

Variance

Vaccination Risk Information & Alternatives Resource Group

NEWSLETTER

SUMMER 1994

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EDITORIAL

It has been a number of years since a parent group representing concern about vaccine risks has been active in Ontario. Due to the groundswell of parents questioning vaccine safety and efficacy and lack of availability of adequate information from public health sources, we have come together again to continue this work, gathering both scientific analysis of vaccine risks and networking with parents who seek to be better informed so they can make an educated decision for their children.

As a resource and education group, VARIANCE strives to make available to its members and the inquiring public sources of materials and communications from other concerned parents and as well as linking with similar organizations worldwide. Numerous books and articles have been published in the last 12 years since NBC aired its critical documentary on whooping cough vaccine, where we saw for the first time on public television, a gathering of families whose children have been devastated by a vaccine and whose injuries have left them brain damaged, crippled and dead. This documentary stirred a deep cord in many hearts.

For parents like myself, whose baby had suffered a severe and adverse reaction to a vaccine, my reaction to the documentary was "there, but for the grace

of God, could be my child." That was 16 years ago. This personal experience of seeing my baby made desperately ill by a vaccine transformed my life forever. I understood with a chilling clarity that science, in its blinkered arrogance plays Russian roulette with our children's lives.

Flying in the face of all reason, but staying true to its arrogant nature, the scientific establishment continues to deny that vaccines pose a threat to young child health. The medico/scientific establishment may very well be in a terminal state of denial, as it continues to adhere to a grossly flawed paradigm which insists that we must inject poisons into healthy infants to protect them from disease.

"Poisons ? " they cry out indignantly " These are life saving medicines you put your child at terrible risk if you don't vaccinate right now ". Parents who bring up these questions, these fears, are at risk of being wrung through the medical guilt grinder, often finding themselves even accused of neglect and child abuse for hesitating to vaccinate. Parents are made to feel that they dare not question the status quo of the prevailing medical dogma in which vaccinations are the cornerstone - the very foundation upon which modern science rests its case for preventive medicine in the arena of pub-

lic health policies.

Thinking and concerned parents everywhere, whose attention is drawn to issues of vaccine safety and who begin to analyse the chemical and biological content of these drugs, the coercive politics of mass vaccination policies and the disturbing history of vaccine injuries, find themselves asking very basic questions about both the short term effects of injecting toxic chemicals and viruses directly into the child's bloodstream and the potential for future diseases which may arise from this chemical contamination.

It is scientifically factual to state that many of the chemicals used as preservatives or extracting agents in the preparation of vaccines are inherently toxic to humans. Some of these chemicals are: thimerosal (a mercury derivative), benzethonium chloride, methyl paraben, phenol red, pyridene, ethane glycol, ethylene chlorophyrin, aluminum hydroxide, aluminum sulfate, formaldehyde in the form of formalin. **WHAT HAPPENS WHEN THESE KNOWN POISONS ARE INJECTED INTO INFANTS AND YOUNG CHILDREN?**

In his recently published book entitled *What Every Parent Should Know About Immunization*, Jamie Murphy's search of the scientific literature reveals a frightening array of the carcinogenic potential of many of these chemicals. For example, in animal tests benzethonium chloride can produce sarcomas, and thimerosal is linked to high numbers of fibromas and "many injection-site indurations" (sarcomas). Jamie Murphy writes " If these chemicals have already produced all manner of tumours in test animals and vaccines are already known causes of indurations and injection site granulomas, then it is hard to escape the conclusion that vaccines, or some of the materials contained in them, may be a prime cause of cancer and leukemia."

The author's research reveals that the toxic chemicals used in vaccine manufacture have been known for a long time - for many years, to be cancer and

tumour causing in test animals. Yet there seems to be no inclination by the scientific community to examine the possibility that similar health destructive outcomes have been occurring in humans who are exposed.

Today, in Canada, **THE NUMBER ONE KILLING DISEASE OF CHILDREN UNDER THE AGE OF 14 IS CANCER.** A generation ago, cancer was virtually unheard of in young children, but today, it is epidemic. As parents, we need to begin to ask some hard questions. What is the effect on the young child's microenvironment when we inject toxic and carcinogenic chemicals directly into the blood stream? How do the short term gains of artificial antibody response to diseases that no longer pose a threat to young child health and that declined long before the wide spread use of vaccines weigh against the potential of these substances to stimulate cancers and degenerative diseases?

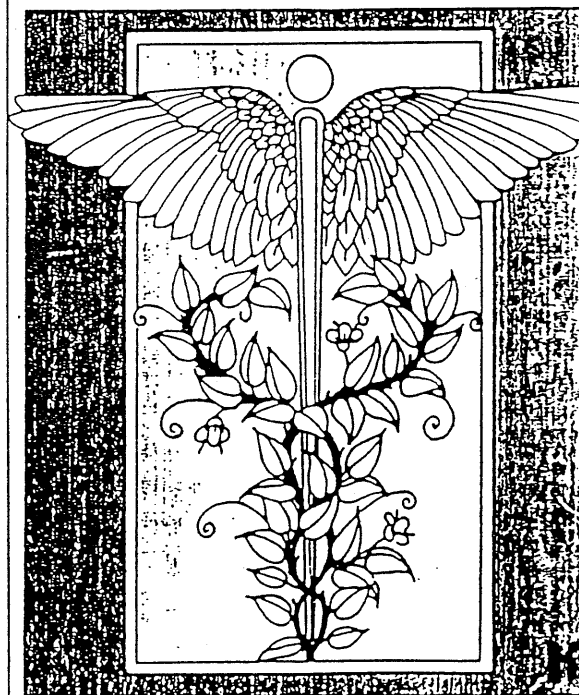
This year marks the tenth anniversary of passing into law the amendment of the Immunization of School Pupils act, which allows all parents the right to exemption from vaccination for their children. Few parents are aware of their legal right to exemption from vaccination for their school age children. School authorities in most instances fail to include information about the exemption clause, while regularly harass and intimidate parents with threats of expulsion if children are not up to date with the required vaccines. Many parents capitulate to these threats because no one has informed them of their legal right to refuse any or all vaccines.

Both parents with school age children and infants are bombarded with scare tactics. Parents with young babies often find themselves in confrontational dialogues with their doctor, who when sensing a hesitation by the parent, will use the big legal stick to force compliance. Many a parent with a two month old infant has unwillingly proceeded with vaccination, against her better judgement because the doctor said "IT IS THE LAW", where in fact, IT IS NOT!

**THERE IS NO LAW
IN ONTARIO OR IN
CANADA THAT
REQUIRES INFANTS
TO BE VACCINATED.**

One of the focuses of activity by VARIANCE in 1994/95 is to inform parents of their freedom of choice in health care as concerns the question of vaccination. All parents of infants and school age children need to know that no law can coerce them to subject their children to medical procedures against their will. Please join us in our outreach efforts. We look forward to hearing from you and helping you communicate this issue in your community. ☐

Edda West



A QUICK TOUR OF THE IMMUNE SYSTEM

By: Joanna Boutilier

What is the immune system?

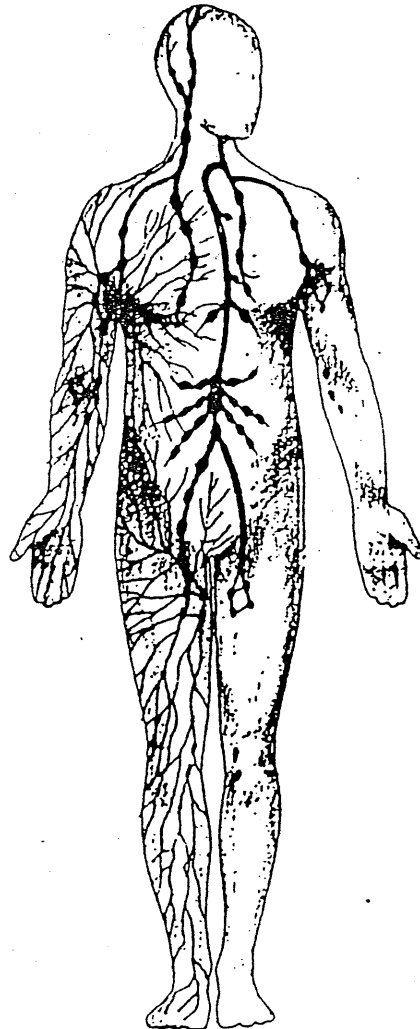
The immune system is a collection of tissues, cells, and molecules that work together to defend the body against disease and toxins. Our immune system defends us by recognizing and destroying these diseases and toxins when they enter our body. Our immune system is always at work, though we may not always realize it. On a day to day basis, our immune system enables our bodies to identify and eliminate toxins in our environment which have entered our bodies. Our immune system is also continually destroying the many forms of bacteria and viruses that enter our body.

