

# VRANewsletter

Vaccination Risk Awareness Network Inc.

Autumn 2010  
Double Issue

## The Stepchildren of Modern Medicine, as Applied to Shaken Baby Syndrome (SBS)/ Non-accidental Injury (NAI)

By Harold E. Buttram, MD  
July 20, 2010

### Abstract:

In hospital emergency rooms throughout the USA [and Canada] it is standard procedure to attribute infantile brain hemorrhages, with or without retinal hemorrhages, to inflicted child abuse, generally referred to as Shaken Baby Syndrome/Non-Accidental Injury (SBS/NAI) in the absence of a known major accident. However, beginning with the work of A. Kalokerinos, Australian health officer among the Australian aborigines, who reduced a 50 percent infant mortality to 3 percent by avoiding vaccines during viral illnesses, supplementing children with vitamin C, and giving vitamin C injections during crises. In a study by Pourcyrus *et al* (2006) involving 239 preterm infants, it was found that 70 percent of infants administered single vaccines and 85 percent of infants administered multiple vaccines had elevated C-Reactive proteins (markers of inflammation).

Among the general population, surveys have been conducted showing general and significant inverse relations between C-Reactive proteins and blood levels of vitamin C and other antioxidants. By the inherent nature of the human infant brain, it is highly vulnerable to lipid peroxidation. Vaccine adjuvants are designed to enhance and prolong immune responses to vaccines, which are inherently pro-inflammatory.

It is the hypothesis of this paper that many infant brain hemorrhages now being attributed to inflicted child abuse are actually from adverse vaccine reactions.

Key words: Kalokerinos, Clemetson, Pourcyrus study, C-reactive proteins, antioxidants, adjuvants, adverse vaccine reactions.

### Historical Perspectives

Ignatz Semmelweiss was an Austrian obstetrician who practiced his profession at a birthing center in Vienna in the mid-nineteenth century, a time when maternity death rates were an appalling 30 percent from "childbed fever," due to poor sanitary practices and conditions of the times. Semmelweiss observed that medical students would perform autopsies on the victims of childbed fever and then often go to maternity wings and deliver babies without washing their hands. Deeply troubled about the losses at the birthing center, it occurred to him that the students might be carrying some noxious substance on their hands to the mothers in the delivery wards. Acting upon this impression, he mandated that no doctor should touch a woman in labor without first washing his hands in the rather harsh soap of the times. As a result the mortality rate soon dropped from 30 percent to approximately 3 percent, while other wings in the birthing center continued with their usual 30 percent mortalities. In spite of this enormous humanitarian contribution, his work was ignored, and he became ostracized from his colleagues and remained so until his death.

In the field of nutrition rather than infectious disease, the story of A. Kalokerinos, an Australian health officer who worked among the Australian aborigines in the 1960s and 1970s, is quite similar. When he first began his work Kalokerinos became appalled by the nearly 50 percent infant mortality that was taking place. Noting signs of scurvy among some of the infants, and observing that they frequently died following immunizations, especially if ill with a viral illness, Kalokerinos began admin-

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## The Impact of Vaccines on the First Two Years of Life

By Edda West

The first two years are the most vulnerable in a young child's life. It is the time of most rapid brain growth, from the last trimester of pregnancy to two years of age. During this time, critical windows of brain development occur, and the immune system begins to mature.

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## VRAN NEWSLETTER

Vaccination Risk Awareness Network Inc.

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Thanks to Catherine Orfald 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 2 to 3 times a year as a means of distributing information to members and the community. Suggested annual membership fees, including quarterly newsletter and your ongoing 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)

## VRANews

### Members' Area on the VRAN Website

We're pleased to announce that the VRAN website now has a Members' Area where you can access all previous and current newsletters online. We created this valuable archive so that our Members will have access to all the informative articles we have published over the years.

If you are a Member in good standing and wish to access the newsletter archive, we will assign you a user name and password. Your access code is easily obtained by sending an email request to Edda West at [info@vran.org](mailto:info@vran.org)

The VRAN Newsletter, acclaimed by researchers, doctors and parents, is distributed to our Members in Canada, the U.S. and other parts of the world. **Membership renewal is due in January at the beginning of each calendar year.** Members joining at any time in the year will receive all newsletters issued in that year and will also have access to the Members' Area newsletter archive on the VRAN website.

Our goal is to empower families to make well informed decisions when considering the use of vaccines; to present articles, cutting edge news and research on vaccine issues unavailable from mainstream sources; to distribute information and resources that contribute to the health of families & the community; to support people in their fight for health freedom and freedom from enforced medication.

### FUNDRAISING—2010-2011

VRAN fundraising is an ongoing effort. VRAN is solely supported by the generosity of our Members and receives no corporate or government funding. Thus, we are able to offer you an honest commentary on this issue. Unhampered by the constraints of government/corporate policy makers, we have the intellectual freedom to explore emerging research on the effect of vaccine policies on human health.

For some time a disturbing picture has been emerging which indicates that mass vaccination policies are not enhancing children's health, but are pushing them over the brink into a state of chronic

diseases. VRAN picks up where health officials leave off.

Public health institutions exhibit a willful blindness to the fallout of its vaccine programs. They purport to act for the greater societal good, yet discount the need for a thorough evaluation of the biochemical/biomedical effects of multiple vaccines on the infant's developing brain, and immune system. They fail in their duty to critically evaluate the multifactoral toxicities contributing to the collapse of children's health today.

It is up to us to stop the carnage. "Us" are the parents and families who can no longer stand idly by, helplessly watching the unfolding disaster. It is up to us to sound the alarm, to encourage all concerned people to take a closer look at this issue and do something about it.

Please help us protect children's health by supporting our work. By maintaining your VRAN membership and donating generously, you are actively participating in the awakening of a new consciousness that recognizes the folly of pharmaceutical driven medicine whose vaccine obsession demands the sacrifice of the youngest and most helpless members of the human family.

We thank you for keeping VRAN alive over the years and for your commitment to helping us continue this work by putting VRAN at the top of your "to give" list this year.

**For a donation of \$150, please select one of the four fundraising bonuses listed below.**

**For a donation of \$200 or more, please select one bonus item and we will also send you Barbara Loe Fisher's new book, Vaccines, Autism & Chronic Inflammation: The New Epidemic, a succinct history of the explosion of chronic diseases in young children—an epidemic that coincides with the more than doubling of vaccines imposed on children since the 1980s.**

Please note: Donations are in addition to annual membership.

### Bonus Items:

- **Vaccine Safety Manual**, by Neil

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Miller

- **Immunization: History, Ethics, Law and Health**, by Catherine Diodati
- **Jabs, Jenner & Juggernauts**, by Jennifer Craig
- **Shots in the Dark**, A powerful documentary, in DVD format in French & English

**Jabs, Jenner & Juggernauts** is a small book that tells a big story—the story of Edward Jenner, the revered father of vaccinology. It is the story of a charlatan who, by deceit managed to wrangle himself into the medical societies of the late 1700's. The story of the origin of vaccination is a fascinating one—a story that reveals the foundation of deceit on which the vaccine paradigm is constructed.

**Shots in the Dark** is the best vaccine documentary produced in many years. The film was created by Canadian film maker Lina Moreco. The film's sensitive interviews with affected families is enriched by the critical insights of dedicated doctors and scientists who reveal the biomedical mechanisms at the root of neurological injuries triggered by vaccines. It is an international inquiry into the tragedy shared by so many families whose once healthy children fell into the abyss of autism spectrum disorders and other neuroimmune illnesses following vaccination.

**Please send your donations to: VRAN Fundraising, P.O. Box 169, Winlaw, BC, V0G 2J0**

### Remembering Zack

Our hearts go out to Tara and Dale Harvey, long time VRAN supporters who lost their dear son Zackery Rain on September 9, 2010. Zack was 10 years old. He leaves his mom and dad, younger brother Ayden, his grandparents and many friends in the Slokan Valley community in British Columbia. At the moving memorial celebration of Zack's life, we shared in the grief and ultimate heartbreak—the loss of a dearly beloved child. We are reminded that life is precious. “Let us remember your life and love rains gratitude from up above. Your heart and soul is part of us forever whole. In your passing dream you teach us all what family means.” √

It is during the first few months of life that the majority of vaccines are injected into the child. Today a child in Canada can receive up to 42 doses of 14 vaccines in the first 18 months of life. Long term studies comparing the overall health outcome of vaccinated and unvaccinated children have not been done.

Nor has it been proven safe to inject the infant with complex viral/bacterial particles, foreign proteins & DNA along with harsh chemical adjuvants which artificially “turn on” and manipulate immune response. Growing numbers of researchers are concluding that environmental toxins and multiple vaccines are likely at the root of the current epidemic of neurodevelopmental disorders in children.

While mainstream medicine aggressively promotes vaccination as the most important disease preventive measure, it fails to inform parents that vaccines are a class of drugs which carry both a risk of injury and death. Vaccines can trigger a range of neurological and immunological injuries which often don't become apparent until weeks or months later.

Parents are not told that these injuries have increased dramatically in the last twenty years along with the huge increase in the number of vaccines that have been added to the early childhood vaccine schedule.

Parents are not told that the explosion of autism spectrum disorders (ASD), ADHD & behavioural disorders, the epidemic of allergic diseases which include asthma, allergies, eczema and life threatening anaphylaxis, diabetes and other degenerative diseases have also increased dramatically as the number of vaccines has increased. Allergic diseases, including asthma are the endpoint of a malfunctioning immune system. They don't tell you that there has been a precipitous decline in children's health - that children are less healthy today than in previous generations.

The doctors and nurses who routinely vaccinate children don't mention that the medical profession has little understanding of how the infant immune system works in the first six months of life. Nor do they tell you that multiple vaccines given too early in life may interfere with the normal development of the brain and immune system.

The infant immune system and brain are uniquely different from that of an older child or adult, and are particularly vulnerable to toxic assault. A pressing concern that has not been adequately addressed by science is whether multiple vaccines injected during critical developmental phases of the brain and immune system, alter normal development—the first two years of life being a unique time of accelerated brain growth and immune system maturation.

### Brain Development and “Windows of Susceptibility”

“Windows of susceptibility” are critical phases in brain development which occur during the first two years.

The Institute of Child Health cautions that, “Exposures at critical periods of development—notably during embryogenesis, fetal life and infancy - can result in irreversible damage to growing nervous systems and affect emerging behaviour patterns, cause immune dysfunction, and have serious reproductive effects. If a toxic exposure occurs during critical growth stages, the system affected can sustain permanent damage.” These critical periods of development are thought of as ‘windows of susceptibility’.

The ‘windows of susceptibility’ are specific periods of vulnerability to neurotoxic effects. They occur over a broad time frame because age-related development of the brain and nervous system extends from fetal stage into adolescence. Damage to the “wiring” process of the brain is thought to underlie such permanent adverse effects as cognitive disability, developmental language disorders, learning disabilities, motor disorders, effects on intelligence and behavioural disorders, attention deficits and sensory abnormalities.”

We know that cellular structures change so rapidly during embryonic and fetal growth that a toxic exposure at the wrong moment can permanently damage further development. Small doses of neurotoxins during critical periods of brain development can alter those crucial neural pathways—“**one mistake early on, and the brain may be forever changed in subtle or serious ways**”, warns Dr. Landrigan, Chairman, Preventive Medicine, Mt.

Canada's Institute of Child Health in Ottawa, stresses that the environment must be viewed as the "ultimate health determinant". "The fact that the endocrine and immune systems and the developing brain are susceptible to these ubiquitous pollutants [lead, PCBs and methylmercury, etc.] must be viewed with major concern."

But curiously, child health experts limit their focus to toxic substances children are exposed to from the external environment, i.e. from food, air, water. They fail to take into account the impact of the most obvious and common source of chemical/biological stressors the baby's neurological system must deal with—multiple (and increasing) vaccines containing lab altered pathogens, chemical adjuvants which manipulate immune response and various foreign proteins & DNA particles, injected into the child's sensitive internal micro-environment during critical phases of brain and immune system development.

### **Aluminum is Hazardous to Normal Brain Development**

***"It should be of high concern that we know nothing about the potential hazards of aluminum adjuvants in children despite the fact that world-wide, preschool children are regularly exposed to the highest amounts of aluminum from vaccines through [mandatory] immunization programmes." (C.Shaw & L. Tomljenovic)***

A close examination of vaccine ingredients leaves little doubt that we are exposing our children to substances that have the potential to damage the brain and impair immune function. A case in point is aluminum—an important vaccine ingredient. Aluminum is used as a vaccine adjuvant to ramp up immune response to vaccine antigens. Without the aluminum adjuvant, the body fails to mount an adequate immune response, with the exception of live and attenuated vaccines. Aluminum is a heavy metal and a well established neurotoxin.

The highest quantities of aluminum are injected into the infant's fragile micro-environment during the most rapid brain

growth in the early months of life. **"No clinical studies have been conducted to establish the safety of aluminum adjuvants in infants and children"**, report neuroscientist Chris Shaw PhD and his colleague Lucija Tomljenovic PhD. They ask the question, **"Does an elevated aluminum burden from vaccine adjuvants contribute to the rising prevalence of autism?"**

Shaw and Tomljenovic remind us that, "due to their low body weight children are more susceptible to hazardous chemicals than adults. Furthermore, the developing nervous system of a child is more vulnerable to neurotoxic insults than that of an adult. Thus, the earlier in life a vaccine is given, the greater the potential for harming the nervous system."

They have calculated the amount of aluminum injected into young babies in the first 15 months of life. In the first 2-3 months, babies receive the highest amount of aluminum per body weight from vaccines—270 micrograms per kilogram of body weight per day (ug/kg/bw/day). Thereafter, infants at 4, 6 and 15 months also receive very high amounts of vaccine-derived aluminum, ranging from 110.3 to 177.6 micrograms ug/kg/bw/day.

The researchers have calculated that two month old babies in Canada, the U.K., U.S and Australia are exposed to 49 to 54 times the current safety limit for aluminum exposure. This limit is set at 5 micrograms of aluminum per kilogram of body weight per day from parenteral sources—i.e. by means other than through the digestive tract such as via intravenous or intramuscular injection.

Shaw and Tomljenovic's research has found that aluminum burden from vaccines highly correlates with increased prevalence of ASD (autism spectrum disorders) in western countries. In the U.S. the greatest annual increase of ASD **"was observed in 1992, when ASD cases rose by 189%. This event was closely preceded by the addition of 6 doses of [two new] aluminum containing vaccines to the immunization schedule, 5 of which are administered in the first 4 months of life."** The researchers report that currently, 1 in 91 children in the U.S. are diagnosed with ASD, while the current prevalence in the United Kingdom is 1 in 64 children. Canada has no clear statistics on ASD.

Other researchers have shown that exposure to as little as 4 to 5 micrograms of aluminum per kg/bw/day has "long-term detrimental outcomes on neurologic development in preterm infants. In adult human subjects, aluminum toxicity has been linked to a host of neurodegenerative complications and diseases", including Parkinson's, ALS, multiple sclerosis, Gulf War Syndrome and epilepsy.

"It appears that the consistently rising trend in ASD prevalence should perhaps be of little surprise, given that two month old children in developed countries routinely receive 245 to 270 micrograms per kg/bw of aluminum per vaccination session—a burden equivalent to 38 standard adult-dose injections of hepatitis B vaccine", say Shaw and Tomljenovic. It would be naïve to assume that such an excessive burden of aluminum is safe for babies.

It is a well known fact that male children are at a much higher risk of developing autism spectrum disorders. Boys run a 4 X higher risk of developing ASD compared to girls. Shaw and Tomljenovic suggest, "It would thus appear that the risks of adverse affects in children (especially young boys) as a result of multiple vaccinations, outweigh the uncertain benefits of preventing infections."

In addition to large doses of aluminum from injected vaccines, babies on certain soy-based formulas may ingest as much as 250 times the amount they would get from mother's milk and three times more than the "provisional tolerable weekly intake" set by the U.S. Department of Food and Agriculture (FAO) who concluded that, "aluminum compounds have the potential to affect the reproductive system and developing nervous system at doses lower than those previously set."

**It is important to stress that only 0.25% of aluminum from dietary sources is absorbed into systemic circulation, whereas aluminum from vaccines is absorbed at nearly 100% efficiency!**

Shaw and Tomljenovic's research reveals that "The sizes of most antigen-aluminum complexes are higher than the molecular weight cut-off of the glomerulus of the kidney (~18kDa) which would preclude efficient excretion of aluminum

adjuvants.” In other words, the body has difficulty eliminating the aluminum burden it receives from vaccines. “Thus, vaccine-derived aluminum would have a much greater potential to induce neurological damage than that obtained through diet”, and as already emphasized, “they are administered frequently during the most critical period of brain development.”

Parents often find that their baby is much more susceptible to “bugs going around” after they are vaccinated with as many as 8 or 9 vaccines at the same time. Little wonder when one realizes that vaccine ingredients like aluminum skew the immune system, suppress the child’s ability to fight infections, while setting up a range of autoimmune disease possibilities. Persistent ear infections commonly develop after vaccination prompting doctors to prescribe antibiotics which studies have shown do little to prevent ongoing ear infection, but go a long way in reducing gut health, further compromising immunity and the child’s overall health.

“In order to fully understand the pathological effects on the developing brain and immune system of this kind of vaccination schedule, researchers would have to conduct a prospective, case controlled study comparing completely vaccinated to completely unvaccinated children. They would have to evaluate the children for at least 10 to 20 years for all morbidity and mortality outcomes, for pathological changes in immune and brain function at the cellular and molecular levels, and for changes in chromosomal integrity. Within the first five to seven years, differences between the two groups, in terms of biological integrity and rates of autism, learning disabilities, ADD/ADHD, asthma, juvenile diabetes and other brain and immune system disorders, would begin to emerge”, writes Barbara Loe Fisher in her new book, *Vaccines, Autism & Chronic Inflammation: The New Epidemic*.

