parallels to the diseases we have been discussing. For a more in-depth study of these effects I suggest you read my article appearing in the Journal of the American Nutriceutical Association (volume 6 [fall], Number 4, 2003, pp 21-35) and in the summer issue 2004 of the Journal of the American Association of Physicians and Surgeons.

One can see:

- ◆ Confusion
- ◆ Language difficulties
- ◆ Disorientation
- ◆ Seizures
- ◆ Memory problems
- ◆ Somnolence
- ◆ Low-grade fevers
- ◆ Irritability
- ◆ Mood alterations
- ◆ Combativeness
- ◆ Difficulty concentrating
- ◆ A host of other behavioral problems

In the child, brain immune over-activation has been shown to be particularly damaging to the amygdala and other limbic structures of the brain. This can lead to unusual syndromes such as the loss of "theory of mind" and "Alice in Wonderland syndrome." It has also been shown to damage

the executive functions of the frontal lobes. In essence, what is lost is that which makes us social human beings, able to function in a complex world of ideas and interactions.

Several studies have indeed shown elevated levels of cytokines in autistic children. It is also interesting to note that these cytokines, especially interleukin-1 $\beta$  and tumor necrosis factor-alpha (TNF-a) dramatically increase the damage produced by excitotoxins. So, what we see is a vicious cycle of immune activation, excitotoxin and cytokine excretion, and free radical production. The latter starts the cycle all over again.

## The Role of Autoimmunity and Viral Persistence

Studies in autistic children have shown that a state of immune attack on the brain is occurring. Similar findings are seen with neurodegenerative diseases and the Gulf War Syndrome. It must be appreciated that this autoimmunity was triggered by the vaccinations and by organisms contaminating the vaccinations. Once started, the immune reaction cannot stop, thus triggering all the destructive reactions I have discussed.

Dr. Garth Nicolson has shown a direct connection between mycoplasma contamination of vaccines and the 200 percent increased incidence of ALS in Gulf War veterans. The disorder is produced by the same mechanism described above.

Another, even more common, problem is the use of live viruses in vaccines. The reason live viruses can be used is that they are weakened by passing them through a series of cultures--a process called attenuation. These attenuated, non-disease-causing viruses are then injected in hopes of stimulating the body to produce an immune attack. The problem with this idea is two-fold.

First, we now know that in far too many cases these viruses escape the

immune system and take up residence in the body--for a lifetime. A recent autopsy study of elderly individuals found that 20 percent of the brains contained live measles viruses and 45 percent of the other organs contained live measles viruses. Similar findings have been described in autistic children and the measles virus is identical genetically to the one used in the vaccine.

The second problem is that most of these viruses were found to be highly mutated. In fact, different mutations were found among viruses in various organs in the same individual. This has been a secret kept from the public!

These attenuated viruses undergo mutation brought on by the presence of free radicals in the tissues and organs and they can mutate into virulent, disease-causing organisms. Recent studies have confirmed this frightening finding. In fact, a large percentage of Alzheimer's disease patients have live viruses in their brain as compared to normal individuals.

Once these live viruses are injected, they cannot be removed. Because the viruses stay in the body, they will be under constant free radical exposure, which can increase during times of stress, illness, exercise and with aging. It is the free radicals that cause the virus to mutate.

In essence, the viruses can exist in the brain, or any organ, either silently and slowly producing destruction of the brain or spinal cord or producing sudden disease once the virus mutates to a highly lethal form.

## Conclusions

We have seen that the policy of giving numerous vaccinations to individuals, especially infants and small children, is sheer idiocy.

A considerable number of studies have shown conclusively that such a practice can lead to severe injury to the brain by numerous mechanisms. Because the child's brain is undergoing a period of rapid growth from the

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third trimester of pregnancy until age 2 years, his or her brain is at considerable risk from this insane policy.

We have also seen that live-virus vaccines and contaminated vaccines hold a special risk in that the viruses tend to persist in a substantial number of individuals and that free radicals can cause the latent viruses to transform by genetic mutation into disease-causing organisms later in life.

It is vital that anyone scheduled for vaccination follow a schedule that allows no more than one vaccine every six months, allowing the immune system time to recover.

### **Live-virus vaccines should be avoided**

This was recently illustrated by the switch from the live polio vaccine to the killed virus. All cases of polio after the introduction of the vaccine, in the developed world, came from the vaccine itself. This was known from the beginning. Finally, it is vital that anyone undergoing vaccination should start nutritional supplementation and adhere to a healthy diet before vaccination occurs. Vaccine complications are far fewer in individuals with good nutrition.

Advanced Nutritional Concepts, LLC

- ◆ [www.russellblaylockmd.com](http://www.russellblaylockmd.com)
- ◆ **Russell L. Blaylock, M.D.,**  
"Chronic Microglial Activation and Excitotoxicity Secondary to Excessive Immune Stimulation: Possible Factors in GulfWar Syndrome and Autism"
- ◆ AAPS Journal – Summer 2004:  
<http://www.jpands.org/jpands0902.htm>
- ◆ [http://mercola.com/2004/may/12/vaccination\\_dangers.htm](http://mercola.com/2004/may/12/vaccination_dangers.htm)

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autism affected 4 in 10,000 children. (2) By 1991, 5,000 autistic children were in the public school system; by 2001, that number had grown to 94,000. (3)

Today, the CDC reports that 9 million American children under 18 have been diagnosed with asthma, (4) whereas in 1979 asthma affected approximately 2 million children under age 14. (5)

Today, nearly 3 million children in public schools are classified as learning-disabled, compared with 796,000 in 1976. (6) Comparable increases have been taking place in the attention deficit hyperactive disorder (ADHD) with 4 million children between ages 3 and 17 now diagnosed with this condition. (7-8)

In spite of the work of medical pioneers such as Andrew Wakefield (9) and Vijendra K Singh (10), the Institute of Medicine (IOM) and Centers for Disease Control (CDC) continue to deny a causal relationship between the current epidemics of childhood diseases and immunizations, stating that such a relationship has never been proven. It is the purpose of this paper to demonstrate that their positions on this issue are untenable.

### **What Constitutes Scientific Proof?**

Since the issue before us is that of scientific proof, what would constitute proof of safety for vaccines? Generally speaking, as established by customary practices in licensing of pharmaceutical medications, there would need to be sufficient numbers of test subjects (in this case children receiving immunizations) compared with sufficient numbers of non-immunized children serving as controls, with surveillance periods continued for sufficient periods of time (months or years) to be meaningful. In addition there would need to be a separate category of before-and-after tests specifically designed to screen for adverse effects to the neurological,

immunologic, and hematological systems of the body. Finally, both surveillance and before-and-after categories would need to be performed in several separate medical centers to assure reproducibility. Any pharmaceutical agent, having passed all of these safety requirements, could then be considered reasonably safe by current standards of scientific proof.

Based on many years of observation, there have never been any studies meeting these safety criteria for any vaccine in use today. As one example, pre-licensing surveillance periods have been limited to short periods only: several days to several weeks. **There are no long-term (months or years) safety studies on any childhood vaccine in use today.** Consequently there are legitimate grounds for suspecting that many vaccine reactions are taking place unrecognized as to their true nature. All we have are epidemiologic studies, which are indicators but not proof in and of themselves, and a few limited before-and-after studies, most of which have never been repeated.

### **Before-and-After Tests: The Missing Link in Vaccine Safety**

The relatively few examples of before-and-after testing of vaccines that have been garnered through the years are too small and limited to approach proof one way or the other, but these few are far from reassuring about the safety of current vaccine programs. A few examples are provided below:

- ◆ From Germany: Eibl et al (1984) reported a study which involved the testing of T-lymphocyte subpopulations (white blood cells which help govern the immune system) in 11 healthy adults before-and-after routine tetanus booster immunizations. (11) The results showed a significant though temporary drop in T-helper lymphocytes. Special concern rests in the fact that in 4 of the subjects the T-helper lymphocytes dropped to

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levels found in active AIDS patients.

◆ From Japan: S Nouno et al (1990) did before-and-after testing of 61 children with epilepsy or a history of febrile seizures which showed significant increases in “epileptic spikes” on electroencephalograms following DTP, DT, or BCG vaccines. (12)

◆ As reported from Russia in Mediators Inflammation (2003), a study was undertaken to analyze the immune responses of live attenuated Rubella vaccine in eighteen school girls ages 11 to 13 years by collecting blood before immunization and again at 7 and 30 days after immunization to test whether or not there would be immune suppression. (13) Subclasses of lymphocytes were tested before and after vaccine. Also plasma samples were tested for cytokines (cellular messengers) including interleukins (IL) 4 and 10, tumor necrosis factor, and gamma-interferon (all pro-inflammatory messengers). It was found that certain lymphocyte subsets were decreased and that IL 10 and tumor necrosis factor were markedly increased following Rubella vaccine. The study concluded: “Our data indicate that the vaccination with live attenuated rubella vaccine results in moderate but sustained immune disturbance. The signs of immuno-suppression, including defective lymphocyte response to mitogens and cytokine production, may persist for at least a month following vaccination.”

◆ From Johns Hopkins University, F Imani and KE Kehoe (2001) demonstrated that infection of human B cells with rhinovirus or measles virus could lead to the initial steps of IgE class switching. Since many viral vaccines are live viruses, the authors speculated that live virus vaccines may also induce (genetic) IgE class switching in human B cells. To examine this possibility, the authors selected the commonly used live

attenuated measles mumps rubella (MMR) vaccine, in which they demonstrated that infection of a human IgM B cell line with MMR resulted in an increase in the expression of (allergy inducing) IgE. (14)

◆ From the United Kingdom (15), Texas (16), and Australia, (17-18) preterm infants in hospital settings were administered DPT (Diphtheria/Pertussis/Tetanus) and/or Hib (Hemophilus influenzae) vaccines and monitored for episodes of apnea and bradycardia. In each study the results were compared with unimmunized infants serving as controls. Each study showed significant increases in apnea and bradycardia following immunizations in preterm infants as compared with controls. In some instances oxygen desaturation required supplemental oxygen, leading to the conclusion that vaccine-related cardio-respiratory events are relatively common following immunizations in preterm babies. Similar studies from Switzerland using the acellular DPaT vaccine, Hib, inactivated polio virus (IPV), and Hepatitis B vaccine in preterm infants showed comparable incidences of apnea and bradycardia as with the whole-cell pertussis vaccine. (19). A report from the United Kingdom in 1999 cited four infants with apnea severe enough to warrant full resuscitation measures following DPT and Hib vaccines. (20)

### Vaccine Safety Tests: Why Do We Need Them?

As reviewed in the introduction, we are witnessing a very rapid increase in patterns of childhood illnesses and disabilities, and the end is not yet in sight. The IOM and CDC acknowledge that we have a major epidemic of childhood autism and other forms of disabilities. They do not claim to know the causes, and yet for all intents and purposes they deny the possibility that childhood immunizations in their pres-

ent forms and schedules could be contributing to this adverse health trend. Given a record of inadequate safety testing, their positions on this issue are indefensible.

In our opinion there is no issue of greater urgency to our society than finding and reversing the causes of this adverse childhood health trend. If, as many are coming to suspect, the cause will in large measure be traced to current child vaccine programs, then with the greatest possible dispatch, safer methods of immunization should be sought.

In this regard, until more is known about vaccine safety issues, at a recent conference sponsored by the Autism Research Institute, (headquarters in San Diego, California), one of the speakers offered the following safety guidelines for childhood immunizations:

- ◆ “DO NOT GIVE VACCINES TO ILL CHILDREN,” (Even if just a common cold)
- ◆ “SEPARATE VACCINES IN TIME”
- ◆ “USE THIMEROSAL FREE VACCINES” (Thimerosal consists of approximately 50% ethyl mercury, an organic form of mercury)
- ◆ “SEPARATE M,M, AND R (Measles-Mumps-Rubella) WHEN AVAILABLE”
- ◆ “GIVE VITAMIN C AND VITAMIN A BEFORE VACCINES.”  
( )

(Comment: Undoubtedly other safety measures can and should be added to this list, but these are the ones that have been publicly offered to date).

### Examples of Deficiencies in Vaccine Safety Testing

As one example of deficiencies, A Peter Fletcher, MB, BS, PhD, former member of the United Kingdom health agency responsible for licensing new



drugs, wrote the following concerning the short prelicensing testings of the MMR (Measles-Mumps-Rubella) vaccine:

“Being extremely generous, evidence on safety was very thin; being realistic there were too few patients being followed-up for insufficient time. Three weeks is not enough...neither is 4 weeks... Caution should have been demanded and strong encouragement should have been given to conduct a 12-month observational study on 10-15,000 patients and a prospective monitoring programme set up with a computerized primary care database. The granting of a Product License was premature.” (22)

With regard to the critically important before-and-after safety tests, we will make just one comment. Among the 10 references listed above for before-and-after tests, 8 were from foreign medical centers and laboratories, only 2 from the U.S.A. Should it not be the other way around?

### Vaccine Safety Tests: Why Are They Not Being Done?

If more people would ask this question, then we could see a genuine beginning of accomplishments in this field.

### Summary and Conclusions

In our opinion, the missing link in today's childhood vaccine programs is that of credible, systematic safety testing designed to disclose as yet unrecognized adverse vaccine reactions, and in finding these adverse effects, to seek safer methods of immunizations. Failures to do this in all probability have contributed to today's increasing pattern of childhood illnesses and disabilities.

Taken from: [http://www.redflagsweekly.com/conferences/shaken\\_baby/2004\\_dec10.html](http://www.redflagsweekly.com/conferences/shaken_baby/2004_dec10.html)

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# A Dragon By The Tail

## The Corrupt World of Global Vaccine Politics

By Lisa Reagan

*Lisa Regan's illuminating report shows us how the most powerful medical research bodies in the United States compromise their vaccine safety research for vested interests, the impact on global vaccine policies, and the introduction of a Bill to protect it all.*

On January 24, 2005 -- the same day the Global Alliance for Vaccines and Immunization (GAVI) announced the receipt of \$750 million for its historic world vaccination campaign -- seven US Senators introduced Senate Bill 3. The bill is an unprecedented act giving comprehensive liability protections to vaccine manufacturers, restricting Freedom of Information Acts on drug/vaccine safety, and preempting states' rights to ban mercury from children's vaccines, all under the bill's official title: "Protecting America in the War on Terror Act of 2005".

