

VRANewsletter

Vaccination Risk Awareness Network Inc.

Spring 2010
Double Issue

Censorship and Show Trials on Vaccines and AIDS

By Donald W. Miller, Jr., MD ; March 3, 2010

Two tenets of today's health care are that a human immunodeficiency virus (HIV) causes AIDS and vaccines are effective and safe. Investigators who have the temerity to question this official dogma see their work blocked from publication, grant requests rejected, and in one signal case can even find themselves being subjected to a Soviet-style show trial.

Andrew Wakefield (b. 1957) recently underwent such a trial in the UK held by its General Medical Council (GMC) Fitness to Practice Panel. Along with two other well-respected gastroenterologists, he was subjected to the longest, most expensive trial in that council's 148-year history.

In 1998, Dr. Wakefield and twelve colleagues at the Royal Free Hospital in London identified a new kind of bowel disorder in twelve children with autism. This case series of "autistic enterocolitis" was published in the *Lancet*. The parents of eight of these children reported that their child became autistic and developed disabling intestinal symptoms shortly after receiving the MMR (measles, mumps, and rubella) vaccine. Noting this, Dr. Wakefield and his colleagues raised the possibility that the MMR vaccine might have something to do with this syndrome. They concluded the *Lancet* paper with this statement: "Further investigations are needed to examine this syndrome [autistic enterocolitis] and its possible relation to this [MMR] vaccine."

A UK journalist, Brian Deer, "investigated" Dr. Wakefield and wrote an expose about him in 2004 that was published in the *Sunday Times*. Acting on the allegations this journalist made, the GMC charged Dr. Wakefield with unethical conduct, various conflicts of interest, and "callous disregard" for children. Last month, the GMC Fitness to Practice Panel, after a 2½-year trial, found him

guilty of all charges. One observer who has followed this case notes that the head of the Panel, Dr. Kumar, holds shares in GlaxoSmithKline, the UK's largest vaccine maker.

The charges the GMC and this journalist have made against Andrew Wakefield are all without foundation, as Melanie Phillips shows in "The Witch-Hunt Against Andrew Wakefield" in the *Spectator*, and Mark Blaxill, in "Naked Intimidation: The Wakefield Inquisition is Only the Tip of the Autism Iceberg," on the AgeofAutism.com website. Dr. Wakefield rebuts the charges made against him—see Note #1.

Parents of autistic children support Dr. Wakefield. After the verdict parents held street demonstrations in protest, carrying signs reading "Scape-goat," "With Wakefield," and "Guilty of helping our damaged kids." One parent said, "I firmly believe these doctors are going to be hung out to dry because they dared to question MMR." Another, "Dr. Wakefield and his colleagues are the only doctors who ever really listened to us. I fear now that no doctor will want to have anything to do with helping any child that is harmed by any vaccine in the future."

Dr. Wakefield helped found the Thoughtful House Center for Children in Austin, Texas in 2005 and was its Executive Director until recently when he stepped down from this position in the wake of the GMC trial.

Shortly after the verdict the editor of the *Lancet*, Richard Horton, announced that the journal was retracting Wakefield et al.'s 1998 paper. If you have access to the electronic archive of past issues of the *Lancet*, you will see the word "RETRACTED" stamped across each page

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Andrew Wakefield and the Suppression of Intellectual Dissent

By Edda West

"Suppression of Dr. Wakefield's findings is not only a violation of scientific principle and an abuse of power, but also a truly frightening example of misguided disregard for the health of children." —Richard Deth Ph.D., Neuropharmacologist and signatory to Dr. McCandless petition to the Wakefield Inquisitors at the British General Medical Council (GMC).

This issue of the VRAN newsletter is dedicated to Dr. Andrew Wakefield, persecuted and prosecuted by the vaccine establishment for raising a cautious alarm that a number of children regressed into autism and developed inflammatory bowel disease soon after receiving the MMR shot.

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VRAN NEWSLETTER

Vaccination Risk Awareness Network Inc.

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Thanks to Catherine Orfold 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 on-going support to the Vaccination Risk Awareness Network: **\$35.00—Individual \$75.00—Professional**

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

VRAN website: www.vran.org

VRANews

Thank you to the Encontre Family

By Mary James

On behalf of the VRAN Board of Directors, I offer sincere thanks to Adena and Chantal Encontre and their parents Lise and Denis for their generous donation.

A few months ago Adena age fifteen and Chantal age thirteen, donated a portion of their allowance to VRAN. Included with their cheque was a lovely note. *"Thank you for the gift of sharing and caring about the welfare of children and families who still need you. This donation has been made by Adena and Chantal and matched by our parents Lise and Denis Encontre."*

Adena and Chantal were babies when their mother, Lise became involved with The Association for Vaccine Damaged Children, (AVDC), and subsequently with VRAN.

While pregnant with Chantal, Lise thoroughly researched the controversial childhood vaccination issue. After much serious thought and consideration, Lise and Denis decided that they did not want to put their daughters' health at risk from a possible serious adverse reaction to the vaccines. They worried about the chronic illnesses that are often reported following immunization.

While caring for two toddlers, Lise mastered the art of soap making. Lise's creative touch ensured that her hand crafted soap sold well. She decorated her soap with dried rose buds, some were studded with cloves, others were swirls of different colours. Her soap truly was a work of art, and the proceeds were donated to AVDC and VRAN.

It is especially fitting that Adena and Chantal are the first generation of unvaccinated children to make a donation to the vaccine informed consent movement.

The money Lise so generously donated to the AVDC helped pay for many of our ongoing expenses and also assisted in paying for the cost of incorporating VRAN as a not-for-profit society.

It is especially fitting that Adena and Chantal are the first generation of unvaccinated children to make a donation to the vaccine informed consent movement. They have been educated by their mother to be independent thinkers, to ask many questions and to search for the truth. One can only imagine the accomplishments that these young women will make in their lifetime!

Thank you Adena, Chantal, Lise and Denis.

Honouring the life and death of Lynda Boychuk

A year ago, in the Spring 2009 letters section of the Newsletter, we offered Lynda Boychuk's story in which she outlined her struggle with ALS, a rapidly progressive and fatal neuromuscular disease. As a nurse working at a long term care facility, Lynda was required to get the flu shot, something she had previously declined, but the pressure mounted and she finally submitted to her employer's demand. Within a few weeks, frightening symptoms set in which at first were thought to be MS (multiple sclerosis). Eventually ALS (also known as Lou Gehrig's disease) was diagnosed.

Lynda will always be a hero in my eyes—a wonderful brave spirit, struck down in the prime of life by this insidious thief (flu vaccine) that has stolen the health and life of countless people.

Lynda wrote *"In my heart of hearts I am convinced it was the flu vaccine that started me on this journey. Recently I have been made aware of two women—one with ALS and one with MS—who strongly maintain that within about ten days following a flu vaccine, their symptoms started."*

Lynda's husband Daniel contacted us recently to say she had passed away on February 16, 2010. He writes, *"The memorial was beautiful, and we will always remember the beauty of her person and her spirit. We are still convinced that the flu shot contributed in a major way to her contracting ALS."*

If there is anything we can do to help you please let me know."

When I (Edda) contacted her last year, I was amazed that despite her extreme disability, she continued to fight for justice, writing letters to politicians—letting them know of the risks associated with the flu vaccine. I spoke to Linda through a friend who was caring for her that day. What shone through so beautifully was her strength of spirit and her clarity despite the gravity of her condition. I am so glad I had the opportunity to converse with her briefly. Lynda will always be a hero in my eyes—a wonderful brave spirit, struck down in the prime of life by this insidious thief (flu vaccine) that has stolen the health and life of countless people.