So far, medical science has declined to conduct the kind of comparative study proposed by Barbara Fisher and other vaccine awareness activists. Across the board, ‘public health’ institutions exhibit a willful blindness while purporting to act for the greater societal good. By excluding a discussion of the biochemical/biomedical impact of multiple vaccines on the developing brain, and immune system, they fail in their duty to critically

evaluate the entire picture of complex multifactorial toxicities contributing to the collapse of children’s health today.

### **Too Many Vaccines Too Close Together Too Early in Life**

Professor of Neurosurgery, Russell Blaylock, MD, has written a series of articles based on extensive review of the scientific literature in which he examines in great detail the destructive effects of excessive immune stimulation often triggered by too many vaccines given too close together, too early in life - a problem that will worsen as more vaccines are added to the already overcrowded schedule.

As a neurosurgeon, Dr. Blaylock has intimate knowledge of the neurological system, and brain chemistry—a background which eminently qualifies him to interpret complex studies in neurology, immunology & chemistry to present an in depth perspective of the factors that can interfere with brain function, and cause long term damage.

A key concept for parents to understand is that impact to the child’s immune system is going to affect his/her neurological system. Dr. Russell Blaylock’s work brings this knowledge home in the most profound way. When the immature immune system of the infant is bombarded with vaccines, it sets off the brain’s own unique immune system. The neuroscience literature indicates that “excessive and especially repeated immune stimulation can result in severe disruption of brain development and even neurodegeneration”.

That the immune system and nervous system are intimately interconnected has been known for some time. What effects one effects the other. “There is compelling evidence that overactivation of the brain’s key immune cells (microglia) can result in alterations in brain growth and connectivity during rapid brain growth, the so-called ‘brain growth spurt’.”

The science is already in place which shows that excessive vaccination overstimulates the immune system, which in turn hyperstimulates the brain’s immune activity leading to an outpouring of excitotoxic substances which result in varying degrees of brain injury. “Unfortunately, this knowledge has not yet filtered out to vaccine policy makers, pediatricians, or parents”, says Blaylock.

Dr. Blaylock refers to a growing number of scientific studies which demonstrate **“serious dangers in our present vaccine policy, including altered brain development, seizures and loss of brain cell connections, called synapses. These studies all point to over-vaccination as a real and present danger to our children, and in certain instances, to adults.”**

Keep in mind”, writes Dr. Blaylock, “that the child by age one will already have had 20 vaccine inoculations, each spaced no more than one or two months apart. This means, the brain microglia (immune cells) are maintained in a constant primed state. Each vaccine increases dramatically the damage done by the previous vaccine series. One is not surprised that so many vaccinated children develop seizures, or that we have such a high incidence of autism I can assure the elite of the American Academy of Pediatrics and the CDC that over one million autistic children far exceeds the danger measles, mumps, diphtheria, chickenpox, tetanus, rotavirus, Hib meningitis and hepatitis pose to our youth. Also, keep in mind that for every fully autistic child, there are ten times that many with lesser degrees of impairment.”

A stark emblem of the arrogance of mainstream medicine is the assumption that an infant can be injected with an unlimited quantity of vaccines without deleterious effect to brain and immune system development—an assumption that has resulted in an unprecedented health disaster.

As humans, our brain is what sets us apart from other species and enables us to interact socially and participate in our complex society. Normal brain function enables us to be creative beings, to be academically or scientifically proficient, to be artistic and musical, to be able to choose our direction in life. There are infinite ways in which we can develop our individual gifts and capabilities, thanks to a normally functioning brain.

When the infant’s brain and immune system is protected from toxic assault and is optimally nourished, ideally through extended breastfeeding, the critical windows of brain growth are able to unfold in the species specific sequences that make us uniquely human. Protecting and nour-

# Rotavirus Vaccines Approved for Canadian Babies

By Edda West

Recently Health Canada approved two rotavirus vaccines for the prevention of diarrhea in young children. The liquid vaccines are given orally in a series of doses beginning at two months of age. Both vaccines contain genetically engineered live attenuated human rotavirus strains or hybrid human-bovine reassortment rotavirus strains.

Symptoms of rotavirus include watery diarrhea, vomiting and fever. Signs of dehydration in a baby include dry skin, low urine output, sunken eyes, and no tears when the baby cries, dry mouth, a faster heart rate and listlessness. Most young children have had a bout with rotavirus by the time they are five.

Rotashield, the first rotavirus vaccine was withdrawn from the U.S. market in 1999 after it was linked with an increased risk of intussusception, a condition in which the bowel twists or slides into itself, causing a potentially life-threatening intestinal blockage. The Canadian Pediatric Society denies such a risk with the new rotavirus vaccines now available in Canada.

Earlier this year however, the U.S. public was informed that the two new infant diarrhea vaccines are contaminated with pig virus DNA. The two pharmaceutical giants given the green light to launch their diarrhea vaccines in Canada are Merck Frosst, maker of Rotateq (has 5 viral components) and GlaxoSmith-Kline maker of Rotarix. Health Canada is not concerned. It has glossed over the fact that both vaccines are contaminated with pig virus DNA.

The National Vaccine Information Center's (NVIC) Barbara Loe Fisher reported that independent lab testing found the contamination. "The surprising discovery was made after the independent lab used new technology to evaluate the purity of eight live virus vaccines for polio, rubella, measles, yellow fever, human herpes 3 (varicella or chicken pox), rotavirus (Rotarix and RotaTeq) and MMR. In addition to pig viral DNA found in Rotarix vaccine, low levels of DNA fragments from avian (bird) leukosis virus (a retrovirus) was found in measles vaccine and DNA fragments of a virus similar to simian (monkey) retrovirus was found in RotaTeq vaccine."

"There's a difference between the two vaccines: Rotarix contains parts of a pig virus that does not make pigs sick while Merck's RotaTeq contains parts of a pig virus that kills baby pigs. How many mothers know that, when Merck's diarrhea vaccine is squirted into the mouths of their two month old babies, they are swallowing parts of a pig virus that suppresses the immune systems of baby pigs so badly, they waste away and suffer respiratory, kidney, reproductive and brain damage before dying?" asks Barb Fisher.

## Rotavirus Vaccines Use Monkey, Cow, Pig Materials for Production

GlaxoSmithKline's Rotarix is a genetically engineered vaccine created by isolating human rotavirus strain and uses African Green monkey kidney cells to produce the original viral seed stock from which all Rotarix vaccine has been made. "In the FDA licensing process, Rotarix had to meet certain FDA standards, that included demonstrating the vaccine was not contaminated with, for example TSE (Transmissible Spongiform Encephalopathy or "mad cow" disease, a brain wasting disease) or with cow viruses because bovine (cow) serum was used to prepare the original viral seed stock. Porcine trypsin, an enzyme in the pancreatic juice of a pig, was also used to make the viral seed stock", informed an NVIC press release.

Merck's RotaTeq is a genetically engineered vaccine containing five human-cow reassortment strains of rotavirus that were created at the Children's Hospital of Pennsylvania (CHOP), where strains of rotavirus that give cows diarrhea were combined with strains of rotavirus that cause diarrhea in humans. "The reassortment viruses were transported to Merck, where master seeds were produced using African Green Monkey kidney cell cultures. Fetal bovine (cow) serum and porcine trypsin was used to make the "seed" stock. There are small amounts of bovine serum and cell culture media (monkey viral DNA) that remain in RotaTeq vaccine", said the NVIC report.

"And how many mainstream media outlets are not covering this important story, a story that broke on March 22, 2010, when the FDA recommended tem-

porary suspension of Rotarix vaccine because of contamination with parts of a non-lethal pig virus, only to withdraw the recommendation after a meeting on May 7th, when it was revealed that RotaTeq vaccine is contaminated with DNA from a pig virus that is lethal?" asks Fisher.

## DNA Can Infect Human Cells

"Why should we care about vaccines being contaminated with foreign DNA from deadly animal viruses? Because it is a well known fact that DNA from animal viruses can infect human cells and change human DNA to cause disease in humans", said Barbara Fisher.

## Dangerous to Assume Safety

NVIC joined with holistic health pioneer Dr. Joseph Mercola in calling for Merck to recall its live rotavirus vaccine, RotaTeq which is contaminated with porcine circovirus2 (PCV2) and to clean it up. "No company marketing a product found to be contaminated should be given a free pass," said Dr. Joseph Mercola. "It is always dangerous to assume safety. Vaccines contaminated with viral DNA that could evolve and infect humans cannot, and should not be assumed to be safe," said Dr. Mercola. "Responsible corporations voluntarily recall contaminated foods and drugs that could possibly compromise safety", stressed Fisher.

An article by health reporter Sharon Kirkey on rotavirus vaccines was picked up by media outlets across Canada. The inclusion of misleading statements by Dr. Robin Walker, vice-chair of the Board of the Canadian Institute of Child Health, once again underscores the laissez-faire attitude of mainstream journalists toward vaccine risk issues.

Walker said most concerns about vaccines are not founded on evidence. "Serious ill effects from vaccine are absolutely incredibly rare and the rotavirus vaccine has gone through the same kind of testing as other vaccines. Responding to VRAN's statement of concern that yet another vaccine is being added to the already crowded infant schedule, he said, "Yes, kids get a lot of immunizations, but there's now excellent science to show that it doesn't really matter how many immunizations you give," Walker said.

*Rotavirus Vaccines continued on page 7*

Dr. Walker's "excellent science" derives from a theory promulgated by rotavirus vaccine developer Dr. Paul Offit who says a baby can withstand 100,000 vaccines without risk or side effect. Offit has earned untold millions as the developer and patent holder of the first rotavirus vaccine that caused life threatening intussusception, later withdrawn from the market. He is also the developer of the current new Rotateq vaccine produced by Merck. His other hat is media mouth piece for the U.S. vaccine establishment.

National Autism Association president, Wendy Fournier said, "Offit has zero credibility in matters of vaccine safety," "Not only does he advance the absurd suggestion that children could safely get 100,000 vaccines at a time, he opposes any studies of the comparative health of unvaccinated children that could shed light on the extent and nature of vaccine-caused injuries, leading to their prevention....." his financial conflicts of interest disqualify him as a credible source for vaccine safety commentary as well."

**"Quoted doctor didn't tell the whole story about vaccines"**, says Professor Christopher Shaw, neuroscientist at the University of British Columbia and colleague Lucija Tomljenovic in an October 7, 2010 rebuttal to the Vancouver Sun version of Sharon Kirkey's article:

"This front-page article about rotavirus vaccination quoted Dr. Robin Walker on vaccine safety. His comments are summarized by his statement that, 'There's no evidence whatsoever that giving immunizations together, or giving more immunizations, is in the slightest bit harmful'."

"What is disturbing" say Shaw and Tomljenovic, "is that even a cursory survey of the scientific literature shows quite the opposite conclusion, particularly for children. It may be that Walker is unaware of this literature or has chosen to ignore those published peer-reviewed articles that don't agree with his opinion. Regardless, reporter Sharon Kirkey does readers a disservice by failing to note that the available evidence concerning vaccine safety, testing and outcome is far more complex."

Media willingness to give credence to unproven statements advanced by medical

people who spout flawed assurances of vaccine safety does a disservice to society as a whole. The unprecedented decline in the overall health of today's highly vaccinated children deserves more than mindless obedience to the medical establishment.

### **Seizure Rates Double When Four Live Virus Vaccines Given Together**

A recent study looked at the rates of seizures in children vaccinated with 4 live virus vaccines at the same time. It was found that toddlers who got a vaccine that combines the measles, mumps, rubella and chickenpox vaccine are at twice the usual risk for fevers that lead to convulsions. According to the study, the risk for a febrile seizure after any measles vaccination is less than 1 seizure per 1000 vaccinations but among children who received the vaccine which combines 4 live viruses, there is 1 additional seizure for every 2,300 vaccinated.

Adequate research has never been done to demonstrate the safety of giving multiple vaccines to young babies. With the addition of the rotavirus vaccine to the routine infant schedule, **Canadian babies can receive up to 42 doses of 14 vaccines by 18 months of age.**

### **Breastfeeding protects against acute gastroenteritis due to rotavirus in infants**

Breastfed babies have a much lower risk for various infections, including diarrhea or gastrointestinal infections. Some of the compounds in human milk that protect infants from gastrointestinal diseases include SigA (secretory IgA- an important immunoglobulin), lactoferrin (a whey protein) and lysozyme (an enzyme).

Lysozyme and lactoferrin work together to destroy invading viruses and bacteria. While lactoferrin takes away nutrients from viruses and bacteria, lysozyme enzymes attack their cell walls. The immunoglobulin SigA coats the lining of the intestines and stomach to prevent any remaining viral/bacterial cells from attaching onto the cell walls of the baby's gut.

The more of these substances infants receive, the lower their risk of having a gastrointestinal infection. This protective effect of breast milk appears to last up to two months after weaning. Formula does not contain any of these substances.

The Lancet (Apr/1998) reported a study from Mexico City in which stool samples of 200 infants were monitored for presence of rotavirus.

"Milk samples from breast-feeding mothers were analyzed weekly until 4 weeks post partum, then monthly. Those samples taken just before the infant had rotavirus infection were assayed for a collection of substances, including lactadherin,

*Rotavirus Vaccines continued on page 10*



istering vitamin C supplements to the children, improving their diets, avoiding vaccines during viral illnesses (even if just a runny nose), and administering vitamin C injections during crises. Subsequently death rates dropped to three percent in his district.<sup>(1)</sup>

The Australian government awarded Kalokerinos a medal of merit for his work. Also, in 1989 his work gained academic validation with the publication of a 3-volume work, *Vitamin C*, by CAB Clemetson.<sup>(2)</sup> However, similar to the experiences of Semmelweis, the work of Kalokerinos has been largely overlooked or ignored by the medical profession. In my opinion this is tragic, as similar deaths among children are still taking place, although they are now in many instances being attributed to Shaken Baby Syndrome/Non-Accidental Injury (SBS/NAI).

In my 10+ years of experience with over 100 case reviews involving SBS/NAI areas, I have found record of only one case in which vitamin C blood level was tested, and even this was several weeks following hospital admission of the infant and therefore irrelevant. When the truth of this issue does become known, as it will be, I believe that vitamin C, administered orally, intramuscularly, or intravenously depending on the situation, will be found to play an indispensable protective role in the complications now being attributed to SBS/NAI.

While the recommended 30 mgs of vitamin C per day is generally adequate for a healthy infant, it may be rapidly consumed and totally inadequate when the infant is stressed or ill, as with viral or bacterial infections, or toxic chemical exposures. The common cold, for instance, has been shown to reduce vitamin C levels in the blood by 50 percent.<sup>(3)</sup> Vaccines contain numerous toxic adjuvants, (to be reviewed below) which create pro-inflammatory free radicals. All vaccine adjuvants are pro-oxidants that drain the body's supply of antioxidants including vitamin C.<sup>(4)</sup> Another risk factor may be the use of microwave ovens for heating infant formulas. Also, fruits and vegetables need to be reasonably fresh, as vitamin C content declines with their aging.

## **Elevated Blood Histamine as Cause of Capillary Fragility and Bleeding from Scurvy**

Far from being uncommon, vitamin C deficiency still does occur in the Western World. When people attending a Health Maintenance Organization (HMO) clinic in Tempe, Arizona, were tested for plasma vitamin C, it was found to be depleted (between 0.2 and 0.5 mgs/100 ml) in 30 percent of subjects, and to be deficient (below 0.2 mgs/100 ml) in 6 percent.<sup>(5)</sup>

As reviewed by Clemetson, when the human plasma ascorbic acid level falls below 0.2 mg/ml, the whole blood histamine level is doubled or quadrupled.<sup>(6)</sup> Blood histamine is also increased by vaccines or toxoids, by stresses such as heat or cold, and by various drugs in guinea pigs.<sup>(7)</sup> Vitamin C has been shown to inactivate tetanus toxin<sup>(8)</sup> and diphtheria toxin.<sup>(9)</sup> It has been shown that *bleeding from scurvy results from increased blood histamine, or histaminemia, which causes separation of endothelial cells from one another in capillaries and small venules.*<sup>(10)</sup> This process may result in subperiosteal hemorrhages, the latter resulting in callus-like bone swellings commonly misinterpreted as fractures, extensive spontaneous bruising, and subdural hemorrhages, which were included in early descriptions of classical scurvy.<sup>(11-12)</sup>

## **The Human Infant Brain: Uniquely Susceptible to Lipid Peroxidation**

Although an infant's brain receives 15 percent of normal cardiac output, it utilizes nearly 25 percent of the body's oxygenation.<sup>(13)</sup> In addition to being a highly oxygenated organ, the vulnerability of the human brain to harmful peroxidation rests on the fact that it has by far the highest fat content of any organ of the body with membrane lipids constituting 60 percent of the solid matter.<sup>(14)</sup> In addition, both brain and retina contain a relatively high percentage of the omega-3 polyunsaturated fatty acid, docosahexaenoic acid (DHA),<sup>(15-21)</sup> which serves as a primary building block of the membranes of these structures. The DHA and other polyunsaturated fatty acids are high in energetics, but they are far more unstable and prone to pro-inflammatory peroxidation (rancidity) than saturated fats.<sup>(15-21)</sup>

By way of explanation, the term "lipid peroxidation" refers to free-radical generation from a series of chain reactions, which can be very damaging if the process is prolonged. "Free-radicals" in turn refer to atoms with unpaired electrons, which results in heightened instability and reactivity. The end result of abnormally prolonged lipid peroxidation may be abnormal brain inflammation and brain swelling.

In essence, the brain might be compared with highly inflammable dry grass or brush enclosed with elevated oxygen levels, needing only a spark to set off a conflagration of inflammatory lipid peroxidation. In all likelihood, vaccine adjuvants provide this spark far more often than generally realized.