Meanwhile in Texas, after receiving an internal transcript that allegedly proves the Institutes of Medicine's (IOM) report denying a link between childhood vaccines and autism last year was "predetermined", a US District Court judge ordered the worlds' "big five" vaccine manufacturers to "produce any and all documents relating to payments made to, or stock ownership" by the seventeen members of the IOM's Immunization and Safety Review Committee.

A court document submitting the IOM's leaked transcript as an exhibit in the first civil juried lawsuit against the vaccine manufacturers states the transcript proves the IOM committee, "predetermined the necessity of not finding causality between vaccines and autism and/or neurological injury" in

its official reports on the issue.

Judge T. John Ward also ordered the vaccine manufacturers to produce all communications with "members of the World Health Organization, the Center for Disease Control, the Food and Drug Administration, the Institute of Medicine, the Brighton Collaboration, and the Global Alliance for Vaccines and Immunization (GAVI) relating to the issue whether the thimerosal contained in pediatric vaccines causes autism or other neurological disorders."

When the defendant's legal counsel balked at the amount of expense involved in producing such extensive documentation for the court; however, Judge Ward reassured the defense that the process could be useful for the more than 300 pending lawsuits waiting to be tried in the US.

### The same IOM reports denying a link between vaccines and the country's autism epidemic have been used:

- ◆to endorse standardized case definitions for Adverse Events Following Immunizations for "global dissemination"
- ◆as justification for Senate Bill 3's sweeping provisions and protections;
- ◆as a cause for no further federal monies to be spent on research of the potential vaccine/autism link
- ◆as a reason to silence media inquiries into vaccine safety issues
- ◆and as a defense for dismissing over 4,500 petitions for vaccine injuries in a federal court

Is it possible that a closed meeting transcript alleged as proof of a ploy to ignore vaccine risks, a near billion dollar grant for a global vaccination campaign, emerging lawsuits for vaccine injuries and a sweeping federal bill to protect vaccine manufacturers are unrelated?

Is it possible that in spite of US Congressional hearings and reports citing widespread conflicts of inter-

est between federal policy makers and the vaccine industry that Senate Bill 3 will defy the US Constitution's provisions for state and civil rights in order to shield vaccine manufacturers from liability?

And finally, how will a world vaccine policy influenced by allegedly "predetermined" safety reports implemented through a global alliance of international governments and vaccine manufacturers with a fund of billions headquartered in Geneva, Switzerland, support or protect the health and human rights of targeted Third-World country peoples?

### History of the IOM's Immunization and Safety Review Committee

Insight to these questions may lie in the pivotal year of 1999, a year preceded by a decade of declining vaccine sales, major breakups within the manufacturing industry, increased requirements for routine childhood vaccines, a growing autism epidemic, and researchers and media reports questioning the safety of vaccines and their possible link to autism.

In 1999, as a US Congressional Government Reform Committee initiated an investigation into the rampant conflicts of interest between federal vaccine policy makers and manufacturers, a global rescue effort of the sinking vaccine industry began with the formation of GAVI (Global Alliance for Vaccines & Immunization).

Originally funded by Microsoft billionaire Bill Gates through his Seattle-based Bill and Melinda Gates Foundation, GAVI's partnership of international governments and vaccine manufacturers salvaged lagging sales through an overhauled world vaccination campaign that placed GAVI, headquartered in Geneva, Switzerland, at the center of the reorganized alliance.

Also formed in 1999 were the international Brighton Collaboration and the World Health Organization's

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(WHO) Global Advisory Committee on Vaccine Safety.

The Brighton Collaboration's sole purpose was to create standardized case definitions for Adverse Events Following Immunizations for "global dissemination". Brighton's steering committee members currently hail from the US FDA, CDC, and Aventis Pasteur (Sanofi Pasteur), a vaccine manufacturer and federal lawsuit defendant.

Brighton's website does not include autism among its listed adverse events.

The WHO Global Advisory Committee on Vaccine Safety has "concluded that there is currently no evidence of mercury toxicity in infants, children, or adults exposed to thimerosal in vaccines" and "that current WHO immunization policy with respect to thimerosal containing vaccines should not be changed."

The Brighton Collaboration has been cited as being "fraught with pitfalls and merges regulators and the regulated into an indistinguishable group."

***"I am very concerned about the development of the Brighton Collaboration," stated US Congressional Representative Dave Weldon, MD, (R-FL) at an Autism One Conference in May 2004. "Particularly troubling is the fact that serving on the panels defining what constitutes an adverse reaction to a vaccine, are vaccine manufacturers. What is even worse is the fact that some of these committees are chaired by vaccine manufacturers. It is totally inappropriate for a manufacturer of vaccines to be put in the position of determining what is and is not an adverse reaction to their product. Do we allow GM, Ford and Chrysler to define the safety of their automobiles?"***

In 1999, with GAVI's international partnership and Bill Gates' billions on the way to rescue the industry, the CDC hired the IOM's Immunizations and Safety Review Committee to

examine multiple "vaccine safety challenges".

In its public report, the CDC specifically cited a 1998 British Lancet study recommending more research into a potential link between the Measles, Mumps, Rubella (MMR) vaccine and autism, negative press, public information vaccine conferences, the Rotavirus vaccine recall and seven congressional hearings questioning vaccine safety, as impetus to employ the IOM.

However, the CDC's ability to objectively and fairly evaluate vaccine risks has been denounced by a three year long US congressional investigation: "To date, studies conducted or funded by the CDC that purportedly dispute any correlation between autism and vaccine injury have been of poor design, under-powered, and fatally flawed. The CDC's rush to support and promote such research is reflective of a philosophical conflict in looking fairly at emerging theories and clinical data related to adverse reactions from vaccinations.

"The CDC in general and the National Immunization Program in particular are conflicted in their duties to monitor the safety of vaccines, while also charged with the responsibility of purchasing vaccines for resale as well as promoting increased immunization rates," states the congressional report. (View the report at [http://www.numercury.org/science/documents/GRC\\_6-15-00.pdf](http://www.numercury.org/science/documents/GRC_6-15-00.pdf))

"They serve as their own watchdog -- neither common nor desirable when seeking unbiased research," Weldon has stated in describing the CDC.

"An association between vaccines and autism would force CDC officials to admit that their policies irreparably damaged thousands of children. Who among us would easily accept such a conclusion about ourselves? Yet, this is what the CDC is asked to do," Weldon said.

From the beginning of the IOM committee's meeting behind the closed doors of the National Academies

of Science building on January 12, 2001, committee members repeatedly expressed their "need for reassurance" and concern over their charge, evidence, methodology, and public communication goals, especially to parents.

Walter Orenstein, MD, the Director of the National Immunization Program at the CDC, charged the IOM committee to specifically address: "the causal relationship between the vaccine and adverse effect; the biologic mechanisms that could account for the adverse effect; and the significance of the safety concern in the context of society at large." It is this meeting's transcript that has been submitted as a court exhibit by Waters and Kraus, a Dallas, Texas law firm.

However, according to Gordon Douglas, MD, Director of Strategic Planning for the Vaccine Research Center at the National Institutes of Health (NIH), the IOM committee was hired by the CDC to "rule out the proposed links". The NIH serves as America's medical research agency.

Douglas stated in a Princeton University lecture summary that, "Four current studies are taking place at the CDC in collaboration with the NIH to rule out the proposed links between immunizations and autism, immunizations and possible developmental regression, inflammatory bowel disease and the MMR vaccine, and thimerosal and the risk of autism. In order to undo the harmful effects of research claiming to link the MMR vaccine to an elevated risk of autism, we need to conduct and publicize additional studies, strengthen the program to assure parents of MMR's safety, and further educate pediatricians and primary care physicians."

Formerly Douglas served as the president of vaccine manufacturer and federal lawsuit defendant Merck Vaccines from 1991 to 1999. According to an LA Times story on February 8, 2005, while serving as president of Merck, Douglas received a memo from

*A Dragon By The Tail cont. on page 12*



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Maurice R. Hilleman, MD, an internationally renowned vaccinologist, who told Douglas that six-month-old babies who received their vaccines on schedule would receive a mercury dose 87 times higher than the Environmental Protection Agency deemed safe. The NIH announced a "sweeping ethics reform" on February 1, 2005. To view the Merck memo: [http://www.nomercury.org/science/documents/LATimes\\_Merck\\_Memo\\_2-8-05.pdf](http://www.nomercury.org/science/documents/LATimes_Merck_Memo_2-8-05.pdf)

"We've got a dragon by the tail here," states a committee member in the transcript. "At the end of the line, what we know is - and I agree - that the more negative that presentation [the report] is, the less likely people are to use vaccination, immunization, and we know what the results of that will be. We are kind of caught in a trap. How we work our way out of the trap, I think, is the charge."

Instead of focusing on scientific data which could possibly tarnish the current routine childhood vaccine policy, **"The transcript sets forth in significant detail stated biases, preferences and/or predetermination of various committee members in January, 2001, i.e. before any medical or scientific evidence had been presented to the committee"** states the court document. (emphasis added)

Specifically cited are statements by the IOM's study director Kathleen Stratton, PhD, and committee chair Marie McCormick, MD. These statements, the law firm says, strongly suggest Stratton and McCormick deliberately railroaded their committee into specific outcomes

Dr. McCormick, for example, in speaking of the CDC, noted that the agency *"wants us to declare, well, these things are pretty safe on a population basis."*

Dr. Stratton: *"We said this before you got here, and I think we said this yesterday, the point of no return, the line we will not cross in public policy is to pull the vaccine, change*

*the schedule. We could say it is time to revisit this but we will never recommend that level. Even recommending research is recommendations for policy. We wouldn't say compensate, we wouldn't say pull the vaccine, we wouldn't say stop the program."*

Similarly, Dr. McCormick, in discussing whether autism could be associated with vaccines, stated that *"we are not ever going to come down that it is a true side effect,"* despite the fact that the committee had not yet considered any evidence on this issue.

Dr. Stratton indicated that, despite not having heard any of the evidence, the probable conclusion was going to be that the evidence was *"inadequate to accept or reject a causal relation."* *"Chances are, when all is said and done, we are still going to be in this category. It is just a general feeling that we probably still are not going to be able to make a statement."*

Stratton joined the IOM in 1990 and was later awarded the IOM's Cecil Research Award for her contributions to vaccine safety. McCormick is the Sumner and Esther Feldberg Professor of Maternal and Child Health at the Harvard School of Public Health.

Congressmen, researchers and parents petitioned the IOM Committee to delay their final meeting and report last year until an animal study demonstrating a link between mercury and autism by Mady Hornig, MD, an associate professor at Columbia University, could be completed.

The IOM refused to delay their final meeting and issued their "no link" report in May 2004. The Columbia University study confirming the link between mercury and autism was completed and presented to the public in June 2004.

"This is a perfect example of the scientific findings that the IOM ignored when creating their recent report on the potential of the vaccine-autism link," stated Lyn Redwood, RN, MSN, NP, president of Safeminds, an independent nonprofit organization. "The

IOM was well aware that studies like these were due for release, but chose to ignore them. The findings in this study make clear that the IOM was more interested in regurgitating CDC spin than incorporating hard science like Dr. Hornig's report. Such information would force the government to face the reality of the mercury threat and take definitive action to protect countless children from potential neurological damage."

US Congressional Representative Dave Weldon, MD called the IOM reports "heavily biased and unrepresentative of all the available scientific and medical research." Weldon said the reports discounted the biological evidence presented by US Congressional investigative reports and university studies. It also discounted thousands of parent activists who pointed to the parallel increase in vaccination requirements and the rise in autism rates starting in the early 1990s.

An internationally renowned bioethicist who has previously spoken on vaccine policy issues at the National Vaccine Information Center conference, told *Byronchild* magazine that people should not be surprised by the contents of the IOM transcript or Senate Bill 3. 'Old paradigms do not die easily,' he said. 'This is just the nature of the beast.'

## **World Economic Forum Questions GAVI's Global Vaccine Campaign**

According to GAVI figures, 4 million children have been vaccinated for diphtheria, tetanus, and whooping cough; 42 million more children have been vaccinated with hepatitis B; and 991 million single-use disposable syringes have been produced for the program.

"GAVI relies on technical and scientific information and advice from the WHO's Global Advisory Committee on Vaccine Safety. Based on the committee's findings, GAVI and its partners

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will continue to support the use of vaccines that contain thimerosal," responded Gates Foundation spokesperson Jenny Sorensen to byronchild's inquiry.

If the accusation that the IOM "predetermined" the outcome of their reports is true, what does this bode for a worldwide vaccine policy that is now being routinely employed through GAVI's partners and the governments of undeveloped countries who rely on the IOM's vaccine safety information to be accurate?

Is the solution for creating a healthy world a global vaccine campaign? During the World Economic Forum's 2003 Annual Meeting in Davos, Switzerland, GAVI's global vaccine campaign was intensely debated by panelists. WEF panelists were not convinced that GAVI's goals are realistic as a panacea for the complex needs of underdeveloped countries.

"There is a strong tendency to see vaccines as a cure-all that can work in isolation," said Geoffrey Foster, Founder and Consultant, International Child Welfare and Health, Family AIDS Caring Trust, FACT, Zimbabwe, and Social Entrepreneur. "Instead, vaccines must be set firmly within a realistic and holistic context. In the past, in Europe, death and disease dropped because of nutrition and education. Vaccines must accompany poverty alleviation or children will be stunted both physically and intellectually."

'A Dragon by the Tail' is excerpted from Byronchild Magazine world exclusive report, March 7, 2005. For the full report, go to <http://www.byronchild.com/vacc.htm>

## ELEVEN THROWN IN PRISON FOR REFUSING VACCINATION

CNN May 11, 2005

Eleven men in Mali were jailed after refusing to let their children receive the polio vaccine. The men were charged with "resistance, disobedience and rebellion against public authorities" and sentenced to between six months and three years in prison.