LET ME INTRODUCE YOU TO THE MAIN CHARACTERS OF YOUR IMMUNE SYSTEM

Your immune system is a team of white blood cells born in the bone marrow where all blood cells are created. There are two main types of immune system cells produced in the bone marrow, the FEEDING CELLS and the LYMPHOCYTES.

FEEDING CELLS

The feeding cells have the task of general defense against disease. These cells roam through your body tackling any foreign substance that they meet. They also function as a cleaning system by helping to eliminate all the old, dead, used-up material in the body. These cells are known by the names of MACROPHAGE, GRANULOCYTE, and MONOCYTE.



How do these cells do their job? Let's take the MACROPHAGE as an example. It roves through the body using its long outstretched hairlike tentacles to grab bacteria or other unwanted debris. When the macrophage grabs onto a bacterial cell with its tentacle, it brings the tentacle in towards the surface of its cell membrane and pushes it inside. The surface of the macrophage actually opens up to absorb the bacterial

cell and suck it into a stomach-like cavity where it will be destroyed by digestive enzymes. The macrophage actually "eats" the bacteria.

LYMPHOCYTES

The lymphocytes have the task of special defence against particular invaders. Lymphocytes travel from the bone marrow to other parts of your body such as the thymus gland and the lymph tissue of the intestines and liver to receive special training on how to fight particular invaders. In the lymph tissue, the B-LYMPHOCYTES are trained to produce antibodies to specific diseases. In the thymus, three types of T-LYMPHOCYTES are produced (KILLER CELLS, HELPER CELLS, AND SUPPRESSIVE CELLS) which each have a very specific function in the immune system's attack on disease. Various cells in the body produce another type of lymphocyte called the COMPLEMENT FACTORS. These lymphocytes are actually molecules which increase the efficiency of antibodies and feeding cells and can destroy bacteria by shooting holes in them.

HOW DOES IT ALL WORK?

Let's imagine that a cold virus is seeking entry into your body. How will it get in?

FIRST LINE OF DEFENCE - THE SKIN, MUCOUS MEMBRANES, CILIA Your outermost shield is your skin, a difficult obstacle to penetrate, when intact. Hairs

in your nose also filter the air which you draw in, helping to catch harmful particles. The mucous that bathes the membranes of your nose and throat is a powerful barrier too. It holds on to intruders and prevents them from getting too close to cells. Some bacteria may get by and be sucked into your respiratory tract. There, they are met by cilia, small hairlike structures that sweep bacteria up and out again. Your respiratory tract is also full of macrophages waiting to attack any foreign invaders. Your eyes are protected by tears that wash away most bacteria.

INTERNAL DEFENCE - FEEDING CELLS AND LYMPHOCYTES

As we all know, in spite of this formidable first line of defence bacteria can and does manage to enter the body. When it does, our internal defenses take over. Our general feeding cells are the first to attack the virus, gobbling up the bacteria and displaying a kind of coding on their surface to indicate exactly what virus they are dealing with so that other immune cells can respond more effectively. Macrophages also ingest and eliminate any damaged tissue and dead cells and carry information about the bacteria to the lymph nodes and spleen where the specific defence force, the lymphocytes, are waiting. The lymphocytes immediately begin rapid division to deal with the invading bacteria and flock to the sites of greatest infection. The B-lymphocytes begin producing antibodies to the virus until it has been inactivated. Once the virus has been destroyed, the T-Helper cell and the suppressor cell work together to stop the activity of the other immune cells and return the body to its normal state.

OUCH - I CUT MY FINGER

Now let's imagine that you cut your finger. When your skin is punctured like this, bacteria flood in through the opening to the nutrient-rich cells beneath the skin. As soon as your skin cells are damaged like this, they release substances which enter the surrounding blood and lymph tissue and call out for white blood cells such as granulocytes and monocytes. The granulocytes and monocytes immediately attack and begin to destroy the bacteria. Antibodies quickly arrive and attach a marker to the bacteria making them easier to

identify and destroy. Macrophages arrive and eat up huge quantities of bacteria. As dead bacteria and granulocytes accumulate, they form pus. The macrophages eat up the pus and eliminate it from the body.

Circulation immediately increases to the affected area to allow more immune system cells to reach the site. This increased circulation causes an appearance of REDNESS. As more blood rushes from the warm interior of the body (37C) to the cooler skin (27-32C), the temperature of the wound area is raised. The wounded area will become swollen as the spaces between cells in the

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blood vessel walls enlarge. When this enlargement occurs, blood plasma (the fluid in which blood cells are suspended) leaks into the wound area and helps to dilute the bacterial toxins. Fibrin is produced which forms a web in the wound, trapping blood cells and bacteria. Torn blood vessels are healed and the infection is contained.

HOW CAN WE HELP OUR IMMUNE SYSTEM IN ITS NEVER-ENDING JOB OF DEFENCE?

In the most general terms, these are the most important ways you can aid and support your immune system. **DIET AND NUTRITION** As we

have seen, the cells of our immune system are very busy roving through the body, dividing, attacking bacteria, and eliminating them from the body. They can only do this job well if their growth and multiplication is supported by proper nutrition. The daily intake of a variety of nutrients is essential to optimum immune function. So, what should you eat? In general, lots of fresh fruits and vegetables (pesticide and chemical free, if possible) and whole grains are the best source of nutrition. Sugar, fat, salt, and alcohol are enemies of your immune system and directly inhibit its functioning. Try to eat as little salt, sugar, and fat as possible

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Food as Medicine

A very important way of nourishing the immune system is through the foods we eat. **ESSENTIAL FATTY ACIDS** are vital to immune system function, as they help the normal function of lymphocytes and the production of antibodies.

* **Good Food sources of ESSENTIAL FATTY ACIDS:** Legumes, nuts, seeds and organic cold pressed oils of flax seed, safflower, soya, sunflower and walnut.

VITAMINS A,C,E and SELENIUM are the most essential antioxidant nutrients which are used to lower the risk of many diseases by improving the immune system.

* **Good food sources of vitamin A,C,E and SELENIUM:** almonds, apricots, barley, broccoli, brussel sprouts, cauliflower, carrots, collards, kale,

squash, sweet potatoes and wheatgerm.

The mineral **ZINC** enhances the immune system function.

* **Good food sources of ZINC:** legumes, pecans, seeds, soy lecithin, soyabeans, whole grains.

The following are some frequently used herbs which are effective in assisting the function of the immune system:

ASTRAGALUS: Acts as a tonic to protect and strengthen the immune system.

ECHINACEA: Supports the immune system. Anti-biotic, antiviral and anti-inflammatory properties.

Increases the ability of the white blood cells to surround and destroy bacterial and viral invaders.

INTERNATIONAL VACCINATION INFORMATION AND NEWSLETTER GROUPS

What Doctors Don't Tell You
4 Wallace Road, London,
England, U.K.
N1 2PG

Immunization Awareness
P.O. Box 56048
Dominion Road
Auckland

National Vaccine Info Centre
(Dissatisfied Parents Together)
512 West Maple Street,
#206, Vienna VA, 22180
U.S.A.