In addition, the infant's immature brain and nervous system tissues are going through an extended period of rapid growth and development, which also bring heightened vulnerability to cellular damage. As reported by R.I. Haynes *et al*<sup>(22)</sup>(2005)(*Journal of Comparative Neurology*), cerebral axons (lengthy extensions of brain cells) achieve approximately one-fourth of adult level from the 24th to the 34th weeks during pregnancy, with rapid axonal growth and elongation taking place between 21 weeks during pregnancy and 24 weeks following birth. Onset of myelin development (fatty coating that protects nerve cells and provides nerve impulse insulation), does not commence until 14 weeks following birth with gradual progression to adult-like staining at 32 to 52 weeks. *It is during this period of furious brain growth, limited myelin protection, and increased vulnerabilities that infants receive over 21 vaccines, according to today's recommended schedule.*

## **Hazards of Free Iron In and Around the Brain**

Standard pediatric texts list prolonged labor, fetal malpresentation, and large babies as risk factors for significant brain hemorrhages. Tauscher *et al* reported an association between histologic chorioamnionitis (inflammation of the placenta) and brain hemorrhage in preterm infants.<sup>(23)</sup> Intracerebral hemorrhage occurs in up to 50 percent of very low-birth-weight infants and is thought to represent a

substantial cause of morbidity and mortality in these infants.<sup>(24)</sup> Small subdural hemorrhages (SDH) are not uncommon in uncomplicated births and asymptomatic term newborns. Based on magnetic resonance imaging (MRI), Whitby *et al*<sup>(25)</sup>(2004) reported subdurals in 9 of 111 infants in 2004, all of which had resolved favorably when MRIs were repeated one month later.

V.J. Rooks *et al*<sup>(26)</sup>(2008) performed MRI scans on 101 term infants at 72 hours, 2 weeks, one month, and 3 months. *Forty-six had asymptomatic SDH within 72 hours of delivery.* All 46 had supratentorial SDH in the posterior cranium. Forty-three percent also had infratentorial SDH. Most SDH were < 3 mm in sizes, all of which were resolved within one month. Larger hematomas dissolved within 3 months.

Consequently, small hemorrhages are not uncommon even in uncomplicated childbirths, but little consideration has been given to the residual iron. As the red blood cells begin to lyse (break up) and release their iron following a hemorrhage, a process that takes place in two or three weeks, the iron is scavenged by white blood cells and carried into nearby tissues in the form of hemosiderin.<sup>(27)</sup>

Free-iron in and around the brain also may result when there are critical drops in levels of vitamin C following administration of vaccines, followed in turn by a precipitous rise in serum histamine bringing increased capillary fragility and leakage of blood into and around the brain.

It is known that iron overload in the liver, pancreas, and kidneys can be very destructive, a condition known as hemochromatosis. The concern here is that residual iron in and around the brain from an earlier brain hemorrhage, such as from birth trauma, may act as a lighted fuse that could ignite a firestorm of lipid peroxidation in the brain following vaccines.<sup>(28)</sup>

### **Vaccine Adjuvants and Their Role in Causing Prolonged Immune Responses to Vaccines and their Potentially Adverse Consequences**

In what may be the most comprehensive review to date on the

pathophysiology of adverse vaccine reactions, Russell Blaylock has compiled a mass of evidence that repeated stimulation of the systemic immune system results in intense reactions of microglial and astroglia cells, which serve as the brain's immune system, with each successive series of vaccinations. This is the result of *vaccine adjuvants* that are added for that purpose.<sup>(29-30)</sup>

In explanation, microglia and astrocytes are first-line-immunological responder cells located in the brain that defend against foreign infectious invaders. Normally this response, such as to a viral infection, is of limited duration and harmless to the brain. However, when microglia and astrocytes are overstimulated for prolonged periods, which vaccine adjuvants are designed to bring about, this extended activation can be very destructive to the brain.

Because of the critical dependence of the developing brain on a timed sequence of cytokine and excitatory amino acid fluctuations, according to Blaylock, sequential vaccinations can result in alterations of this critical process that will not only result in synaptic and dendritic loss, but abnormal (nerve) pathway development. *When microglia are excessively activated by vaccines, especially chronically, they secrete a number of inflammatory cytokines, free radicals, lipid peroxidation products, and the two excitotoxins, glutamate and quinolenic acid, which may become highly destructive when activated for prolonged periods.* (Emphasis added) This process was suggested as the principle mechanisms resulting in the pathological as well as clinical features of autism.<sup>(29)</sup>

Vaccine adjuvants are substances added to vaccine formulations during manufacturing that are designed to boost and prolong the overall immune system response when the vaccine is injected. These substances include albumin, several forms of aluminum, formaldehyde, various amino acids, DNA residues, egg protein, gelatin, surfactants, monosodium glutamate (MSG), Thimerosal (50 percent ethyl mercury, which is still in a number of vaccines)<sup>(31)</sup>, and various antibiotics. Regarding mercury, even if it is not added as a preservative, it is commonly used in the manufacturing process, which leaves "traces" as residues.

Even these trace amounts are potentially toxic because of the universally recognized principle of toxicology that combinations of toxins will increase toxicity exponentially; that is, two toxins will increase toxicity 10-fold, or three toxins increase toxicity 100-fold. In vaccines special attention should be given to the two toxic heavy metals, aluminum and mercury, each noted for its potential toxicity. The same principle applies in other classes of toxic chemicals.<sup>(32-34)</sup>

In view of these findings, R. Blaylock has referred to the inconsolable, high-pitched cry that commonly occurs following infant vaccinations as an "encephalitic cry."

### **The Pourcyrous Study: The First of Its Kind, Presents a Unified Theory of Adverse Vaccine Reactions**

It has long been known from animal studies that vaccines can cause brain inflammation,<sup>(35-37)</sup> which has now been confirmed in human infants in a study on primary immunization of 239 premature infants with gestational ages of less than 35 weeks by M. Pourcyrous *et al.*<sup>(38)</sup> (*Journal of Pediatrics*, 2007) The study was designed to determine the incidence of cardio-respiratory events and abnormal C-Reactive protein (CRP) elevations associated with administration of a single vaccine or multiple vaccines simultaneously at or about two months age. (CRP is a standard blood test indicator for body inflammation, which in the present study would represent brain inflammation.) CRP levels and cardio-respiratory manifestations were monitored for three days following immunizations in a neonatal intensive care unit sponsored by the University of Tennessee. Elevations of CRP levels occurred in 70 percent of infants administered single vaccines and in 85 percent of those given multiple vaccines, 43 percent of which reached abnormal levels. Overall, 16 percent of infants had vaccine-associated cardiorespiratory events with episodes of apnea (cessation of breathing) and bradycardia (slowing of pulse). It can be reasonably assumed that the cardio-respiratory events and CRP elevations primarily reflected brain inflammation and swelling following the vaccines. Most important for our present topic, intraven-

which was found to have the highest antirotavirus activity. Importantly, the protective effect of lactadherin was independent of products of the secretory immune system.”

“Lactadherin, a human-milk glycoconjugate, has been found to protect babies from the symptoms of rotavirus infection, the commonest cause of diarrhea in infants and young children.”

Another study from the Institute for Hygiene and Environment, Hamburg, Germany in July 2010, assessed whether breastfeeding protects against acute gastroenteritis (AGE) due to rotavirus infection in children age 0-12 months. The study found that being breastfed in the period of disease inception reduced the risk of AGE due to rotavirus. In the first six months of life the protective effect was stronger than in older children. The study adds to the evidence of a protective concurrent effect of breastfeeding to diminish rotavirus-related infection in infants, particularly in children 6 months and younger.

### **Breast Not Best? Study Suggests Rotavirus Vaccines Work Better With Formula.**

Rotavirus vaccines are heavily promoted in third world nations where lack of clean water and proper healthcare often leads to infection, diarrhea and even death. An abstract from *The Pediatric Infectious Disease Journal* suggests that mothers should not breastfeed during the time of administration of rotavirus vaccines (RotaTeq and Rotarix) in order to increase vaccine efficacy. How would women, who do not have access to clean water, make safe infant formula which requires clean water?

The study set out to determine whether breastmilk inhibits the effectiveness of live virus oral rotavirus vaccines. Breast milk samples were collected and analyzed from mothers in India, South Korea, Vietnam and the United States who were breastfeeding infants 4 to 29 weeks of age.

The researchers found that “Breast milk from Indian women had the highest IgA and neutralizing titers against all 3 vaccine strains. Lower but comparable median IgA and neutralizing titers were detected in breast milk from Korean and Vietnamese women, and the lowest titers were seen in American women.”

“Live oral rotavirus vaccines have been

less immunogenic and efficacious among children in poor developing countries compared with middle income and industrialized countries for reasons that are not yet completely understood. We assessed whether the neutralizing activity of breast milk could lower the titer of vaccine virus. Strategies to overcome this negative effect, such as delaying breast-feeding at the time of immunization, should be evaluated.”

Ironically, rather than applaud the fact that the highly active immunological properties of human milk neutralize and mitigate the ability of rotavirus to cause acute gastrointestinal infections in babies, the researchers are fixated on a negative perspective in which breastfeeding prevents the vaccine from eliciting a good antibody response. Instead they want to develop strategies to delay breastfeeding at the time of vaccination so that the anti-infective properties of breastmilk don't interfere with the vaccine.

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## **Five-in-one vaccine led to child deaths**

*By Killugudi Jayaraman - Bangalore, July 29, 2010*

The pentavalent or the five-in-one vaccine that has been recommended in India by the National Technical Advisory Group on Immunization actually killed children in Sri Lanka and Bhutan, warns an article in the latest issue of the *British Medical Journal (BMJ)*.

The report by a group, including paediatricians, professors, health activists and a former Indian health secretary, cautions against the introduction of the five-in-one vaccine that combines antigens against five diseases—diphtheria, pertussis, tetanus (DPT), hepatitis B and *Haemophilus Influenzae* type B (HIB) - in a single shot.

“Our article describes how the World Health Organisation (WHO), in an elaborate cover-up, changed its own criteria for classifying adverse effects to say the vaccine was not responsible for the deaths in Sri Lanka,” Jacob Puliyeel, head of paediatrics at St Stephen's Hospital in Delhi and key author, told IANS.

Former union health secretary K.B. Saxena, professors of community health in Jawaharlal Nehru University in Delhi Debabar Banerji, Imrana Qadeer and Ritu Priya, co-conveners of All India Drug Action Network Mira Shiva and Gopal Dabade and former adviser in finance ministry N.J. Kurian are the other authors of the report.

The authors point out that the pentavalent vaccine was withdrawn in Sri Lanka in April 2008 after 25 serious adverse reactions that included five deaths and Bhutan stopped its use within two months of introduction in July 2009 after eight deaths.

Bhutan has so far resisted pressure from WHO to restart immunisation but Sri Lanka reintroduced the vaccine this year after a WHO expert panel, which investigated the events, declared that the vaccine was ‘unlikely’ to have caused the deaths.

The panel, however, could not conclusively attribute the deaths to any other cause.

However, Puliyeel and co-authors who

*Five-in-One cont. on page 13*

tricular (brain) hemorrhages occurred in 17 percent of infants receiving single vaccines, with 24 percent incidence in those receiving multiple vaccines.

The first study of its kind, The Pourcyrous study provides evidence for a unified theory of adverse vaccine reactions:

- Brain inflammation, as indicated by elevations of C-Reactive proteins.
- Brain swelling (edema), as one of the cardinal manifestations of inflammation.
- Potentially lethal cardio-respiratory events (bradycardia & apnea).
- Intraventricular brain hemorrhages.

The study also raises a question: Why were the brain hemorrhages in the Pourcyrous study intraventricular rather than subdural? The answer is that the Pourcyrous study was performed on pre-term infants, some born at less than 30 weeks term, in whom intraventricular hemorrhages are known to be characteristic. This may be due to the significant differences in the infant brain/skull interactions at these different stages of development. In preterm infants the skull would be highly flaccid, providing little if any resistance to a swollen (edematous) brain.

In term infants, in contrast, the inner surface of the skull presents a relatively firm surface, and when brain inflammation and edema takes place from vaccines,<sup>(35-37)</sup> it would require very little brain swelling for the outer surface of the brain to impact against the inner surface of the skull and, tourniquet-like, to cut off the passive outflow of blood in the subdural venous network. With cranial arterial blood coming in at much higher pressures, this would bring a precipitous rise in intracranial venous pressure, this in turn causing an extrusion of blood into the subdural spaces. According to W. Squier and J. Mack,<sup>(39)</sup> most infant subdural hemorrhages take place as a result of blood seepage into the immature subdural membranes, which in infancy are made up of 10 to 15 layers of loosely arranged flake-like cells with fluid-filled spaces between the layers. These open spaces readily allow seepage of blood in between the subdural membranes.

As final pieces of evidence connecting the pro-inflammatory effects of vaccine

adjuvants with antioxidant deficiencies, as the true cause of many subdural brain hemorrhages now being attributed to inflicted child abuse, in a cross-sectional analysis of the third National Health and Nutrition Examination Survey data, Ford *et al*<sup>(40)</sup> reported that C-Reactive Protein concentrations were inversely and significantly associated with concentrations of retinol, retinyl esters, vitamin C, alpha carotene, beta carotene, lycopene, cryptoxanthin, lutein or zeaxanthin, and selenium C after adjustment for age, gender, race-ethnicity, education, body mass index (BMI), leisure-time physical activity, and aspirin use. Furthermore, Wannamethee *et al*<sup>(41)</sup> reported a significant inverse association of dietary and plasma vitamin C and fruit and vegetable intakes with biomarkers of inflammation in a cross-sectional study of 3258 men aged 60-69 years who had no history of cardiovascular disease or diabetes. Wannamethee *et al* concluded that vitamin C has anti-inflammatory effects and is associated with an attenuation of endothelial dysfunction.

## Conclusions

The human infant brain has heightened vulnerability to inflammation due to its relatively high oxygen levels and high fat content, a large portion of which consists of polyunsaturated fatty acids, which are high in energetics but relatively unstable and susceptible to damaging peroxidation.

The Pourcyrous study, the first of its kind, provides a unified theory of adverse vaccine reactions with documented brain inflammation, as indicated by increases levels of C-Reactive protein in 70 percent of infants administered a single vaccine and 85 percent of those administered multiple vaccines; brain swelling (edema) would follow as one of the cardinal markers of inflammation; the brain swelling would immediately impact against the inner surface of the skull, cutting off (tourniquet-like) the passively outflowing of blood through the subdural venous network, this in turn resulting in a precipitous rise in intravenous venous pressure, the true cause of subdural hemorrhages in many of these cases, in my opinion.

Very sadly, the potential protective role of antioxidants in these situations is being largely overlooked and ignored.

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ishing the baby’s brain is essential for the development of the child’s full potential.

As parents, we are charged with protecting our children from accidental and environmental assault. To do this, it is necessary to re-examine universal vaccination policies currently imposed on the global population. We must determine whether these policies are helping or harming our children.

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**UBC researchers put aluminum under the microscope**

*By Pieta Woolley—Vancouver Free Press, October 21, 2010*

Neuroscientists Chris Shaw and Lucija Tomljenovic may have discovered something awful—and useful. The University of British Columbia research duo compared the amount of aluminum in infant vaccination schedules in several countries with rates of autism diagnosis across several years.

They found a remarkable correlation. The study seems to show that the more aluminum that infants are exposed to through vaccines—especially those babies under six months old—the more likely they are to get autism.

Although the mercury-autism link in vaccines was “proven” and then “disproven” by scientists during the past 15 years, aluminum’s possible role in the rising rates of autism is still emerging.

*UBC Researchers cont. on page 14*

obtained the full report of the investigation say the WHO panel in Sri Lanka did not follow the standard protocol of the UN agency for classification of adverse events following immunisation but instead used its own method.

The authors point out that the Sri Lankan deaths would have been classified as ‘very likely’ or ‘probably’ related to the vaccine, had the standard WHO classification been employed.

Changing its own criteria for classifying adverse effects following vaccination is “an elaborate cover up” by WHO to remove any connection between pentavalent vaccine and the deaths in Sri Lanka, alleges Puliyel.

The authors also ask the wider question whether this new classification of adverse events adopted for Sri Lanka should be allowed to replace the standard WHO classification.

If so, deaths occurring following any vaccination will almost always be blamed on something else and not the vaccine and “lives may thus be put at risk,” they say.

The article also questions the need for HIB (haemophilus influenza B) vaccine in

the country, saying WHO’s own studies have shown that the incidence of the disease in India is lower than projected and studies elsewhere in Asia show that the vaccine does not significantly reduce the burden of disease compared with placebo.

Another letter published in the same journal notes that there have also been three deaths in Pakistan— one child who died within half an hour of receiving the pentavalent vaccine and two others who passed away within 14 hours of the administration.

“In no case was the vaccine blamed and no alternate cause of death was found for any of the deaths,” says its author S.K. Mittal, chairman of paediatrics department at Pushpanjali Crossway Hospital in Ghaziabad, near Delhi.

Mittal says that although Pakistan reintroduced the vaccine on assurance from WHO that the deaths were not related to it, “the large cluster of ‘sudden deaths’ in Asia, following immunisation with pentavalent vaccine needs to be investigated dispassionately before more lives are lost”.

[http://www.thaindian.com/newsportal/health1/five-in-one-vaccine-led-to-child-deaths-experts\\_100403720.html](http://www.thaindian.com/newsportal/health1/five-in-one-vaccine-led-to-child-deaths-experts_100403720.html)

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## British Medical Journal: Vaccine Accountability Demanded

Lee and Harmer’s editorial marking 10 years of Global Alliance for Vaccines and Immunisation (GAVI) was published before discussion of a controversial press release issued by the World Health Organization jointly with GAVI and others in 2007 after the Bangladesh study on *Haemophilus influenzae* type B (Hib) vaccination.

The press release suggested that the vaccine was useful whereas the study showed no benefit. No statistical difference was seen in the vaccination state of those with pneumonia or meningitis compared with controls. This misleading press release looks like a smoking gun. GAVI (which includes representatives of vaccine manufacturers on its board) “encouraged” developing countries in Asia to avail themselves of the vaccine at subsidized rates. The subsidy came from money given by donor countries and the Bill and Melinda Gates Foundation for achieving millennium development goals.

Given that the probe studies in Asia had failed to confirm benefit from the vaccine, millions of dollars from the Millennium Development Goals Fund seem to have been wasted. Those responsible need to be called to account. If that is not seen to happen, the credibility of WHO and GAVI and other global organizations will be eroded.