Perhaps there will be a way in which Linda's devastating journey will alert more people to the risks of flu vaccines, and inspire them to embrace the many non-invasive ways to protect their health.

VRAN Fundraising—An Ongoing Effort

We thank you, our members for continuing to support our efforts to bring you the controversial other side of this vaccine issue—the side that is rarely given fair exposure in the popular media. VRAN receives no government or corporate support which is why we can speak the truth! 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.

As fundraising bonuses, we continue to offer Catherine Diodati's timeless classic, **"Immunization: History, Ethics, Law and Health"**, along with Neil Miller's **"Vaccine Safety Manual"**.

Please remember the fundraising bonus goes to anyone who donates \$150 or more over and above their annual membership donation.

Two additional bonuses we offer this year are: Jennifer Craig's new book, **"Jabs, Jenner & Juggernauts"** and

Lina Moreco's powerful new documentary, **Shots in the Dark**. The documentary is in DVD format.

Please remember the fundraising bonus goes to anyone who donates \$150 or more over and above their annual membership donation.

Please also remember that annual membership donations are due in January at the beginning of each calendar year.

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

Jabs, Jenner & Juggernauts is a small book that tells a big story—the story of Edward Jenner, the revered father of vaccinology. Jenny Craig, herself a PhD in nursing, minces no words in recounting the story of this charlatan who, by deceit managed to wrangle himself into the medical societies of the late 1700's. Jenner convinced them that by applying pus from cowpox pustules into small cuts made with a lancet on a healthy person, that it would prevent smallpox. 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 documentary produced in many years. The film was created by Lina Moreco and funded and released by the National Film Board. The film's sensitive interviews with affected families is enriched by the critical insights of dedicated doctors and scientists whose cutting edge research reveals the biomedical mechanisms which trigger the neurological injuries vaccines are capable of causing.

The film is an international inquiry into the tragedy shared by families whose once healthy children fell into the abyss of autism spectrum disorders and other neuroimmune illnesses following vaccination. ✓

When The Lancet published his 1998 case study of 12 autistic children suffering from a severe new bowel syndrome, it elicited a firestorm of fury and hatred that led to a protracted trial in which a kangaroo court found Wakefield and two research colleagues at the Royal Free Hospital guilty of misconduct and unethical treatment of the children. Following the GMC (General Medical Council) finding in February 2010, the Lancet retracted the study, expunging the case study from the official scientific literature.

Just over a decade ago, Andrew Wakefield was a rising star in the world of experimental medicine. As the recipient of numerous awards and scholarships for original research in the pathogenesis and etiology of inflammatory bowel disease, he had a bright future ahead of him. That is until he agreed to work with children suffering from both severe inflammatory bowel disease and autism, reported by the parents to have started soon after they were injected with MMR vaccine.

By suggesting that the triple virus MMR vaccine may be linked to severe bowel syndromes in some autistic children, Wakefield unknowingly hit the touchiest nerve in monopoly medicine, triggering the vicious assault on his character and his research. Similar to a fingerprint proving culpability, testing also showed that measles virus particles found in the gut tissue of affected children was genetically identical to vaccine virus. Taken as an unforgivable act of heresy and seen as a direct attack on sacrosanct vaccine policies, Wakefield and his line of research had to be suppressed at all costs. Never mind the toll out of control vaccine policies are wreaking on the health of young children in whom autism rates are now estimated to be 1 in 67. ⁽¹⁾

Retaliation from the establishment was ruthless and swift. Despite the study's conclusion that no causation had been found, it was nevertheless seen as pointing an accusatory finger at MMR vaccine safety, and by extension a direct threat to the security of the almighty vaccine industry and its most protected class of drugs. The study would be shredded and trashed by the mass media which obediently regurgitates the lies fed to it by the medical industry. Un-

Censorship and Show Trials cont. from page 1 of the paper, which makes it hard to read. For a clean copy of this study see Note # 1. Elsevier owns the *Lancet*.

None of Dr. Wakefield's subsequent 32 published, peer-reviewed papers have been retracted, which include his finding vaccine-strain measles virus in the gut of autistic children, a finding that has been corroborated by other investigators. Until now.



Dr. Wakefield supporters in London at the GMC Hearing

Perhaps the principal reason the medical-government-pharmaceutical establishment has worked so hard to trash Dr. Wakefield is this: Along with researchers at the University of Pittsburg, University of Kentucky, and the University of Washington, Dr. Wakefield is a coauthor of a signal semi-randomized, double-blind, placebo-controlled study on the effect of Hepatitis B vaccine on newborn monkeys.

Hepatitis B vaccine was given to 13 male macaque infants; 7 more served as controls (receiving a saline placebo or no injection). The vaccinated ones exhibited a significant delay in the acquisition of three important survival reflexes – the *root* reflex, where the animal turns its head in response to a brush on the cheek; *snout*, opening his mouth in response to a brush on the forehead; and the *suck* reflex, sucking on a nipple placed in the mouth. This study shows that one mercury-containing birth dose of the Hepatitis B vaccine can cause significant harm. This carefully done study carried out by highly respected, NIH-approved prima-

tologists has explosive implications.

The editor of *Neurotoxicology* accepted the paper and published it online on October 2, 2009, “epub ahead of print,” as most medical journals now do with important studies before they appear in a printed issue of the journal months later. But soon after Andrew Wakefield was found guilty in the GMC show trial Elsevier, the owner of *Neurotoxicology*, instructed its editor, Joan Cranmer, to de-

lete the online edition of the paper and not publish it. Reluctantly, (see Note# 1), she did what she was told and sent the paper down the Orwellian memory hole, without any explanation given from Elsevier or the journal's editors. Fortunately, 2010 has not (yet, anyway) become Orwell's *1984*, and you can access the complete study online (see Note # 1).

This same team of researchers recently completed another primate study that followed 14 monkeys through the U.S. childhood vaccine schedule over a multi-year period. The difference in outcome for the vaccinated monkeys versus the unvaccinated controls is said to be “both stark and devastating.” In the statement that Jenny McCarthy and Jim Carrey made after Dr. Wakefield's show trial, “Andrew Wakefield, Scientific Censorship, and Fourteen Monkeys,” they say: “There is no question that the publication of the [new fourteen] monkey study will lend substantial credibility to the theory that over-vaccination of young children is leading to neurological damage, including autism. The fallout from the study for vaccine makers and public health of-

ficials could be severe.” The authors of this second primate vaccine study will have a hard time getting it published.

In “On Evidence, Medical and Legal,” Clifford Miller, an attorney in the UK (no relation) and I show that there is good evidence, from a legal standpoint at least, that the MMR vaccine causes autism in susceptible children (*J Am Phys Surg* 2005;10(2):70–75,—see Note #1.)

Courts resolve disputes in civil matters with a standard of proof that is “more likely than not,” or in some cases in the U.S., “clear and convincing.” In criminal cases, the level of evidence required to render a guilty verdict has to be “beyond a reasonable doubt.”

Evidence-based medicine seeks to attain a scientific level of proof and considers randomized controlled trials (RCTs), and systematic reviews (“meta-analyses”) of multiple RCTs to be the highest level of evidence in medicine. A scientific level of proof requires evidence that is “irrefutable.” Randomized controlled trials and meta-analyses of those trials, however, are subject to sufficient bias that their level of evidence rarely is irrefutable, and sometimes does not even reach the level of “more likely than not” (*JAMA* 1999;28:1054–1060; *BMJ* 2005;330(7497):753).

The only kind of medical evidence that approaches a scientific level of irrefutability is a single, well-documented case report of a challenge/de-challenge/re-challenge response to a drug or vaccine. The pharmaceutical literature recognizes that such a response is strong evidence of causation and label it an “adverse drug reaction.”