Health Care Reform Group
P.O. Box 421
Glebe, New South Wales,
2037.
Australia

The International Vaccination Newsletter
Krekenstraat 4, B3600,
Glenk, Belgium.
Attn: Dr. Kris Glanblomme

The Informed Parent
29 Greyhound Road, Sutton,
Surrey, England
SM1 43Y

Dr. Kalokerinos a Dettmar
45 Avon Road,
Avonsleigh, Victoria,
Australia
3782

VACCINATIONS

AN OVERVIEW

By: Edda West

"THE GREATEST THREAT OF CHILDHOOD DISEASES LIES IN THE DANGEROUS AND INEFFECTUAL EFFORTS MADE TO PREVENT THEM THROUGH MASS IMMUNIZATIONS"

These are the words with which Dr. Robert Mendelsohn opens the chapter on immunizations in his book "How to Raise a Healthy Child in Spite of Your Doctor." When Dr. Mendelsohn wrote this line, he had been a practicing pediatrician for nearly 30 years. As well, he was an associate professor at the School of Medicine at the University of Illinois where he taught in the faculty of Preventive Medicine and Community Health. He was a prestigious member of the medical establishment and in his later years, he became its most outspoken and well known critic.

I first heard Dr. Mendelsohn speak in 1979 at an international conference on young child and family health in Atlanta, Georgia. His first book, "Confessions of a Medical Heretic" had just been published. It was an in depth analysis of the corruption within the medical establish-

ment and its victimization of female patients. Mendelsohn catalogued a nightmare of unnecessary surgical procedures done on millions of women and the health destruction resulting from the over prescribing of dangerous and often useless drugs.

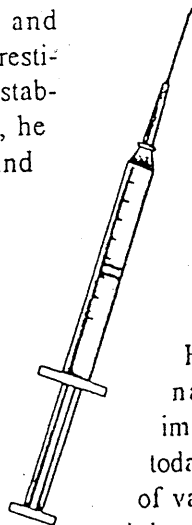
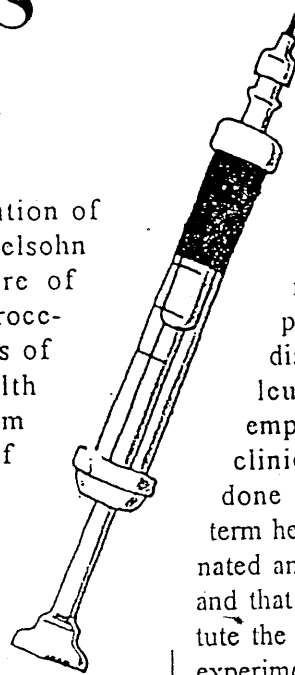
At the conference, two women from Tennessee stood up and described how their healthy breastfed babies had died within hours of being injected with DPT vaccine. They spoke of their grief and outrage. They spoke of their beautiful babies who had been in shining, perfect health. And then the shots. No one had told them of the risks, or of the potential for seizures, brain damage or death.

They said it was time that the public was warned about the potential for vaccines to destroy young child health. They said every parent needs to be informed of the risks.

Dr. Mendelsohn's response to the mothers was sympathetic and impassioned. He spoke scathingly of vaccination policies as they are implemented in North America today. In warning of the toxicity of vaccines, he reiterated that the injection of these substances into the fragile systems of tiny infants is an unacceptable risk - akin to playing Russian roulette.

He called it a "medical time bomb" saying that "immunization against relatively harmless childhood diseases may be responsible for the dramatic increase in autoimmune diseases....." such as rheumatoid arthritis, multiple sclerosis, Lou Gehrig's disease, lupus erythematosus, leukemia and cancer. He emphasized that double blind, clinical trials have never been done to compare short and long term health outcomes in both vaccinated and unvaccinated populations, and that mass immunizations constitute the largest uncontrolled medical experiment that science has ever conducted on human populations. He said that unknown numbers of children have died, have been crippled for life, and have sustained various degrees of learning disabilities as a direct result of vaccines disrupting the child's sensitive micro-environment. He linked vaccines to impairment of immune system and nervous system function which may very well be at the root of many of these disorders.

That day, as I listened to Dr. Mendelsohn and the grieving mothers speak of the destructive potential of vaccines, I vividly recalled how very sick my youngest daughter had become when at 15 months she had been given the MMR vaccine. Within 5 days, she developed a burning fever of 105 with projectile vomiting and diarrhea. A few days later, she erupted in a measles like rash which spread over her entire body and which lasted for over a week. During this time, she lay listless and very ill. As a breastfed baby, she had been remarkably healthy with rarely a cold or sniffles. When I suspected



she had the measles. I called the health department to find out if there were any outbreaks in our area. There were none. When I called the pediatrician to say I suspected she had the measles and that the only source could have been the vaccine, he berated me angrily and called me a hysterical mother. I stood my ground and replied that in fact, my older children who had contracted measles a number of years ago before the vaccine was in use, had gotten through it just fine. Neither of them had been this ill. What I was witnessing was a case of vaccine induced measles that was particularly virulent and was making my baby sicker than anything my kids had ever experienced during all the childhood illnesses and infections I had nursed them through. My statement so outraged the doctor, that he hung up the phone terminating the relation-

*Listening to our own
good judgement and deep
intuition in matters of our
children's health is vital ...*

ship and with it, bringing to an end my blind trust in the medical establishment.

This experience of seeing my child so very sick, and my inquiry of the doctor sparking such hostility inspired me to begin gathering everything I could find written on the hazards of immunization. It was the beginning of taking responsibility for our family's health. I realized I was in a unique position as a mother of children born in the pre-MMR vaccine era. When my older children had contracted measles, it was considered not only a natural sequence in the course of childhood, but thought to be desirable since it is an undisput-

ed fact that lifelong immunity results from a bout with these diseases. In talking to the pediatrician before my youngest daughter was vaccinated, I asked why this was necessary, since measles, mumps and rubella are not life threatening illnesses and there are benefits from the resulting lifelong immunity acquired. "On the contrary", he responded, "Measles, in fact, is quite dangerous-both encephalitis and death are very real threats." I'd never heard this before and in hindsight can see that when I felt that niggling concern, I should have waited, and done some research - gathered more facts, and not allowed myself to be swayed by fear tactics. But I trusted the doctor and proceeded to allow my baby to be vaccinated against my own better judgement - a judgement that I didn't feel confident enough in at that time to trust.

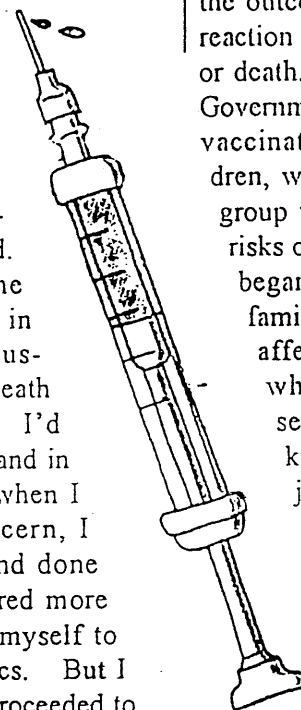
Listening to our own good judgement and deep intuition in matters of our children's health is vital to our effort as parents, as we strive to do the very best we can for them. Our mandate as parents is to nurture and nourish and protect our children from danger, which in today's complex, polluted and poisoned world also means protecting them from any unnecessary medical procedures and the use of drugs that can have devastating and irreversible consequences. **VACCINES ARE SUCH DRUGS.** Where there is a niggling doubt, do not proceed until you have looked at all the facts and can make an informed decision.

In the seventeen years that have followed my daughter's vaccine reac-

tion, and thankfully, a full recovery for her, I have met many parents with similar stories to tell. Tragically, for some of these parents, the outcome of their child's adverse reaction resulted in permanent injury or death. In 1982, when the Ontario Government legislated the mandatory vaccination of all school age children, we formed the first Canadian group to gather information on the risks of childhood vaccines and we began to reach out nationally to families whose children had been affected. For parents like us, whose children had suffered severe vaccine reactions, we knew that we would not subject them to any more shots. Only medical or religious exemption was allowed in the new law - The Immunization of School Pupils Act. Since doctors generally will not even

acknowledge a vaccine reaction, medical exemption is not possible for most, and few people belong to a religion that forbids it. Clearly, an exemption of conscience had to be added to the criteria.