**Dr Jacob M Puliyel,**

*Letter to the British Medical Journal - August 4, 2010*

<http://www.theoneclickgroup.co.uk/documents/vaccines/GAVI%20%26%20WHO%2C%20BMJ.pdf> ✓

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## One More Time— Vitamin D to the Rescue

*By Dr. Joseph Mercola*

I’ve written about the benefits of vitamin D to ward off the flu in the past, and I’m pleased to announce that more and more studies about how Vitamin D can prevent infections, disease, and flu are coming out.

For example, if you’re pregnant or planning to become pregnant, you’ll be pleased to know that an article published May, 2010 in the American Academy of Pediatrics News recommends pregnant women take 4,000 IUs of Vitamin D3 daily to fight infection and disease, to maintain good health, and to deliver healthier, stronger babies.

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***A Japanese study last year, showed that a group of children taking Vitamin D3 was 58 percent less likely to catch influenza A. That’s a higher effectiveness than any flu vaccine can claim...***

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But even this seemingly large amount may be seriously inadequate in many women. Some may need more than 10,000 units per day and the only way to know for sure is to have your vitamin D level tested.

A Japanese study last year, showed that a group of children taking Vitamin D3 was **58 percent less likely to catch influenza A. That’s a higher effectiveness than any flu vaccine can claim**, and doesn’t come with a barrage of potentially devastating side effects!

Dr. Adit Ginde, of University of Colorado Denver School of Medicine, who was not involved in the study, told Reuters Health: “This is the first time a study has been done that rigorously shows that vitamin D supplementation can reduce a type of influenza in a dedicated clinical trial.” Ginde and colleagues published a study a year ago showing that asthmatics with lower vitamin D levels were at five times the risk for colds and flu. Vitamin D also appeared to suppress asthma attacks in children with a history of asthma.

Since we already know that most children and teenagers are Vitamin D-deficient, I urge you to get your children’s

*One More Time cont. on page 14*

“If any part of this is true, it’s very scary stuff,” Shaw told the *Straight* in a phone interview.

Their paper, “Does an Elevated Body Burden From Vaccine Aluminium Adjuvants Contribute to the Rising Prevalence of Autism?”, hasn’t been published yet, but they will be presenting their findings at the ninth Keele Meeting on Aluminium in February 2011.

Don’t refuse immunizations based on this single study, urges Monika Naus, the associate director of epidemiology for the B.C. Centre for Disease Control. Although 93 percent of kids are vaccinated in this province, she explained, the numbers have slipped over the past decade—a situation she associates with the fear of mercury in vaccines.

“It would be a travesty if the same thing [people refusing vaccines] happened with aluminum and autism,” she told the *Straight* by phone, noting that complex factors such as genetics seem to contribute to autism. “This could turn into another witch-hunt.”

Naus allowed that an environmental study such as Tomljenovic and Shaw’s is usually the first step in finding a cause for a condition.

Theirs is just the latest lighthouse to flash a warning about aluminum body burden. Aluminum is the third most common element on Earth, Shaw explained, but the human body doesn’t need any of it. In fact, if it builds up in the body—and it tends to collect in the brain—it’s toxic. In a number of peer-reviewed studies, it has been linked to macrophagic myofasciitis, cancer, chronic fatigue syndrome, and Alzheimer’s disease.

“In terms of Alzheimer’s, people pooh-pooed it [the aluminum link] for years, and only now is it getting some grudging acceptance,” Shaw said.

How great the aluminum body burden is depends on a few factors, Shaw noted: whether or not the blood-brain barrier is solid (it isn’t in infants), how well the kidneys are working (an issue for the elderly), how the aluminum gets into the body (vaccines are a more direct route, he said, than food), and how much of it we take in. And in B.C., we’re taking in a lot.

The regular immunization schedule for children six years of age and under in B.C. includes up to 17 vaccines, several of which contain aluminum. Tomljenovic and Shaw found that the schedule exposes children to 20 to 50 times the amount of aluminum known to be toxic to the human body.

At the new Seymour-Capilano filtration plant, hydrated potassium aluminium sulfate, or alum, is used as a coagulant to pull impurities out of the water, plant superintendent Sharon Peters told the *Straight* by phone. That means that since January, the tap water in much of Greater Vancouver has been clarified with an aluminum compound.

Baking powder often contains aluminum. Soda comes in aluminum cans. Some kitchen pans are made from aluminum. It’s in paint, leather, antacids, fertilizer, pesticides, and, of course, aluminum foil.

It’s also the active ingredient in antiperspirant. For example, aluminum compounds are found at levels of 16 percent in Gillette Clear Gel Arctic Ice and Soft & Dri DriGel, 19 percent in Arm & Hammer Advance Invisible Solid, and 21 percent in Secret Platinum Asian Pear.

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**Getting science and government to change direction on something like this is “like turning around the Titanic”, Shaw said.**

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Health Canada’s webpage on aluminum research ends with: “While there is evidence...for the interaction with and impact of aluminum on different components of the neurological system, available data are inadequate to serve as a basis for a hypothesized mode of action of aluminum in inducing specific neurological disorders such as Alzheimer’s disease.”

Getting science and government to change direction on something like this is “like turning around the *Titanic*”, Shaw said.

In the meantime, he’s not wearing antiperspirant.

Article reprinted with appreciation from: <http://straight.com/article-353763/vancouver/aluminum-under-microscope> ✓

vitamin D levels tested, and if found deficient, follow my recommendations for optimizing their levels. Do this, and they’ll be far less likely to catch any cold or flu this year.

I often find that some of the simplest explanations are the truest, and this sounds about as simple as it gets. Getting appropriate amounts of sunshine (or taking a vitamin D supplement when you can’t get healthy amounts of sun exposure) is one of my KEY preventive strategies against the cold and flu, as it has such a strengthening effect on your immune system.

For those with no or very limited exposure to sunshine in the winter, 4,000-5,000 units per day would seem appropriate for most adults. If you are very heavy you may need to double that dose, and for children the dose can be half that. The key though, is to make sure you monitor your vitamin D levels by blood testing, to make sure your levels are therapeutic and not toxic. (*see notes re links to testing*)

You can also use vitamin D therapeutically to TREAT the flu. But please understand that if you are taking the above doses of vitamin D the odds of you getting the flu are VERY remote.

Here are the other “secrets” I use to keep the flu (and other illnesses) at bay:

- Eat right for your nutritional type, including avoiding sugar
- Eliminate sugar from your diet
- Eat garlic regularly
- Consume a high quality Krill oil daily
- Exercise
- Get adequate sleep
- Address emotional stress
- Wash hands regularly (but not excessively)

Another useful supplement you could try, should you come down with a case of the flu, is olive leaf extract, which you can find in most any health food store. Olive leaf extract has been found to be a potent broad-spectrum antiviral agent, active against all viruses tested, including numerous strains of influenza and para-influenza viruses.

## Is Influenza a Symptom of Vitamin D Deficiency?

Vitamin D, “the sunshine vitamin,” may very well be one of the most beneficial vitamins for disease prevention. Unfortunately it’s also one of the vitamins that a vast majority of people across the world are deficient in due to lack of regular exposure to sunshine.

**The hypothesis presented by Dr. John Cannell and colleagues in their 2006 paper, Epidemic Influenza and Vitamin D actually makes a lot of sense. They raise the possibility that influenza is a symptom of vitamin D deficiency!**

The hypothesis presented by Dr. John Cannell and colleagues in their 2006 paper, Epidemic Influenza and Vitamin D actually makes a lot of sense. They raise the possibility that **influenza is a symptom of vitamin D deficiency!**

The vitamin D formed when your skin is exposed to sunlight regulates the expression of more than 2,000 genes throughout your body, including ones that influence your immune system to attack and destroy bacteria and viruses. Hence, being overwhelmed by the “flu bug” could signal that your vitamin D levels are too low, allowing the flu virus to overtake your immune system.

At least five studies show an inverse association between lower respiratory tract infections and vitamin D levels. That is, the higher your vitamin D level, the lower your risk of contracting colds, flu, and other respiratory tract infections:

1. A 2007 study suggests higher vitamin D status enhances your immunity to microbial infections. They found that subjects with vitamin D deficiency had significantly more days of absence from work due to respiratory infection than did control subjects.
2. A 2009 study on vitamin D deficiency in newborns with acute lower respiratory infection (ALRI) confirmed a strong, positive correlation between newborns’ and mother’s vitamin D levels. Over 87 percent of all newborns and over 67 percent of all mothers had vitamin D levels lower than 20 ng/ml, which is a severe deficiency state. Newborns with vitamin D deficiency appear to have an increased risk of de-

veloping ALRI, and since the child’s vitamin D level strongly correlates with its mother’s, the researchers recommend that all mothers’ optimize their vitamin D levels during pregnancy, especially in the winter months, to safeguard their baby’s health.

3. A similar Indian study published in 2004 also reported that vitamin D deficiency in infants significantly raised their odds ratio for having severe ALRI.
4. A 2009 analysis of the third National Health and Nutrition Examination Survey examined the association between vitamin D levels and recent upper respiratory tract infection (URTI) in nearly 19,000 subjects over the age of 12. The positive correlation between lower vitamin D levels and increased risk of URTI was even stronger in individuals with asthma and chronic obstructive pulmonary disease.
5. Another 2009 report in the journal Pediatric Research stated that infants and children appear more susceptible to viral rather than bacterial infections when deficient in vitamin D. And that, based on the available evidence showing a strong connection between vitamin D, infections, and immune function in children, vitamin D supplementation may be a valuable therapy in pediatric medicine.

### Notes & Resources:

The above article is excerpted from three recent articles by Dr. Mercola at the following links:

- Dr. Mercola A: <http://articles.mercola.com/sites/articles/archive/2010/08/21/barbara-loe-fisher-on-flu-vaccine-changes.aspx>
- Dr. Mercola B: <http://articles.mercola.com/sites/articles/archive/2008/10/21/avoid-flu-shots-vitamin-d-is-a-better-way.aspx>
- Dr. Mercola: <http://articles.mercola.com/sites/articles/archive/2008/10/21/avoid-flu-shots-vitamin-d-is-a-better-way.aspx>
- Researchers recommend pregnant women take 4,000 IU vitamin D a day
- <http://aapnews.aapublications.org/cgi/content/full/aapnews.20100501-2>
- Vitamin D helps fend off flu, asthma attacks—Study of Japanese schoolchildren: <http://www.reuters.com/article/idUSTRE6213MK20100319>
- Mercola on testing for Vit. D : <http://articles.mercola.com/sites/articles/archive/2002/02/23/vitamin-d-deficiency-part-one.aspx> ✓

## Vaccine Pushed on Infants Causes Drug-Resistant Pneumonia: JAMA Study

**Aside from the direct risks of vaccination, another is now clearly documented: drug-resistant forms of the diseases.**

by Heidi Stevenson—September 6, 2010

A drug-resistant strain of pneumonia is the result of a highly-praised vaccine routinely given to infants three times in their first year of life, according to a study that will be published in tomorrow’s Journal of the American Medical Association (JAMA). The timing of this study is particularly interesting, as it comes shortly after the replacement of the heptavalent pneumococcal conjugate vaccine (PCV-7) with an updated version, PCV-13.

The study’s introduction reads:

The rapid increase in multiresistant serotype 19A as a cause of invasive and respiratory pneumococcal disease has been associated in time with the widespread implementation of 7-valent pneumococcal conjugate vaccination (PCV-7) in several countries. Because spontaneous fluctuations in time and antibiotic selective pressure may have induced this serotype 19A increase, controlled studies are needed to assess the role of PCV-7.

**There can be no reasonable doubt that pneumonia vaccinations are creating a new, more virulent and less treatable form of the disease.**

The goal of this study was to see if suspicions of a connection between the use of PCV-7 vaccinations has caused the increase in drug-resistant pneumonias. The results are impressive. There can be no reasonable doubt that pneumonia vaccinations are creating a new, more virulent and less treatable form of the disease. Now that it’s been released, what can stop it?

The authors also point out that the full effects of PCV-7 on development of the

drug-resistant bacteria may not be fully defined by the study, since it focused on only the first three PCV-7 vaccinations, ignoring that the series consists of a fourth. They note, also, that their sampling method may have minimized the real story—that more drug-resistant bacteria may have emerged than they had accounted for.

## The Study

Entitled “Pneumococcal Conjugate Vaccination and Nasopharyngeal Acquisition of Pneumococcal Serotype 19A Strains”, the study was performed in the Netherlands and funded by the Dutch Ministry of Health. Interestingly, several authors have significant financial ties with Big Pharma. Many of them have received grants from GlaxoSmithKline, Wyeth, Pfizer, Baxter, and Novartis, making the results of this study even more remarkable. However, the lead author, Elske J.M. vanGils, MD, reported no such conflicts.

The study consisted of 1,003 healthy newborns and followed them to age 24 months. The infants were randomly assigned to groups. One group received two doses of PCV-7 at ages 2 and 4 months, the second group received three doses at ages 2, 4, and 11 months, and the third group was not vaccinated with PCV-7.

At the end of the study, 16.2% of the three-dose group had been found to harbor serotype 19A bacteria. The unvaccinated group had a 9.2% rate, and the two-dose group had a 13.2% rate.

## Will the Replacement Vaccine Improve Matters?

The Centers for Disease Control (CDC) recently replaced PCV-7 with PCV-13, and those children who have already received PCV-7 are being pressed to also take the new version.

There is little reason to believe that the new vaccine will improve matters. It is, in fact, more likely to make things worse. It consists of 13 strains of pneumonia, including the ones in PCV-7. The only difference the new vaccine could make is to worsen the situation by causing even more drug-resistant bacteria to emerge.

The authors' conclusion is fairly tame:

However, we need to be aware that other serotypes with similar characteristics and disease potential may be the next in line to proliferate and therefore pneumococcal surveillance remains important after introduction of expanded pneumococcal conjugate vaccines.

It's a shame that the authors don't state the obvious: The introduction of pneumonia vaccines is resulting in far greater pneumonia risk than existed before. Even if the PCV-13 vaccine does protect against pneumonia, the fact is that, ultimately, it is producing more virulent and less treatable forms of the disease.

Doctors owe it to patients to inform them that any protection they might gain against pneumonia will ultimately come at the cost of worse disease for which there is no treatment. Parents of newborns should consider the plight of their own children as their grandchildren face virulent disease that was unknown to their grandparents, disease created by the vaccines their doctors are now pushing on them.

What is absolutely clear is that the vaccination scheme is not a carefully thought out program with testing to assure that the public's health is protected. Instead, the public is nothing but a vast testing lab, with each and every person a potential lab rat.

*Editor's Note: As we see more virulent and drug resistant forms of pathogens emerge because of the pressure exerted by more and more vaccines, new parents are reminded that they can protect their babies superbly with nature's most effect disease preventive—breast-feeding.*

*Breastfeeding is a sophisticated living immune system which responds to pathogens the baby is exposed to and provides specific antibodies and protective enzymes. Breastmilk is constantly changing, responding to the baby's developmental needs, stages of growth and pathogens he/she encounter. Breastfed babies have a more than 12 fold reduced risk of contracting infectious diseases, particularly gastrointestinal and respiratory diseases, including pneumococcal organisms.*

*Breastfeeding endows the baby with a unique and highly protective immune ecology, reducing the risk of allergies, asthma, diabetes, ear infections and SIDS (sudden infant death). Breastmilk protects from pathological germs such as E.coli, polio, rotaviruses, pneumococcal organisms, C. diphtheriae toxin, Haemophilus influenzae, N. meningitides, Salmonella (6 groups), C. tetani, otitis media, bacteraemia, bacterial meningitis, botulism, urinary tract infections, and much more. Swedish researchers have discovered that breastmilk kills cancer cells. ✓*



“Our Current Environment”  
Cartoon used in a Presentation for Nursing Students in B.C.

# The H1N1 Debacle and Other Flu News

By Edda West

The H1N1 hysteria whipped up by the World Health Organization last year forced member countries to squander billions of dollars on a useless vaccine whose only benefit was to fill pharmaceutical industry coffers. While there's a measure of relief that last year's unprecedented avalanche of vaccine hype is subdued this season, don't be fooled. Every man, woman, child, pregnant woman and infant are targeted to get annual flu shots. Regardless of their proven ineffectiveness, flu vaccines are the emblem of "cradle to grave" vaccine policies imposed on populations absent any idea of long term health ramifications.

In June 2010, the European Parliamentary Assembly criticized the lack of transparency and "grave shortcomings" in the decision-making processes relating to the pandemic, stating it was "*alarmed about the way in which the H1N1 influenza pandemic had been handled, not only by the World Health Organization (WHO) but also by health authorities at the level of the European Union and at national level*". Ditto for North America.

*The Assembly decried the "distortion of priorities of public health services across Europe, waste of large sums of public money and the unjustified fears about health risks faced by the European public at large. It expressed grave concerns regarding the absence of "transparent decision-making processes relating to the pandemic which have generated concerns about the influence of the pharmaceutical industry on some of the major decisions relating to the pandemic."*

Even when it was obvious that the killer pandemic was a dud, there was little or no flexibility to scale down pandemic plans in case of a mild outbreak. In an article in The Star on August 13 titled 'The Real Lessons of H1N1', Dr. Richard Schabas reflected that, "Everything was geared to a 1918-style disaster—more of a phantom than a real threat in our modern world. Once activated, the plans took on lives of their own".

Dr. Schabas, Medical Officer of Health for Ontario's Hastings and Prince Edward Counties sharply criticized the

futility of Canada's "quixotic efforts" saying that, "A recent study of Ontario's program, published in the for-profit Journal Vaccine, claims that this was all worthwhile—preventing a million cases of disease and saved more than 50 lives. Editorial writers have been quick to endorse this study. Too quick."

Schabas said, "The truth is more prosaic. The Vaccine study is flawed. It is based on a theoretical modelling and assumptions rather than on real data. Its conclusions are unreliable."