In heart surgery we give heparin to thin the blood to reroute the patient's circulation through a heart-lung machine (and not have it clot) so oxygenated blood can keep flowing through the body when we stop the heart to repair it. In some people this drug will destroy platelets (specialized cells that assist in blood clotting). When heparin is given to such a person (“challenge”) she will drop her platelet count from a normal level of 240,000 to a dangerously low 40,000. Over a several week period without any heparin (“de-challenge”) the count will recover

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and go back up to 200,000. When given another dose of heparin (“re-challenge”), the platelet count promptly drops back down to 30,000. This single case of challenge/de-challenge/re-challenge evidence proves beyond a reasonable doubt, if not irrefutably, that heparin can cause a low platelet count (thrombocytopenia) in susceptible individuals. The medical acronym for it is “HIT”—heparin-induced thrombocytopenia.

The same thing happens with the MMR vaccine and autism/autistic enterocolitis. At age 14–16 months, following the CDC immunization schedule, a health practitioner challenges a normally developing child with the MMR vaccine/drug, and he quickly regresses into a state of autism with bowel dysfunction. Over the next several years, with applied behavioral analysis and biomedical treatment, during a period of de-challenge, the boy recovers neurologically and regains normal bowel function. Then, between the age of 4 and 6, as per the CDC’s schedule, he is re-challenged with a booster shot of MMR vaccine/drug and regresses, once again, into a state of autism with bowel dysfunction.

No randomized, placebo-controlled trials have ever been done to prove that vaccines, given singly or together, are safe. Epidemiologic studies, funded mainly by vaccine makers, show that vaccines are safe. But epidemiologic evidence, with its statistical foundation, are open to manipulation and bias. Such evidence touting the safety of vaccines is like that obtained by tobacco companies in the epidemiologic studies they conducted in the 1940s and 1950s that showed cigarettes do not cause lung cancer. The evidence provided by even a single MMR challenge/de-challenge/re-challenge (CDR) case report overshadows that provided by epidemiologic studies—and RCTs on vaccine safety, if there were any. CDR case reports of MMR vaccine causing the adverse drug (vaccine) reaction of autism and autistic enterocolitis can be found at Note # 1.

(For more on vaccines see “Vaccines: Get the Full Story: Protect your child and yourself,” see Note #1.)

An international conference questioning HIV/AIDS dogma was held in Oakland, CA last November. Speakers in-

cluded Joan Shenton, from London, UK, speaking on “Censorship in the AIDS Debate—the Success of Stifling, Muzzling and a Strategy of Silence”; David Rasnick on “HIV Drugs Causing AIDS”; Marco Ruggiero, from Florence, Italy, on “Religion, Politics, and AIDS in Italy”; and Christian Fiala, from Vienna, Austria, on “AIDS in Africa—a Call for Sense not Hysteria.” (For the full list of speakers at this conference see reference #1.) Henry Bauer, Professor Emeritus of Chemistry and Science Studies and former Dean of the College of Arts and Sciences at Virginia Tech, spoke on “[The] HIV/AIDS Blunder is Far from Unique in the Annals of Science and Medicine.” Dr. Bauer has written what is perhaps the best book on this subject, titled *The Origin, Persistence, and Failings of HIV/AIDS Theory* (2007). In a clear, well-written fashion he thoroughly and convincingly refutes the HIV/AIDS theory.

Peter Duesberg (b. 1936), the leading HIV skeptic, presented a paper at this meeting titled “HIV-AIDS Hypothesis out of Touch with South African AIDS—a New Perspective.” As a Professor of Molecular and Cell Biology at the University of California, Berkeley, Dr. Duesberg rose to fame in 1970 when he (and co-worker Peter Vogt) biochemically defined the first retroviral oncogene (a gene associated with cancer) in birds. The NIH (National Institutes of Health) awarded him a long-term Outstanding Investigator Grant. He was a candidate for the Nobel Prize and was invited to join the prestigious U.S. National Academy of Science in 1985 at the young age, for its members, of 49. But in 1988 Dr. Duesberg published a paper in *Science* titled “HIV is Not the Cause of AIDS.” Since then he has been subjected to the punishment accorded modern-day heretics. Among other things, the NIH and other funding agencies stopped awarding him grants. Since 1988, all of his grant applications have been rejected—24 of them. (For more on Peter Duesberg see Note # 1.)

This is one form of censorship investigators with new ideas confront. In addition to vaccines and AIDS, scientists who question state-sanctioned paradigms such as cholesterol and saturated fats cause coronary artery disease, mutations in genes cause cancer, and human activity causes global warming are denied grants and silenced. This form of censorship is

widespread throughout the biomedical and climate sciences. (See “The Government Grant System: Inhibitor of Truth and Innovation?” in the Spring 2007 *Journal of Information Ethics*, see Note #1.)

As with Dr. Wakefield and his colleagues’ primate (Hep B) vaccine study, another journal, *Medical Hypotheses*, did the same thing with a paper that Peter Duesberg, et al. wrote on African AIDS. The journal accepted the paper and put it online prior to print publication. Elsevier also owns *Medical Hypotheses*. It made this journal, over its editor’s protests, permanently withdraw the study and send this one also down the memory hole, along with another AIDS paper that the journal had accepted and was awaiting print by Ruggiero, et al. titled “AIDS Denialism at the Ministry of Health [in Italy].” Bruce Charlton is the editor of *Medical Hypotheses*.

The practice of placing studies online ahead of print now adds a second level of censorship... If certain factions in the medical-government-pharmaceutical establishment don’t like what they see, they can put pressure on the owners of the journal in question and have them make its editor delete the offending study and not publish it.

The practice of placing studies online ahead of print now adds a second level of censorship. The first is peer review. The peer-review process works primarily to enforce orthodoxy. Experts who review and referee papers submitted to medical and scientific journals will look disapprovingly on ones that question state-sanctioned paradigms or promote new ideas of a contrarian nature. Controversial studies that make it over this hurdle and are accepted for publication are now put online for all to see before they appear in print. If certain factions in the medical-government-pharmaceutical establishment don’t like what they see, they can put pressure on the owners of the journal in question and have them make its editor delete the offending study and not publish it. Before there was “epub before print,” groundbreaking papers that made it past peer review would

get into print before the establishment would know about them, as happened with Wakefield et al.'s *Lancet* paper in 1998. Not now.

The Duesberg et al. African AIDS study is important because it discredits a widely quoted one published by Harvard researchers Chigwedere, et al. in the *Journal of Acquired Immune Deficiency Syndromes* (2008;49:410–5). In line with the politically correct view of African AIDS, these researchers estimate that 300,000 South African deaths occurred from AIDS each year from 2000–2005; and they believe that taking anti-HIV drugs could have prevented these deaths. These Harvard professors blame those who question the hypothesis that HIV causes AIDS, particularly South African President Thabo Mbeki and Peter Duesberg for those deaths because they did not support giving Africans anti-retroviral drugs to prevent them.

In their study, Duesberg and his coauthors show that vital statistics in South Africa report only 12,000 HIV-positive deaths occurring each year during that period—a figure 25-times lower than that estimated by Chigwedere, et al. The population in South Africa increased by 3 million during 2000–2005, from 44.5 to 47.4 million, even though 25–30% of population is HIV positive. Likewise, before the “African HIV/AIDS epidemic” began in 1984 (according to HIV/AIDS researchers), the total Sub-Saharan population doubled from 400 million in 1980 to 800 million in 2007. Despite the journal having erased it, you can still access this paper online, see Note #1.