The men, members of a Muslim sect, refused vaccination of their daughters during a public health campaign because they believed it would make

which the World Health Organization (WHO), other international vaccination groups, and local governments are willing to go to suppress the opposition.

Beyond the machinations of this report, the incident throws a spotlight on the indifference these organizations have towards basic human rights and personal liberties, and the ease at which they obliterate these rights in the name of "health" and "protection."

***The long term health ramifications of this action will remain unknown as these children will not be followed to document any vaccine injuries or complications.***

their children sterile.

Polio, a viral disease that can cause paralysis, has reappeared in 13 African countries in the last two years. It is thought that polio resurged in nearby Nigeria after a northern state banned vaccines in mid-2003 because Muslim elders said they were part of a plot to spread HIV and infertility. The vaccinations resumed after 10 months. At least five rounds of national campaigns to vaccinate young children against polio are scheduled this year in eight African countries that have been hardest hit by the disease.

### Commentary on the Resistance By Dr. Sherri Tenpenny, D.O.

The Mali incident reported by Reuters earlier this month is further evidence of the resistance mounting to repeated mass oral polio vaccination (OPV) in developing countries. Reading between the lines, the somber report confirms the lengths to

### Review of Polio

Since early 2004, armies of vaccinators have marched along dusty, winding streets from India to Nigeria, determined to inoculate every child under the age of five. Although appearing virtuous in the eyes of the world, the relentless vaccination program has resulted in some menacing consequences: *children in some regions of India were forced to swallow up to 20 doses of the vaccine, since there is no way to verify who had been vaccinated in earlier rounds.* (1)

Believing eradication of the polio virus is paramount to the health of the African continent and hence the world, the WHO, in an *Alice in Wonderland*-like twist of logic and sensibility, is planning to repeat the 2004 program in 23 African countries, vaccinating more than 80 million children under age five -- again. *And more than five (5) campaigns are being planned.*

*Eleven In Prison cont. on page 14*

The long term health ramifications of this action will remain unknown as these children will not be followed to document any vaccine injuries or complications. In addition to the health travesties that will no doubt occur, serious penalties, including hefty prison sentences, will be enforced for refusing the vaccine, as evidenced by the events in Mali.

### **Eradication of Polio or Paralysis: What is the Goal?**

But while Mali may be the first country to actually respond to protesters with incarceration, heavy-handed sentiments and tactics are apparently crossing borders. Last year, Botswana's High Court issued an order giving police the authority to "access any house, vehicle, school or property where it is suspected any children within the specified age group are hidden for purposes of evading or frustrating the National Polio Immunization Campaign."<sup>(2)</sup> More recently, in April of this year, prison sentences for refusing the vaccine were threatened in the Katsina State in Northern Nigeria. <sup>(3)</sup>

An important distinction must be pointed out. If the purpose of eliminating the polio virus is to end childhood paralysis, then mass vaccination programs will go on indefinitely because this goal is simply unattainable. An astonishing number of viruses can cause acute flaccid paralysis (AFP) including Coxsackie viruses, Japanese encephalitis viruses, echoviruses, or enteroviruses.<sup>(4)</sup> Clearly, mass polio-virus vaccination programs will not eliminate paralysis.

Given that information, it's fair to conclude that the WHO is engaging in double-speak when insisting that "polio epidemics must be eradicated to prevent paralysis." For example, the WHO recently declared Egypt to be "on the threshold of eradicating polio-virus"<sup>(5)</sup>, implying the occurrence of polio -- and hence, paralysis -- would

be eliminated. However, in 1999, although there were only nine cases of AFP due to poliovirus, 276 cases of paralysis were classified as non-polio.

### **The Creation of More Non-Polio Viruses and More Paralysis**

The WHO claims that repeated vaccination is harmless. However, it is known that polio viruses have the ability to spontaneously combine with other viruses, leading to the creation of new polio strains. The repeated administration of the OPV creates a "favorable condition" for combining with other polio-like viruses that may be living in the intestinal tract of the vaccine recipient.<sup>(6)</sup> The more doses of vaccine that is given, the greater the likelihood that new viruses will form, if for no other reason that more and more polioviruses are available to "meet up" with non-polio viruses.

The oral polio vaccine is known to cause paralysis. In fact, the overall rate of VAPP -- vaccine-associated paralytic polio -- caused by the OPV in developing countries ranges between 1 case per 1.5 million doses administered (in Latin America) to 1 case per 4.6 million doses administered (in India).<sup>(7)</sup> The National Institutes of Infectious Disease admits that "*paralysis associated with OPV or caused by infection with circulating vaccine-derived polioviruses is unavoidable so long as the oral polio vaccine is used.*" <sup>(8)</sup>

The WHO continues to extend its projected date for polio eradication because the method deployed for its elimination -- mass vaccination through campaigns to widespread use of National Immunization Days -- is ineffective. The antibodies that are induced by the vaccine-strain polio viruses are very specific to those particular viruses. They would provide no protection for the new "combo-viruses." Hence, polio outbreaks -- caused by both vaccine-strain poliovirus and new combo-strains poliovirus -- are continuing to occur around the world most likely due to these campaigns.

(9)

### **Fighting the Resistance**

It is highly possible that the large-scale vaccination program pushed through Africa in 2003 by the WHO may be responsible for doubling the number of African children who suffered from paralysis in 2004. It is also possible the vaccine polioviruses and their potential recombinants made their way into the water supply and spread to five other countries (Burkina Faso, Central African Republic, Chad, Ivory Coast and Sudan) that had previously been certified as "polio-free." <sup>(10)</sup>

But as distressing as the public health issues may be, it would be wrong to end this analysis without addressing the moral considerations of the Mali arrests and imprisonments. Note that the "criminals" from Mali were living "shut away in a sort of monastery" and were exercising their right to refuse vaccination for religious reasons.

These were parents -- no different than you -- who simply tried to protect their children from a procedure they did not want because they felt that it was unsafe. And the government did not allow them to refuse. Although this occurred outside the U.S., it serves as a chilling example of how a government can force mandatory vaccination, *without exception and without exemption*, on its people, and impose stiff penalties for trying to refuse.

A foreboding message from Rep. Ron Paul (R-TX), a physician, should give us pause: "When we give government the power to make medical decisions for us, we, in essence, accept that the state owns our bodies."

Editor's note: The \$3 billion already spent globally for eradication of the polio virus could have been better spent on food, education and potable water in poor countries where the average wage can be merely \$1US per

Eleven in Prison cont. from page 14 day.

Dr.Tenpenny's two hour video, Vaccines: What CDC Documents and Science Reveal , brings you all of the crucial information you need to protect you and your loved ones from the dangers of vaccines. It is the culmination of her intensive four and a half-year investigation into the real story behind vaccines.

Dr. Tenpenny's webpage: <http://www.nmaseminars.com/>

Reprinted from Mercola website: [www.mercola.com/2005/jun/2/vaccine\\_refusal.htm](http://www.mercola.com/2005/jun/2/vaccine_refusal.htm)

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**The Virus and the Vaccine**  
Excerpt From a Review by  
Dr. Sherry Tenpenny

The newly released book, The Virus and the Vaccine, by Debbie Bookchin and Jim Schumacher, reads like a suspense novel. It chronicles the story of the discovery and production of the polio vaccine. Early on, researchers knew that a contaminant, later identified as simian virus 40 (SV40), was present in the polio vaccine. They knew it came from monkey kidney tissue cultures used to grow the polio viruses and they knew it had cancer-causing abilities. The government and the pharmaceutical industry also knew it and they chose to do nothing about it.

*"SV40 can do all the things required to make a human cell malignant. It can block the Rbs and p53 [cell protectors]. It can activate several oncogenes [cancer causing genes] that can lead to unlimited cell growth. And it can induce telomerase activity [making the cells immortal.] It is one of the most potent carcinogens that we know."*

.....  
*A shift is occurring in the medical paradigm regarding mandatory vaccination as more and more people are questioning the safety, efficacy and value of vaccines.*  
.....

*Michele Carbone, MD (from The Virus and the Vaccine (Page 209)*

The last half of the book tells the story of the modern day SV40 researchers, and in particular, the work of Dr. Michele Carbone. A prestigious virologist, Carbone proved the connection between SV40 and mesothelioma, a rare cancer of the lung pleura thought mainly to be caused by asbestos. For more than 40 years,

researchers have catalogued experiment after experiment demonstrating the link between SV40 and cancer. **The Vast Vaccine Cover Up**

Beyond the historical saga of the polio vaccine and SV40, this book has a much larger and foreboding message. The book connects the incestuous interrelationships between the federal government, the major governmental health agencies such as [the Food and Drug Administration (FDA), the National Institutes of Health (NIH), the Centers for Disease Control (CDC), the National Cancer Institute (NCI)] and the pharmaceutical industry. If there were ever any misgivings as to how deeply enmeshed these groups are, this book removes all doubt.

The impeccable research exposes the extensive use of power, coercion and cover up used to maintain the public's confidence in vaccines.

*The Virus and the Vaccine* is a "must read" for everyone wanting to fully understand the cover-up template the government has established to protect the vaccine industry. It goes something like this:

◆ A researcher documents a serious problem with a vaccine. Then the

government publishes "the definitive study" to "set the record straight." A flurry of media campaigns and medical journal articles are launched to convince and reassure the medical establishment that the conclusions of the "definitive study" are the final truth. There is no reason to look any further.

◆ Upon critical examination, the "definitive study" is found to have serious flaws. The rebuttals are

*The Virus and The Vaccine cont. on page 16*

The Virus and The Vaccine cont. from page 15 announced at government hearings, in journal publications, over radio broadcasts and throughout the Internet -- but are barely acknowledged. The "definitive study" has quickly become "established medical fact," flaws and all.

◆ Well-meaning physicians who do not want to change their devotion-like belief in the value of vaccines will propagate the misinformation. And the patients who receive their advice and the vaccines will continue to suffer the consequences indefinitely.

Vaccination is a part of routine healthcare for people of all ages and therefore, The Virus and the Vaccine is a "must read" for everyone. A shift is occurring in the medical paradigm regarding mandatory vaccination as more and more people are questioning the safety, efficacy and value of vaccines.

The information substantiated by this thoroughly researched book should cause everyone -- parent and healthcare providers alike -- to reevaluate their trust in vaccines, and their blind confidence in the governmental agencies that control them.

Science has clearly been sacrificed for profit and for the personal reputations of those in charge. Nothing will be allowed to threaten "one of the nation's most important public health programs," mass vaccination.

Note: To order the Virus and the Vaccine at Amazon link through the Mercola site: [http://www.mercola.com/2004/oct/6/virus\\_vaccine.htm](http://www.mercola.com/2004/oct/6/virus_vaccine.htm)  
Dr. Sherri Tenpenny's website: <http://www.nmaseminars.com/>

## LETTERS

**Editor's note:** Predictably, the recent rubella outbreak in Ontario grabbed media headlines for weeks. Mindelle Jacobs' insulting article, 'Anti-vaccination Crowd Needs a Pill' published in the Edmonton Sun on May 10, 2005 brought a deluge of letters from outraged parents. [http://www.canoe.ca/NewsStand?Columnists/Edmonton/Mindelle\\_Jacobs/2005/05/10/1032737](http://www.canoe.ca/NewsStand?Columnists/Edmonton/Mindelle_Jacobs/2005/05/10/1032737)

To: Edmonton Sun & Mindelle Jacobs

Reading the article written by Ms. Jacobs was very disturbing to me. In this day of anti bullying, non discrimination and freedom of rights it is very disturbing that she would imply that the bullying tactic of caning should be used to force people in a free country to conform to another persons beliefs. It is also disturbing to have her call people that have made an informed decision Morons, Selfish, Deluded, Dangerous or Ignorant.

If the vaccine is so great the only people that have to worry about catching these diseases are those that choose not to be vaccinated and that is their choice. These people are not "Morons, Selfish, Deluded, Dangerous, Ignorant". They are informed people who have chosen to look beyond what the government and most news media agencies present. They have found out by searching or having their children damaged that vaccines may be more dangerous than the diseases that they are supposed to protect you

from. They have learned that it is your immune system that protects you from disease. These diseases will never be eradicated until everyone in the world has a healthy immune system because they will always survive in the unhealthy.

What should we call it when a child who develops seizures or autism or dies after a vaccination - an act of God? It should be called a criminal offence. When an injury is caused by a direct act of a person, it should be an indictable offence and not an acceptable risk. When we have an employee injured or killed on the job it is not an acceptable risk, it is an offence. Right now there is a world wide move to protect vaccine manufacturers from law suits launched by those who have been damaged by their vaccines. Might this be called Selfish. Deluded. Dangerous. Ignorant. Irresponsible. Are the people trying to pass these laws morons?

And what should we call a news outlet that chooses to only voice one side of a story. Biased? The media is quick to report the number of cases of a disease but how often do they tell us the damages done by a vaccination. According to Dr. Supriya Sharma a Health Canada spokesperson, only 1% to 10 % of drug adverse reactions are reported.

Now if we take these %'s and multiply the adverse reactions to just the flu vaccine reported in the CCDR Volume 28- 23 1 December 2002 we get some revealing numbers:

Reactions to flu vaccine	reported	(arrhythmia bradycardia, cardiac at 10%	at 1 %
Arthralgia/arthritis	59	590	5,900
Guillain-Barré syndrome	3	30	300
Convulsions/seizures	5	500	500
Meningitis/encephalitis	5	5	500
Abnormal vision	113	1,130	11,300
Paralysis	4	40	400
Rigors	270	2,700	27,000
Anaphylaxis	9	90	900
Cardiovascular symptoms:	39	390	3,900

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arrest, cardiac failure, atrial fibrillation, hypotension, mitral insufficiency, paplitation, weak pulse, tachycardia, syncope, hypertension, hypertension aggravated) "lump these together, we wouldn't want to know the acual deaths would we?" <http://www.phac-aspc.gc.ca/publicat/ccdr-retc/02vol28/dr2823ea.html>

This is only 507 of the 1800 reported adverse events to the 2001-2002 flu vaccine. Only 30% of Canadians are vaccinated each year so if everyone was vaccinated these numbers would more than triple. We only have 500 to 1500 flu/pneumonia related deaths per year mostly in elderly. What is more dangerous to the average person? Would you rather take the risk of vaccine related damages for life or the risk of the flu for a few days?