"Our analysis, based on real Ontario disease and immunization data, paints a very different picture. **The impact of immunization appears to have been tiny—reducing the outbreak by less than one per cent.** Immunization prevented fewer than 20,000 cases of influenza illness and no more than three deaths. This is not nothing but it is a very small return for an outlay of more than \$250 million (in that province)".

In conclusion he wrote, "Public health officials can and should change their minds when new evidence emerges. Our persistence with H1N1 immunization long after it had any value had much to do with political face-saving. Public health authorities—federal and provincial—have yet to produce any rigorous evidence-based analysis of the H1N1 experience. If we don't identify our mistakes, how can we learn from them?"

By mid October, the provinces will have rolled out the new flu vaccine formulation which includes H1N1 A and two other strains, H3N2 influenza A Perth and influenza B Brisbane.

A recent Canadian Press article reported that for the current 2010-2011 influenza season, "The Public Health Agency of Canada has ordered 11.2 million doses of the trivalent vaccine from manufacturers GlaxoSmithKline and Sanofi Pasteur, based on requests from the provinces and territories. Total cost of the bulk order: about \$40 million to \$45 million."

This year, Health Canada also approved the licensing of Flumist™, a live triple virus nasal spray vaccine which contains the same viral formulation as this season's injectable vaccines. It is being promoted for children ages 2 to 8

years of age not previously vaccinated with a seasonal influenza vaccine. Apparently it has limited effectiveness in those over 59.

Warnings published on the FluMist™ website state that, "Animal reproduction studies and studies in pregnant or lactating women have not been conducted with Flumist™". The package insert says, "some viruses are excreted in human milk". The vaccine is linked to a higher incidence of wheezing and hospitalization among children younger than two. It also warns against giving the vaccine to anyone with asthma or children younger than five who have a history of wheezing.

The Immune Deficiency Foundation is concerned that the vaccine may shed live virus up to three weeks and its potential impact on people with primary immune deficiency diseases who they say should NOT receive the FluMist™ vaccine. It is also not recommended for close contacts of primary immune deficient patients.

## Flu Vaccine Does Not Prevent Death in Elderly says U.S. Health Official

Five years ago, Dr. Tom Jefferson of The Cochrane Collaboration, (an international network of researchers who analyze the scientific evidence used in clinical trials), led a meta analysis of flu vaccine studies. The researchers found that, "The majority of published influenza studies are so poorly designed, they have not demonstrated that influenza vaccine is effective or safe". Is mainstream medicine finally poised to acknowledge the uselessness of flu vaccines?

Michael Osterholm, director of the University of Minnesota's Center for Infectious Disease Research and Policy, told a national conference on vaccine research that it's time to be more open about the flu vaccine and its lack of protection for the elderly, reported MPR News in April.

Osterholm said the idea that the flu vaccine does not prevent deaths in the elderly sounds almost blasphemous and that he didn't want to believe it at first either. "I know that some people are going to find it very challenging to understand that much of what we've probably done

has had little impact on deaths.” But he says the new research is incontrovertible, and that data must drive health policy.”

The new research Osterholm is referring was done by Lisa Jackson, a doctor at Group Health Center for Health Studies in Seattle who found that previous flu vaccine studies had a “selection bias”, meaning an error was made in selecting the people who were enrolled in the research, which resulted in distorted and unreliable findings. “Influenza only causes about five percent on average of deaths in seniors during winter months. So even if the vaccine was perfect, you could prevent only five percent of deaths,” Jackson said. She also found there was **no difference in the number of pneumonia deaths between people who got the vaccine and those who didn’t.**

Instead of accepting that flu vaccines really don’t work for the elderly, and shift the emphasis to strengthening immunity and disease resistance through healthy lifestyle, nutrition and micro-nutrient supplementation, pharmaceutical driven medicine is gearing up to develop new high potency vaccines. Already available this year in the U.S. for use in people over 65, approval has been given to Fluzone High-Dose with four times the amount of influenza antigen compared to other inactivated seasonal vaccines.

Well known natural health physician, Dr. Joseph Mercola is concerned that no safety evaluation has been done on this new high potency vaccine. He says, “Again, the CDC is asking you to be a part of a large public health experiment.”

“What the pharmaceutical industry would love for you to believe is that the flu vaccine is going to somehow magically protect you from dying from the flu, when in fact the evidence couldn’t be more clear—It doesn’t work at all in the elderly! And the data is flimsy at best when it comes to children and adults.”

“We also know the flu vaccine is fraught with side effects and health complications. So many people are literally receiving zero benefit and all risk when getting this vaccine. There is a massive attempt to defraud and deceive people to generate profits from flu vaccines”, says Dr. Mercola.

## **Vaccinating Health Care Workers to Prevent Flu in Elderly Patients Has No Effect**

Health care workers are often threatened with layoff or loss of employment if they refuse to submit to annual flu shots. VRAN receives dozens of desperate inquiries from nurses and other health workers seeking a way out of forced vaccination. A recent Canadian-led study affiliated with the Cochrane Collaboration, analyzed the largest flu-vaccination campaign in this country’s history, concluded that vaccinating nursing home workers had no effect on confirmed influenza cases among elderly residents of nursing homes.

The study’s lead researcher Dr. Roger Thomas explained: *“What troubled us is that [shots] had no effect on laboratory-confirmed influenza. What we were looking for is proof that influenza ... is decreased. Didn’t find it. We looked for proof that pneumonia is reduced. Didn’t find it. We looked for proof deaths from pneumonia are reduced. Didn’t find it”, reported Dr. Mercola*

## **Penetrating the Veil of Misinformation**

Influenza vaccines have been shown to be ineffective in the two most vulnerable age groups for which they are promoted - seniors and young children. Data gathered every year consistently shows that influenza A & B viruses (contained in flu shots), comprise only a small percentage of ‘influenza-like-illnesses’ (ILI). There are hundreds of other bugs that can make you feel just as sick - respiratory syncytial virus, bocavirus, coronavirus, and rhinovirus, to name just a few. Together, these pathogens produce by far the majority of ILI but the flu shot is completely ineffective against them.

‘Fluwatch’ publishes statistics from “sentinel laboratories” across Canada which test samples from patients with ILI. Every year VRAN analyzes these, and every year, the data shows the majority of ILI are NOT associated with influenza viruses A or B, but are linked to other pathogens unaffected by flu vaccines. **On average, the influenza virus is associated with only 10% of ILI (influenza-like-illnesses) that occur every season.**

The 2009/2010 flu season gives a stunning example of this. In a year when

influenza was big news, it contributed only approximately 6 % to all flu like illnesses Canadian’s suffered. It’s very doubtful that this low figure was due to the H1N1 vaccine; most of the H1N1 “pandemic” had already passed before the first shots were given, and H1N1 comprised at least 86% of all the 2009/2010 samples which tested positive for influenza.

## **Are Flu Vaccines Hazardous in Pregnancy?**

There has been a steady stream of reports from women in the U.S. who miscarried within hours or days of getting the H1N1 vaccine.

A survey compiled by the National Coalition of Organized Women (NCOW) in the U.S. estimated the number of miscarriages and stillbirths due to the H1N1 vaccine during the 2009/10-flu season to be 1,588, but that the number of miscarriages and stillbirths could have been as high as 3,587.

NCOW’s analysis found that vaccine-related fetal deaths reported in the U.S. to VAERS (Vaccine Adverse Events Reporting System), increased 2,440%—from 7 cases in 2007/8 to 178 in 2009/10. These numbers are the “tip of the iceberg” as only 1-10% of vaccine adverse reactions are reported to VAERS.

Despite these data, health officials continue to assure pregnant women that the vaccine presents no risk. “In light of the overwhelming adverse events reported, we emphasize that inoculating pregnant women with another untested vaccine containing a combination of components found in the offending 2009 H1N1 vaccine is insupportable”, writes NCOW director, Eileen Danneman

VRAN is concerned that pregnant women have become a prime target group for flu shots. Influenza vaccines are classified as a “Category C” drug whose risks have not been fully studied in pregnant women.

According to FDA: *“Category C drugs are drugs that are more likely to cause problems for the mother or fetus. Also includes drugs for which safety studies have not been finished. The majority of these drugs do not have safety studies in progress. These drugs often*

*H1N1 Debacle cont. on page 19*

*H1N1 Debacle continued from page 18*  
come with a warning that they should be used only if the benefits of taking them outweigh the risks.

Dr. Sherri Tenpenny's analysis in *The Truth About Flu Shots in Pregnancy*, suggests that flu vaccine is not warranted during pregnancy. Some key points are:

- It is not known whether influenza vaccines can cause harm to the fetus.
- Animal reproduction studies have not been conducted.
- It is not known whether influenza vaccines can affect reproduction capacity.
- It is not known whether influenza viruses from vaccines are excreted in human milk.
- 2009: There is insufficient evidence to recommend routine flu shots as the standard of practice for healthy women beginning in early pregnancy. REF: Skowronski DM, De Serres G. Is routine influenza immunization warranted in early pregnancy? *Vaccine*. Jul 30;27(35):4754-70. 2009.
- 1997-2002: A study of 49,585 pregnant women there was no statistically significant difference in rates of illness among vaccinated vs. unvaccinated women
- H1N1 occurs infrequently in pregnant women: 34 cases among an estimated 3,392,000 pregnant women in the U.S. Among the 5,469 confirmed cases in the study, 0.62% were in pregnant women
- Both Tamiflu (oseltamivir) and Relenza (zanamivir) are classified as "Pregnancy Category C" drugs, meaning, there is insufficient information to assess potential risks to the fetus.

In Canada, little has been publicized about the fallout from last year's H1N1. The Canadians for Health Freedom website has gathered testimonials of reactions to the H1N1 flu vaccine, a few of which we have reprinted in the Letters section of this newsletter.

### **The Impact of Flu vaccines on Children's Health**

In Australia, the sudden death of a Brisbane toddler in April was linked to the seasonal flu vaccine, prompting health authorities to warn against immunizing children under five. The two-year-old girl, a twin, died on April 9, after having received the trivalent flu vaccine twelve hours earlier.

Hundreds of Australian children were hospitalized with high fevers and convulsions after getting this year's flu vaccine formulation which also contains H1N. **Because of the high rate of adverse reactions experienced by children involving different batches of vaccine, it was withdrawn for use in those under five.**

The authors of a recent article in the *British Medical Journal (BMJ)* reported that, "The data also show a dose response effect—the larger the vaccine dose, the more severe the harms. There was also an age relationship: children under the age of three developed fevers at more than twice the rate. The large number of children suffering harm—and subsequent suspension of the vaccine—challenges the assumption that regulators are ensuring the safety and efficacy of all marketed therapeutics. There are actually relatively little data on the effects of vaccinating young children against influenza."

Of the 20,000 to 30,000 children vaccinated in Western Australia, 250 had adverse reactions, high fevers and 55 had febrile convulsions. "Last winter, the likelihood that a child without risk factors would die from swine flu was less than one in a million. When such a high proportion of children develop moderate to severe febrile reactions to the influenza vaccine, it's likely that we'll cause more harm than good by vaccinating the entire population", said Peter Collignon, a professor at the Australian National University, an infectious diseases physician and clinical microbiologist and co-author of the *BMJ* article quoted above.

He speculates that many children had been exposed to H1N1 influenza the previous season and "likely that many were already immune. So when they were again exposed to swine flu components, this time in the vaccine, they mounted a brisk immune response that included fever."

"I remain surprised that a vaccine that produces fever in such a high proportion of children, especially those under three, was allowed to be used in Australia without explicit warnings to parents and without any formal, prospective, post-marketing surveillance to look at this issue in large numbers of children", said Dr. Collignon.

In 2006, the Cochrane Collaboration's 40-year retrospective study into the effec-

tiveness of influenza vaccinations found that in children under age two, the vaccine was no more effective than a placebo.

Research presented last year (2009) at 105th International Conference of the American Thoracic Society in San Diego found that, "The inactivated flu vaccine does not appear to be effective in preventing influenza-related hospitalizations in children, especially the ones with asthma"... and... **"children who had received the flu vaccine had three times the risk of hospitalization, as compared to children who had not received the vaccine. In asthmatic children, there was a significantly higher risk of hospitalization in subjects who received the TIV, as compared to those who did not."**

Another report in the October 2008 issue of *Archives of Pediatrics & Adolescent Medicine*, found that "flu vaccine was not associated with reduced hospitalizations or outpatient visits among young children; Use of the influenza vaccine was not associated with preventing hospitalizations or reducing physician visits for the flu in children age 5 and younger during two recent seasons," The authors speculate it is "perhaps because the strains of virus in the vaccine did not match circulating strains".

Finland suspended H1N1 vaccine after cases of narcolepsy in children jumped 300 per cent following H1N1 vaccination campaign. Narcolepsy is a neurological disorder that can be triggered by a virus. "A patient suffering from narcolepsy may suddenly fall asleep, for example, while speaking or eating without prior warning. Their muscles may also suddenly weaken, causing them to suddenly collapse.

"We need much better and larger studies on both safety and efficacy before we roll out influenza vaccine programs to all populations, especially to children who appear to have much higher rates of adverse reactions. There is poor evidence on how well influenza vaccines prevent any influenza complications in children and other age groups. There is good evidence that influenza vaccine study reports cherry pick results and achieve spurious notoriety. Exposing human beings to uncertain effects is a risky business", say *BMJ* authors, Drs. Collignon, Jefferson and Doshi.

Few researchers dare utter concern for the integrity of the human race whose collective immune systems are now manipulated by multiple vaccines from early infancy to old age. NVIC's Barbara Loe Fisher reminds us that, "There are no clinical studies to evaluate the long term positive or negative health effects on human populations of being injected with influenza vaccine every year throughout life. Nobody knows whether mass use of influenza vaccine from cradle to grave will put pressure on influenza strains to become more virulent like has happened with other microorganisms and universally used vaccines."

"Unfortunately, if public health officials and drug companies marketing vaccines have their way, your children and grandchildren won't be allowed the opportunity to develop important natural immunity to type A and type B influenza strains. So the question is this: why do we continue doing something that has been proven ineffective many times over? As the saying goes, 'Insanity is doing the same thing over and over again, expecting different results'", writes Dr. Mercola.

In Canada, there is no publicly accessible reporting system of vaccine adverse reactions where we can discover how many children suffered adverse events from the H1N1 vaccine, or how many will react adversely to this season's new vaccine formula with its H1N1 component.

### Seasonal Flu Shots Increase Susceptibility

A clue into the detrimental effects of immune manipulation by flu vaccines was provided in May when Medscape reported that seasonal flu vaccine might increase risk for H1N1 infection. Six studies from Canada consistently found that prior year vaccination in 2008/09 for seasonal influenza was associated with a 1.4- to 2.5-fold increased risk for hospitalization for H1N1 infection. "As for the mechanism behind those differences, studies in swine suggest that a vaccine that induces nonneutralizing or subneutralizing concentrations of antibody can enhance the infection rather than protect from that infection," said Dr. Naveed Z. Janjua, MD, from the British Columbia Centre for Disease Control. Reported also was the fact that mortality rates from H1N1 were actually higher in those over

65, which is not surprising since they have been so aggressively targeted for injection with annual flu vaccines.

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## The Marvellous Health of Unvaccinated Children

Françoise Berthoud, MD

Once upon a time, in April 2009 to be exact, I was invited to give a speech at a conference on vaccination. I was to talk after two of the best speakers France has to offer on the subject had their turn, journalist Sylvie Simon and biologist Michel Georget. At hearing them speak in the past, it was absolutely clear to me that the best option is to stay as far away from vaccines as possible. I just did not know what to do instead to best assure staying alive and well.

As a paediatrician and homeopath qualified to speak on the subject, I decided to setup a conference called The Marvellous Health of Unvaccinated Children along with my friends, Sylvie and Michel. This work would later evolve into a book that analyses various life choices often made

*Marvelous Health cont. on page 21*

by families that do not vaccinate, including home birth, breastfeeding, simple therapies, good food (often vegetarian), a tranquil living environment and trust in the capacity of the body to heal itself.

In my life as a paediatrician, I had spent lots of time in dialogue with the parents who often needed to voice their fears about both disease and vaccines. We worked out together the best route for their children. Some chose not to vaccinate at all. Others held onto fear of disease, especially tetanus. In those cases, we postponed vaccination as much as possible and used a homeopathic protection and “cleansing” called nosode.

I worked in Switzerland where there is no real legal obligation to vaccinate, only great social pressure. In France, just a few kilometres from my office, there were four compulsory vaccinations at the time (BCG was fortunately removed in 2007, and three remain: Di Te Pol).

Some of the basis of my ability to speak on the marvellous health of unvaccinated children comes from my personal experience as a medical doctor, having collected years of feedback.

“My child began coughing immediately after the vaccination.”

“He has had constant ear aches since he was vaccinated.”

“My 16 years old daughter is completely unvaccinated. She is almost never sick. If she does get sick, it’s two days at the most.”

“The neighbour’s kids followed normal vaccination guidelines. They are constantly sick and on antibiotics.”

That was not enough upon which to write a book; however. As it would turn out, I found these observations were paralleled over and over again all over the world. Follow me around the planet.

## EUROPE

In England, Michel Odent, MD showed in two studies that children having received no Pertussis vaccine had 5-6 times less asthma than those who were vaccinated for it. The first study was on 450 babies from La Leche League; the second one on 125 children in a Steiner school. <sup>(1)</sup>

Throughout Europe, a group of mostly paediatricians studied 14,893 children in Steiner schools in Austria, Germany, Holland, Sweden and Switzerland and found that children living in “anthroposophist culture” (where vaccination is largely shunned) were in better health than the controls. <sup>(2)</sup>

In Germany, one of the European Steiner schools study researchers wrote, “In the eastern part of Berlin before the fall of the wall, we saw less allergies than in the west. This population was poorer, nearer nature and less vaccinated.” Too much hygiene is not always good. As UK researcher and originator of the “hygiene hypothesis” David Strachan might say, “give us this day our daily germs”.