(The real cause of AIDS is four-fold: heavy-duty recreational drug use, anti-retroviral drugs, receptive anal intercourse, and malnutrition. See Note # 1. Outside of Africa, where the main cause of AIDS is malnutrition, 98% of all AIDS cases still occur in just two groups: gay males, accounting for about two-thirds of the cases, and IV drug users, male and female, one-third.)

Anyone thinking about getting an HIV test should first read the brochure “The AIDS Trap” with illustrations by R. Crumb. Rethinkingaids.com published it, see Note #1. Its opening statement reads:

A positive result on an HIV test will

change your life forever. You could lose friends, your relationships, your health insurance, your job, the custody of your kids. Even your sanity. We want you to know a few facts before you agree to take what's called an HIV test. Facts that doctors and medical staff probably won't tell you. A positive result does not mean you are infected with a deadly virus. It can be caused by non-health-threatening factors, although it also may be a warning that your immune system is damaged. If you are sick you may not need medications to get well, especially not dangerous AIDS medications.

The Hepatitis B vaccine (*Lancet* 2002;339:1060) and Flu shots (*Am J Epid* 1995;141:1089–96) are two of 70 things that can cause false positive HIV test results.

C. Walton Lillie, a pioneer in heart surgery, put it this way: “For centuries there has been a fascinating yet perplexing paradox between the search for truth and new information on the one hand, and on the other, the often vigorous, sometimes ruthless opposition to the acceptance of that new information.” He adds, “Acceptance of new ideas, new concepts, new theories, has virtually always been surrounded by opposition and controversy.”

The same thing is happening with vaccines and AIDS, as has happened throughout history, notably when Galileo said the earth rotates around the sun, in the 17th century, and Ignaz Semmelweis, in the 19th century, showed that doctors could reduce the mortality from maternal childbirth (puerperal) sepsis from 20% to less than 2% simply by washing their hands.

The same thing is happening with vaccines and AIDS, as has happened throughout history, notably when Galileo said the earth rotates around the sun, in the 17th century, and Ignaz Semmelweis, in the 19th century, showed that doctors could reduce the mortality from maternal childbirth (puerperal) sepsis from 20% to less than 2% simply by washing their hands.

Regarding Arthur Schopenhauer's three stages that new truths pass through, the truth *HIV does not cause AIDS* is ridiculed. The truth *vaccines cause autism* is

no longer simply being ridiculed. This truth has moved on to the next stage. It is being violently opposed, with character assassination, censorship, and show trials. Withstanding such attacks, these truths then will pass into the third and final stage. They will become accepted as self-evident.

Peter Duesberg and Andrew Wakefield are two tenacious, brave men. They struggle against the medical-government-pharmaceutical complex's efforts to disenfranchise them, and they have to endure a withering barrage of *ad hominem* attacks. But they do not flinch in their efforts to see truth reign, Duesberg with AIDS and Wakefield with vaccines.

One hopes that in the not too distant future both of these truths will pass through Schopenhauer's third stage and become accepted as self-evident. Once fully accepted the pandemic of autism spectrum disorders and the chronic diseases that now afflict so many children—asthma, allergies, arthritis, enterocolitis, and diabetes—will abate; and AIDS by prescription, AIDS caused by taking anti-retroviral drugs that doctors prescribe to HIV-positive people—DNA chain terminators, like AZT, and protease inhibitors—will cease. The day will come when the CDC withdraws its childhood immunization schedule and stops recommending that vaccines be given to children under two years of age. HIV tests will no longer be done and anti-retroviral drugs will be outlawed.

This will be real health care reform.

Donald Miller is a cardiac surgeon and Professor of Surgery at the University of Washington in Seattle. He is a member of *Doctors for Disaster Preparedness* and writes articles on a variety of subjects for *LewRockwell.com*.

Note #1. References in this article to other articles & sources can be accessed through the online version of this article at: <http://www.lewrockwell.com/miller/miller32.1.html> ✓

der no circumstances would the controllers of vaccinology allow this upstart young gastroenterologist to rock the lucrative vaccine boat. Nor were they going to tolerate the suggestion that the viral components in MMR be separated into three vaccines, thereby giving parents an alternative to injecting their children with a triple live virus vaccine. There would be zero tolerance for a possible proving that MMR is indeed a causative factor in children's descent into autism. The children be damned—onward with the vaccine program!

The public hanging of Andrew Wakefield's is intended as a warning to other scientists researching a link between vaccines and the epidemic of autism, neurological, behavioural and autoimmune disorders now rampant in our highly vaccinated society. The medical industry is willing to do almost anything to maintain the assumption of a priori benefit of this protected class of drugs.

British journalist Lynne McTaggart observes that "Vaccination is now performed for its own sake—whether or not it is necessary, beneficial or even safe. To attack anything about any jab has come to be viewed as treason."⁽²⁾

To Andrew Wakefield's credit, he has persevered, moved forward with his line of research and published numerous studies in various scientific journals. He remains dedicated to alleviating the suffering of the sick children parents bring to him.

The ruthlessness of monopoly medicine and its determination to obliterate any science contrary to its entrenched belief system soon struck again. Almost simultaneous to the recent retraction of the Lancet paper, another pivotal study led by Dr. Wakefield was erased from the medical literature. Namely his recent primate study which demonstrates a link between mercury containing hepatitis B vaccine given to newborn monkeys and their subsequent developmental delay. [See Mark Blaxill's article, "Joan Cranmer's Fateful Decisions and the Suppression of Autism Science" in this issue of the newsletter.]⁽³⁾

This study has also now been quashed and prevented from reaching print publication. Fortunately, the online version can still be accessed through various archives within the autism community.

Throughout history, new discoveries in science and medicine have been subjected to ferocious attack prior to being accepted as self-evident truth. When an entrenched belief system is challenged by new discoveries that threaten to dislodge it, the new discovery and its author(s), often face the threat of obliteration by powerful opponents. It is almost axiomatic to state that the more vicious the attack by the medical industry, the closer we are to the truth.

C. Walton Lillihei, a pioneer in heart surgery, put it this way: "For centuries there has been a fascinating yet perplexing paradox between the search for truth and new information on the one hand, and on the other, the often vigorous, sometimes ruthless opposition to the acceptance of that new information." He adds, "Acceptance of new ideas, new concepts, new theories, has virtually always been surrounded by opposition and controversy."

Only 150 years ago, the simple life saving discovery of Ignaz Semmelweis [1818–1865] was met with vicious derision and vilification. His is perhaps one of the most tragic stories of medical ignorance and arrogance resulting in the deaths of untold numbers of birthing women. Dr. Semmelweis found that if doctors washed their hands before attending a birthing woman, deaths were dramatically reduced. Prior to the acceptance of the germ theory of disease, Semmelweis succeeded in controlling the spread of puerperal (childbed) fever, caused by *Streptococcus pyogenes*.

He reasoned that dirty hands were the cause of puerperal fever. It was routine for medical students to go straight from dissecting dead bodies in the autopsy chambers to attending labouring mothers. They never washed their hands, but wiped them instead on aprons already coated with body fluids from the cadavers, and would then insert their filthy hands into the birth canals of the mothers, resulting in a mortality of one in 10 women. By contrast when midwives attended births, (they did not handle corpses), the mortality rate was reduced to three percent.

Researcher Teresa Binstock writes, "Semmelweis ran several experiments requiring students to wash their hands

with soap and water and rinse them in chlorinated lime solution before entering the wards. With each student, the death rate dropped to less than 1.5 percent, only to return to the previous high levels when the [hand-washing] procedures were curtailed. He dared collect data which indicated the life-saving merit of having physicians wash hands when proceeding from one obstetrical patient to another. He also dared publish his findings, along with admonitions that physicians acquire the hand-washing habit."⁽⁴⁾

"Semmelweis's work should have proved a boon to medicine, motherhood and life. Not so: his colleagues greeted his paper with jeers and scathing attacks on his character. They simply refused to believe that their own hands were the vehicle for disease. Instead, they attributed it to a spontaneous phenomenon arising from the 'combustible' nature of the parturient woman. Semmelweis' academic rank was lowered, his hospital privileges restricted. Despondent, he was committed to an insane asylum, where he died of blood poisoning, a disease not unlike the puerperal fever he had almost conquered."