These reactions are only from the flu vaccine. What is the real picture when we add in all the other vaccines that are recommended and what will it be like in a few years as we accumulate the toxins contained in these vaccines year after year? You may think I am a moron and you may be right because I think I am "more on" than Mindelle Jacobs. The people have a right to know both sides of the story and the news media has an obligation to divulge it.

Keith Loder  
Blyth, Ontario

\* \* \* \* \*

To: Mindy Jacobs & Edmonton Sun  
re: 'Anti-vaccination Crowd Needs a Pill'

I am disgusted by your article - not to mention outraged!!

Are you a mother? if so, than I thank God you are one of the lucky ones to have played Russian roulette with your child's life & been fortunate enough to miss that bullet.

I beg you to spend a few days in my home with my 17 year old daughter who reacted 20 minutes after her DPT

shot. I am almost positive that when she opened her eyes in emergency two days later after being resuscitated she never imagined her life would be so damned different. Tragically for her and for us her parents, who did not take the time to research vaccine risks and believed that we were doing the right thing by putting our faith in public health system.

Talk about broken promises to be disease free with just a few shots - just a few pokes for a life worth of uncontrollable seizures and AUTISM! - the inability to communicate with anyone, to be caged like an animal in my own mind as I watch the world pass me by.

How sad that you believe in your narrow mind that vaccines work for all and can't possibly believe that for some it does not work!! It makes me sick and angry as hell and I offer you this challenge. I invite you to come spend a day in our home.

How nice for you to have your crap published and then move on to something else tomorrow - another story. For us anti-vaccine 'wierdos', it does not end with another story. That vaccine reaction goes on forever. Do you have any idea what its like to watch your child who was born NORMAL and develop NORMALLY struggle, suffer, hurt, cry and watch our families be torn day after day with new challenges. How nice for you to be able to move on to your next story. Again, I invite you to spend a day in my home and witness for yourself what happens when the vaccine does not work.....

Anna McCullough  
Outraged Mother of vaccine injured child

\* \* \* \* \*

Ms. Jacobs; Edmonton Sun

You write that "It is almost incomprehensible that in the West, where vaccination programs have long been routine, that there are still a few morons who refuse to immunize their kids."

What's incomprehensible is that those who have had the great misfortune to experience problems with immunization first hand, can only seem to find the important clues to their child's suffering by becoming researchers in their own right, as their child regresses into some horrible neurological disorder like autism, while the "perfectly safe" mantra suddenly fades away and they're left with no answers to the questions that follow.

What's incomprehensible is that time and time again, people are all dropped into the so-called "conspiracy theorist" bucket simply because they witnessed the ugly politics and saw what some people in high places are actually capable of. What's incomprehensible is how quickly you drag out this stereotype, when in fact most Canadians and Americans are no longer naive enough to discount the notion that the pharmaceutical industry wields a tremendous amount of power and influence over Western health care policy (according to the Harvard School of Public Health, this same industry spends \$18 billion annually in the US - roughly the equivalent of Canada's gross GDP investment in 2004 - on marketing efforts alone - including direct-to-consumer ads (\$3 billion) as well as \$15 billion on "sampling" and "detailing" aimed directly at physicians).

What's incomprehensible is that this same industry, with it's 12-figure annual revenues, constantly lobbies their political allies for full immunity from product liability, citing potential bankruptcy as their rationale, when the truth is that vaccine-damaged families presently seem to have little real legal recourse in Canada, while in the U.S nearly \$2 billion has been paid out to vaccine injury victims since 1986.

What's incomprehensible is the use of statistical manipulation (CDC) to water down actual adverse outcomes from their original studies, using successive iterations and data dilution

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(Verstraeten). What's incomprehensible is the continued refusal (CDC) to allow independent researchers to access this same data.

What's incomprehensible is that these companies can aggressively market their poisons (Vioxx - ultimately contributing to almost 140,000 deaths last year alone, according to Dr. David Graham, FDA whistleblower) with full prior knowledge of the potential dangers (Merck), yet language still seems to keep showing up in otherwise seemingly innocuous legislation, particularly in the US (several times in the last 3 years), aimed at shielding them from product liability.

What's incomprehensible is that the same health authorities that warn you about eating a can of mercury contaminated tuna appear to have no problem with the injection of one of the most highly toxic substances on earth into the bloodstream of newborn babies and pregnant moms.

What's incomprehensible is the staunch defense for this insanity in the West, even though this same poison was banned in the former Soviet Union and elsewhere as far back as two decades ago, and even though the licensing and use of thimerosal is based on one single and apparently questionable study, done on a small group of terminally ill subjects in the 1930's.

What is incomprehensible is that even though science is identifying certain subgroups of children who may be particularly susceptible to vaccine damage via genetic predisposition to heavy metal toxicity (indicating that the safety of blanket immunization policies remains unproven), we still read in articles like yours that anyone who questions the safety of vaccines is a "moron" who deserves to be "caned".

Perhaps what is most incomprehensible of all is that all this takes place in the middle of the same autism epidemic which many of the "experts" refuse to even acknowledge as fact.

Like any (invasive) medical procedure, immunization must always be questioned. The questions should always be answered honestly and openly, regardless of how disturbing the answers might be. Not with deception and lies. Not with political and statistical trickery. Not under the thumb of one of the most powerful corporate interests in the world. Not with the express intent of supporting an existing agenda or avoiding accountability. And certainly not with examples of insulting rhetoric such as yours.

There are a growing number of medical professionals, and tens of thousands of well-educated, well-informed parents (many are medical professionals themselves) across Canada and the US, and around the world who increasingly question the safety of vaccines, and who do so with good reason and with noble intent. They do so because of a substantial and growing body of scientific evidence, and because of what they are witnessing taking place in a generation of our children.

They do so because those agencies that should be mounting an all-out clinical assault on the epidemic of neurological disorders on behalf of our children, would rather focus their efforts on damage control. And yet you imply a preference for simply legislating things to the point where no-one is even allowed to question the "greater good" or make an informed choice.

Remember that it was a handful of "hysterical" parents (Barbara Loe Fisher, Lyn Redwood), who, along with a few other "conspiracy theorists", shook the foundation of the almighty Western immunization agenda, and began to expose some of the flaws in that system. They each suffer through the tragedy of a vaccine injury to their own child, and yet, in the face of it all, they selflessly sacrifice their time, their energy, and pretty much their own personal lives in support of safer immunizations (did you read the VRAN mission statement?). Kind

of ironic, isn't it? Hardly moronic, or incomprehensible, by any stretch. Actually, pretty much heroic, when you think about it.

Randy Toni  
father of a child who developed autism following vaccination  
Ontario, Canada.

\* \* \* \* \*

Re: Edmonton Sun – Re:  
Anti-vaccination crowd needs a pill

Mindy? Have you taken your chill pill? Have you seen or lived with a child who is the result of a vaccine injury or witnessed a child die of sudden infant death following vaccination? And do you know that now 1 in 6 children have developmental defects, and 1 in 166 have autism, probably and most assuredly from vaccines (test them and observe their measles mumps riddled guts in endoscopy or the cerebrospinal fluid).

I call that an epidemic! Did you know that autoimmune mice given vaccine ingredients start to act autistic? Did you know many of our kids have aberrant immune systems from the get go, and should be tested for that? Did you know that lyme disease in children can suppress their immune system at time of vaccinations, and then vaccinations do the cement block on the feet thrown into the ocean scenario?

On top of that, we may be weakening our children at birth by these "so called" compassionate policy shapers. In fact, by the time the child makes it through birth and a couple of months of degradation, a vaccine is only a flick of the finger on these kids - it is in fact, the last straw. To discount our stories, and our truths, is moronic on your part.

and

I would have GLADLY accepted a week worth of illness - measles, rubella, whatever, rather than a lifetime of autism in my children. I would have

GLADLY supported their immune systems by natural means. I would have gladly held my child through a fever, rather than giving anti-fever drugs which increase the risk of autism.

<http://www.rollingdigital.com/autism/index.html> and <http://www.whale.to/afever1.html>

Until you become one of us, you are not with us. Nor do you understand us. You have not experienced a child having a severe seizure to the point of death with a DPT vaccine (and then thereafter). Nor, have you entertained the idea, or explored with researchers to discover what we are saying is true! Truth is a double edged sword, think of our motivation! We don't want to uphold industry - we want to hold our children up to the light, where there are no stocks or profit margins to be concerned with.

My son almost died 11 days after his DPT shot. I have no recourse! Yet, I have incontrovertible proof he was injured by his vaccines. He also had congenital lyme disease, unbeknownst to me, and this was the final straw. After that event, my brainiac pediatrician thought it was just the pertussis in DPT that injured my child, and I continued to TRUST. That TRUST gave me autism in my daughter with the MMR vaccine. My children were developing normally UNTIL this point of injury.

Birth defects can be manmade too. Wake up and smell the coffee, and take your pills, and when you do, make sure your best friend is told how you feel about things - they too may have a child with autism due to vaccinations. While you're at it, don't have any compassion for them either, for you have none here. This is not moronic - this is true life, and I live it every day of my life!! You are truly a despicable and bogus tweaked out reporter, and should be thrown in the wastebasket. I hope you will enjoy the barrage of emails on your machine

- may it bust your machine. Normally, I wouldn't waste my breathe. T\would be interesting to find out who pays your paychecks and your "subdivisions"- big pharma?

Kathy Blanco

*An observant parent's evidence may be disproved but should never be ignored*  
— Lancet 1:688, 1951, Anonymous  
\* \* \* \* \*

To: Mindelle Jacobs, Edmonton Sun

It is difficult to know where to begin to address the vicious attack mounted by Mindelle Jacobs. It makes me wonder if she's been watching too many Grade B horror movies lately. Is she afraid that, somehow, foetal A-bomb rubella viruses, are going to take off from Ontario and plunder her home town?

The statement Dr Anna Banerji made to the effect that "people in the West don't see the devastation that rubella, polio, whooping cough and other diseases cause in poor countries" points to the fact that, despite decades of mass vaccinations in those countries, the impoverished conditions in which people there live have robbed them of good health. And they get all kinds of diseases, not just so-called "vaccine-preventable" ones. If Ms Jacobs and her family lived a third-world lifestyle then, despite their up-to-the-minute vaccinations and possibly also due to them, they too would suffer serious consequences from infectious disease.

It's bad enough that parents are hectorred by health officials who have a vested interest in promoting vaccination. To be bullied by an uneducated, fear-ridden reporter is loathsome.

Susan Fletcher  
Sechelt, BC

Educate before you vaccinate  
The Woodstock Sentinel-Review  
May 16, 2005

Before a vaccine was available for rubella, it was considered only a mild disease. There was no public panic during an outbreak and the majority of the population was naturally immune to rubella through past exposure. With the advent of rubella vaccination, the cycle changed. The majority of the population is no longer exposed to natural rubella, and the vaccine immunity is not life-long. In fact, vaccine immunity is not 100 per cent effective at any time.

Rubella is a disease that is very mild, often showing limited or no symptoms in children. Rubella is a disease that is of no risk to men. There really is no reason to vaccinate children or men. The only potential risk of rubella is when a woman contracts it during the early weeks of pregnancy. Unfortunately, that is precisely when the rubella vaccination (given at childhood) begins to wear off, when a woman reaches child-bearing age. This really begs the question, why? Why are we mass vaccinating an entire population of children and men for a disease that is of no consequence to them?

The answer is this. The rubella vaccine is known to cause adverse reactions, such as causing arthritis. These reactions are particularly high in women of child-bearing age. So in fact, the very age group that this vaccine is targeted for has the highest rate of risk from the vaccine. Pregnant women cannot use the vaccine because the vaccine itself is capable of causing the disease, since it is a live vaccine.

Essentially we are vaccinating an entire population that is not at risk from the disease, to hopefully provide some type of protection for a group that is at risk of disease. The potential for adverse vaccine reactions may be slightly lower in children, but there is still a very real risk of negative consequences from the vaccine.

To make matters worse, there is no single rubella vaccine available

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in Ontario so during this outbreak, we are giving children-women-men a triple vaccine called MMR (Measles mumps rubella) This significantly increases the risk, now injecting three live vaccines. Why do we need to vaccinate people for measles and mumps during a rubella outbreak?

The measles vaccine carries the risk of causing SSPE (encephalopathy) and can cause vaccine strain of measles. Do we really want to risk getting measles (or brain injury) while trying to prevent rubella?

None of these vaccines are appropriately tested for safety or for their potential to cause cancer. Yet we are expected to inject them into our children, for a disease that is not even dangerous to them. Why not just let our children catch natural rubella, so that they gain life-long immunity to prevent them from catching rubella during their child-bearing years?

I just question how we can be told "the benefits outweigh the risks" for a disease with zero risk and a vaccine with very real risks. I also question if it is ethical, that we be asked to sacrifice our healthy children, for the potential well being of others. I am appalled that people are suggesting forced vaccination. I don't think they seriously understand the magnitude of that suggestion. The Canadian charter was not built on ignorance, it is there for a reason so maybe think twice before we throw it away.

We can be told that statistics may show Congenital Rubella Syndrome has decreased since the advent of vaccination, but has it really or did we just broaden the diagnoses from CRS, to developmental delay? Another important hidden factor in the decline of CRS is the frequent use of therapeutic abortions by women who have been exposed to rubella in early pregnancy.

What about all those children injured by vaccines, or born with CRS caused by vaccines? Who is taking

accountability for these children? I can tell you from experience...no one is.

Educate before you vaccinate.

Christine Colebeck RPN  
Kitchener, Ontario  
Mother of five healthy children and one infant daughter who died after adverse vaccine reaction.