In Spain, Xavier Uriarte, MD and J. Manuel Marín, MD published a study in 1999 on 314 children they followed between 1975 to 2000. <sup>(3)</sup> This group of children is characterized by a majority of homebirth or natural births, prolonged breastfeeding, no vaccinations, holistic health education and no allopathic medicine. There were no serious diseases, few hospitalizations (mostly for traumas), and 3.3% asthma compared to the 20% in the general population. And of course, a lot of money was spared!

## USA

The rate of autism in the U.S. is now an unthinkable 1 in 100. Those who are unvaccinated boast numbers that run in shocking contrast to the nation’s statistics. As this article is directed to the American people, I will not go on at length here. Most of you know the work of your very own journalist Dan Olmsted showing the incredible absence of autism in the unvaccinated Amish communities of Pennsylvania and Ohio.

Further impressive is Chicago-based Homefirst Medical Clinic run by a group of doctors including medical director Mayer Eisenstein, MD, JD, MPH. They have no known autism and super-scarce allergies in their children, many of whom were home deliveries, and most of whom have had no vaccinations. In 1985, I translated to French U.S. paediatrician Robert Mendelssohn, MD’s *How to Raise a Healthy Child in Spite of Your Doctor*. Now I find concrete result in the marvellous health of kids whose doctors are his pupils! I like these synchronicities in my life.

## AUSTRALIA

In 1942, Leslie Owen Bailey, founder of the Natural Health Society of Australia, accepted guardianship of 85 children whose mothers were unable to care for them. Among these 85 children, no vaccinations were ever given, no drugs were ever taken or used, and no operations were ever performed. The only malady that occurred was when 34 of the children developed chicken pox. They were immediately put to bed and given only pure water or fresh fruit juice. They all recovered quickly without after-effects. Investigations revealed that these children whilst at school had been swapping their healthy lunches for unhealthy conventional foods, so this outbreak was not altogether surprising.

Many of these children inherited poor health due to a history of illness and malnourishment in their mothers. Despite this, and the fact that they were never breastfed nor could enjoy the normal bonding of mother to child, they were able to grow into sturdy, self-reliant children.

## NEW ZEALAND

Two studies done in New Zealand in 1992 and 1995 show that the unvaccinated children clearly have less allergies, less otitis (ear aches), less tonsillitis, less running noses, less epilepsies and less ADHD. <sup>(4)</sup>

## JAPAN

An interesting period in Japan was 1975-1980, when a decision was made to begin the first vaccinations at two years of age instead of at two months. The reason was that more and more was discovered linking vaccines and cot-death (SIDS). A study was published in *Pediatrics* showing that from 1970 to January 1975, there were 57 cases of serious vaccine reactions, including 37 deaths. From February 1975 to August 1981 there were eight cases of serious vaccine reactions, including three deaths. Unfortunately for kids and their parents, the Japanese vaccination plan is now “normalized” again. The study shows well that the immune system is stronger at two years than at two months. How well would these kids have done had they not been vaccinated at all?

We find the same observation in a *Journal of Marvelous Health* cont. on page 28

# Families Compensated for MMR Vaccine Damage in Britain & U.S.

By Martin Delgado - The Daily Mail, U.K. - August 28, 2010

A mother whose son suffered severe brain damage after he was given the controversial MMR vaccine as a baby has been awarded £90,000 compensation. The judgment is the first of its kind to be revealed since concerns were raised about the safety of the triple jab.

Robert Fletcher, 18, is unable to talk, stand unaided or feed himself. He endures frequent epileptic fits and requires round-the-clock care from his parents Jackie and John. He suffered the devastating effects after being given the combined measles, mumps and rubella vaccine when he was 13 months old. The Department of Health had always denied that the jab was the cause of Robert's disability.

But now, in a judgment which will give hope to hundreds of other parents whose children have been severely affected by routine vaccinations, a medical assessment panel consisting of two doctors and a barrister has concluded that MMR was to blame.

Robert's mother Jackie said the money would help with his care, though she described the amount as 'derisory'. Her first application for compensation under the Government's Vaccine Damage Payment Scheme was rejected in 1997 on the grounds that it was impossible to prove beyond reasonable doubt what had caused Robert's illness.

But Mrs Fletcher appealed and in a ruling delivered last week, a new panel of experts came to a different conclusion. In a six-page judgment, they said: 'Robert was a more or less a fit boy who, within the period usually considered relevant to immunization, developed a severe convulsion... and he then went on to be epileptic and severely retarded.'

'The seizure occurred ten days after the vaccination. In our view, this cannot be put down to coincidence.' It is this temporal association that provides the link. It is this that has shown on the balance of probabilities that the vaccination triggered the epilepsy. 'On this basis, we find that Robert is severely disabled as a result of vaccination and this is why we allowed the appeal.'

The ruling will reignite the debate over the safety of common childhood vaccines. Mrs Fletcher said she believed the compensation award to Robert was the first to a surviving MMR-damaged person since controversy erupted in 1998 when Dr Andrew Wakefield raised concerns about a possible link between the combined MMR injection and autism.

The Government refuses to say how many awards have been directly attributed to this jab rather than other inoculations against illnesses such as diphtheria or whooping cough. Details of successful claims involving vaccine-damaged children are seldom publicized because the Department of Health is thought to be anxious not to encourage a rush of applications.

'It is not a requirement when a case is being assessed for the medical adviser to state which vaccine the damage has been attributed to. 'Nor is it a requirement to list the disabling condition that gave rise to the award.' Mrs. Fletcher said the ruling would give hope to hundreds of other parents fighting to prove that their children's disabilities were caused by the MMR injection.

Mrs Fletcher set up and runs pressure group JABS—Justice, Awareness and Basic Support. Around 2,000 families seeking compensation for their vaccine-damaged children are registered with the group, which provides advice and support.

'My husband John and I have battled for 18 years for the cause of Robert's disability to be officially recognized,' she said. 'We were told the vaccine was perfectly safe. Like most people, we trusted what the doctors and nurses were putting to us.' Robert is nearly 19 but mentally he is like a 14-month-old toddler. He can't stand unaided and he is doubly incontinent.

'He can't speak except to say "Hi, Mum" or "Hi, Daddy".'

'We chop up his food and have to anticipate all his needs. He is prone to various illnesses and last week suffered around 40 severe epileptic seizures. In

April this year, we thought we'd lost him. He contracted a chest infection and had to go to hospital for several days.'

'He is such a lovely boy. When he's not ill, he's so cheerful and seems to take everything on the chin. In between seizures he says "Hi, Mum" and tries to kiss me. The money is a derisory amount though it will help with making adaptations to the house for Robert's benefit.'

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***'What matters is the recognition that MMR was the reason this happened.'***

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'What matters is the recognition that MMR was the reason this happened.'

The first doctor who assessed Robert under the compensation scheme in 1996 concluded that he had suffered a 'simple febrile convulsion with no long-lasting consequences'. Although he agreed that Robert had a degree of disability, he refused to accept that the MMR vaccine was to blame.

At this month's appeal, evidence was given by a leading expert on vaccine-damaged children, paediatric neurologist Dr Marcel Kinsbourne. He explained the biological changes which had occurred in Robert's brain following the vaccination.

The one-day hearing was chaired by a barrister sitting with two doctors. In a dissenting judgment, Professor Lingam said he believed Robert was 'genetically predisposed to epilepsy and that the vaccination triggered it rather than caused it. Robert would have developed epilepsy in any event, even if he had not had the vaccination'. But Professor Lingam was overruled by his two colleagues.

In their final judgment, the tribunal accepted that MMR had caused Robert's illness but added: 'We would stress that this decision is fact-specific and it should not be seen as a precedent for any other case. In particular, it has no relevance to the issue... as to whether there is a link between the MMR vaccine and autism.'

Last night, Tory MP Nadine Dorries, a member of the powerful Commons Health Committee, said: 'If an independent panel has reached the conclusion that there has been a link between the MMR vaccine

*Families Compensated cont. on page 23*

and the brain damage suffered by this boy in this case, then it is fair to assume that there could be as many as thousands of children and parents in the same position.

‘There should be full and easy access to all documentation relating to the judgment for any parent or professional to read and assess.’ Dr Michael Fitzpatrick, a London GP whose own son is autistic, said: ‘It is a very important principle that parents should be compensated in cases of this kind.’

Article excerpted from: <http://www.dailymail.co.uk/news/article-1307095/Family-win-18-year-fight-MMR-damage-son--90-000-payout-concerns-vaccine-surfaced.html>

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### U.S. Vaccine Court Concedes MMR Vaccine Caused Brain Damage

Julia’s Case: Julia an almost five year old US citizen has won substantial compensation in the US Federal Court for brain damage caused by MMR vaccine. What is different about this case? They kept the “autism” word out of the case. Many parents in other US cases have been advised to do this.

“Julia was born a healthy baby on 12-28-05. She was a delight to her family and friends. On January 5th, 2007, one week after her 1st birthday, our family’s lives changed forever. Julia (unknowingly to her family) had been seizing in her crib most of the night, was transported to the nearest ER for stabilization, and then airlifted to Miami Children’s hospital, where she stayed in PICU and the neurology ward for close to one month,” writes her mother.

Julia’s mother emphasizes Julia has no formal diagnosis of autism and says, “After Julia’s last neuro appointment when her doctor said she had signs of autism, I didn’t want that “word” in her records until Julia’s case was decided. Do I think that there is a link between vaccines and autism— absolutely! Is Julia autistic? I’m not sure.”

“Her diagnosis? Encephalitis (inflammation of her brain) most likely attributed to the MMR-V (measles, mumps, rubella, chicken pox) vaccine she had received nine days previously. When Julia left the hospital, she was functioning at a two month level. She was (and in some respects still is) globally delayed and with significant left sided hemiplegia.”

It has been over two years since her MMR-V induced encephalitis, and Julia has come a long way, but has a very long way to go. Julia lives with her mom Susan, and brother, Jack who is six and so understanding of her. Her father recently moved out of state following her parent’s divorce.

Julia won her lawsuit with the vaccine Injury Compensation Program! The Government conceded. “This means that they agreed that the MMR vaccine caused her encephalitis and resultant brain damage. The government will reimburse all of her past medical expenses and will pay for all future medical expenses that she incurs from her vaccine injury. I will update as I find out more.”

Julia’s attorneys (Ron Homer and/or Kevin Conway) will evaluate her needs with a “life planner” to try to determine what her needs will be. “Accepting the loss of the world as I knew it before she got sick, before my divorce, before I lost my house , this is such a huge, huge, help for Julia and my family. Our struggle is going to be lessened!” writes her mother.

August 27, 2010: “Julia got the diagnosis, sort of—PDD-NOS (pervasive developmental disorder—not otherwise specified). So, she is “kind of” on the autism spectrum.....its just a diagnosis. I’m having mixed feelings about it. Glad for the extra opportunities for her, but more aggravated than ever with those who say vaccines don’t cause autism. When I get her case report from the Vaccine Injury Compensation Program—anyone interested is welcome to read it. Vaccines do cause brain injuries which lead to autism—all I have to say. I have living proof.”

Excerpted from: <http://childhealthsafety.wordpress.com/2009/06/14/juliawinsmmrcase/>

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Bailey Banks Case: Feb.24/ 10— “The parents of yet another child with autism spectrum disorder (ASD) were awarded a lump sum of more than \$810,000 (plus an estimated \$30-40,000 per year for autism services and care) in compensation by the Court, which ruled that the measles-mumps-rubella (MMR) vaccine had caused acute brain damage that led to his autism spectrum disorder.

The family of 10-year-old Bailey Banks won their case quietly and without

fanfare in June of 2007, but the ruling has only now come to public attention. In the remarkably clear and eloquent decision, Special Master Richard Abell ruled that the Banks had successfully demonstrated that “the MMR vaccine at issue actually caused the conditions from which Bailey suffered and continues to suffer.”

Bailey’s diagnosis is Pervasive Developmental Disorder—Not Otherwise Specified (PDD-NOS) which has been recognized as an autism spectrum disorder by CDC, HRSA and the other federal health agencies since at least the 1990s.

In his conclusion, Special Master Abell ruled that Petitioners had proven that the MMR had directly caused a brain inflammation illness called acute disseminated encephalomyelitis (ADEM) which, in turn, had caused the autism spectrum disorder PDD-NOS in the child:

The Court found that Bailey’s ADEM was both caused-in-fact and proximately caused by his vaccination. It is well understood that the vaccination at issue can cause ADEM, and the Court found, based upon a full reading and hearing of the pertinent facts in this case, that it did actually cause the ADEM. Furthermore, Bailey’s ADEM was severe enough to cause lasting, residual damage, and retarded his developmental progress, which fits under the generalized heading of Pervasive Developmental Delay, or PDD [an autism spectrum disorder]. The Court found that Bailey would not have suffered this delay but for the administration of the MMR vaccine, and that this chain of causation was... a proximate sequence of cause and effect leading inexorably from vaccination to Pervasive Developmental Delay.”

Bailey Banks award excerpted from: [http://www.huffingtonpost.com/robert-f-kennedy-jr-and-david-kirby/vaccine-court-autism-deba\\_b\\_169673.html](http://www.huffingtonpost.com/robert-f-kennedy-jr-and-david-kirby/vaccine-court-autism-deba_b_169673.html)

**Editor’s note: While the U.S. and Britain grudgingly concede vaccine injuries and award compensation to a few affected families, Canadians have no recourse—neither through the court system which sets extraordinary obstacles preventing successful litigation, nor from the federal government which maintains an ironclad cloak of denial that its vaccination programs can and do cause catastrophic injuries to some children.** ✓

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# The Man-Made Peanut Allergy Epidemic, A revealing history of a medical mystery

By Heather Fraser

It is seldom recognized, commented historian René Dubos, that each society and every civilization creates its own diseases.<sup>1</sup> Is the peanut allergy epidemic man-made? And if so, how has it been created in millions of children in just 20 years and who or what are its architects? The features of the epidemic continue to puzzle doctors.

In the US alone, 5.6 million people—2% of the population—are allergic to peanuts and nuts almost all having experienced onset as toddlers. This epidemic tipped into critical mass around 1998 when the first flood of allergic children entered kindergarten sending a shock through education systems. Prevalence of the allergy increases with parental income, education and accessible health care. It does not increase with consumption. In developing countries where peanut consumption is high, the allergy is virtually unknown. In the west, children who have never eaten a peanut experience reactions on initial exposure to the food.

Immunologists claim that this allergy is an immune system abnormality. This view is contrary to that of Dr. Charles Richet, who identified and named the condition anaphylaxis in 1901. Richet proved that anaphylaxis is an inevitable side effect of vaccination. It is a universal reaction of animals to any protein injected into the bloodstream—the first injection sensitizes, the second injection or subsequent consumption of the protein unleashes the life threatening reaction.

Since Richet's Nobel Prize winning research, doctors have known "how to" create anaphylaxis using a needle. Without the invention of the convenient hypodermic needle in 1853, anaphylaxis would not have gained common currency much less become epidemic. The needle allowed doctors to deliver substances directly into the blood, by-passing the modifying effects of the digestive system. And with the introduction of compulsory vaccination for diphtheria in 1895, anaphylaxis arrived en masse. Thousands of children were made ill or died from what doctors labeled "serum sickness". By 1906, the sickness was understood to be a systemic allergic reaction. Extreme sick-

ness was characterized by anaphylaxis, swelling, shock, asphyxia and death.

Serum sickness was the first man-made mass allergic phenomenon. The historical link between vaccination and mass allergy is rarely mentioned by doctors. Health officials have several rational arguments for not discussing the subject. One is that US Vaccine Injury Compensation Program guidelines make it impossible to prove a causal link between vaccination and a later "onset" of anaphylaxis—that is, when the toddler first eats peanut butter. The guidelines only recognize anaphylaxis that occurs shortly after injection.

The second argument was summarized by Richet himself who wrote that anaphylaxis "perhaps a sorry matter for the individual, is necessary to the species ... There is something more important than the salvation of the person and that is integral preservation of the race".<sup>2</sup>

And that "something" was protecting the whole of society from disease by vaccination—a goal that justifies the unavoidable casualties. A third rationalization is economic. Vaccine consumers absorb the cost of damage. Therefore, it makes financial sense to ignore the problem—which can't be proven anyway. And if litigation brought by angry parents becomes unwieldy, government will intercede with legislation to protect them [vaccine makers] as it did in 2001 and again in 2008 in the wake of a leaked report that the mercury-based vaccine preservative Thimerosal, was contributing to the massive rise in childhood autism.<sup>3,4</sup>

The framework for disease management with the needle began as business-minded makers of pharmaceuticals well over 100 years ago met the demands of government and doctors faced with massive immigrant influx during the first industrial revolution. Competition between pharmaceutical companies fed a media soon reliant upon lucrative and unregulated medical ads. In the early 20th century, a meld of compulsory vaccination for military and civilian populations and persuasive ads quickly transformed patients into medical consumers.

Consumers more afraid of disease than the side effects of treatment embraced the tradition of vaccination. For vaccine makers, however, unwanted side effects were balanced with the cost of production. They no longer used horse blood or mouse brain—the former was implicated in serum sickness and the latter was known to create encephalitis. However, an irreplaceable ingredient was vegetable oil. While cost effective and potent, oils could also be dangerous—they easily over stimulated the immune system.

Lulled perhaps by medical advance, officials were surprised by the second mass allergic phenomenon that began in the 1930s. This was the first outbreak of food anaphylaxis in history and it was caused by just one food: cottonseed oil. Refined cottonseed oil was a primary excipient in the injected "wonder drug" antibiotics and in vaccines.

Well documented issues had weakened the US seed crusher industry which with dropping standards was producing contaminated oils. Protein laden cottonseed oil was found to have been distributed to pharmaceutical and food manufacturers.

The outbreak might have been investigated more thoroughly if it hadn't ended so soon. Prevalence of the allergy peaked in the late 1940s, gradually declined and then fell from the medical journals, history and memory. This decline may be attributed to a change in vaccine ingredients. After WWII, oil from cottonseed was replaced.

This replacement oil was inexpensive, tariff protected, US grown and controlled tightly by a more reliable industry infrastructure; it came from peanuts. Manufacturers improved their refining processes to remove as much of the protein as possible (although not all according to a 2008 FDA report) thus preventing now well understood allergic implications. With trace peanut protein in some vaccines, the allergy built a profile very quietly in the 1950s but grew more noticeable through the late 1960s and early 70s. The first peanut allergy study in 1974 by S.A. Bock in the US identified its growing prevalence.