"Ultimately, Semmelweis's findings were in "Conflict with established medical opinions" and stand as precedent for how Andrew J. Wakefield, M.D., has been the primary focus of the Inquisition by the General Medical Council in the United Kingdom."

The findings and fate of Ignaz Semmelweis is a classic example of the dynamics set in motion when entrenched medical paradigms are challenged: at a minimum new data are ignored, while those which hit a nerve and threaten to expose a flawed paradigm, are ruthlessly attacked & discredited.

The history of medicine and science is strewn with martyrs who, along with their brilliant discoveries, have suffered suppression, unspeakable persecution, imprisonment and even death because they dared shed light on a new and better way of doing things. Andrew Wakefield follows in their footsteps, struggling for survival in a scientific milieu poisoned by the deceit, cronyism and greed of the corporatized multinational medical industry which itself now poses a significant threat to the health and well being of society.

Binstock observes that, “The medical industrial establishment is re-enacting the Ignaz Semmelweis scenario when new data are ignored on behalf of an ‘old guard’ and its outmoded paradigm; autistic children and their parents—and indeed science itself—deserve far more. A paradigm-shift in the study of autism will inevitably occur as more children are disabled by autism spectrum disorders.”

Rochus Boerner’s fascinating 2003 article, **“The Suppression of Inconvenient Facts in Physics”**, examines the suppression of new ideas in science. Whereas the ideal in science is a ‘noble search for truth’, and where progress depends on questioning established ideas, many scientists know that this is a cruel myth.

“They know from bitter experience that disagreeing with the dominant view is dangerous—especially when that view is backed by powerful interest groups. Call it suppression of intellectual dissent. The usual pattern is that someone does research or speaks out in a way that threatens a powerful interest group, typically a government, industry or professional body. As a result, representatives of that group attack the critic’s ideas or the critic personally—by censoring writing, blocking publications, denying appointments or promotions, withdrawing research grants, taking legal actions, harassing, blacklisting, spreading rumors.”⁽⁵⁾

Wakefield’s crime was to get too close to the biomedical truth that links MMR vaccine to severe damage in some children. Shielded and indemnified by governments, vaccines are a class of specially protected drugs placed above ordinary scrutiny and immune from association with injuries. What needs to be put on display is not an honest scientist like Wakefield, but the level of deceit that is now routine in the medical industry—all in the name of the public interest.

Boerner observes that, “Science is in a state of crisis. Where free inquiry, natural curiosity and open-minded discussion and consideration of new ideas should reign, a new orthodoxy has emerged. This ‘new inquisition’, as it has been called by Robert Anton Wilson consists not of cardinals and popes, but of the editors and reviewers of scientific journals, of leading authorities and self-appointed “skeptics”, and last but not least of cor-

porations and governments that have a vested interest in keeping the status quo.”

Research that indicates that an accepted theory is incomplete, severely flawed, or completely mistaken, will be rejected on the grounds that it “contradicts the laws of nature”, and therefore has to be the result of sloppiness or fraud. **At the heart of this argument is the incorrect notion that theory overrides evidence.**

In true science, theory always surrenders to the primacy of evidence. If observations are made that, after careful verification and theoretical analysis, are found to be inconsistent with a theory, than that theory has to go—no matter how aesthetically pleasing it is, or how prestigious its supporters are, or how many billions of dollars a certain industry has bet on it.”

The theory that vaccines are always beneficial and benign has been challenged since the introduction of smallpox vaccine in the 18th century when people were imprisoned for refusing vaccination. They did so from bitter personal experience, seeing their children, loved ones and neighbours succumb to the ravages of this crudely inflicted blood poisoning. It took the death toll of countless people, the fuelling and escalation of smallpox epidemics, the transmission of vaccine induced diseases such as tuberculosis and syphilis before the government finally took a closer look at the disaster it had created.⁽⁶⁾

After seven years of British Royal Commission hearings, the hated compulsory vaccination law was finally repealed at the turn of the 20th century, and with it smallpox epidemics finally subsided.

Today’s challenge to the vaccine theory is graphically and tragically manifest in the autism epidemic, the autoimmune disease epidemic, and the widespread collapse of children’s overall health. The grand vaccine experiment has failed abysmally. The question remaining is how bad do things have to get before there comes a reckoning?

Lynne McTaggart observes, “The safety of the vaccine is now beside the point. Wakefield’s error was to challenge medicine’s most sacred cow: vaccination is now in a sense a standard-bearer for a certain mindset. It represents the triumph of Sci-

ence over the randomness of Nature.” Unfortunately the corporate scientific establishment is unwilling to honestly examine what it’s ‘triumph’ has really achieved.

Parents in the vaccine truth movement and autism communities have witnessed the regression of thousands of their previously healthy children into the abyss of autism following vaccinations - in particular following the MMR vaccine. Despite the obstacles which prevent new findings from reaching full view of the scientific community, the work continues to be done. Parents know what happened to their children and credible studies are now pointing toward a vaccine link, where denial has ruled for too long.

Recently, Andrew Wakefield expressed optimism that by working with the support of a larger set of autism organizations he would be able to focus attention back on the exploding population of affected children and their families, **“which is where it belongs”, he emphasized. “I have always followed the principle that good medicine, and ultimately good science, begins and ends with the patient. We need to remember that the purpose of medical science is not to serve the medical industry but rather the interests of the patients the industry serves.”**

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H1N1 pandemic scam cost \$billions worldwide

European Parliamentary Assembly holds public hearing to investigate “what went wrong”

by Ingri Cassel

<http://www.proliberty.com/observer/20100234.html>

Strasbourg, Germany—On January 26, 2010, the Parliamentary Assembly of the Council of Europe (PACE), a 47 nation body encompassing democratically elected members, began hearings to investigate whether the World Health Organization’s declared H1N1 swine flu pandemic was falsified or exaggerated in an attempt to profit from vaccine sales.

The public hearing was made possible by Dr. Wolfgang Wodarg who made the initial motion on December 18, 2009 to recommend an investigation into “Faked Pandemics—a threat for health” which he authored and was signed by 13 other concerned parties from member nations. The motion stated:

“In order to promote their patented drugs and vaccines against flu, pharmaceutical companies have influenced scientists and official agencies, responsible for public health standards, to alarm governments worldwide. They have made them squander tight health care resources for inefficient vaccine strategies and needlessly exposed millions of healthy people to the risk of unknown side-effects of insufficiently tested vaccines.

“The ‘bird-flu’-campaign (2005/06) combined with the ‘swine-flu’-campaign seem to have caused a great deal of damage not only to some vaccinated patients and to public health budgets, but also to the credibility and accountability of important international health agencies. The definition of an alarming pandemic must not be under the influence of drug-sellers.

“The member states of the Council of Europe should ask for immediate investigations on the consequences at national as well as European level.”

PACE’s Committee on Social, Health and Family Affairs held the hearing into the handling of the H1N1 pandemic and addressed the question, “Are decisions on pandemics taken on the best scientific evidence only?” There were four papers presented by the experts: Dr. Wolfgang

Wodarg, Dr. Ulrich Keil, Dr. Keiji Fukuda and Dr. Luc Hessel.