\* \* \* \* \*

To: Toronto Star  
Re: Vaccine myths and why they are dangerous  
Dear Editor,

*Vaccine myths and why they are dangerous.* Hmhmhmhm.....The Hamilton Spectator had an article dated May 13 entitled "Baby deaths under review." Why wasn't this story picked up by The Star? You'd think that a region's head coroner launching an investigation into the deaths of 3 babies would be front page news! And the investigation of whether vaccines are involved in the deaths? Doesn't this rate inclusion in your paper?? Are you serving your readers by NOT picking up this important story? Would health officials threaten you if you were to print such a story? Why haven't ANY other media outlets picked up this story? Why does the Star have "Vaccine myths and why they are dangerous" instead of "Baby deaths under review"?

I have been trying to get answers for years to very simple questions regarding vaccine safety, and especially the connection to the increasing numbers of vaccines given to the epidemic of anaphylaxis. No one can answer them. And I can see by your special section on May 5 that the "experts" still don't know why kids can be killed by normally harmless foods and stings. It doesn't take a rocket scientist to figure this out! Ask the "experts" how they make anaphylactic animal models for their scientific research! They VACCINATE the animals, and they become anaphylactic!

I also read a few months ago in your paper that there are an estimated 40,000 anaphylactic children in Ontario. Hmhmhmhm....an epi-pen costs about \$100. My child has 5 in various places.....hmhmhm-mm.....that combined with some of these kids using other pharmaceuticals advertised in your section on allergies.....you are talking big \$\$\$.

I am also still waiting for a response as to why my now 11 year old anaphylactic child's vaccines have almost 1,000 recorded adverse events including death and seizures and the vaccines in question were never pulled from the market. Three levels of government questioned. Nothing!

Parents who have been burned by the public health one size fits all shots are fed up with these "Vaccine myth" stories.....we want some answers for the questions we have been asking.

Thanks for listening,  
Rita Hoffman  
Stirling, Ontario

\* \* \* \* \*

RE: Meningococcal C Vaccine Campaign in Ontario Schools  
April 2005

To VRAN,

I am so furious I can barely speak, let alone type this so excuse the typos. This is what is happening here in my neck of the woods - Grey-Bruce Counties in Ontario. I have three teen-age children. Two are enrolled in public system, one is in the Catholic system.

There was a mass meningitis campaign recently for all teenagers in Ontario. All three children came home adamant that they receive the vaccination because the "classroom with the most students that get the vaccination will have a pizza party!" and that they are under pressure from friends to "get the shot".

At first, I thought this was just a particular school thing when I heard

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about it from my son, but then the others came home, remember they're in a different school board, with the same info....pizza party! I therefore can assume then this is being sponsored by the Health Unit.

My eldest also states that his entire school is plastered with posters, brochures, etc. re the benefits of meningitis vaccine. Most troubling is one that depicts "how your friends and your parents will feel if you die from a disease that can be prevented." He's scared and feeling a lot of pressure. Despite how much I tell him that he cannot be suspended he tells me he can.....that the principal told him as well as his friends.

The coercion and fear mongering

***The coercion and fear mongering that goes on... it's incredible.***

that goes on...it's incredible. They are saying the death rate from the disease is 40%. So, I'm on my way to the school to set them straight and to the Health Unit to deliver those blasted exemption forms...And that's another thing.....no where on those forms is there a place to name the vaccination. I already handed one in for another vaccination earlier this year. And apparently I have to submit another one for the meningitis. However, how do they know which form is an exemption for which vaccination? They don't. It's just to make harder for us. The health unit will not accept a blanket form - an exemption form plus a letter from me stating exemption from all vaccinations. No, they require that I fill out a form each time and have it notarized. A waste of my time.

Lynn Ayres  
Markdale, Ontario

P.S. Many, many thanks for your prompt reply. Admittedly, I was flip-

ping this morning, out of fear (that maybe I'm doing the wrong thing by exempting my kids), and fury that my kids are subjected to this kind pressure. If our Health Unit spent as much time educating kids to eat properly, applying pressure on schools to serve healthy foods in the cafeterias instead of the junk served now, as they do pressuring kids to get vaccinated, I bet we'd see a difference.

Anyway, I've since calmed down and many thanks to you.

I will join VRAN. I'll do it tomorrow. Just have to mail the envelope.

Lynn Ayres

Reply from VRAN re Meningitis C Vaccine in Ontario Schools

Dear Lynn,

Thank you for contacting VRAN with your concerns re the coercive meningitis C vaccine campaign being waged in Ontario at this time. We appreciate you sharing your personal experience detailing the kind of propaganda your own children are being subjected to. Sounds like the pro-vaccine forces are using every trick in their arsenal to both intimidate and bribe children into getting the vaccine.

Of course they are playing on the fear this disease strikes in the heart of every parent. Yes, it is a scary disease and yes the death rate is quite high - haven't heard the 40% figure though. Please read Dr. Jayne Donegan's article on meningococcal disease on our website who writes, "15 to 24 year olds in whom the death rate is higher (15% of those with the DISEASE compared to 5% in infants less than one year)."

There are other articles as well that offer additional information on the disease - the fact that the meningococ-

cal organism mutates very rapidly and is pushed to change sero-groups by mass vaccination programs, something health officials aren't telling people. We do outline the stress and lifestyle factors amongst teens that would put them at risk. Educating one's children about basic risk factors and how to avoid these risks would go a long way in prevention of the disease.

For decades, cases of meningococcal disease have remained a constant in Canada - approximately 300 cases a year. Of these, the teen population, ages 15 to 19 have accounted for 14% of reported cases. And according to Health Canada, the case fatality rate in this age group has fluctuated between 9% to 12% in the 15 year period 1985-2000.

Whether this mass vaccination program will suppress the disease and prevent deaths is an unknown factor. The children being vaccinated are the experimental population. We know that in England when they launched this vaccine, there were many reports of severe reactions to the vaccine. The biggest risk in launching this vaccine, as we've already seen in Alberta in the Edmonton region is, as I said above (and can't stress this enough), the vaccine puts pressure on the organism to mutate which can then emerge as an altered strain, and merrily goes on doing its damage to vulnerable people. Read 'vulnerable' as those with run down immune systems, poor nutritional status, stress factors like not enough sleep, too much partying, sharing cigarettes/joints etc. and living in crowded dormitory situations - you'll find this information in articles posted on our website.

In terms of you having to run around and submit another exemption form - this is not necessary. One form per child covers all the "designated" diseases mandated by the ministry of health. They're out to punish you because you're a dissenting parent. Read the particulars of the

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Immunization of School Pupil's Act for clarification on this, and call the ministry of health for clarification.

We advise you to confront your local health unit and make them show you in writing where it says in the Immunization of School Pupils Act that meningococcal C vaccine is now added to the "designated" vaccines list, and where it shows in writing in the Act that you are required to fill in another form for this vaccine.

One really gets a sense of how vulnerable children are to the propaganda tactics used in public education, whether it is this, or other issues. We advise all parents concerned about the vaccine issue to educate their children. Read the articles to them and with them, and teach them that they are responsible for maintaining a healthy and strong immune system, which above all means avoiding junk foods, fast foods, pop, denatured foods, and sugar(chocolate bars etc.) One teaspoon of sugar (see article in our meningitis section) depresses immune function by 50% and takes the body 5-6 hours to recover normal white blood cell count. Many teens are on a precarious roller coaster when it comes to nutrition as is the state of their immune systems which is the reason they are at risk for this disease.

Let us know how you fare with sorting through the coercion and propaganda.

Best wishes,  
Edda West  
VRAN - Vaccination Risk Awareness  
Network Inc.

## A CASE STUDY:

### READ IT AND THEN TELL ME THERE'S NO CONNECTION

By Lisa Blakemore

**Editors note:** *Vaccines can trigger atopic disorders, the tendency to allergies, eczema, asthma. Children born into families with these disorders are medically vulnerable to the detrimental effects of vaccines. British Psychologist Lisa Blakemore is a specialist in Autism and related spectrum disorders. Her post to the British Medical Journal (Sept. 6, 2004) offers insight into the impact of vaccines on these vulnerable children.*

During the nineties I became aware of an increasing number of cases of children with regressive autism and related spectrum disorders. The stories of children worsening after vaccines were becoming more frequent and I began to notice that it was the medically vulnerable and allergic children who seemed to fall into the category of reacting after MMR. Years on, I am of the view that many of the children who are allergic, became so after early vaccines, or, if they came from an atopic family, became worse after vaccines.

If we want to genuinely understand what has been going on, we must look at the individual children. The total refusal to consider such evidence, and indeed the vilification of those of us who DO look at the individuals and apply logic to what we see, inevitably arouses suspicions.

Below is a recent example of a child who became medically more and more vulnerable over time, worsening with each vaccination, until he eventually lost all his cognitive and language skills as well.

#### Baby One

This little boy, assessed by myself 2 weeks ago, was born at full term August 14, 1997 and delivered by cae-

sarian section.

◆ 25th September 1997 - Found to have a skin/subcutaneous tissue disease/infantile eczema all over his face. This indicated that he is an atopic child.

◆ 16th October 1997 - Despite being an atopic child, he was given his 1st Hib and DTP vaccine. His eczema worsened and on 29th October his GP noted that it was now all over his face and his trunk.

◆ 27th November 1997 - Despite the worsening of his eczema, Baby One was given his 2nd Hib DTP vaccination.

◆ 10th December 1997 - Returned to surgery with much worsened facial eczema 'infected'.

◆ 12th January 1998 - Returned again to surgery 'Patient's condition worsened/ face'.

◆ 15th January 1998 - Given 3rd Hib and DTP and Polio vaccination.

◆ 19th January 1998 - Seen in surgery

◆ Infected eczema continued - candidal nappy rash noted in October 1998, but no bowel problems and no apparent regression in language or cognitive function. Baby One was advanced, with video evidence to prove it.

◆ 19th November 1998 - Injected with MMR vaccine. Reacted with very high temperature, next day projectile vomiting and diarrhoea. GP's notes refer to 'abnormal stool mucus' (green). Ongoing vomiting and diarrhoea, hospitalized. This continued (over years).

◆ 21st December 1998 - Anaphylactic collapse - proven peanut allergy. Allergy Consultant 'not interested in serious bowel and vomiting problems'.

*A Case Study cont. on page 23*

◆ Severe allergy and eczema continued. Upper Respiratory Tract problems from 1998.

◆ Whilst passing all developmental milestones his parents began to notice a gradual loss of some language skills.

◆ 7th June 2000 - Due for Meningitis C vaccination. Dad made Nurse tell him she was certain his son would not suffer from the vaccination, as he was becoming very suspicious that his son's problems had all followed various previous vaccinations. He was reassured there was 'no connection'.

◆ Baby One reacted severely to the vaccination. He hallucinated for three days and could not tolerate light. He rapidly lost his ability to answer questions, then could not request. He then lost all language. He is now totally non-verbal and hyperactive. Within months he was being assessed for autism. He has proven so difficult to teach that he is to be transferred to a very small class of non-verbal severely autistic children and requires one to one support because of 'his behavioural problems'.

The system has written him off - they deny any connection with vaccines and deny that anything can be done for him.

I think differently.

<http://bmj.bmjournals.com/cgi/ele-ters/329/7463/411>

## **ALLERGIES:**

### **NOTHING TO SNEEZE AT... WITH HOMEOPATHIC MEDICINES**

**By Dana Ullman, MPH**

It is getting close to allergy season again, and to most allergy sufferers freedom from this dread condition is literally nothing to sneeze at. This freedom, however, is a distant dream for many allergy sufferers.

Allergies can be imprisoning. They can make it impossible to go for a walk in the country, and even make it difficult to go outside. Some allergy sufferers can't visit their friends who have pets, and many others can't eat their favorite foods.

Even the pleasures and benefits of exercise are difficult because some allergy sufferers' noses run more than they do. A runny or stuffy nose leads to mouth breathing, then a dry mouth, then less efficient breathing, and then less efficient overall functioning. A domino effect is set up, and the allergy sufferer is knocked down.

Conventional medical treatment for allergies usually consists of antihistamines, steroids, and desensitization shots. In obstinate cases, laser surgery may be utilized to vaporize mucus-forming nasal tissue. People with allergies know that these treatments don't work; at best, they provide temporary relief of symptoms, and at worst, they create side effects which can be worse than the allergies themselves.

Perhaps the greatest misunderstanding about allergies is the assumption that the allergen (the cat dander, the pollen, the housedust mite, or whatever) is the problem. Actually, the allergen is simply the trigger, while the allergic person's body is the loaded gun. Rather than just treating symptoms or avoiding the allergen, the best

course is to take action to strengthen the body's own immune and defense system. Natural therapies which do this help empty the loaded gun or simply make it shoot blanks.

### **Homeopathy and Allergies**

In the near future when homeopathic medicines are widely accepted by the majority of orthodox physicians, doctors will pretend that they have always been supporters of homeopathy and homeopathic principles. They will point to conventional allergy treatment as an example of this.

While it is partially true that conventional medical treatment of allergy uses small doses of a substance to which the person is actually allergic and even though this principle is the basis of homeopathy, homeopaths use considerably smaller doses than conventional allergy shots. Also, homeopaths find that using the same substance to which the person is allergic may relieve a person's symptoms, but it will not truly or deeply cure the person's allergy.

Homeopaths instead prescribe a "constitutional medicine," a remedy that is individually chosen to the totality of symptoms that the person is experiencing, not just the allergy symptoms. Finding a person's constitutional medicine requires the care of professional homeopath.

People can, however, use homeopathic medicines to treat the acute phase of their allergy. Although these natural medicines will not "cure" one's allergy, they will often provide effective relief and will do so without side effects.

Solid research have proven the effectiveness of homeopathic medicines in hayfever. Dr. David Taylor-Reilly, a professor and homeopath at the University of Glasgow in Scotland, published an important study in the *Lancet* (October 18, 1986) which showed that

*Allergies and Homeopathy cont. on page 24*

*Allergies and Homeopathy cont. from page 23*  
homeopathically prepared doses of 12 common flowers were very effective in reducing hayfever symptoms when compared with patients given a placebo.

This same researcher published in the Lancet (12-10-94) another high caliber study on the homeopathic treatment of asthma. This double-blind, placebo-controlled randomized trial performed conventional allergy testing to determine what substance asthma sufferers were most allergic. Then, half of the subjects were given a homeopathic preparation of this substance, while the other half were given a placebo. Those people given the homeopathic medicine experienced a very significant improvement in their symptoms of asthma.