Vaccine innovations in this period included genetic modifications of proteins,  
*Man-made Peanut Allergies cont. on page 25*

manipulation of molecular weights to target specific antigens and the inclusion of an “adjuvant”. An adjuvant provokes the immune system to create antibodies while requiring less antigen (virus/bacteria). Adjuvant 65, dubbed the immunologists “dirty secret” increased antibody production 13 fold although no one knew exactly why or how. This useful, cost effective “black box” ingredient combined refined peanut oil with aluminum. It was added to childhood vaccines in the 1960s.

Two further changes to childhood vaccines were the introduction of haemophilus influenza B (Hib) vaccine in 1988 that was eventually rolled into an unprecedented 5 vaccines in one needle, the PENTA. Neither parents nor family doctors questioned these changes authorized by a WHO expert committee and recommended to governments in western countries. In the documented rush to

pull this formula together, it seemed to escape notice that the molecular weights of proteins in the Hib vaccine were almost identical to those in peanut. Peanut allergy tipped quietly into epidemic between 1987 and 1994. ER records in westernized countries revealed the tip of the iceberg in the early 1990s—90% of all admissions for allergy were for peanut. The allergy hit critical mass around 1998. The tipping point came when the first massive wave of food allergic children entered the public school systems at ages 4 and 5.

Pre-school and kindergarten teachers and principals were taken by surprise at the sudden appearance of not one but several food allergic kids in each school, hundreds in each school board, thousands across the US, the UK, Canada and other western countries.

Allergy researchers frantic for an answer to this deadly phenomenon questioned the role skin creams with poorly

refined peanut oil, levels of peanut consumption, methods of peanut preparation. They examined long-shot risk factors such as birth month, blood type, gender and race. None pointed to vaccination, a common childhood event with a proven history of creating mass anaphylaxis.

It is not without irony that in virtually every medical article on the allergy mice are made anaphylactic to peanut by injection. If vaccination is the functional mechanism by which millions of children have been sensitized to peanut why isn't every child allergic? One researcher pointed out in 2004 that “Adjuvant 65 offers the advantage over mineral oil used [other adjuvants] in that it can be metabolized”.

“Metabolized” means that the body can break down and eliminate the waste vaccine. This ability to detoxify varies between

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## Heather Fraser, on the Peanut Allergy Epidemic

*In her meticulously researched book, **The History of the Peanut Allergy Epidemic**, historian Heather Fraser pinpoints the precise moment of the allergy's appearance and describes the perfect storm of social, medical, political and economic factors from which the epidemic has grown. The book is published by McMaster University Innovation Press and is also available on Amazon. In chapter 6 she writes:*

“Vaccination was the elephant in the room. Researchers glanced at it, knew it was there but were reluctant to get too close. Only a handful of doctors at the time looked directly at vaccination and asked whether a reduction of common childhood diseases through a policy of mass vaccination was worth the price of a higher prevalence of allergy and other adverse outcomes.

Vaccines are a complex blend of antigens, stabilizers, adjuvants, preservatives, anti-bacterials, anti-fungals, suspending fluids, gels and more. While manufacturers, government and doctors are not obliged to reveal the precise ingredients of vaccines, the CDC offered a limited list. The common childhood vaccine DtaP-IPV/Hib (Pentacel), for example, contains: aluminum phosphate, bovine serum albumin, formaldehyde, glutaraldehyde, MRC-5 DNA and cellular protein, neomycin, polymyxin b sulfate, polysorbate 80, 2-phenoxyethanol. MRC-5 (Medical Research Council 5) is a cell line developed in 1966 from lung tissue taken from a 14-week-old fetus aborted for psychiatric reason from a 27-year-old woman, and more. Bovine serum albumin (BSA) is blood protein from cattle. Neomycin is an antibiotic. Aluminum phosphate is part of an antigen sparing adjuvant.

Adjuvants, stimulate the immune system to respond to just a small amount of antigen. They reduce the cost of a vaccine and increase its efficacy measured in antibodies specific to the disease being addressed. However, they can be dangerous. The choice of adjuvant (or even whether to use one or not) in any vaccine by a maker or government reflects a compromise between immune stimulation and invariable side effects that would be produced in a percentage of consumers. One of the side effects engendered by vaccine ingredients is the production of IgE antibodies, [a marker of immune system dysregulation]. The more effective a vaccine is, the greater the risks of allergies and other adverse effects.

The question about vaccination has never been whether there would be damage, but rather how much and what kind in relation to the established vaccination goals. Before 2000, doctors were beginning to admit that there was an uncomfortable unpredictability in combining different vaccine products in the same syringe. Doctors knew that iatrogenic conditions were being caused by vaccinations and yet, without comparative data on unvaccinated children officials were not compelled to reduce the pediatric schedule. In fact, it increased.

Neither coincidence nor genetic fluke can explain the speed at which this allergy has spread in children or its peculiar features. The allergy appears primarily in western countries including the US, Canada, Australia and the UK and in boys more often than girls in a 2:1 ratio.”

According to the Ottawa Anaphylaxis Support group, More than 12 million Canadians currently suffer from allergies, asthma and anaphylaxis.

individuals and is today an enormous challenge for western children increasingly weakened by digestive imbalance. And even if one does not accept the Injection Hypothesis, the balance between fear of disease and risk of side effects has clearly shifted. Educated parents for whom official rationalizations now ring hollow are beginning to refuse vaccination.

In the wake of the Thimerosal debacle in 2000 and the ongoing celebrity endorsed media campaign (generation-rescue.org) which insists that vaccination causes autism, vaccine makers have been quietly phasing out the use of mercury in vaccines used in the west.

Stocked batches of these vaccines have been shipped to China and other Asian and African countries where they have been administered to children, populations of new medical consumers. In China, where peanut consumption is high, the allergy was virtually unknown in 2001.<sup>6</sup> Recent studies in 2008 and 2009 indicate that peanut allergy is on the rise in Chinese and Singaporean children.<sup>7</sup>

Note: Heather Fraser can be contacted directly at [info@peanutallergyepidemic.com](mailto:info@peanutallergyepidemic.com) or visit <http://www.peanutallergyepidemic.com>

#### Resources:

1. 1 Reneé Dubos, *The Dreams of Reason: Science and Utopias* (New York, 1961) p. 71.
2. 2 Charles Richet, "Acceptance Lecture", Nobel Prize for Medicine, 1913.
3. 3 Defense of vaccine damage is explicit in the transcript of famed 2000 Simpsonwood conference in which 48 government bodies and vaccine makers discuss a report linking mercury in vaccines to autism. This transcript was reviewed by R.F. Kennedy Jr., "Deadly Immunity," *Rolling Stone Magazine* (June 20, 2005).
4. 4 Anon, "The Man Behind the Vaccine Mystery", CBS Evening News, Washington, Dec. 12, 2002. [www.cbsnews.com](http://www.cbsnews.com) In a post 9-11 world, Senate Majority Leader Bill Frist stated, vaccine makers must be free from lawsuits so that they can protect Americans from bio-terrorist attacks.
5. 5 Wendy Harris, "Abnormal Response to Normal Things," *Professionally Speaking Magazine*, Ontario College of Teachers, Sept. 2000.
6. 6 K. Beyer K, et al. "Effects of cooking methods on peanut allergenicity," *J Allergy Clin Immunol.* 2001 Jun;107(6):1077-81.
7. 7 Europrevall.org and Chiang Wen Chin, "Food Allergy in Singapore," *SingHealth.com* (2009) ✓

## Quack

By Suzanne Humphries, MD July 5, 2010

Mainstream medicine has hit a new low in its war against physicians who have become alternative healers. The battle has been going on for decades, but lately, in bully-like fashion, pharma's minions are ramping up the vilification. They're now discrediting any healing method not based in their version of accepted science—excuse me, I meant their religion of pharmaceutical belief which has been *misnamed* as 'science'.

They demand explanation and evidence when we reject their drugs, yet they never serve up true evidence or proof that drugs do *more good than harm*. They insist with religious fervor that vaccines are safe, effective and keep people healthy. They preach as gospel that antibiotics are better or safer than homeopathy, herbs, colloidal silver, vitamin D and natural support for non-life threatening infections, despite the fact that antibiotic adverse effects are common and well documented. Serious effects such as anaphylaxis (inflammatory shock), kidney failure, liver failure, Stevens-Johnson syndrome (a life threatening condition where the epidermis separates from the dermis), Clostridium difficile colitis (commonly referred to as C-diff), and the creation of drug resistant super-bacteria are but a few examples. And now, they've recruited some very bright (but not necessarily wise) minds to attack alternative practitioners. Their latest weapon is name calling—most notably, labeling them 'quacks'.

'Quack', as per the Random House dictionary:

1. A fraudulent or ignorant pretender to medical skill; 2. A person who pretends, professionally or publicly, to skill, knowledge, or qualifications he or she does not possess; a charlatan.

But from its current usage, I'd say they've added a new definition:

3. A physician or medical healer who does not profit from creating and maintaining disease, but rather respects the natural tendency of the body to heal itself; one who helps the body eliminate whatever toxins are causing illness, be

they environmental, emotional or pharmaceutical; one who uses primarily non-toxic, non-surgical means for routine care, and uses pharmaceutical and surgical medicine as a last resort.

### Who Gets on the List?

Physicians who see that the popular medical-pharmaceutical construct endangers its recipients with marginally tested drugs of questionable efficacy, but with well documented adverse effects, are labeled as quacks. A physician who recognizes the significant conflicts of interest, and resultant corruption in the circle of influence that comprises the nation's government/ public health officials, lobbyists for the pharmaceutical industry, and in many instances his or her own colleagues is considered a quack.

As a matter of fact, it seems a quack is apparently anyone in the healthcare industry who does not believe in and support the unharnessed proliferation of the pharmaceutical industry, with its virtually unlimited profits from its worldwide distribution of toxic medications and vaccines. When a physician has the ethical fortitude to reject these massive operations and label them as destructive, s/he will be considered a quack. And most definitely, any physician who no longer wishes to be a mercenary for the pharma-backed junta that has taken over medical schools and medical institutions will be tagged "quack".

I noticed, when Googling the names of some of our most prominent alternative healers, they all earn the title of "quack". This new, disparaging label seems to have appeared at a time when there was a growing tension in the world about the necessity, efficacy and safety of vaccines and pharmaceutical drugs. Most physicians who believe that the current childhood vaccination program is not safe or is unnecessary are automatically thrown onto the list, regardless of their accomplishments, backgrounds, or well-established reputations prior to uttering an opinion that vaccines may be dangerous.

Some of my favorite "quacks" as defined by #3:

**Sherri Tenpenny, DO:** published author, scholar on a long list of topics, especially the problems caused by vaccines.

*Quack cont. on page 27*

**Russell Blaylock, MD:** neurosurgeon and outspoken advocate of health freedom.

**Andrew Wakefield, MB:** published author, formerly respected surgeon until he stepped on the toes of big pharma with a groundbreaking monkey study involving the Hepatitis B vaccine, a study that never got published. That research would have ultimately exposed the ravages of the entire childhood vaccine program.

**Mayer Eisenstein, MD, JD, MPH:** published author, attorney, and outspoken natural health advocate, who happens to have more than 20,000 non-autistic, unvaccinated children in his group medical practice.

**Garry Gordon, MD, DO, MD(H):** innovator, heavy metal detoxification expert, and living example of vibrant aging.

**Joseph Mercola, DO:** outspoken natural health advocate who uncovers and exposes corruption and inaccuracies in conventional medicine through his widely viewed website.

**Lawrence Palevsky, MD, FACP:** conventionally trained, board certified pediatrician, who has publicly expressed disagreement with conventional drugs and vaccines and offers a holistic pediatric option.

Why do I support these physicians and why am I qualified to lash out at pharma, “science-based medicine” bloggers, “Quackwatch”? I am a Medical Doctor with a bachelor’s degree in physics, certifications in Internal Medicine and Nephrology. I have no malpractice suits on my record and I have always been well regarded by my colleagues. However, the respect I have enjoyed for more than 15 years as a physician may well start to crack, as a result of speaking openly about my view on vaccines, which, when administered without fully informed consent, are a violation of patient trust and a threat to their health.

### Expanding List of Quacks

The growing crowd of physician-quacks comes armed with determination. Once they realize what vaccines have done and continue to do—to their patients, and that no one involved is accountable or responsible, they are compelled to take a deeper look. Howev-

er, they are vulnerable to the whims of an industry backed by billions of dollars and supported by a mesmerized, deceived medical culture.

Doctors are under the spell of a media that censors the truth and limits access to any information that contradicts the vaccination paradigm. They take risks when they speak out; they do this to support a trusting, under-informed and vulnerable humanity. Their rewards come in the form of the many thanks from the millions of parents and patients who are grateful that there are physicians who support their personal beliefs and acknowledge their often tragic observations.

The truth is dark and complicated, and not readily visible to the physician who starts to question convention because he can no longer live with the apparent contradictions. If he dares to question the problems of the vaccination program, he must then critically examine the entire system, one that turns a blind eye to the deterioration of health after someone receives a vaccine.

Doctors should be asking questions such as, What are the underlying causes of our national epidemic of chronic illnesses that fill our sick care institutions? What are the incestuous, revolving-door relationships between government/ public health, pharma and the insurance companies, and why is this a problem? Why have so many infants and children developed so many formerly unheard of illnesses in their age group? Why is the link to vaccination uniformly dismissed as non-causal? Sadly enough, few physicians question the current paradigm. Few want to risk being labeled as “quacks”. It is much simpler- and safer- to remain comfortably within the status quo, no matter how sordid it has become.

As this avaricious machine tramples on life, there are people being cured of cancer, healed of supposed chronic degenerative diseases, discarding their unnecessary medications and making themselves well by exiting the System that gave them few options and offered little hope.

Doctors providing “alternative” methods of healing are scoffed at, challenged by their state medical boards, belittled by their colleagues. And they are called quacks.

This word “quack” has been turned into

a weapon, unleashed on those who notice the scores of patients spiraling to their death at the hands of FDA-approved, CDC-sanctioned medical interventions of big pharma and their affiliated institutions. The self proclaimed authorities of “science-based-medicine”, the paid pharma bloggers, “Quack Watchers” and many others who proselytize the message of drug companies and attempt to discredit the time-tested healing methods used by alternative practitioners, are destined to fail. I take comfort in the fact that the masses are becoming increasingly disgruntled with the results of their conventional medical options. The public trust and confidence in what pharma and conventional medical doctors have to offer is, thankfully, dying.

The day will come when doctors will freely combine their scientific medical education with time-tested alternative treatments to build a new paradigm. The future of medicine will utilize the healing arts passed down through generations and adopted from other cultures, tools that are nearly defunct from disuse and systematic attack. Physicians will make a living by maintaining health rather than from treating disease and creating new sickness. The physicians listed on my personal “quack” list will be heroes and known for taking huge risks to change the course of healthcare in this country and beyond. These physician “quacks” already have thousands of patients who can attest to the fact that their doctor’s unconventional medical innovations, combined with their conventional medical knowledge, enriched and healed their lives, without prescription drugs and they remained healthy without vaccines.

Those who have attempted to warp our reputations by calling us “quacks” will not succeed. The primal wisdom of the masses is more powerful than all the propaganda promoted by the misnamed “science-based medicine” and “quack watchers”. The pillars that support the sick-care industry are cracking and its architects are getting desperate. In due time, the Yellow Pages will be abundant in so-called quacks. Quack watchers really should watch carefully. The revolution has begun.

Reprinted with appreciation from : International Medical Council on vaccination: <http://www.vaccinationcouncil.org/2010/07/06/quack/> ✓

*nal of Allergy and Clinical Immunology* study. Of 11,531 children studied at age seven, here are the results: vaccinated at two months, 13.8% are asthmatic, vaccinated between two and four months, 10.3%, vaccinated after four months, 5.9%. Again, how well would these kids have done had they not been vaccinated at all?

### THE LESSON LEARNED ON VACCINATION

As a concerned, compassionate and considerate paediatrician, I can only arrive at one conclusion. Unvaccinated children have by far the best chance of enjoying marvellous health. Any vaccination at all works to cripple the chances of this end.

Reprinted with appreciation from: <http://www.vaccinationcouncil.org/vaccination/articles/the-marvellous-health-of-unvaccinated-children.html> ✓

### Letters

June 7, 2010—My little boy Logan has never been the same since the H1N1 vaccines he received in late Nov & early Dec 2009. I hardly know where to start as it has been a long, painful road for me and my family.

Logan hasn't felt well for several months now & continues to get worse. He complained about not really feeling well shortly after his first injection, then seemed a bit better. It was after his second shot that things really took a turn for the worse. He started to be less & less interested in eating, to the point where he lost a significant amount of weight & his eyes and cheeks were sunk in. He screamed in pain from stomach aches and cried daily from the throbbing headaches he had. He started having severe sleep disturbances and his behaviour became more and more concerning.

It didn't take long before I didn't recognize my own son anymore. We tried to get to the bottom of Logan's health concerns and at first didn't even think it could be the vaccine doing this to him. He developed severe food sensitivities and could no longer properly digest proteins. We had to change his diet to wheat and dairy free and if he does get anything that is hard to digest he violently throws up.

He woke up many mornings in a pool of his own vomit & urine. He also complains daily of muscle aches & tells me that his bones hurt. Lab tests have shown that Logan has none of the good bacteria found in his digestive tract & that he has an immunoglobulin A deficiency. He also now has a low red blood cell count & is slightly anemic. He also has a high level of reactive lymphocytes in his blood. My research has taught me that this is usually associated with a viral illness but can also be present as a result of immunizations.

Logan's hemoglobin is also low. He is pale & has splotches all over his face. He tires easily and generally is moody & upset. I think he has been in constant pain now for months. We are all worried sick about him. We have reported these adverse effects to Logan's pediatrician & to our family doctor. I sent a fax to his pediatrician regarding this matter to which he never responded & the last time we were in Edmonton to see him he wouldn't discuss this matter with us.