The WHO’s flu chief, Dr. Keiji Fukuda, defended his organization, saying its advice was not improperly influenced by the pharmaceutical industry. Dr. Luc Hessel, representing the European Vaccine Manufacturers group, stressed that the motion was inappropriate, claiming their companies respond strictly to the requests of governments in providing necessary vaccines to combat a potential threat. Surprisingly, Dr. Ulrich Keil, director of the WHO collaborating center for epidemiology and prevention of cardiovascular and other chronic diseases, clearly agreed with Dr. Wodarg’s assertions in his presentation, noting that the H1N1 virus is not new but has a long and sordid history with the vaccine industry and yet the general public was being conditioned by “hysterical announcements and reactions of ministries, scientific bodies and not least the media, sharply contrasting the epidemiological evidence of a mild viral infection compared to previous influenza seasons.” Being an expert in non-communicable diseases (NCD), Keil noted that while 70 percent of deaths worldwide are attributed to NCDs, 10 percent of public health monies are targeted in this direction.

The hearing ended with a decision for Paul Flynn of the Socialist Group in the UK to prepare a report for possible debate by the plenary Assembly in July or October 2010. Already there are rumors of threats from the pharmaceutical cartel to quash any meaningful debate on the topic.

On February 3, 2010, radio show host Alex Jones had Dr. Wolfgang Wodarg on his show. Wodarg said there was “no other explanation” for what happened than the fact that the WHO worked in cahoots with the pharmaceutical industry to manufacture the panic in order to generate vast profits, claiming the entire farce was a hoax.

He also explained how health authorities were “already waiting for something to happen” before the pandemic started

and then exploited the alleged Mexico outbreak for their own purposes. Being a dogged activist and optimist, Wodarg claimed the investigation was likely to recommend an end to the undue influence of pharmaceutical companies on public health institutions in Europe.

Since the WHO is under the authority of the United Nations, Wodarg pointed out, “There is no law for WHO, there is no one who punishes those people in WHO, we only have national law, so this is very important that we collect the information and on the national level we try to find those people responsible and we try to punish them.”

“Have investigations, have a deep look, we cannot tolerate such a development, we cannot have this next winter again, we don’t want such fake pandemics,” concluded Wodarg.

Wodarg said that vast quantities of unused vaccines were now being dumped on the third world and that other countries (such as the U.S.) were simply trying to push ahead with vaccination programs even though the virus has proven not to be a major threat.

What he neglected to mention was the fact that all 194 UN nation states are subject to the 2005 revised International Health Regulations (IHR). All 194 nations had until June, 2007, to implement IHR which included passage of legislation empowering state surveillance and monitoring of their citizens under the guise of a potential worldwide pandemic (smallpox, polio, SARS or human cases of new strains of influenza). Stockpiling specific vaccines and anti-viral medications are part of compliance with IHR.

What is even more horrifying is the media blackout of continuing adverse reactions to the H1N1 vaccine—deaths, chronic disabilities, and over 200 reported miscarriages in the U.S.—while healthcare workers are still being told it is required for continued employment. ✓

Will the FDA Eat Their Words on the Safety of Vaccines?

Christina England

3/15/2010

March 12th 2010 saw six very special women from around the world, present documents and research about the HPV vaccines Gardasil and Cervarix to the FDA by request. Never before have the FDA turned to members of the public regarding vaccine safety but in an extraordinary move this is exactly what happened. Dubbed the 'Little Women' by the FDA the group presented evidence that will shock the world and could have the FDA eating their words.

The six women who had become increasingly concerned about the HPV vaccines Gardasil and Cervarix presented a power point presentation accompanied with documents showing the dangers of the HPV vaccines to the FDA. Their hope was to prove to the FDA that these two vaccines are so dangerous that they should be removed from the vaccine schedule as soon as possible.

The women who were involved in this unusual move are Karen Maynor; mother of the late Megan Hild, New Mexico; Rosemary Mathis: mother of Lauren, adversely injured; co-founder of WWW.TRUTHABOUTGARDASIL.ORG, North Carolina; Freda Birrell; political activist, Scotland/UK; Leslie Carol Botha; women's health educator and broadcast journalist, and founder of Holy Hormones Honey, Colorado; Cynthia Janak: research analyst, journalist writing for Renew America and founder of Only the Truth Illinois; and Janny Stokvis: research analyst, Netherlands.

The reports that were presented, detailed worldwide data, proving that women and young girls have suffered severe adverse reactions, including death, after being vaccinated with the HPV vaccines.

Detailed charts were shown to the FDA clearly outlining evidence of girls from around the world showing very similar adverse reactions after having these vaccines. Only a few of these adverse reactions have ever been listed by either manufacturer on their leaflets. It is my belief that Merck and Glaxo Smith Kline should study the findings very carefully indeed.

Reports from USA, Spain, Australia, New Zealand and UK, show girls have suffered from:

- Chronic Fatigue
- Digestive Problems
- Dizziness and Nausea
- Encephalitis
- Facial Paralysis
- Hair Loss
- Headaches
- Joint and Muscle Pain
- Loss of vision
- Menstrual Problems
- Paralysis
- Rashes/allergies
- Respiratory and Heart Problems
- Seizures
- Syncope
- Miscellaneous
- Death

There is a clear pattern from many countries, of girls suffering from the same side effects and yet up to now this fact has not been picked up, by either the committees who regulate our vaccines, or the Governments who sanction them. More worryingly the six women found that there were a huge number of deaths recorded on VAERS after HPV vaccines. VAERS is the Vaccine Adverse Events Reporting system in the U.S.

Strangely however, the system does not appear to be examined in great detail by the either Big Pharma or the Government and many adverse events are not even recorded at all, as it has now been discovered that some doctors are completely unaware of it's existence.

The six women involved in the presentation to the FDA have been able to show research papers from top scientists and researchers showing that blindness can occur after the HPV vaccine. Papers on Menstrual evaluation were also seen for the first time as were papers on Vaccine and Autoimmune problems.

Janny Stokvis one of the women who researched the side effects of these vaccines after watching a YouTube clip said that she was horrified that so little has been done to protect women. She said she became involved completely by chance.

"In September 2008 I was looking for music on Youtube and I ended up watching a video the father of Brooke Petkevicius made. Brooke died 14 days after her first dose of Gardasil from a pulmonary embolism or blood clot on March 26th, 2007. I was shocked by her story. In our family we have a rare blood clotting disease. I have had a pulmonary embolism twice myself. Few weeks later I saw a Dutch documentary about the marketing tactics of Merck that alarmed me even more. My daughter was in the age group to get the HPV vaccine so I started to do my own research."

She has since studied the VAERS reporting system and now firmly believes that the reporting system is only the tip of the iceberg because it only has a small number of the actual side effects from these vaccines on. She was shocked to learn that many of the doctors she spoke to had not heard of the reporting system and said:

"Adverse reactions do not always start within a minute after inoculation like some people think. A lot of physicians have never heard of VAERS or know how to file a report. I was surprised when I heard this the first time. Physicians do not agree with parents when they tell that they think their daughter got sick because of the HPV vaccine and do not want to file a report. Mothers who find their way to the Gardasil groups did not always succeed in getting a report filed at VAERS.

HPV-vaccine victims can be very ill, but tests can show-up to be normal. Girls who have seizures several times a day or who are paralysed get diagnosed as "Psychogenic".

Parents are often told the illness of their daughter is not vaccine related. This has to change, because too many girls are not getting the proper treatment yet."

She said up until she looked into the HPV vaccines she had always believed in the Governments vaccine programmes but her confidence has now been badly shaken.