The Committee Against Compulsory Vaccination was formed as a lobby group that would bring pressure on the government to amend the legislation. Our lobbying efforts resulted in the government amending the law in December, 1994. In our lobbying effort, we used a constitutional argument, where we pointed out that under the Charter, all Canadians have the right to security of the person and freedom of conscience and religion. Further, that if the government could not guarantee the safety of all vaccines, and could not guarantee that NO CHILD would be harmed by any vaccine that is mandated, then it could not refuse parents the right to dissent from giving their children drugs that carry a statistical and unpredictable risk. We argued that no government has the



right to force mass medication on the population against individual will.

In December of 1984, the Ontario Government ammended the act and allowed exemption from compulsory vaccination on the basis of "conscience and sincerely held conviction". This year marks the 10th anniversary of the legislative reform that has permitted parents to continue sending their unvaccinated or partially vaccinated children to school without threat of expulsion.

Our work and activity in the legislative amendment process generated a good deal of publicity. Soon letters and information requests were pouring in from all over the country. As outreach increased, many more parents who suspected they had vaccine damaged children contacted us. Many of those, who in their isolation, had been told by medical people that their case was one in a million and that nothing could be done, now began to find each other. And so another group was formed - The Association For Vaccine Damaged Children. This group began to address such issues as the incredible burden and expense of caring for their injured and severely disabled children. Concerns such as special medical needs, respite care and the very large question of compensation were addressed. If the government and medical authorities could mandate vaccinations, knowing fully the attendant risks to a percentage of children, then they must be held accountable for any damage or injury sustained by those children.

Donna Rothwell, mother of Patrick who was left severely disabled and blind by DPT vaccine and Ed Tetu whose daughter Melanie survived DPT injury as a quadrepalegic, spear-headed additional legislative reform. They, with the AVDC brought pressure on their members of parliament to ammend the Health Protection and Promotion Act, into which would be incorporated measures that would hopefully protect future children from vaccine injury. The Act was ammended to incorporate a mecha-

nism for identifying adverse reactions, to require physicians to inform parents of vaccine risks and to further require physicians to report adverse reactions to the Medical Officer of Health. During this time, the parents also began to seek legal recourse. The Rothwells was the first case to be heard in court with an additional 20 more families waiting in the wings to proceed with legal action on behalf of their disabled children.

After weeks in court and expert witnesses testifying on both sides, the Rothwells lost their case. It had been a difficult and complex law suit,

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with which the priest-
hood of the religion of
modern medicine
annoints the masses"*

Dr. Mendelsohn

naming three parties, Connaught Laboratories, the government of Ontario because it was at that time a major share holder of Connaught, and the attending doctor who had aministered the vaccinations to Patrick. The case fell under a quirk of Canadian law that does not permit a trial by jury if the government is named in a law suit. Only a trial by judge was permitted.

Donna Rothwell had kept meticulous notes and records of her child's developement recording all aspects of his medical treatment over the yers and precise events as his disability unfolded. Many of the expert witnesses who were called on behalf of the defence (the doctor, government and drug company), altered their stories , their recollections and even diagnosis that had previously been made.

In the end, because of alteration and manipulation of facts, because of the absence of a specific diagnostic

tool to determine that brain damage was caused by vaccine reaction, because of a court system that disallows a jury of ordinary citizens to assess the facts honestly and to determine the reliability and truthfullness of witnesses, and sadly, because the Judge as a state employee , predictably had to rule on the side of the state, the case was lost.

Had the Rothwells succeeded in proving vaccine damage, the political implications could have been enormous. A whole flood of court cases would have been initiated by other parents seeking justice for their children. In retrospect, after the trial, we realized that our parent groups had been naive to expect justice. What just decision could come from a legal system that did not permit ordinary citizens participation in the trial? What justice could come from a judge paid by the same administration that was being sued ? To rule in favour of the Patrick Rothwell, disabled for life by DPT could have resulted in a dangerous loss of public confidence in vaccination programs and would open the floodgates of an endless stream of litigants demanding compensation for children whose lives have been lost and destroyed by vaccinations.

Many years ago, I asked Dr. Mendelsohn why, in the face of so much evidence world wide , does the medical establishment continue to deny that serious health problems are linked to vaccines? He replied that in addition to the enormous financial gains reaped from the research and marketing of vaccines, that vaccination is the "holiest of holy waters with which the priesthood of th religion of modern medicine annoints the masses", thus insuring repeat business from cradle to grave . To question, or to criticize vaccination is to committ heresy. Opponents and critics are not tolerated. The belief that vaccination is essential to public health is the cornerstone, the very

Continues on page 12

DID YOU KNOW.....

There is no law that requires you to vaccinate your infant children. The only law relating to vaccination governs school pupils, not infants. Doctors and administrators may tell you that you are legally required to vaccinate our baby, but they are wrong.

You have a choice!

- There is a provincial Act which requires the vaccination of school pupils, but any parent who does not wish to vaccinate their school-aged child is entitled to an exemption for Conscience or Religious Belief. If you choose not to vaccinate your child, you simply fill out this Exemption Form and present a notarized copy when registering your child for school.

- Doctors in the province of Ontario are required by law to inform you of the risks associated with any vaccination being recommended for your child. Furthermore, you have the right to read the package which the vaccination comes in. This package lists the ingredients in the vaccine and the manufacturer's warnings about risks and reactions.

- THE HEALTH PROTECTION AND PROMOTION ACT of 1987 clearly defines adverse reactions to vaccines and states that all adverse reactions to vaccinations must be reported by your doctor to the Medical Officer of Health. Adverse reactions are called "reportable events" and are defined as follows:

A) Persistent crying or screaming, anaphylaxis or anaphylactic shock occurring within forty-eight hours after the administration of an immunizing agent,

B) Shock-like collapse, high fever or convulsions occurring within three days after the administration of an immunizing agent,

C) Arthritis occurring within forty-two days after the administration of an immunizing agent,

D) Generalized urticaria, residual seizure disorder, encephalopathy, encephalitis or any other significant occurrence occurring within fifteen days after the administration of an immunizing agent, or

E) Death occurring at any time and following upon a symptom described in clause (A), (B), (C), or (D).

(reprinted verbatim from The Health Protection and Promotion Act, as amended by Bill 52, 1987.)

This means that any of the above reactions must be reported, even if your physician claims that the reaction is caused by an ear infection or flu rather than the vaccine itself. According to the law, if any of the above symptoms occur within a short time after the vaccination, they are considered "reportable events", regardless of what your physician might speculate as the cause of the symptom. **IF YOU HAVE OR ARE PLANNING TO VACCINATE YOUR CHILD, BE INFORMED!**

Ask your doctor about possible reactions and risks. Read the manufacturer's label which lists ingredients, risks, and possible reactions on the box which the vaccine comes in. Inform your doctor of any reactions and insist that he or she report the reaction, as required by law, to the Medical Officer of Health ☐



MEDICINE'S SACRED COW, ARTIFICIAL IMMUNIZATIONS, SURVIVES. WHY?

(The following is a reprint of an article on the current state of medical science and on vaccinations in particular by the British scientist Terence J. Bovill of The Health Research Institute)

In which direction has medical science been moving in the past hundred years - forward or backward? I have to ask this question because of the staggering increases in chronic diseases during this century, and the horrifying decline in general health, particularly in recent years.

In fact, the position is now so serious that it is becoming increasingly difficult these days to find someone who doesn't have something wrong with them. An alarming number seem to have reached the stage where they have forgotten what it is like to be well and regard having headaches and generally feeling out-of-sorts as being "normal".

In the last century, large numbers died from acute epidemic diseases like smallpox, cholera and typhoid. Now these illnesses have been replaced by insidious chronic diseases like cancer, heart disease, anemia, epilepsy and diabetes - and not forgetting the great 20th century disease, mental illness.

Drugs, antibiotics, vaccines! Never in the history of the world have there been so many weapons with which medical men can fight against illness. And never in the history of the world has there been so much illness to fight against.

As long ago as 1925, Dr. Alexis Carrel of the Rockefeller Institute wrote: "Although the adult individ-

ual today has much less chance of dying from smallpox, cholera or typhoid than he had fifty years ago, he surely has more prospect of being tortured by some form of cancer, afflicted with slow diseases of the kidneys, of the circulatory apparatus or the endocrine glands and of going insane. Modern medicine protects him against infections which kill rapidly, but leaves him exposed to the slower and more cruel diseases." (Scientific Monthly, July 1925).