We also told our family doctor here in Cold Lake what was happening and that we suspect the H1N1 vaccine has something to do with our son's deteriorating health. He refused to talk about it and actually pretended he didn't hear me and started talking about something else.

The real kick in the teeth came today when I took Logan to our doctor again to see if anymore lab results came back and to discuss Logan's anxiety issues to see if there was anything he could do or suggest to help. He handed me a few papers stapled together and told me to ask his receptionist to copy them for me. He then told me that he feels there is nothing more he can do to help Logan and advised us to find A NEW FAMILY DR!

Now that's all fine & dandy but the sad part is that we live in a small community where we are facing a severe doctor shortage and there are NO doctors accepting new patients. I was totally SHOCKED! I spent the remainder of the day in tears wondering how on earth we are going to find another doctor. So now we have a little boy who has been diagnosed on the autism spectrum, who is chronically ill and we have NO family doctor. We are devastated and have no idea where we are going to turn or if we are ever going to find a doctor who cares.

Logan has always had a weak immune system & getting the H1N1 vaccine is probably the worst mistake I ever made. My little boy has suffered ever since. To top it all off our family doctor has now turned us away and won't see him anymore. We need help desperately and I have no idea what's going to happen to our little boy.

**Kristie Tait, Cold Lake, AB**

Reprinted from: <http://canadians-forhealthfreedom.wordpress.com/h1n1-vaccine-side-effects-canadians-please-report-here/>

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October 5, 2010 - Hi, I'm a registered nurse and had the H1N1 flu shot a year ago in October. I have been feeling myself deteriorating more and more as each day goes by. As a health care provider I felt a lot of pressure to take the vaccine where I work in Northern Manitoba.

I was a healthy active person enjoyed outdoor activities, fishing, camping hiking, skidooing, ice fishing, going to the gym. Now I feel limited in what I'm able to do because of body aches, joint pain, pain at injection site. I keep getting flu like symptoms with fever. I never experienced any of these symptoms until after I had shot. And now a year later feeling all this pain and aching has me concerned.

It all started shortly after I had the shot. Now in the left tendon of my heel and ankle I feel pain with a swelling - at times my right elbow pains and burns with limited extension. Lately my right knee became very swollen and painful. At the injection site I feel a sharp stabbing pain and at times causes swelling and soreness right to my wrist.

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***I just want help from some one to reverse the H1N1 injection. I am so sorry I took this needle and would sooner take my chances with the actual flu then to have my body slowly deteriorating.***

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I have tried taking all kind of medication from Naproxen, Celebrex, Arthrotec, Motrin, ointments, Tylenol 3, to Percocet with 30mg codeine for breakthrough pain. While I have a high pain tolerance I'm at a

*Letters continued on page 29*

point where I need pain medication just to function normally on a daily basis.

I just want help from some one to reverse the H1N1 injection. I am so sorry I took this needle and would sooner take my chances with the actual flu then to have my body slowly deteriorating. My reaction has been reported to Health Canada as an adverse effect.

I just don't know where to turn and now I'm being sent to a rheumatologist but it should have never gotten to this stage. I feel Health Canada needs to do more investigating into a vaccine before panicking and pushing it out to such a large number of people. As a nurse I am concerned for the innocent civilians who may feel much the same symptoms but may not relate their condition to the flu shot. I know how well and healthy I felt prior to it.

So please if you know where I can go or who I can speak to for help it would be greatly appreciated.

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June 11, 2010—Hello, I am a 59 year old male living in Edmonton, Alberta. For the past forty years I was extremely healthy and active playing hockey and working in an office/construction type job. In November 2009, I received my first ever flu shot and H1N1 flu shot. About one week later I tried to get up from my office desk and my leg muscles wouldn't work. It was like someone flipped a switch and they were turned off. With some effort I was able to stand and walk around but the muscles just above the knee were working at about 5% capacity. Over Christmas, the muscle weakness/paralysis moved upwards into my arms and it became extremely difficult to lift anything heavier than a cup of coffee.

At this same time I went to see my GP about the problem and he sent me for a battery of blood tests, x-rays, etc. and he then referred me to a neurologist. At the end of January 2010, the neurologist examined me for about 15 minutes in his office and told me he's 99% certain that

I have Guillain-Barre Syndrome (GBS). The next day I had an electromyography (EMG) and a second neurologist positively diagnosed GBS.

I had a medical for my life insurance in October 2009 and was 100% healthy at that time. The only thing different in my life was getting the swine flu and regular flu shot about 1 week before the muscle weakness occurred.

Over the past 6 months, the weakness has progressed to the point that I am off work and bed-ridden 23 hours a day. I have had 3 IVIG treatments each lasting 5 days and my neurologist has me on a cocktail of immunosuppressant and steroid drugs (Immuron, Pantoprazole and Prednisone). He believes that I may be able to go back to work in 1-2 years, but everyone responds differently to treatment and it is difficult to make an accurate prognosis.

Financially, it is a disaster because I expected to work another 6 or 7 years at which time our mortgage would be paid off and we would be on OAS. Both our daughters are in University and we have everyday household expenses to deal with. We have already gone through quite a bit of our savings but it is hard to know when I will be able to get back to work. Fortunately, my wife is at home and cooks my meals and is a main caregiver. Otherwise, I would probably have to be hospitalized for several months.

It is very frustrating that the Government of Canada promotes and endorses the idea that every Canadian should get a swine flu shot, even people in my age group who are considered low-risk for swine flu, but high-risk for contracting illnesses like GBS-CIDP. It is also frustrating that there is no safety net or financial support to deal with patients who experience serious adverse effects like myself.

Thank you for your website (Canadians for Health Freedom) and for giving me the opportunity to express my views.

**Charlie in Edmonton**

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**Miscarriages & Stillbirths Fol-**

**lowing H1N1**

I received the H1N1 vaccine on October 16th, 2009 and started experiencing cramping on the 22nd. I was nearly 17 weeks pregnant and gave birth to a still-born baby boy on the 23rd. Like many of the other women [reporting reactions], the first thing I suspected was the H1N1 vaccine.

I immediately asked a nurse at the hospital if that would have anything to do with it. Without hesitation, she told me "absolutely not." I had reservations about getting the vaccine, but followed the advice of my long trusted family doctor. In a follow up appointment with my doctor 3 days after I lost my baby, I asked him if the vaccine would have had any adverse effects on my baby. He also said that it was not possible. I don't believe that my doctor was necessarily lying to me, he was simply following the accepted practices and opinions of his field.

I do, however, believe that as a nation, we are being lied to. This vaccine is NOT safe during pregnancy. There has not been enough testing done to determine this and there are far too many "coincidences" for this to be anything but a result of a vaccine that was hastily pushed into production and distribution in an effort to stop widespread panic. I have read so many stories in defense of the vaccine that will talk about how common miscarriages are, but I would challenge you to ask ANY health care professional how common second trimester miscarriages are.

My baby was doing perfect developmentally and I had felt him move earlier that day. My heart goes out to everyone who has gone through the same heart-ache and loss that I have had in the last couple of weeks. There is no reason that any woman or family should have to go through this. Get the word out to all of the pregnant women that you know. I know that if I had heard that women had been losing their babies shortly after they received the vaccine, I would have followed my gut and not gotten it myself.

**From: Sioux falls, South Dakota**

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July 3, 2010—I am a midwife, and am

seeing very odd placental anomalies now from mothers whose H1N1 vaccinations were taken last fall during first trimester. Other events include return of serious persistent nausea in third trimester, erratic pre-eclampsia symptoms in healthy well-nourished mothers, excess cramping and threatened pre-term labor, retained placentas, lingering lochia after the birth, unexplainable acute anemia, and one healthy active young mother developed severe DVT (Deep Vein Thrombophlebitis) one month after birth.

My non-vaccinated mothers have not shown any of these symptoms, but all of the mothers who received the H1N1 shot have had some or all of these. With eugenicists like Bill Gates pushing mass involuntary sterilization using vaccinations, all of us need to be asking: Whose brilliant idea was this, giving an untested vaccine to our pregnant mothers, and why has the medical establishment gone along with this scheme without question?

Time to get very, very cynical folks. It is your best self-defense.

**Lori**

Miscarriage letters from: <http://organichealthadviser.com/archives/shocking-h1n1-swine-flu-vaccine-miscarriage-stores-from-pregnant-women-tell-your-doctors-that-vaccines-and-pregnancy-do-not-mix>

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### Children's Health Holocaust

The woman's voice was soft, her solicitation respectful. She was phoning to ask for a donation to the Learning Disabilities Foundation. I replied no, I wouldn't do that because, as a longtime member of Vaccination Risk Awareness Network (VRAN), I'm aware that vaccines can cause neurological injuries. By donating, I would encourage a continuation of the status quo: denial of vaccine damage and no compensation from those who promote and administer vaccines without allowing fully informed consent.

The woman told me of her 14 yr old who was struggling at school. After a few days on Ritalin, she'd stopped the drug since, on it, he'd retreated into his shell even more. She now has him on a newer drug, hoping it will allow him to concentrate on his school work. She asked how vaccines cause brain damage and I relat-

ed information I've gleaned from various sources, especially neurosurgeon, Russell Blaylock. Dr Blaylock has written an amazingly comprehensive summary of vaccine risks as an introduction to Neil Miller's 'Vaccine Safety Manual', itself a powerhouse of information.

He warns, "we are facing a new problem of astronomical proportions. There is evidence that the great number of vaccines given to our children, and adults, is causing injury to their nervous systems and that it reduces the ability of people to think, learn, behave and function as normal adults." He explains that our brains have immune cells which overreact when stimulated by multiple or frequently administered vaccines; and/or food additives such as MSG and aspartame; and/or infections acquired due to poor innate health or previous vaccinations.

The result is 'excitotoxicity', an outpouring of toxic chemicals from those cells. Dr Blaylock states: "The vast majority of physicians have never heard of excitotoxicity, despite the fact that it is the most discussed mechanism in the field of neuroscience." As an example of the process, he discusses what can happen when live measles virus from MMR vaccine migrates to a child's brain. He writes, "Any subsequent vaccinations or infections will greatly aggravate the immune/excitotoxic degeneration of the child's brain. This can result in developmental language problems, learning problems, behavioral problems (irritability, anxiety, depression, and violent episodes), in addition to seizures."

My heart goes out to all the families who've put their trust in a health paradigm based on fear, coercion and no accountability. Today, via the Health Act, Public Health has its nose in public schools, daycares and summer camps, recording adherence to or avoidance of vaccine schedules; giving the false impression vaccines are absolutely necessary; and cornering into submission parents unlucky enough to have no substitute for daycare. Why should we worry about global warming when a children's health holocaust is on the horizon?

**Susan Fletcher, Sechelt, B.C.** ✓

## NEWSCLIPS

### 40 Child Deaths Suspected in UK Following Vaccine Reactions

October 2010—Forty child deaths are suspected after routine vaccinations including MMR vaccine, and 2,100 more have suffered a serious reaction, UK health authorities have been forced to disclose this week—and these figures are just the tip of the iceberg.

Two of the vaccinated children have been left with permanent brain damage, and 1500 others have suffered neurological reactions, including 11 cases of brain inflammation and 13 cases of epilepsy and coma. Overall, there have been more than 2,100 adverse reactions to a childhood vaccine in the UK in the last seven years. The UK's Medicine and Healthcare Products Regulatory Authority (MHRA) was forced to reveal the figures following a request from a journalist under freedom of information legislation.

The true picture is likely to be far worse. The MHRA cases are only those that doctors have reported; if the doctor does not believe the vaccine has caused the reaction, he will not report it. It is suspected that just 10 per cent of all deaths and reactions from vaccines are ever reported; if so, as many as 400 children may have died from vaccination and 21,000 have suffered an adverse reaction in the UK alone.

The true situation will be far worse in countries such as the US where childhood vaccination is compulsory. Last month, the UK government was forced by a court to pay damages to a mother whose son was left with severe brain damage after an MMR vaccination. Another 500 similar cases are currently going through the UK courts.

From: WDDTY News Oct. 27, 2010 <http://www.wddty.com/40-uk-children-killed-by-mmr-and-the-true-picture-could-be-10-times-worse.html>

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### 50 Year Vaccine Spreads Disease

A study published March, 2010 in 'Proceedings of the Royal Society of Biological Sciences' provides evidence that the worldwide increase in whooping cough and US increase in its death

rate may be due to the previous 50 years of widespread pertussis vaccinations. Although Bordetella pertussis is considered the usual cause of whooping cough, another causative species is B. parapertussis. Researchers determined the efficacy of a common acellular pertussis vaccine against both B. species in mice infected with one or both of them. While vaccination appeared to help clear B. pertussis, it was also followed by a 40-fold increase in lung colonization by parapertussis.

A synopsis from Penn State U comments: "Overall, these data suggest that the vaccine may be contributing to the observed rise in whooping cough incidence over the last decade by promoting B. parapertussis infection." But rather than drop aP vaccine, it suggests the deficiency be fixed with addition of parapertussis antigen. Would all of us rodents be happy?

<http://rspb.royalsocietypublishing.org/content/early/2010/02/26/rspb.2010.0010.abstract>

<http://www.cidp.psu.edu/research/synopses/acellular-vaccine-enhancement-b.-parapertussis>

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### **Influenza Nonsense**

A 2010 Cochrane Review of Influenza Vaccine reminds us that, as well as influenza, over 200 viruses are associated with influenza and influenza-like illness. These viruses "produce the same symptoms...Without laboratory tests, doctors cannot tell the two illnesses apart. Both last for days and rarely lead to death or serious illness." Another issue is that nasal swab tests can give false positive results. To be accurate, swabs must be taken high into the nasal passage, a location difficult to reach due to extreme discomfort for the patient.

By assessing all trials comparing vaccinated and unvaccinated people, the Cochrane Review found that when flu shot antigens all matched circulating viruses, vaccination of 33 healthy adults would negate one set of these influenza symptoms which "rarely lead to death or serious illness." When the match was only average, 100 would need to be vaccinated to get that result. "Vaccine use did not affect the number of people

hospitalized or working days lost." A 2009 Italian study of 32,457 elderly is an example of one that similarly found, "vaccination did not significantly reduce the risk of in-hospital death, influenza or pneumonia admission."

The Cochrane Review also found 1 case of Guillain-Barré per million vaccinated. Considering the numbers vaccinated worldwide, factors which probably diluted the true injury rate, the low vaccine efficacy, and the generally mild nature of the illness—can this serious injury be fairly ignored?

<http://onlinelibrary.wiley.com/doi/10.1002/clv.1269/frame.html>  
[http://www.naturalnews.com/029173\\_nasal\\_swabs\\_influenza.html](http://www.naturalnews.com/029173_nasal_swabs_influenza.html)

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### **Parents Concerned About Vaccine Safety**

An Oct 2010 survey found 89% of parents think vaccine safety should be given the highest priority amongst health research. The C.S. Mott National Poll on Children's Health asked 1,621 U.S. parents to rate everything from research on vaccines and other drugs to research on cancer and rare diseases. Apparently miffed by the result, Matthew Davis, director of the poll and associate professor of pediatrics and internal medicine at U of Michigan Medical School, remarked: "Parental concerns about the safety of vaccines have increased markedly over the last decade, due to alleged but later disproven links between vaccines and autism and related concerns about mercury and other preservatives used in vaccines."

<http://www.theoneclickgroup.co.uk/news.php?start=4040&end=4060&view=yes&id=5383#newspost>

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### **India Halts HPV Vaccine Trial After Six Girls Die**

In India, the deaths of six young girls following injection with human papillomavirus (HPV) vaccines during experimental trials has prompted the Indian government to immediately stop all trials of the vaccines. Two imported brands of the human papillomavirus (HPV) vaccines, Gardasil and Cervarix, were allowed to undergo clinical trial

(Phase III) in India until the deaths. The vaccines have been implicated in the deaths of at least 67 young women in the U.S. eliciting no response from health officials who keep pushing it on the public.

The Vaccine Adverse Event Report System (VAERS) in the U.S. reports of serious, life-damaging side effects, and officials have done nothing about it. So it is unlikely that the U.S. will do anything to stop the vaccine from being marketed around the world as a cancer preventative.

Since many women in the industrialized world are now learning about the dangers of HPV vaccinations and rejecting them, Big Pharma has moved on to other populations in its quest to jab the entire world with the dangerous shots.

Sources: <http://www.thaindian.com/newsportal/>; [http://www.naturalnews.com/029632\\_India\\_HPV\\_vaccine.html](http://www.naturalnews.com/029632_India_HPV_vaccine.html) <http://truthaboutgardasil.org>

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### **Did Acetaminophen Provoke the Autism Epidemic?**

Independent researcher in central Oregon. After 30 years studying multiple sclerosis he was struck by similarities between MS and autism. Email: petergood1@mac.com.

Schultz et al (2008) raised the question whether regression into autism is triggered, not by the measles-mumps-rubella (MMR) vaccine, but by acetaminophen (Tylenol) given for its fever and pain. Considerable evidence supports this contention, most notably the exponential rise in the incidence of autism since 1980, when acetaminophen began to replace aspirin for infants and young children. The impetus for this shift - a Centers for Disease Control and Prevention warning that aspirin was associated with Reye's syndrome - has since been compellingly debunked. If aspirin is not to be feared as a cause of Reye's syndrome, and acetaminophen is to be feared as a cause of autism, can the autism epidemic be reversed by replacing acetaminophen with aspirin or other remedies?

Source: PMID: 20030462; <http://www.ncbi.nlm.nih.gov/pubmed/20030462>

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*VRAN Membership and Order Form*

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VRAN website: www.vran.org

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Reason for Interest:  
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Your Questions, Personal Stories:  
\_\_\_\_\_  
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**Please photocopy this form from back cover of newsletter and use the back side of the sheet to write your own vaccine story.**

**\*\* New Members receive a comprehensive information package totaling over 100 pages. \*\***

**Please note: Annual membership is renewed in January of each year.  
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