FDA Eat Their Words? continued on page 11

Rosemary Mathis whose daughter was changed after she had Gardasil vaccine and one of the six women told me she became involved with the group because she wanted answers. She says:

“My 12 year old daughter was disabled by Gardasil. Her life as she knew it completely changed after her third vaccination. She could no longer attend school, go to church, or live a normal life. She was always in pain and we spent thousands of dollars and many hours going to doctors who could not help her. I spent countless hours on the internet researching how to treat my daughter. I quickly learned that I was not alone and many other parents were doing the same thing. Every night was spent researching trying to figure out what do to not only help my daughter, but many others.

This led me to Gardasil Mom groups on Yahoo Groups, Twitter, and Facebook. That is where I met Marian Greene, another mother whose girl was affected that lives about 30 minutes from me. Her daughter was disabled also. Both our daughters were disabled by the exact same lot # 0067X. Night after night, we were trying to help the mothers figure out what to do and trying to comment on stories on the internet to warn others.

We quickly learned that many of the girls stories are not recorded in VAERS. Either the parents do not know about VAERS and haven't reported them or the doctors do not. I filed my daughter's report in VAERS and then asked my doctor to after continuously expressing that the vaccine is what made her sick. The parents were struggling to find a way to express their stories and to find data. Each night, new victims were appearing on the boards with no idea of what to do.

That is when we decided to created WWW.TRUTHABOUTGARDASIL.ORG. The board represents the TRUTH as we the parents of the victims of Gardasil see it. It is a central repository used to house the girls stories for view by others, has the latest news, and has a Guardian Angel page by location to give the parents contacts in their area who may be able to help them. It has videos, other site links, a forum so you can talk to other parents/victims, etc. It has made it easier for parents to quickly identify side effects, treatments that may have helped victims, etc. It takes about one year

worth of research off the parents and allows them to quickly identify what occurred and what can be done to help the victims.”

Since her research began Rosemary says she has met thousands of girls who have been adversely affected by the Gardasil and the Cervarix vaccines.

I asked Leslie Botha how the FDA had become aware of the six women and had asked the group to do the presentation.

Leslie said that originally Karen Maynor had contacted the FDA after her daughter had died after she had the Gardasil vaccine. Her letter to Dr Margaret Hamberg MD contained many reports and details of young girls who have either died like her daughter Megan, or had become seriously ill.

The reports contained in her letter do not make comfortable reading. She wrote how one child ‘Samantha Hendrix’ who had once been described as a ‘walking encyclopaedia’ has been left with no concentration and failing her exams.

“Also as in the case of young Samantha, she had a serious history of illnesses prior to vaccination. Have you ever discovered if Merck carried out research on impaired immune responsiveness to establish if young girls with a medical history would be well enough to have this vaccine? In the case of Cervarix, GlaxoSmithKline did not carry out this research prior to the commencement of the vaccination programme in the United Kingdom. This young girl had many health problems before being vaccinated but now she is far worse off and what the future holds for her we just do not know

“Perhaps, if more care and attention had been given by the pharmaceutical company in all of this, if they had taken more time to carry out the research into all aspects of safety and just had given it a few more years, exactly the same advice that Dr Harper gave to the UK regarding Cervarix, then perhaps these young ladies would not be so ill and I would not be writing to you today asking for your help. With respect to Cervarix, many of the same “Gardasil” illnesses are occurring in the United Kingdom also so there appears to be a common thread that exists between these two HPV vaccines.

“There are no data on the use of Cer-

varix in subjects with impaired immune responsiveness.”

Leslie said that the FDA does not just contact people but that they respond to letters. They contacted Karen and Karen knowing that she could not do what the FDA wanted alone asked the other women if they were prepared to help her.

We were in discussion many times about how to proceed—and found the people in the Patient Representative Program Office of Special Health Issues—to be open, and supportive as they shared the guidelines for the presentation. The FDA has just initiated “listening sessions” and our group was one of the first to participate in them. It has been an honor and a very positive experience from beginning to end.

We started out by gathering data, Rosemary, Freda and Janny did a fabulous job of creating and presenting graphs, and outlines of VAERS deaths. Freda was in contact with women in Spain, New Zealand and Australia as she gathered reports of adverse injuries from the girls in these countries.

Cynthia and I kept coming from different angles on what was causing the problem with this vaccine—mine was on menstrual cycle influence and she was focused on histamine and IgE. We spent hours on the phone searching for studies. We would then do searches on histamine and IgE and the menstrual cycle and that is when we realized that our differing angles were beginning to blend into one perfect storm. It was the peer reviewed study that came out on the blind girl and HPV that nailed this for us—and we realized that we had discovered the REAL DANGERS with this vaccine.

We were shocked and awed that we had come across something no one had ever considered that founded both of our concerns.”

The conclusion slide #52 in the powerpoint shows exactly what was discovered and one has to agree the implications this has is quite shocking.

“During the follicular phase of the menstrual cycle, the production of estrogen releases histamine. During the

luteal phase the protective effects of estradiol sharply decline, the production of progesterone increases and the immune system becomes more easily compromised; succumbing to the overdose of histamine from three sources: L-Histidine in the vaccine, increased amounts of estradiol in the body from natural production plus environmental toxins (estrogen mimickers) and the body's own natural production of histamine. The rise and decline in hormones; the rise and decline in immunity and the overproduction of histamine—may be a factor as to why the health of the girls adversely affected by the HPV vaccines is not improving.

Both HPV vaccines contain VLP's (virus like particles). This can be termed 'molecular mimicry' and when an antigen in a vaccine is structurally similar to an antigen in the host antibodies are produced that react with the host's normal tissue. Allergy sufferers with moderate to severe asthma have IgE levels greater than 1,000 U/ml.

Normal serum IgE levels in individuals without allergies is less than 70 U/ml. An increase in IgE means more free IgE is available for binding to the activated mast cells. More mast cell activation and degranulation may lead to an increased release of inflammatory histamine. This reaction also leads to TH2 cytokine and leukotriene secretion, resulting in systemic anaphylaxis in the form of allergy.

This proves an increased risk of injury due to an overload of histamine being released from the mast cells causing a more severe inflammatory response throughout the body. Tissue damage due to this process can cause hypertrophy of smooth muscles. Smooth muscles are evident in the heart. With the rechallenge to an already active immune response we could have more smooth muscle damage especially to the heart and damage to the Central Nervous System.

With all our research completed, due to the lack of safety testing in regards to hormone, histamine and IgE level effects due to challenge and rechallenge on the female and male physiology, the risks of the HPV vaccines outweigh the benefits."

Freda Birrell another member of the group became involved in 2009, when her friend wrote to her asking for her

help, saying that her daughter Bridget had become injured after the Gardasil vaccine. Freda said that she asked me to find out if Cervarix was having the same effect on British girls as the Gardasil vaccine. After research I found that both vaccines were having serious adverse reactions.

Freda feels disillusioned with the British and Scottish Governments she said: "Both of the Health Ministers are too ready to come back with the usual information – any incidents which have occurred are either coincidental or part of population related illnesses. At no time, to my knowledge or satisfaction, do they investigate any of these illnesses. There are serious cases of arthralgia after vaccination with Cervarix and this condition has been researched and it is known that it is and can be vaccine related. Sadly, our Ministers do not wish to recognise that fact. There are many other serious illnesses which have occurred, eg a rare form of encephalitis, paralysis, blindness, seizures to name but a few. They are hiding their heads in the sand in the hope that it will all go away. That will never happen where the lives of our young girls are involved."