Millions of dollars are spent every year on producing new drugs, on experimentation, on developing theories, and what have we to show for it? How many chronic killer diseases can medical science now cure, or even control, except for a brief period? None! How many of the milder chronic diseases does medical science have a cure for? None!

Smallpox and the other epidemic diseases have been brought under control by improvements in nutrition, sanitation and general living conditions. This happened long before the days of full-scale vaccination. Yet millions of dollars are spent every year on vaccines to "protect" us against these diseases, or rather to active encouragement by governments or, in many less fortunate parts of our free society, to compulsory vaccination backed by the full weight of the law.

The famous American natur-

opath, Dr. John Tilden, once made the following remark: "Ability to cure has not kept pace with diagnosis, and today we behold the scientific paradox of skilled physicians sometimes knowing exactly what disease the patient is suffering with, but unable to cure the disease....Ability to diagnose, but impotence in curing, is the true status of scientific medicine." ("Philosophy of Health" - J.H. Tilden)

But even this is not totally true. Diagnoses can be wrong as often as eighty per cent of the time, as autopsies prove. Science in the 20th century has progressed by leaps and bounds. Today we take for granted things which our forefathers would have regarded as miracles beyond belief.

Yes, the progress of science has been truly staggering - in all areas except one. The science of medical healing. Diagnosis means summarizing the effects of an illness without examining its cause. Treatment means palliation, suppressing all the symptoms of the illness in the hopes that the patient will feel better for a little while. Prevention means injecting poisons into the body, "immunizing" it so that it becomes diseased.

But the cure of illness can only be brought about in one way. By locating and correcting the cause. There are hundreds of illnesses to be found in the medical dictionary, and more are being added every year. In reality there is but one illness, and that is a general derangement of the bodily system. All other diagnosed illnesses are simply different expressions of this one. Mrs. Smith has arthritis. Mr. Johnson has gallstones. Both have the same problem their entire systems are deranged.

But as Mrs. Smith and Mr. Johnson are different people, they reacted differently. In one, the derangement expressed itself as arthritis, in the other as gallstones. To relieve Mrs. Smith's arthritic pain will have no effect on what caused her arthritis in the first place, and her condition will not be cured. To remove Mr. Johnson's gall bladder will have no effect on what caused his gallstones, so his system is still out of order, and in a little while another "illness" will appear.

We are all different all of us, everybody on this planet. Mass-medicalization achieves nothing, only more illness. It is the cause we must look for, always the cause. Once, the major cause was squalor. Squalor means poverty, it means filth, it means not enough food, not enough of the right kinds of food, it means overcrowding and people forced to live on top of one another. Now the major cause is poisoning. Poisoning through processed and junk foods, through chemicals polluting the ground and rivers, the water we drink and the very air that we breathe. Poisoning through medication, through drugs and through vaccines.

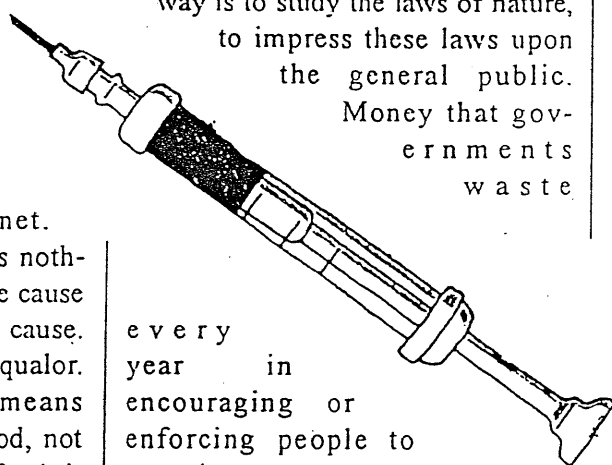
Vaccination is a false theory based upon a false theory. That theory is the "germ theory" of disease. I do not propose to dwell on it here, because the theory has been so thoroughly debunked that I am amazed that the medical profession still dares to pretend it has any truth to it.

Germs are scavengers, nothing more, nothing less. They are like flies around a trash can. People who insist on turning their bodies into garbage containers by continued bad

eating habits ought not to be surprised if germs find them attractive. The injection of further micro-organisms into the blood only serves to further upset the well organized but very delicate balance of nature. As a result, instead of preventing disease as was the intention, vaccination is actually responsible for causing more of it.

There is only one way to improve individual and public health. That way is to study the laws of nature, to impress these laws upon the general public.

Money that governments waste



every year in encouraging or enforcing people to enter into useless programs of vaccination would be better spent teaching them to look after their health. Vaccination is futile. The natural law of cause and effect cannot be altered. Vaccines cannot be used as a substitute for right living. They are intended as an alternative to the laws of nature. Belief in vaccination as a means of preventing disease is a delusion.

Vaccines are dangerous because they are proteins that are foreign to the body. Therefore they are poisonous. Proteins must only enter the body through the digestive system. Taken in any other way they become a poison. The body is unable to make use of proteins as they are. First of all, the digestive system has to process them into amino acids before they are of any use to the body. If they are ingested directly into the bloodstream, they will cause

damage to the heart, lungs, kidneys, liver and other vital organs.

Vaccination is not acceptable, because there is not a shred of evidence that it either prevents or reduces the effects of any disease for which it is intended. No proper trials or meaningful tests have ever been carried out to prove that vaccination will do what it is claimed to do. Vaccination is unacceptable because it has helped in the escalation of mankind's worst diseases, such as cancer, multiple sclerosis, paralysis, epilepsy, heart disease and others. It is unacceptable because instead of protecting those infected from infectious diseases, it actually makes them more liable to catch the disease by lowering their vital force and reducing their natural resistance.

But vaccination will continue to remain acceptable to both governments and doctors alike because of the high financial rewards involved. It is a practice that continues to flourish only because of the vast profits in it for all concerned. It is for this reason and this reason alone that manufacturers, governments, and doctors have joined together in an unholy alliance to weave a web of lies and deceit to hide its failure.

ADDENDUM: I am carrying out a research program on the adverse effects of vaccination. If any readers can help me with either general information or personal experiences, I would be extremely grateful. Please write to: Terence J. Bovill, The Health Research Foundation, Trafalgar Lodge, Cinderford, Glos. GL143JQ, England. ☐

Vaccination Overview.....

that vaccination is essential to public health is the cornerstone, the very foundation upon which the medical establishment rests its case for preventive medicine.

And now, many years later, the question of safety and efficacy of vaccines is still pondered by many people. As more and more vaccines are developed and foisted on the public, that questioning voice grows in intensity. Children are still being damaged by vaccines - children like Jessica Harvey who was subjected to repeated vaccinations despite her severe reactions and despite the clear parameters of the Health Protection and Promotion Act, requiring all doctors to report severe reactions and to cease vaccination of children who have reacted adversely. We appreciate the willingness of Jessica's mother Pamela to share her story and are grateful to Health Naturally Magazine for permission to reprint the article published about her in their June/July 1993 issue.

Globally, there is a growing awareness and concern about vaccination risks. Dr. Glen Dettman, distinguished Australian researcher puts it

bluntly - "We have sufficient evidence now to demonstrate that there should be an immediate moratorium on all immunizations.." Dr. Harold Butram, an American physician, and author about the dangers of vaccination is concerned that "live virus vaccines may be sowing the seeds of widespread genetic change by an engrafting process of foreign genetic material."

And Dr. Eva Snead whose research has focused on the contamination of millions of batches of early polio vaccine by SV-40 virus. She has implicated this virus, carried by African green monkeys whose kidneys polio vaccines were cultivated on, and the ability of SV-40 virus to cause severe immunosuppression similar to AIDS.
Φ

VARIANCE is committed to continuing the work started in 1982 by The Committee Against Compulsory Vaccination - to provide information and support to people seeking information about vaccine risks and freedom of choice in health care - and to uphold the wonderful work done by The Association for Vaccine Damaged Children who came together to support each other despite the unspeakable tragedies of their injured children and their remarkable and effective legislative efforts that changed laws to help protect future children from vaccine damage.