## Specific Remedies

One of the common homeopathic medicines for respiratory allergies is *Allium cepa* (the common onion). Because onions are known to cause tearing of the eyes and running of the nose, it is wonderfully effective in treating such symptoms when given in homeopathic microdoses. Specifically, people who will benefit from *Allium cepa* experience a profuse, fluent, burning nasal discharge which is worse in a warm room and better in the open air. They have a profuse, bland (non-burning) tearing from the eyes with reddened eyes, and will desire to rub their eyes frequently. They experience a raw feeling in the nose with a tingling sensation and violent sneezing. A frontal congestive headache may be concurrent with their allergy symptoms. These symptoms tend to exacerbate after damp winds.

People who need *Euphrasia* (eyebright, an herb) have the opposite symptoms as those who need *Allium cepa*: they have profuse burning tears from the eyes and a bland nasal discharge. Their eyes water so much the person looks awash in tears. The whites of the eye and the cheeks become reddened from the burning

tears. The eye symptoms are worse in the open air. The profuse bland nasal discharge is worse at night, while lying down, and in windy weather.

Burning tears and nasal discharge which are often worse on the right side characterize the symptoms related to *Arsenicum album* (arsenic, the mineral). These people's symptoms are worse at and after midnight. They toss and turn in bed and become very anxious, frightened, and restless during breathing difficulties. They are very chilly and feel better in general in a warm room. They usually have a great thirst but only take sips at a time. These people are sensitive to light, have violent sneezing, and may develop asthmatic breathing.

When an allergy sufferer is particularly irritable and chilly and has a fluent nasal discharge during the day and congestion at night, *Nux vomica* (poison nut, a seed from a tree) should be their remedy. Their symptoms tend to be worse indoors and better in the open air. They are sensitive to the cold and to being uncovered. Frequent sneezing may be experienced. Their symptoms sometimes begin after being irritated, vexed, or fatigued.

A common remedy of both women and children is *Pulsatilla* (windflower, an herb). These people have a nasal discharge during the day and congestion at night (just like people who need *Nux vomica*). People who need *Pulsatilla* are quite different from people who need *Nux vomica*: they are usually gentle, mild, yielding, impressionable, and emotional people who seek attention and sympathy, rather than the argument and conflict in which *Nux vomica* people indulge. People who need *Pulsatilla* have congestion that is worse in a warm room, hot weather, or while lying down, and is relieved in cool rooms, open air, or with cool applications. They tend to have itching at the roof of their mouth at night. They tend to be without thirst.

There are numerous other remedies

to consider, including *Histaminium*, *Kali bic*, *Natrum mur*, *Sabadilla*, *Solidago*, and *Wyethia*. To learn when and how to use these remedies as well as more detailed information about the previously described medicines, consult a homeopathic guidebook, such as either of my books *Everybody's Guide to Homeopathic Medicines* or *Homeopathic Medicine for Children and Infants* or Dr. M. Panos and Jane Heimlich's *Homeopathic Medicine at Home*.

If these individual remedies are not available or if you cannot find the best one to fit your symptoms, there are now numerous "homeopathic formula products" readily available in health food stores. These natural remedies are extremely easy to use and work wonderfully well.

So, what would you rather do: invest in box after box of Kleenex, or try some simple and safe homeopathic medicine to treat your allergies. You may never want to go through another allergy season without homeopathic medicines.

**Editor's note:** *Homeopathic medicine is a highly effective and safe tool for treating a wide range of illnesses in children, including the damaging effects of vaccination.*

<http://www.tinussmits.com/english/>  
<http://www.nccn.net/~wwithin/homeo.htm>  
<http://www.renresearch.com/autism/html>

DANA ULLMAN, MPH, is one of America's leading advocates for homeopathy. He has authored six books, including *Homeopathy A-Z*, *The Consumer's Guide to Homeopathy*, *Homeopathic Medicines for Children and Infants*, *Discovering Homeopathy*, and (the best-selling) *Everybody's Guide to Homeopathic Medicines* (with Stephen Cummings, MD). Dana serves on advisory boards of alternative medicine institutes at Harvard and Columbia schools of medicine.

<http://www.homeopathic.com/articles/>



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# AUTISM, MERCURY, AND POLITICS

By Robert Kennedy Jr.

Boston Globe, July 1, 2005

MOUNTING EVIDENCE suggests that Thimerosal, a mercury-based preservative in children's vaccines, may be responsible for the exponential growth of autism, attention deficit disorder, speech delays, and other childhood neurological disorders now epidemic in the United States.

Prior to 1989, American infants generally received three vaccinations (polio, measles-mumps-rubella, and diphtheria-tetanus-pertussis). In the early 1990s, public health officials dramatically increased the number of Thimerosal-containing vaccinations without considering the cumulative impact of the mercury load on developing brains.

In a 1991 memo, Dr. Maurice Hilleman, one of the fathers of Merck's vaccination programs, warned his bosses that 6-month-old children administered the shots on schedule would suffer mercury exposures 87 times the government safety standards. He recommended that Thimerosal be discontinued and complained that the US Food and Drug Administration, which has a notoriously close relationship with the pharmaceutical industry, could not be counted on to take appropriate action as its European counterparts had. Merck ignored Hilleman's warning, and for eight years government officials added seven more shots for children containing Thimerosal.

Mercury is a known brain poison, and autism rates began rising dramatically in children who were administered the new vaccine regimens. A decade ago the American Academy of Pediatrics estimated the autism rate among American children to be 1 in 2,500. Today, the CDC places the rate at 1 in 166, or 1 in 80 boys.

Additionally, one in six children is now diagnosed with a related neurological disorder.

In 2000, the CDC met with pharmaceutical companies and the FDA in secret to review its findings linking Thimerosal with the dramatic rise in neurological illnesses. According to transcripts, participants were alarmed about the undeniable links between the Thimerosal and widespread brain damage in children. Dr. Bill Weil told the group, "You can play with [the results] all you want. They are statistically significant." Dr. Richard Johnston admitted he feared his grandchild getting a Thimerosal-containing vaccine. But the group was most concerned with keeping the findings secret. "Consider this embargoed information," said Dr. Roger Bernier, a senior director at the National Immunization Program, at the meeting's close. The CDC now says it has "lost" the data that supported the crucial study and has persistently defied congressional requests and federal law requiring it to open up the federal Vaccine Safety Database to scientists and the public.

Numerous animal, DNA, epidemiological, and other studies point to Thimerosal as a culprit in America's epidemic of neurological disorders. Autistic children have been shown to have higher mercury loads than non-autistics, and there have been reports of significant improvements in some brain-injured children by removing mercury from their brains. Most of the symptoms of autism are similar to the symptoms of mercury poisoning. Scientists have been able to induce autism-like symptoms in mice by exposing them to Thimerosal. A recent study by an FDA scientist, Dr. Jill James, found that many autistic children are genetically deficient in their capacity to produce glutathione, an antioxidant generated in the brain that helps remove mercury from the body. Government health agencies who green-lighted Thimerosal have turned a blind eye to the hundreds of studies

linking Thimerosal to a wide range of neurological disorders and joined the pharmaceutical industry to gin up a series of flawed European studies to exonerate Thimerosal. Those studies examined children exposed to a tiny fraction of the Thimerosal given to American kids and took advantage of the autism spike that resulted from deceptive data-gathering in Scandinavia to argue that autism rates are unrelated to Thimerosal use.

Drug makers wary of liability reduced Thimerosal in most children's vaccines in recent years, but the preservative remains in flu shots, tetanus boosters, and over-the-counter drugs. Mercury-laced vaccine stocks were given to American children until the end of 2003.

Government officials who continue to champion Thimerosal should recognize that this is not just a theoretical exercise in bureaucratic face-saving. Their wrong-headed defense of Thimerosal safety in the face of overwhelming science is discouraging testing of promising treatments which may be effective. They are depriving vulnerable populations from being identified to avoid Thimerosal. They also cannot escape responsibility for their failure to warn international health agencies and governments who, based upon American assurances, are now injecting the developing world's children with this brain-killing chemical.

**Editor's note:** *In Canada, mercury was phased out of infant vaccines in 1997 although it is speculated that trace amounts of thimerosal used in the manufacturing process are still present in the final product. Additionally influenza and some hepatitis B vaccines still contain thimerosal.*

*Robert Kennedy Jr. is senior attorney for the Natural Resources Defense Council. For an in-depth report on the U.S. government's cover-up of the mercury/autism scandal, read Kennedy's blockbuster article, *Deadly Immunity*, recently published in *Rolling Stone* magazine – [http://www.rollingstone.com/politics/story/\\_id/7395411](http://www.rollingstone.com/politics/story/_id/7395411)*

# THE HITS JUST KEEP ON COMING

By Alan Clark, M.D., June 20, 2005

*"When a man who is honestly mistaken, hears the truth, he will either cease being mistaken or cease being honest." Anon*

We've taken some hits from the usual detractors with the fallout from Salon.com's and Rolling Stone's publication of Robert Kennedy Jr's article "Deadly Immunity" which investigates the government cover-up of the mercury/autism scandal. Below is my response to some rather critical words from a surgeon who mans Orac Knows blog.

I suspect many physicians, like you and I, might be in denial at the thought of inadvertently poisoning an entire generation of children. It's not our fault. We were misled and we did what we thought was best for our patients.

As a physician and a physician educator for 30 years, please allow me to tell my story.

ed to remove the heavy metal from his system, did he begin to recover.

As a "mainstream" physician all these years, this seemed to go against all my "conventional" training and was outside the realm of my previous standard of practice. I sought additional training with heavy emphasis on environmental medicine and spent many hours speaking with researchers and clinicians familiar with mercury toxicity and its biomedical symptoms. I shared this knowledge and research with my son's health care team (pediatrician and endocrinologist) and we implemented these new modalities into his treatment protocol. As I stated previously, only then did my son begin to improve.

If it was not mercury causing his

*Only when we identified mercury as the culprit and started to remove the heavy metal from his system, did he start to get better.*

Our son was 7 1/2 years old when he reached his "toxic tipping point" with mercury after he received two doses of Thimerosal-containing influenza vaccine in November 2002 and December 2002 (approximately 30 days apart per the ACIP/CDC guidelines). Within a matter of weeks he experienced dramatic changes...he suffered severe neurodevelopmental changes, neurobehavioral symptoms, exacerbated allergies, asthma, eczema, etc.

Within 10 months, he was diagnosed with Asperger's Syndrome, an autism spectrum disorder. Only when we identified mercury as the culprit and start-

problems then what would explain his dramatic improvement when we addressed the mercury issue. Do not make the mistake of thinking there is "no credible scientific evidence" of how and why this is true. There is a plethora of peer-reviewed scientific studies published over the last 50 years that mercury and specifically, Thimerosal (49.6% ethyl mercury by weight) is genotoxic (damages DNA), nephrotoxic (damages kidneys), immunotoxic (damages the immune system), cytotoxic (causes cell death), cardiotoxic (damages the heart), thyrotoxic (damages the thyroid) and neurotoxic (damages the neurological system).

Many of the biological mechanisms for the damage caused by Thimerosal have been identified. Thanks to numerous studies published within the last few years, we have a better understanding of why some children are more susceptible than others. Thanks to several studies published in the last two years we can better understand why and how these new treatment protocols help many of these children achieve dramatic improvements, for example the use of methylcobalamin injections (also known as methyl B12). This is no longer a scientific debate... just check Pub Med. The studies are there much to the dismay of public health officials and vaccine manufacturers. They continue to hope that denial will make this public relations nightmare go away.

Until October 2003, I, too, was "blissfully ignorant" of the acute toxicity of Thimerosal much like most other physicians. We were never told our son's vaccines contained mercury, a known neurotoxin, in levels that exceeded EPA safety guidelines. It never occurred to us to ask. Because of my medical background, I thought physicians could trust the CDC, the FDA and the pharmaceutical industry. I must hope that no one else should reach this epiphany at so high a price.

Please take a few minutes and carefully review the full text scientific publications available at <http://www.NoMercury.org/science.htm>.

Alan Clark, M.D.

Notes:

Dr. Clark's article is reprinted from the No Mercury website <http://www.nomercury.org/blog.htm>

Deadly Immunity by Robert F, Kennedy Jr. - June 20, 2005

# NEWSCLIPS

## Babies fine despite rubella concern

June 24, 2005: The London Free Press reported that "Two Norwich area women who were exposed to rubella during a local outbreak have given birth to healthy babies."

Oxford County's director of public health, Mike Bragg declined to provide further information this week about the women or the births. "What we've been doing is providing information to the physicians and providing a connection in London with specialists if need be," Bragg said. He said there are about five other pregnant women in the county who have been exposed to the virus. The disease can cause serious birth defects or miscarriage, especially in the first 11 weeks of pregnancy.

The rubella outbreak started in April when health officials confirmed an 11-year-old girl at Rehoboth Christian School in Norwich had the virus. Since then, the number of rubella cases in Oxford has grown to 274, with another 27 cases confirmed throughout the province. "The numbers have slowed to a trickle," Bragg said, adding, "We know we still have people coming down with the disease out there."

Excerpt from article by Jon Willing, London Free Press 2005-06-24

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## Trumpeting vaccination may only entrench opposition

Extolling the safety and benefits of childhood vaccinations may only serve to strengthen and entrench the positions of those philosophically opposed to them, says new research led by University of Toronto scientists.

"Changing attitudes about pediatric vaccination can be challenging," says Dr. Kumanan Wilson, professor of medicine and health policy, manage-

ment and evaluation at U of T, internal medicine physician at Toronto General Hospital, University Health Network, and lead author of the research. "Some parents have strongly held beliefs about the safety and benefits of vaccines and any attempts to try to change their minds may only strengthen their anti-vaccine sentiments."

Wilson and his colleagues from U of T and McMaster University sought to test the attitudes of people known to have views not supportive of vaccination. They randomly divided 97 participants into two study groups. One group received an evidence-based lecture on the benefits of polio vaccine while the other received a talk by a polio survivor. Before and after surveys were completed.