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HEPATITIS

Shots Set For All Grade 7's

The Ontario government recently unveiled a 6 million dollar plan to vaccinate 135,000 grade 7 pupils with hepatitis B vaccine, apparently following the lead of British Columbia where grade 6 children have been targeted for over a year now. Hepatitis B is spread primarily through sexual contact, and shared use of dirty needles. The rationale behind the current campaign is to get the kids before they become sexually active. Dr. Richard Schabas, Medical officer of health assures us that hepatitis B vaccine contains no blood products or living viruses and that "it's very safe". But what are we not being told, and why is there such an intense push to promote the vaccine?

Dr. Morris Sherman from the Liver Diseases Program, University of Toronto, whose field is hepatology and who is an "expert" in the natural history and epidemiology of the disease reports in the Medical Post (Sept. 28/93) that the rationale to vaccinate prepubescent children does not make a whole lot of sense as a strategy. "I am afraid the vaccination program is going to be less effective than expected, despite the high degree of penetration of the target population. I believe the vaccination program will not have a major effect on the overall hepatitis B carrier rate." The carrier rate seems to be the area of most concern in discussing this disease, as it is the chronic

carriers who potentially infect others. His studies show that people who are chronic carriers are primarily those that have been born to infected mothers. Of this high risk group, as many as 90% may become carriers. Conversely, the older the person when infected, the less likely that an acute case of hepatitis B will result in chronic carriers status. "Thus the majority of young adults who become infected will either have no illness at all, or will have a mild illness and will recover uneventfully." He emphasizes that "although young adults are at risk of getting hepatitis B, their risk of becoming chronic carriers is low (less than 5%) and risk of developing fulminant hepatitis (where death may result) is less than 0.1%." Dr. Sherman reiterates that the majority of chronic carriers, in all probability acquired hepatitis B during infancy or early childhood, "and therefore the strategy of vaccinating young adults is like shutting the barn door after the horse has bolted."

Apparently the biggest health concern associated with hepatitis B is not the illness itself among older children or adults, where recovery is the usual outcome, but rather the percentage of those people who will become chronic carriers and pass it on to others. We have already seen that most carriers are those who are infected in infancy or early childhood. People who are carriers are at a higher risk of developing degener-

ative diseases such as liver cancer.

In talking to the clinical medical department of Connaught Laboratories, I was told that actually, there is a "very low percentage of hepatitis B in Canada" but that use of the vaccine is "encouraged in areas of influx from high risk areas such as Asia." Increase of immigrants from areas of the world where hepatitis B looms as a widespread health problem coupled with the availability of a "new and safe" vaccine (where have we heard that before?) is creating a fertile ground for mega profits in the pharmaceutical industry. Additionally, the promotion of the new hep B vaccine is a clever public relations scheme designed to eradicate from memory the nightmare of the old Hep B vaccine, which has been widely linked to the spread of AIDS in North America.

Not too long ago, in the early 80's, hep B vaccine had earned the mistrust of both medical workers and the lay public. The early vaccine was a human blood product often made from the blood of homosexual men, a population group at particularly high risk of contracting hep B and the same population group that went on to be decimated by AIDS. In January, 1983, New York oncologist, D. John A. Finbeiner, warned in Medical World News that the then "new" hepatitis vaccine "might possibly be contaminated with a pathogen responsible for the

acquired immune deficiency syndrome (AIDS) epidemic." The rest is history!

The two hepatitis vaccines currently licensed on the Canadian market are Energix-B (SmithKline Beecham) and Recombivax (Merck Sharpe & Dome). Adverse reactions, as published by manufacturers of the vaccine include injection site reac-

tions such as soreness, swelling, nodule formation, fatigue, malaise, fever, sweating, chills, flushing, aching nausea, diarrhea, vomiting, neck stiffness and other symptoms. For more detailed reactions, please refer to the Physicians Desk Reference available from any druggist. The question that remains is what other dangers lurk in this vaccine. And will history report yet another new

mutant disease traceable to the injection of viral pathogens directly into our childrens blood-streams?

Subsequent issues of the VARIANCE newsletter will carry updates of this controversy and information on other hepatitis groups such as antigen A,C,D, and E - antigen E being the most contagious. Φ Edda West

A Quick Tour.....

and to eliminate "empty calories" such as those found in fast foods, snack foods, and overly processed foods. (see Food As Medicine)

STRESS Excessive physical and/or mental strain has been linked to immune deficiency. Effective management of stress and pressure is vitally important to immune function. Try to reduce stress with moderate exercise, meditation, yoga, or any other relaxation techniques that you feel comfortable with.

ENVIRONMENTAL FACTORS Polluted air, water, and soil all contribute to a reduction in immune system function by putting a daily strain on the immune system, which must identify and eliminate all toxins entering the body. Simply put, when we live in a polluted environment, our immune system can be overwhelmed simply trying to eliminate environmental toxins and may not have sufficient strength to tackle dangerous viruses or tumours. Φ

RESOURCES:

The Body Victorious, Lennart Nilsson. New York: Delacorte Press, 1985.

The Immune System, Edward Edelson. New York: Chelsea House, 1989.

The Immune System Handbook: Your Owner's Manual, Charlene A. Day. North York, Ontario: Potentials Within Press, 1991.

Immunity and Survival: Keys to Immune System Health, Sylvia S. Greenberg. New York: Insight Books, 1989.

Become a member of VARIANCE

Volunteers are needed in a
number of areas including:

- * Researching and writing articles
- * Organizing public meetings
- * Networking with vaccine awareness groups worldwide
- * Sharing the newsletter with friends

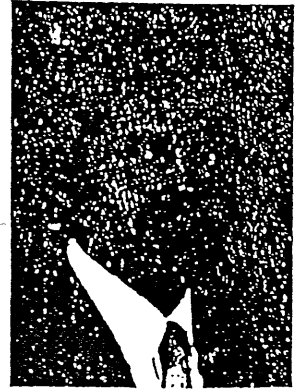
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ATTACHMENTS

Editorial

Know Your Options



In this issue you will see the story of a beautiful young child whose health and life has been tragically altered by the DPT vaccine. Her mother trusted the doctors to know best. She did not know the possible side effects of immunization. And she, like most other parents, did not know that vaccinations are *not* compulsory.

There is usually more than one way to get to where you want to be. Medicine is only one route to restoring health. There are others. Many others. Between the covers of various issues of *HEALTH NATURALLY* you will find articles and letters about how people have recovered their health with the help of such therapies as chiropractic, naturopathy, nutrition, herbalism, homeopathy, ayurvedic medicine, Chinese medicine, and acupuncture. No one health care system has all the answers. Each has something valuable to offer.

From the cradle to the grave we are indoctrinated with the idea that medicine is the only game in town. Our schools do not teach us about natural health alternatives. Commercials blast away with the benefits of one drug after another. Media coverage of complementary therapies is scanty, at best. With medicare, drug plans and government mandated vaccines, medicine has almost become an extension of government. We are being culturally blinded to our options. But they exist, nevertheless.

We seem to have forgotten (or never learned) that the relationship of patient to doctor is one of employer to contractor. You probably do not follow blindly — without question — the advice of an automobile

mechanic, an insurance salesman, or a plumber. If you are dissatisfied with the services any of them provide for you, you probably will not hire that person again. If you are considering a major purchase, you probably shop around for the best deal. Is your health any less important than your car or your home?

Blindness to health options is especially insidious when it becomes enforced by law. The Health Protection Branch (HPB) of Health and Welfare Canada is a case in point. For the last decade, the HPB has been systematically tracking down and removing from the market dozens of safe, natural substances that compete with prescription drugs. Two recent casualties are hawthorn and ginkgo biloba. These herbs are being taken away not because they are unsafe but because they are effective. The HPB does not want us to stop taking prescribed drugs. Somehow it imagines itself to be in the divine position of having to protect us from our own choices.

The HPB is also about to ban 64 herbs that they believe to be toxic. Most of them are, but a surprising number have been used safely for generations. See details in this issue.