Analysis of the "after" surveys revealed surprising results – some respondents reported being even more opposed to vaccination. After seeing the presentations, 25 per cent reported being less likely to recommend the polio vaccine and 38 per cent were less likely to think polio was a serious problem.

"For some parents, concerns about vaccines are deeply held and physicians need to be aware of these findings when confronting parents who are strongly opposed to vaccination," warns Wilson. "Prolonged discussions may be counterproductive and could in fact damage the physician-patient relationship."

The study appeared in the April, 2005 issue of Vaccine. Public release date: 18-May-2005

*Editor's note: Kumanan Wilson seems to be making a career of identifying and flushing out those who oppose mass vaccination programs. The thrust of his surveys will enable some serious arm twisting by the vaccine establishment.*

*Says Wilson in another survey of attitudes towards paediatric vaccinations amongst Canadian naturopathic students (2004), "Public health offi-*

*cials need to ensure that current high levels of vaccination coverage are maintained. Concerns about the safety and benefit of vaccination amongst naturopathic providers have the potential to erode parents' confidence in vaccines. Finding effective mechanisms to communicate the benefits of vaccination to naturopathic providers during their training is an important first step to prevent this from occurring." In other words, the goal is to brain-wash the alternative medicine students just like they do the MD's!!*

*Wilson says the survey "cannot establish whether individuals who are anti-vaccination are drawn towards naturopathic medicine or whether training in naturopathic medicine contributes to the development of anti-vaccination attitudes.....Our survey, and the chiropractic student survey, also suggest that public health officials need to identify mechanisms to counteract the apparent progressive decrease in trust of conventional sources of vaccination information as students progress through these programmes."*

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## Thimerosal in Vaccines Traps Twice as Much Mercury in Brain

April 21, 2005:  
SafeMinds Press Release

Some health officials have suggested that the mercury in thimerosal is less toxic than other forms of mercury such as methylmercury, the highly toxic environmental form of mercury. A groundbreaking study, titled '[Comparison of Blood and Brain Mercury Levels in Infant Monkeys Exposed to Methylmercury or Vaccines Containing Thimerosal](#),' is the first of its kind to show that thimerosal's mercury may actually be more harmful than methylmercury.

The reason is the type of mercury in thimerosal - ethylmercury - quickly

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crosses the blood-brain barrier where it converts to a form that is unable to leave the brain. Dr. Burbacher's study shows that twice as much mercury remains trapped in the brain from doses of ethylmercury in thimerosal compared to equal doses of methylmercury... 'These new findings undermine the position of vaccine makers, who have long denied harm from exposing a generation of children to excessive levels of mercury as a needless additive in vaccines,' said Sallie Bernard, co-founder of Safe Minds. 'This study is yet another step in the complete reversal of scientific assumptions about the effects of thimerosal.'

The Institute of Medicine issued a report in 2004 that stated that there was no causal link between thimerosal and neurological disorders like autism. Inorganic mercury, which is what thimerosal leaves behind in the brain, contributes to microgliosis, a recently reported finding in the brains of those with autism. In light of these new findings Safe Minds recommends a complete reevaluation of this issue by the Institute of Medicine.

"This study contradicts the assumption that mercury from thimerosal (ethylmercury) is safer than environmental mercury (methylmercury) from eating fish and emissions from coal-fired power plants," said Mark Blaxill, a board member of Safe Minds and an expert cited in the Burbacher study. "This study should compel government agencies to retract their flawed and premature conclusions regarding thimerosal and stick to the facts."

<http://releases.usnewswire.com/GetRelease.asp?id=46182>

## Unexplained Cases of Sudden Infant Death Shortly after Hexavalent Vaccination (6 vaccines in one shot)

Zinka B, Rauch E, Buettner A, Rueff F, Penning R.  
Published in Vaccine. May 18, 2005

**Editor's note:** *The next generation of early infancy (DPT) vaccines combines 6 vaccines in 1. Since October 2000, European babies have been the test market for the new Diphtheria, Tetanus, Pertussis, Polio, Hib & Hepatitis B vaccine administered at 2, 4, 6 and 12-14 months of age. A hexavalent vaccine has also been trialed in Canadian Infants. Until April 2003, approximately 3 million children have been vaccinated in this way and about 9 million doses were sold in the European Union during this time. Researchers report six cases of sudden infant death occurred within 48 hours after hexavalent vaccination.*

"At post-mortem examination, those cases showed unusual findings, especially in the brain and in laboratory tests. Crude calculations of local epidemiology are compatible with an association between hexavalent vaccination and unusual cases of sudden infant death. If confirmed in systematic studies, our findings would have potentially serious clinical implications."

"Six cases of sudden infant death after hexavalent vaccination were autopsied and examined at the Munich Institute of Legal Medicine from 2001 to 2004. These children underwent a forensic post-mortem examination. They were assumed to be typical cases of SID(sudden infant death) because there was no history of a serious illness and since all children died suddenly and unexpectedly. In addition to neuropathologic and histologic abnormalities, all of these children showed an extraordinary brain edema, which made them exceptional to other SID cases. After the third of such extraordinary cases had been identified, we decided to further investigate the path-

ological findings."

"Prior to the release of hexavalent sera (in the years 1994-2000), we observed only one child out of 198 cases with sudden unexplained infant death who died shortly after vaccination (DTP). However, between 2001 and 2004 five of such cases were identified in our institution among 74 children with SID. **This would indicate a 13-fold increase.**" (emphasis ours)

"We reported these six cases to direct attention to a possibly serious vaccination side effect. So far, there is no way to prove that these infant deaths are caused by vaccination. Therefore, the relation between the vaccinations and the death of the children must remain uncertain. Nevertheless, we feel that it is important to inform vaccinating physicians and pediatricians as well as parents about such possibly fatal complications after application of hexavalent vaccines. Especially, physicians and pediatricians should be also informed about the possibility of using pentavalent vaccines, which seem to be associated with lesser complications. Finally, if broad use of hexavalent vaccines continues, extensive studies are most likely required to assess or exclude a relation between vaccination and death in infants."

Institut für Rechtsmedizin der Universität München, Institute of Legal Medicine, Frauenlobstrasse 7a, D-80337 München, Germany.  
PMID: 15908063 [PubMed - as supplied by publisher]

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## Shingles Vaccine Now a Reality

June 2, 2005

Excerpt from San Francisco Chronicle

Zostavax, The experimental vaccine made by New Jersey drugmaker Merck & Co. was tested in a five-year clinical trial. The experimental shingles shot is 17 times as potent as Merck's Varivax,



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which was approved as a pediatric vaccine in 1995

The Shingles Prevention Study Group enrolled 38,546 adults age 60 years or older, with half receiving the experimental shot and the other half receiving a placebo. After up to five years of follow-up, the researchers logged 315 cases of shingles among those who received the vaccine, and 642 cases among those who received the placebo.

Shingles is caused by a reactivation of the varicella-zoster virus -- the virus that causes chickenpox. It can afflict people at almost any age, but of the 1 million cases that occur each year in the United States, more than half strike those older than 60, and the elderly appear to suffer the most severe outbreaks. Viral particles travel down the nerves and then surface in a painful, blistering rash on an arm or leg, or on one side of the belly, chest or face. Some shingles patients can suffer pain for more than a year and are prescribed narcotics to treat it.

News of the vaccine's promise could provide a badly needed boost to Merck, which has been battered by investors since Sept. 30, when it abruptly pulled its arthritis drug Vioxx from the market after a major study showed it increased the risk of heart attack and stroke.

Merck estimates that 85 percent of children under 12 are vaccinated. It remains uncertain whether children vaccinated against chickenpox will suffer from shingles as they get older. "That's a story that has yet to be written," said Dr. Mark Holodniy, an associate professor at Stanford University, "They don't have the natural infection. We don't know whether their protection wanes with time."

**Editor's note:** *Adults who had chickenpox as children have long-term immunity from the disease. British and American research shows that adults living with children have more exposure to the chickenpox virus and*

*have high levels of protection against shingles. Periodic exposure to chickenpox has immune stimulating benefits which acts like a booster vaccine against shingles. Researchers like Dr. Gary Goldman conclude that the widespread use of chickenpox vaccine, as it suppresses chickenpox, will increase the incidence of shingles in the adult population.*

\* \* \* \* \*

### **Shingles Treatment That Works**

From: Orthomolecular Medicine News Service, June 15, 2005

**Editor's note:** *Now that a shingles vaccine is about to hit the market, the public, particularly seniors can expect to be targets of aggressive marketing and need to know that alternative treatments for shingles are available and effective.*

Shingles can be cleared up by using a safe, convenient, inexpensive, non-prescription treatment of vitamin C. Vitamin C is anti-viral and anti-toxin and inactivates the virus that causes shingles. If you have shingles and want relief, you can try this:

Buy a large bottle of 1000 mg vitamin C tablets. The cost should be less than \$15.

Begin when you wake in the morning by taking 3000 mg of vitamin C every 30 minutes and continue until you have a single episode of loose stool (not quite diarrhea). If you haven't had loose stool after 15 hours on this dosage, increase the vitamin C to 4000 mg every 30 minutes.

After you have a loose bowel movement, reduce the dosage to 2000 mg of vitamin C taken every hour. You will quickly find the dosage that is right for you. Adjust the dosage of vitamin C downward to stay below the dosage that will cause loose stool and adjust it upward to relieve shingles symptoms. Continue the oral vitamin C therapy until the shingles disappear.

It sounds too simple to be true,

doesn't it? But it works in the majority of cases, as recently reconfirmed by Thomas E. Levy, M.D., J.D. (1)

Sometimes it's necessary to take vitamin C intravenously (IV) for massive shingles outbreaks. (2) Much higher concentrations of vitamin C in the blood can be achieved intravenously than when taken orally. As early as 1950, the medical literature reported that one physician had confirmed intravenous vitamin C curing shingles in 327 patients within 72 hours. (3) Ask your doctor if he or she offers vitamin C IV and, if not, ask friends or search the Internet to find a doctor or facility that does offer this treatment.

Vitamin C blood serum levels of individuals fall during periods of high stress and they develop sub-clinical scurvy (depleted vitamin C levels). This situation can set the stage for a shingles attack.

Remember, a vitamin can act as a drug, but a drug can never act as a vitamin. With vitamin therapy, at any given quantity, frequently divided doses are more effective than one large single dose. The reason one nutrient can cure so many different illnesses is because a deficiency of one nutrient can cause many different illnesses.

### **What is Orthomolecular Medicine?**

Linus Pauling defined orthomolecular medicine as "the treatment of disease by the provision of the optimum molecular environment, especially the optimum concentrations of substances normally present in the human body." Orthomolecular medicine uses safe, effective nutritional therapy to fight illness. For more information:

The peer-reviewed Orthomolecular Medicine News Service is a non-profit and non-commercial informational resource.

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### Did Vaccinations Give Fatal Marburg Virus To Angolan Kids?

Excerpt from National Public Radio Broadcast - April 1, 2005

The World Health Organization (WHO) says Marburg virus has sickened 140 people in Angola and killed 132, most of them young children. International health organizations are rushing personnel and equipment to the war-ravaged country to stem the epidemic. WHO experts expect the Marburg toll to get much larger. Most cases are in the northern province of Uige, but there are reports of cases across Angola's border with the Democratic Republic of Congo.

Marburg hemorrhagic fever isn't as much feared as its cousin Ebola hemorrhagic fever. but in fact, they're hard to tell apart. Clinically they are associated with similar disease symptoms, but the 2 viruses do not cross-react antigenically and are easily distinguishable by serology and RT-PCR assay. Ebola and Marburg hemorrhagic fevers generate widespread fear and panic with death rates often approaching 100 per cent. In both cases, victims bleed to death, often from every orifice and every organ. Few infections are as deadly.

Dr. Pierre Formenty, the WHO's top Marburg expert, is struck by how widely the virus has already spread.

Dr. Formenty stated that: "It is the 1st time we have, geographically speaking, so large an outbreak of Marburg fever. We have cases not just in Uige city itself but in different cities around Uige, up to 20 to 40 kilometres away. The outbreak probably started last October [2004]. Many people got infected in hospitals." Dr. Formenty thinks sloppy injection practices explain why most victims are below age 5. Doctors often give medicine to young children by injection rather than by mouth.

Dr. Christa Kitz, a co-ordinator for Medicins sans Frontieres(Doctors Without Borders) stated that "We are hearing from Uige province that health-care workers are fleeing hospitals, that they are not returning to work, and also that the population is trying to run away from the area.

### Update: New Vaccine for Ebola & Marburg viruses

June 7, 2005. A Toronto Star editorial reported that researchers at the National Microbiology Laboratory - in concert with the U.S. army have developed a vaccine to protect against the Marburg and Ebola viruses which they say is 100 percent effective in monkeys. "This is an exciting boost for made-in-Canada expertise, making the high-security centre in Winnipeg - where nasty substances such as anthrax are stored and studied - truly "world-class". The facility is one of only three highly secure Level 4 labs in the world. Marburg has killed more than 300 in Angola since last year. A human vaccine - expected within five to six years - may be available within two years for "compassionate use" to treat outbreaks." It would be offered to hospital workers and family caregivers who often contract illness through close contact.

## PANDEMIC FEARS GEARING UP

For several years now, dire warnings of an impending flu pandemic have been broadcast in the media. Millions will succumb we are told, and many millions will die. At issue is the lingering outbreak of the H5N1 avian flu strain that has decimated poultry stocks in wide swathes of Southeast Asia infecting people in close contact with chickens. The virus has already jumped the species barrier to humans and so far has infected 108 people in Asia, killing 54, who suffered severe respiratory complications.

The fear is that once the bird virus infects people and melds with human strains of influenza, it will then mutate and spawn a super bug capable of spreading person to person, igniting a world wide epidemic of the disease. Influenza 'experts' insist sporadic pandemics are biological certainties, triggered when a strain to which humans have no immunity arises from nature to sweep the globe

Now, Chinese scientists reporting in the journals Nature and Science, have discovered bird flu in migratory geese capable of covering hundreds of miles a week which could signal that the virus has found a vehicle to spread far and wide - and swiftly. It marks the first time that the virus, which has proved deadly mainly to poultry, has killed big flocks of migratory birds, with at least 6,000 dying so far.