We always have options. More than our would-be protectors may realize. We have the option to change therapies or practitioners. We have the option to use safe, natural substances instead of harsh pharmaceuticals. And if too many of our options are restricted by bureaucratic edict, we can always exercise our ultimate option—our vote.

The publication date of this issue of HEALTH NATURALLY has been revised to reflect current standards of publication shelf-life. Instead of being called the May/June 1993 issue, it is the June/July 1993 issue. We are still publishing six times a year. You will not miss any issues of HEALTH NATURALLY.

*"Medicine is an art, not a science;
and some doctors are better artists
than others."*

— Robert Mendelsohn, MD

A VACCINATION CASUALTY



UNTIL SHE WAS SIX MONTHS OLD, JESSICA HARVEY WAS A PERFECTLY HEALTHY AND HAPPY BABY. SO LOVELY A CHILD WAS JESSICA THAT SHE READILY WON SEVERAL BABY CONTESTS.

by Lorrie Imbert, RNC

Today, that beautiful baby is five years old; but, according to her mother, Pamela, "Jessica has the understanding of a nine-month-old and is severely developmentally handicapped." She once talked and was toilet trained, but is back in diapers and never speaks. She has had surgery five times, has spent countless days in bed or in the hospital, and walks with braces on her feet.

What went so drastically wrong for Jessica Harvey? The little girl's family is utterly convinced that her health was destroyed by vaccinations.

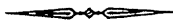
The child received her first DPT shot against diphtheria, pertussis (whooping cough) and tetanus on Jan. 18, 1988, at age three months. "Within hours she experienced a high fever and violent episodes of screaming and irritability," says Pamela. "At that point Jessica should have been tested for compatibility to the vaccine." Her daughter had an equally violent reaction following a second DPT shot two months later. The family doctor diagnosed colic. In Pamela's opinion, this smacked of a cover-up.


Pamela says the third shot, administered May 18, was nearly fatal. On June 8, Jessica experienced a severe (grand mal) seizure that led to cardiac arrest. This blue-faced, breathless child was revived by paramedics, treated for fever and rushed to hospital—where doctors diagnosed a urinary infection.

Pamela and her husband, John, consulted a pediatric neurologist, who determined that Jessica should not receive further inoculations. Their family doctor blatantly ignored the recommendation. On Dec. 5, he immunized Jessica against measles, mumps and rubella. Within days, a lump appeared on her neck. A plastic surgeon examined her, and told Pamela that

her child had cancer and must have surgery. The lump proved benign.

Today, it's widely acknowledged—even stated in government and drug company brochures—that lumps, convulsions, fever and screaming are possible side effects of immunization. Pamela says she was never advised by her doctor of potential risks. At age 20, she was a loving but naive first-time parent who wanted only the best for her child, and never thought to question or doubt a doctor's judgment. She mistakenly believed that vaccinations were not only compulsory, but universally safe and beneficial.


*The first vaccine
caused high fever,
violent screaming
and irritability.*

*The third shot was
almost fatal.*


Jessica's seizure was only the first in an ensuing nightmare of convulsions. While under a neurologist's care, her frail body was wracked with 600 to 800 seizures per year, and she was constantly in and out of hospital. In a single day, Pamela once counted 40 seizures. This occurred despite exceedingly high doses of four anti-convulsant drugs.

Life in the Harvey household became nearly intolerable. Jessica refused to eat and was up and down all night, every night. She was frequently ill with one infection or another. The child's grandfather, James Ferguson, describes Jessica in those days as "violent and crazy. It

was like having a wildcat in your house. She'd be screaming uncontrollably, throwing pots and pans, going out of her mind from the side effects of all the drugs."

After doctors exhausted every possible drug that might help her, a specialist at Toronto's Hospital for Sick Children decided to halt most medication. The Harveys were relieved because the drugs clearly weren't working. They were horrified, however, by the repercussions.

Jessica spent an entire month at Sick Kids. Because of insurance requirements, staff and equipment shortages, she was constantly tied to her crib. Pamela practically lived at the hospital; but, upon leaving for meals, she'd return sometimes to find Jessica alone, thrashing and screaming from the agony of drug withdrawal.

"Jessica was so severely traumatized that I think she gave up on everybody," says her mother. "We left the hospital in November 1990, and she hasn't spoken a word since. She lost control of her bladder and bowels." The positive outcome was that Jessica's seizures were halved.

Two years earlier, Jessica had made great progress under the care of a naturopath. He had prescribed a strict diet, along with vitamins, minerals, homeopathic remedies and herbs. Jessica improved dramatically, going a record two weeks without a seizure. Her neurologist, however, ordered the family to stop this approach or risk losing their daughter to Children's Aid. (Four years later, when Pamela refused to vaccinate her second daughter, she was labelled a completely irresponsible parent by one of the world's leading immunologists.)

The naturopath referred Jessica to a holistic physician, Dr. Zoltan Rona. His tests revealed nutrient deficiencies and allergies to such

foods as tuna, apples, bananas, beef and pork. These foods were eliminated from Jessica's diet and supplements were introduced: calcium, magnesium, a multi vitamin/mineral, vitamins C and E, zinc, taurine, silica gel and acidophilus.

Says Pamela, "We started with Dr. Rona last June, and the difference in Jessica was like night and day. Without any drugs, her seizures dropped immediately from about 25 per month to less than 10. They now last two minutes, compared with five to ten while on anti-convulsant drugs."

Her physician has high praise for Dr. Borys Chambul, another Toronto practitioner who treats Jessica. The little girl is benefiting from weekly chiropractic adjustments, laser therapy, cranio-sacral therapy and homeopathy.

Another holistic doctor (who prefers to remain anonymous) says it would be difficult to prove inoculations caused Jessica's brain damage. He does, however, find it believable: His own son suffered convulsions and cardiac arrest after a DPT vaccination. Since then, neither his children nor his patients have been given vaccinations. "I don't advise anyone what to do," he explains. "It's people's choice. But personally I believe vaccinations can be harmful."

Pamela blames her daughter's condition on the combined effects of vaccinations, resultant brain damage from seizures, and drug toxicity. "Immunizations don't build a strong immune system," she declares. "They depress it by putting toxins in the body. These poisons are injected so they bypass the liver and cross the blood-brain barrier. The neurologists never found anything structurally wrong with Jessica's brain. They should have been treating her for impaired immunity, not epilepsy."

The seizures only occur when Jessica is battling an infection. Initially, Dr. Rona prescribed conventional antibiotics; but he now uses natural remedies, including echinacea, goldenseal and propolis. Once the infection is under control, the seizures stop.

After the indescribable emotional and financial hardships the Harveys have endured, they're now facing a new obstacle: Come September, the government will cease funding Jessica's rehabilitation program—including a speech pathologist, physiotherapist, and respite care and special needs workers.

*Government mandates
the vaccinations but
does not take
responsibility for the
damage they cause.*

"Their work must continue," says Pamela, "for Jessica's understanding to return and for her to have any hope of a normal life. Somehow we'll have to find the money to hire professionals. What sickens me is that inoculations are government mandated, but they won't take responsibility for the damage. Children's lives and enormous suffering could be saved if doctors tested for vaccine allergy first."

Remarkably, Jessica's prognosis for a normal life is good, says Dr. Rona. "I believe the brain damage is reversible and the seizures will stop completely. But it will probably take one to two years for her condition to stabilize."

Quotes

1. "For an individual child, the risk is greater from the (whooping cough) vaccine than the disease." Dr. Joanne Hatem, Medical Director, National Vaccine Information Centre, Vienna, Virginia (as quoted in "The Choice," Bradford Research Institute, Vol. 18 #3, Fall 1991, pg. 22)
2. "Europe has state compensation for vaccination victims. The United States has powerful liability law. Canada has lots of sympathy." The (Ottawa) Citizen, May 17, 1985 *
3. "I don't know why Canadians don't stand up for their rights. Right as we're speaking, some doctor is inoculating a child with this (whooping cough vaccine) and the parents are watching and don't know a thing about it. We only fight in hockey rinks in this country." Bill Dunlop (Rothwell family lawyer), The (Ottawa) Citizen, May 17, 1985
4. "We give everything we have to our children. They are part of us. We love them more than we love ourselves. We fight with all our strength and all our love to protect them from harm. The time has come to educate ourselves about vaccines." DPT - A Shot in the Dark, by Harris L. Coulter and Barbara Loe Fisher

* The U.S. now has state compensation too.