The virus extracted from the dead birds belongs to the same family as the form of H5N1 that has killed humans in Southeast Asia, but is not a twin. Yi Guan, an author of the Nature report and bird flu specialist at the University of Hong Kong says, "In India or Bangladesh, these birds have the opportunity to meet birds from

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Europe. If this virus circulates among them, who knows? Next year, maybe the birds come back to Europe with this virus. This is the nightmare for the world."

If the pandemic were to hit today, said Dr. Michael Osterholm, director of the Center for Infectious Disease Research and Policy at the University of Minnesota, "I don't know what we could do about it except say, 'We're screwed.'" He speculates that a pandemic would trigger the collapse of essential services like food distribution when workers are too sick to process or deliver food and when people will be too fearful of disease to engage in daily work routines.

avian flu would be unlikely to morph into a strain that is both virulent and highly transmissible among humans", says the article. "As Ewald has pointed out, the 1918 flu pandemic may have developed its unique virulence and its unique focus on young adults, precisely because of the terrible conditions in wartime Europe. The disease first appeared as a relatively mild outbreak in the United States in the spring of 1918. A far deadlier form incubated among soldiers on the Western Front. It stalked the trenches, the hospitals stacked with wounded from one crowded hospital to another, the trains on which the immobilized sick lay face-to-face with the helpless wounded, and the boats that returned ill soldiers

vaccine for the U.S. government.

"Lethal flu requires the sort of conditions found in the animal markets of Guangdong or the trenches of World War 1. Knowledge – understanding how flu viruses work so they can be stopped early in their journey is likely to be the best protection we have against another epidemic. "

Human error and lack of security at microbiology facilities, however could be the lethal pandemic trigger. Last fall, 3,700 samples of the H2N2 flu virus, estimated to have killed up to 4 million people worldwide in 1957 and 1958, were accidentally sent out to labs in the United States, Canada and 16 other countries. The National Microbiology Laboratory in Winnipeg, Manitoba on receiving the sample identified the virus and sounded the alarm. Robert G. Webster, a flu expert called the incident "a terrible, terrible mistake - I have been telling WHO for a number of years that this is a dangerous virus that is still out there in more labs than they know," he said. "This may alert WHO and Homeland Security and whoever wants to know that each and every H2N2 sample from 1957 needs to be rounded up and locked down."

.....  
*...understanding how flu viruses work so they can be stopped early in their journey is likely to be the best protection we have against another epidemic.*  
.....

Other specialists however, have a different view. "As deadly to humans as it is, H5N1 is also very difficult to contract" says Richard Webby, a virologist at St. Jude Children's Research Hospital in Memphis. "It is particularly poor at infecting humans and worse still at transmitting from human to human" says Webby in an interview for an article in Discover Magazine (February 2005).

In the same Discover article, biologist Paul Ewald, who studies the evolution of infectious diseases at the University of Louisville in Kentucky points out that when flu strains become too lethal among migratory birds, the birds die out before they can spread the infection to a new area. A mild virus becomes lethal when wild animals enter markets like Guangdong (China) which serve as factories for disease.

"There are reasons to believe that

to the U.S."

"Only comparable conditions, Ewald says, would allow the development of a highly virulent and transmissible human flu. As the conditions that created the 1918 flu abated, so did virulence of the disease and its specificity for healthy people in the prime of life. But it did not disappear. For decades after 1918, the H1N1 strain of influenza wandered around the planet, a commonplace flu, no more virulent than any ordinary strain, a killer of the very old and the very young."

A May 9 article in the Vancouver Sun reported that the "US, Canada, France, Germany, Japan and other countries are making H5N1 vaccines and stockpiling millions of doses of anti-viral drugs. The US has an experimental H5N1 vaccine that is to start clinical testing this month." The University of Rochester, is one of three centres testing an experimental H5N1

# IMMUNIZATION INFORMATION ON THE INTERNET

**Compiled by: VRAN (web site hosted  
by Freedom of Choice in Health Care:  
<<http://www.freedomofchoice.org>>)**

## Eagle Foundation

<http://www.eaglefoundation.org>  
Canadian organization in support of  
vaccine injured families.

## WHALE Vaccination Resource

[http://www.whaleto.freeserve.co.uk/vac-  
cines.html](http://www.whaleto.freeserve.co.uk/vac-<br/>cines.html)

Excellent site.

## New Atlantean Immunisation Resources

[http://www.new-atlantean.com/  
global/vaccine.html](http://www.new-atlantean.com/<br/>global/vaccine.html)

A good list of resources; global pro-choice  
vaccine groups books, tapes and videos.

## Vaccination Information Paradigm

[http://www.cco.net/~trifax/vaccine/  
vacindex.html](http://www.cco.net/~trifax/vaccine/<br/>vacindex.html)

Very good information, updated regularly.

## Sebastiana's Medical Journal listings of vaccine risks

<http://www.omen.net.au/~pienaar/index.html>

## National Vaccine Information Center

<http://www.909shot.com>

Excellent site run by the largest N.A. group.

## Attachment Parenting & Natural Nurturing & Vaccine Links

[www.geocities.com/Heartland/Fields/2460](http://www.geocities.com/Heartland/Fields/2460)

Excellent site offering concepts that cre-  
ate health in the family and access to  
Vaccination OneList network.

## Natural Immunity Network

<http://www.i-wayco.com/niin/index.html>

## Concerned Parents for Vaccine Safety

[http://home.sprynet.com/sprynet/Gyrene/  
Home.htm](http://home.sprynet.com/sprynet/Gyrene/<br/>Home.htm)

Excellent site—links to many others.

## Informed Parents Home Page

[http://www.unc.edu/~aphillip/www/  
vaccine/informed.htm](http://www.unc.edu/~aphillip/www/<br/>vaccine/informed.htm)

Excellent site—well researched.

## Immunisation Awareness Society

<http://www.ias.org.nz>

Excellent site—offers international research.

## FEAT (Families for Early Autism Treatment)

<http://www.feat.org>

## Dr. Harris Coulter's Website

<http://home.earthlink.net/~empherapies/>

Leading edge Research Group: The

## Biological Manipulation of Human Populations

<http://www.trifax.org/menu/bio.html>

## Center For Complex Infectious Diseases— info re. stealth viruses & Dr. John Martin's research

<http://www.ccid.org>

## Tetrahedron — AIDS, Ebola, vaccines, Gulf War Syndrome

<http://tetrahedron.org/>

## International Advocates for Health Freedom — John Hammell

<http://www.iahf.com/index1.html>

Networking between health freedom activ-  
ists

## Health World Online- Discussion Forums on Vaccines

<http://www.healthy.net/>

## Vaccination Information & Awareness— Links to many sites

<http://www.access1.net/via>

## Vaccine Safety Website—Dr. B. Classen

<http://vaccines.net/risks.htm>

## Australian Vaccination Network

<http://www.avn.org.au/>

This group is forging ahead with legal  
actions challenging government violation of  
informed consent laws.

## MEDICAL INFORMATION & PRO-VACCINE LINKS:

### WHO & Communicable Diseases Surveillance

<http://www.who.int/emc/>

### Vaccine News Updates— Immunization Briefs

[www.infoinc.com/imnews2](http://www.infoinc.com/imnews2)

### Vaccine Weekly Magazine—For the medical world

<http://www.holonet.net/homepage/1v.htm>

Covers new vaccines.

### Infectious Diseases in Children

[http://www.slackinc.com/child/idc/199805/  
vaccine.htm#speclink](http://www.slackinc.com/child/idc/199805/<br/>vaccine.htm#speclink)

### Immunization Action Coalition— Pro-Vaccine site

<http://www.immunize.org/>

### Achoo & MD

<http://www.achoo.com>

Consultation source for travel vaccines

### Medscape—Online medical info

<http://www.medscape.com>

## DID YOU KNOW ?

There is no law that can force you  
to vaccinate your children. The only  
laws relating to vaccination govern  
school pupils, not infants, and these  
can be waived through available  
exemptions. If your child has exhibited  
any of the following adverse reactions  
or conditions, you may wish to defer  
from continuing the course of vaccina-  
tions.

- If your child is ill or running a fever.
- If the child collapses or goes into a shock-like state following a vaccine.
- If the child has high pitched screaming for several hours; and cannot be comforted
- If the child has a temperature of 38° C or higher after vaccination.
- If the child develops pain, redness, swelling, lump at the needle site
- If the child develops severe diarrhea and/or vomiting
- If the child has one or more convulsions or has a family history of convulsive disorders (eg. epilepsy); if the child has an evolving neurological condition.
- If there is a family history of severe allergies and/or history of vaccine reactions.
- If the child has signs of brain injury such as a bulge in the soft spots of the head or a severe change of consciousness.
- If the child is receiving treatments that suppress the immune system
- If the child has a widespread allergic reaction, rashes, hives, wheezing, trouble breathing.
- If the child develops swollen joints/ arthritis like symptoms
- If the child has an irregular heartbeat within several hours after vaccination.
- If the child is excessively sleepy following vaccination.
- If the child has an episode of sleep apnoea (stops breathing during sleep)



## SIX REASONS TO QUESTION VACCINATION

**By Walene James**

1. Vaccinations are forced. For example, there are compulsory vaccination laws in every state. If something is good it doesn't have to be forced\*.
2. Vaccinations are toxins by definition.
3. Vaccinations are indigenous to only one model of healthcare—the allopathic medical model—and its practitioner's particular understanding of disease phenomena.
4. Vaccinations are promoted by fear, guilt, and 'creative' statistics.
5. Vaccinations are represented as safe and effective when evidence suggests they are neither.
6. Vaccinations are aggressively pushed by public health departments and other government agencies as though they were a public health issue when they are not. This is done to insure a high rate of compliance.

\*Vaccination is not mandatory anywhere in Canada.

## TEN REASONS TO JUST SAY 'NO' TO VACCINATIONS

**By Walene James**

1. Vaccinations are toxins by definition.
2. Vaccinations are aggressively promoted by those who have a financial stake in their consumption.
3. Vaccinations are promoted using fear, intimidation, and coercion.
4. Vaccinations are big business.
5. Vaccine manufacturers are nearly liability proof for their products.
6. Vaccinations are not only forced upon us, but those who deny us the exercise of our free will refuse to take responsibility for the consequences of their actions.
7. Evidence suggests that vaccinations damage the immune system, the nervous system and the spirit-mind-body connection.
8. Compulsory vaccinations ignore biochemical and psychospiritual individuality.
9. Vaccinations are misrepresented by government agencies as a public health issue which they are not.
10. Vaccinations are heavily subsidized, heavily propagandized and can be seen as a wake-up call for us to see how we allow ourselves to be programmed by huge vested interests.

*Philosophical questions:*

*“Perhaps more important than anything else is for our group to consider the larger picture: What lessons do we need to learn trying to stem the tide of coercion from an out-of-control medical-pharmaceutical industry and the Mass Mind that allows this? How does understanding and working with the vaccination issue contribute to our maturation as spiritually aware and fully alive human beings?”*

*~Walene James*

*Walene James has authored an exceptional book that is a must read for everyone involved in educating themselves, their families and communities about vaccine risks and health creating alternatives to vaccination. She helps us take a quantum leap out of the fear-based vaccine paradigm. Walene's insightful analysis of the history of vaccines and infectious disease is complemented by a thorough investigation of the factors that create health in human populations, and what we all need to do to create health in our families. For more information, contact Ingri Cassel at Vaccination Liberation in Idaho: 208-267-8037*

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## RESOURCE & INFORMATION LIST

### Immunization: History, Ethics, Law & Health

by Catherine Diodati. Best new book about vaccines. Please order from VRAN

Cost: \$35 + \$5 postage

### Immunization—The Reality Behind The Myth

by Walene James.

### What Every Parent Should Know About Childhood Immunization

by Jamie Murphy

### Vaccinations: Are They Really Safe and Effective?

by Neil Z. Miller

### How To Raise a Healthy Child In Spite of Your Doctor

by Robert Mendelsohn, M.D.

### Universal Immunization — Medical Miracle or Masterful Mirage?

by Dr. Raymond Obomsawin available from Health Action Network - (604) 435-0512

### A Shot in The Dark

by Dr. Harris L. Coulter & Barbara Loe Fisher

Vaccination, Social Violence,

### Criminality: The Medical Assault on The American Brain

by Dr. Harris L. Coulter

### Vaccination—Medical Assault on the Immune System

by Viera Scheibner Ph.D. to order: ( 204) 895-9192

### The Immune Trio

by Dr. Harold Buttram To order call 215-536-5168

### Every Second Child

by Dr. Archie Kalokerinos (204) 895-9192

### Vaccinations and Immunization: Dangers, Delusions and Alternatives

by Dr. Leon Chaitow.

### What About Immunizations?

Exposing the Vaccine Philosophy by Cynthia Cournoyer Nelson's Books, Box 2302 Santa Cruz, CA, 95063

### Vaccinations—The Rest of the Story

published by Mothering Magazine. P.O. Box 1690-Santa Fe, N.M. 87504.

The Immunization Decision—A

### Guide for Parents

by Dr. Randal Neustaedter.

### The Case Against Immunizations

by Richard Moscovitch M.D. available from American Institute of Homeopathy, 1500 Massachusetts Ave. N.W. Washington, D.C. 20005.

### The Immunization Resource Guide

by Dr. Zoltan Rona, M.D. to order call: 1-877-920-8887

### Natural Alternatives to Vaccination

by Diane Rozario available from Vaccine Policy Institute (937) 435-4750

### Vaccination—The Hidden Truth

New Video. Five medical doctors speak out about vaccine risks. Order from VRAN Cost—\$40 + \$5 postage

*MANY OF THESE TITLES CAN BE ORDERED FROM PARENT BOOKS IN TORONTO (416) 537-8334*

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## Vaccination: The Hidden Truth

Powerful new video featuring five medical doctors on how vaccines are harming children's health.

Cost \$40.00 plus \$5.00 postage.

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