Vaccinations: Your Legal Rights

Every Canadian parent has the right to refuse vaccinations based on conscience, medical or religious grounds. If you decide to exempt your child from routine inoculations—after carefully weighing the pros and cons—contact your health ministry, public health office or

VACCINATIONS: POSSIBLE SIDE EFFECTS

- High-pitched screaming
- Fever
- Excessive sleepiness
- Inconsolable crying
- Convulsions/seizures
- Swollen joints/arthritis
- Rashes
- Vomiting/diarrhea
- Pain/redness/swelling/ lump at needle site
- Meningitis
- Swollen testicles or glands
- Unusual behaviour
- Allergic reactions (e.g. hives, wheezing, trouble breathing)
- Shock or respiratory collapse
- Paralysis
- Death

Warning: Health authorities advise that high-risk children — such as those with specific allergies, or those who've reacted or had a sibling react to prior inoculations — should not be vaccinated without individual medical assessment.

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Coulter, Harris L. and Fisher, Barbara Loe, *DPT - A Shot in the Dark*, New York: Harcourt Brace Jovanovich, 1985.

Health and Welfare Canada, Bureau of Communicable Disease, *Report of A Vaccine-Associated Adverse Event*.

DID YOU KNOW?

- that nearly half of all children given DPT-polio shots experience side effects to some degree? (DPT = Diphtheria, Pertussis [Whooping Cough] and Tetanus)
- that there may be a link between DPT and Sudden Infant Death Syndrome (SIDS or crib death)?
- that vaccines contain toxins, including thimerosal (mercury derivative), aluminum phosphate and viruses killed with formaldehyde?
- that pertussis (whooping cough) vaccine has fueled international debate for decades, and is not recommended in some European nations?
- that vaccinations do not offer complete protection, and can sometimes trigger the disease?
- that large-scale clinical trials assessing safety have never been conducted on DPT vaccine?
- that 250 U.S. deaths were reportedly linked to DPT in the 20 months prior to July 31, 1992?
- that whooping cough and diphtheria have nearly been eradicated in North America?
- that these diseases (among others) had vastly declined before mass inoculation programs began (thanks to improved nutrition, housing, sanitation and hygiene)?

Sources

The Association for Vaccine Damaged Children, Winnipeg, Man.

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Mendelsohn, Dr. Robert, *The Truth About Immunizations*, Public Scrutiny, April 1982; 32-33.

The Risks of A Vaccine, The Choice, Bradford Research Institute, Fall 1992; 18(3):22.

school nurse for exemption forms and specific guidelines. Each province has different requirements.

Be aware that your non-vaccinated child may have to leave day care, nursery school or public school on very short notice following an outbreak of disease.

Any child can qualify for vaccination exemption. Should you encounter difficulty, contact the Association for Vaccine Damaged Children in Winnipeg (see Resources). This parental support group educates and lobbies governments, health professionals, and the general public about immunization risks.

Mary James, one of its co-founders, explains that vaccination laws differ across the country. In Manitoba, for example, polio and DPT (diphtheria, pertussis, tetanus) injections are not compulsory for school entrance. "Children still get all the shots," says Mary. "They've done such a good job indoctrinating parents that the compliance rate is very high. People trust that inoculations are completely safe and thoroughly tested, but they're only getting one side of the story."

In Canada, one DPT-related lawsuit has been tried in (Ontario) court. This case was dismissed. Affirmed was a lack of proof beyond doubt that whooping cough (pertussis) vaccine caused Patrick Rothwell's blindness and brain damage, or even that the vaccine can cause damage. Similarly dismissed was the solitary case tried by Canada's Supreme Court (triggered by an alleged reaction to measles vaccine).

This is in stark contrast to rulings in the U.S: Individual settlements there have ranged from \$1.3 to \$5.6 million. Furthermore, the National Vaccine Injury Compensation Plan became law in 1986. 226 families filed for compensation in 1990—of those, 92 were awarded damages ranging from \$156,456 to \$1.4 million U.S.

Mary points out that "Both the U.S. and many European countries have compensation packages, while Canadian victims receive nothing, outside of Quebec." (Such a package—excluding pertussis claims—was slated for Canada, but it was quashed following the Rothwell verdict in 1988.)

Some good did arise from that lawsuit, says Mary. Ontario passed Bill 98, legislating doctors to inform parents about the risks of immunization. It also requires that "reportable events" (i.e., specified side effects) be reported to the Ministry of Health. But according to Mary, "Parents tell us that many doctors are refusing to report side effects or explain risks. No one is checking to see if doctors are complying with Bill 98."

Continued...

Preparing for Vaccinations

If you choose to vaccinate but are worried about the risks, you can strengthen your child's immune system beforehand with supplements like echinacea, vitamin C and acidophilus. Good nutrition, herbs, homeopathy, and chiropractic adjustments can also help to prevent side effects. You could even investigate homeopathic vaccinations as an alternative to conventional shots. Consult a qualified holistic practitioner for specific guidelines based on your child's biochemical individuality.

Resources

1. The Association for Vaccine Damaged Children. Contacts: Mary James, 67 Shier, Winnipeg, Man., R3R 2H2, (204) 895-9192. Leona Rew, 22 Malone St., Winnipeg, Man., R3R 1L4, (204) 895-4015.
2. Consumer Health Organization of Canada (for books, brochures and information), 250 Sheppard Ave. E., Suite 205, Willowdale, Ont., M2N 5S9, (416) 222-6517.
3. Dissatisfied Parents Together (DPT), 204-F Mill St., Vienna, VA, 22180, U.S., (703) 938-DPT3

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Chaitow, Leon, *Vaccination and Immunization: Dangers, Delusions and Alternatives*, Essex, England: The C.W. Daniel Co. Ltd., 1987.
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Calamai, Peter, *Sympathy Only Thing Canada Offers Victims*, The (Ottawa) Citizen, May 17/1985.
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Rew, Leona, "More on Immunization," *Growth Spurts*, May 1991; 5-6.
Some Children Shouldn't Get Vaccine, MDs Warn, Toronto Star, May 4/86.
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Variance

Vaccination Risk Information & Alternatives Resource Group

STATEMENT OF PURPOSE

Variance was formed in October of 1992 in response to growing parental concern regarding the safety of current vaccination programs in use in Canada and generally in North America. We are now a public information and resource group with a commitment to helping other parents protect their children from the risks of current vaccination programs. We also act as a "watchdog" organization that gathers and shares information from both local and international sources.

Variance maintains that the injection of toxic and viral materials into vulnerable infants and young children is not a health creating measure. We hold the belief that all parents are entitled to draw on a broad information base when deciding on drugs offered their children and in particular drugs that carry potentially serious health risk factors. VACCINES ARE SUCH DRUGS.

Variance offers counsel to concerned parents who do not feel adequately informed and who wish to gather additional information to facilitate an "informed decision". Variance helps parents identify adverse reactions to vaccines and advises them of legal requirements of doctors to report adverse reactions to health authorities. Variance also advises parents whose child has reacted adversely that an adverse reaction should precipitate the parent to take a cautious stance if considering revaccination. Variance is committed to support people in their fight for health freedom and to maintain and further the individual's freedom from enforced medication.

Variance is committed to facilitating the gathering and dissemination of such relevant information and resources that contribute to the creation of health and well being in our families and our communities:

Variance maintains subscriptions to medical journals and other publication, and keeps in touch with experts and groups of a similar purpose around the world to providing a means of tracking relevant research and its results and any other pertinent information.

Variance publishes a newsletter regularly as a means of distributing information to members and the community.

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

The Immunization Decision—A Guide for Parents
by Dr. Randal Neustaedter.

Vaccinations—The Rest of the Story
published by Mothering Magazine. P.O. Box 1690-Santa Fe, N.M. 87504.

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 Diane Rozario
1-800-431-1579

Natural Alternatives to Vaccination

by Dr. Zoltan Rona, M.D.
1-877-920-8887

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