I asked Freda as she had studied both vaccines in detail if she felt that Cervarix was as dangerous as Gardasil. She said:-

"For the most part Cervarix elicits a much higher percentage of adverse events in the initial days after inoculation over Gardasil. The comparison suggests that Cervarix is much less safe than Gardasil. High percentages of fatigue, headache and myalgia may also be initially construed as the flu and not Cervarix related and therefore would not be reported as an adverse event related to the vaccination until the symptoms persist past the one week time frame for the flu, Gardasil has incurred many deaths. Only one girl to our knowledge has died following a Cervarix vaccination and her case was attributed to her underlying illness, cancer. She was undergoing tests apparently at the time. Whilst we cannot say that Cervarix caused her death, the authorities likewise cannot say with 100% proof that it didn't. What we can say with 200% certainty is she should not have been vaccinated whilst undergoing medical testing"

Also discovered by the group was the

fact that neither vaccine worked if the girls already had an HPV infection.

Slide 15 states:-

"Conclusions: Evidence detailed here regarding the poor efficacy of both Gardasil and Cervarix on already infected women has to be investigated further. If this is occurring in established infected groups of women, then what will be occurring in the bodies of adolescent girls who in many cases may already be sexually active and be infected at the time of vaccination? In the United States and United Kingdom, HPV SCREENING DOES NOT TAKE PLACE TO DETERMINE IF HPV INFECTION IS ALREADY PRESENT."

The group had discovered that contrary to belief HPV is **not only a STD** but can be transmitted through other means. This was discussed on slide 9. There is growing evidence that HPV infection is acquired through non-sexual routes and that one potential route is mother-to-child transmission in the perinatal period; referenced as vertical transmission. It was also noted that HPVs have been detected in virgins, infants/children, and juvenile Laryngeal papillomatosis was shown to be caused by these viruses.

Another very important point raised was the fact that over 250 girls who have had the vaccine have since had abnormal PAP Smear tests. This was thought to be because this group already had the HPV virus when they had the vaccine.

We now await the FDA's verdict on the impressive array of documents and factual information that this group of so called 'little women' put before them. Will the FDA acknowledge that far from the wonder vaccines that Gardasil and Cervarix were supposed to be, these vaccines were more like poison darts thrown at girls in a crucial stages of their sexual development? These vaccines were given to young girls in many different stages of puberty and at many different stages of their menstrual cycles. We are now left wondering if the manufacturers Merck and Glaxo Smith Kline considered this when developing these vaccines.

Note: For the complete article & Power Point Presentation to FDA: <http://vactruth.com/category/by-vaccine/gardasil-by-vaccine/>

Are Current Childhood Vaccine programs compromising the genetics of present and future generations?

By Harold E. Buttram

"The facts evidenced herein compel urgent attention to this "hostile takeover" and crisis in stewardship of the healing arts and sciences."

Abstract

Previously published parts of this "Vaccine Overview" series reviewed the U.S. Congressional Hearings on Vaccine Safety (1999-December, 2004) which revealed gross deficiencies in vaccine safety testing by federal health bureaucracies (FDA, CDC, NIH, etc.), as defined by Evidence-Based Medicine (EBM) and Quality of Evidence Ratings (QER).^(2,3) Because of these deficiencies, we have no means of proving adverse vaccine reactions when they do occur. Since the growing patterns of adverse childhood health patterns have run parallel with increasing numbers of vaccines being administered (now up to 32 inoculations before school), it is reasonable and responsible to suspect a possible or likely causal relationship, and test this hypothesis. It is conceivable that adverse childhood health trends are accompanied by corresponding genetic compromise and hybridization. One potential source of this being large-scale vaccine contamination with retroviruses and their reverse transcriptase enzymes, capable of imprinting viral DNA into the genetics of children and future generations.

Introduction

Previously published parts of this "Vaccine Overview" series reviewed the steadily increasing patterns of physical and mental health problems which have taken place since the relatively innocent times of the 1930s, largely involving the "4-A Disorders" (i.e., Autism, ADHD, Asthma, Allergies), now afflicting roughly one third of America's children.⁽¹⁾ They also reviewed the U.S. Congressional Hearings on Vaccine Safety (1999-December, 2004) which revealed gross deficiencies in vaccine safety testing by federal health bureaucracies (FDA, CDC, NIH, etc.), as defined by Evidence-Based Medicine (EBM) and Quality of Evidence Ratings (QER).^(2,3)

Because of surveillance and reporting deficiencies, we have no means of proving adverse vaccine reactions when they do occur. Since the growing patterns of adverse

childhood health patterns have run parallel with increasing numbers of vaccines being administered (now up to 32 inoculations before school), common sense would have us suspect a causal relationship.

From a conceptual standpoint it is inconceivable that these adverse childhood health trends are not accompanied by corresponding genetic compromise and hybridization, the sources of which would be large-scale vaccine contamination with retroviruses and their reverse transcriptase enzymes, capable of imprinting viral DNA into the genetics of our children.

Although the human immune system is of almost inconceivable complexity in its detailed functions, the basic principles are quite simple, which might be compared with a medieval castle with an outer mote, an outer wall with parapets, and an inner defense wall, all of which serve to protect the king (brain and nervous system) and queen (genetic system).

Following this model, the human immune system is divided into two major classes: Cellular Immunity, located in the mucous membranes of the gastrointestinal and respiratory tracts and their respective lymph nodes (outer defenses), and Humoral Immunity, with production of antigen-specific antibodies by plasma cells in the bone marrow (inner defenses). For eons of time the mucous membranes of the gastrointestinal and respiratory tracts have been the primary sites of infectious microbe entry into the body so that, of necessity, mucosal immunity has evolved as the primary defense system, with humoral immunity serving a secondary or backup role. As reviewed earlier, vaccines are reversing these roles,⁽⁴⁾ attempting to substitute vaccine-induced humoral immunity for the far more efficient mucosal immunity, the latter in turn undergoing a process of "atrophy of disuse" as a result of this role-switching.

The present article addresses some of the known pathways whereby some viral vaccines may be implanting their genetic material into the DNA of our children, and of the possible consequences.

Grossly Overlooked Mutational Risks

Viral vaccines, composed of mainly genetic material, may pose as much, or even greater, potential risk for causing genetic hybridization than other forms of vaccines (i.e., live viral or attenuated vaccines). This warning is supported by a study reported in *Viral Research*, in which a nuclear polyhedrosis virus was sent through 24 serial passages of culture media resulting in both "genetic insertions into and deletions from the virus,"⁽⁵⁾ suggesting a propensity of viruses to accept, carry, and transfer genetic material from host to host.

This research and consideration takes on more gravity when we consider the extent of foreign genetic contamination in current vaccines:

"Among the 32 vaccines in current use, seven contain chick embryo fluid or protein, three contain cells from monkeys, one contains sheep's red blood cells, one contains mouse serum, one contains material from guinea-pig embryos, and four have cells from human aborted fetal tissue."⁽⁶⁾

Additional research shows that vaccines containing aluminum, the mercury-based preservative (Thimerosal), and formaldehyde, pose additional risks for prompting genetic mutations following intoxications.^(6a-d)

As reviewed by Roberts in "The Dangerous Impurities of Vaccines:"

"In 1998 and 1999 scientists representing the World Health Organization (WHO) met with the senior vaccine regulatory scientists from the USA and UK at the National Institutes of Health (NIH) in Washington D.C. to discuss the safety of the manufacturing methods employed to produce vaccines. No journalists were present, but official transcripts were kept. What they record is that all the many experts that spoke expressed grave concern over the safety of the manufacturing process currently employed to make the licensed vaccines, such as MMR, flu, yellow fever, and polio.

It was reported by leading experts that the vaccines could not be purified, were "primitive," made on "crude materials,"

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and the manufacturers could not meet lowered government standards. WHO specialists reported the widespread and continuing presence in the MMR vaccine of chicken leucosis virus. Others spoke about the presence of foamy virus, many other viruses, toxins, foreign proteins, enzymes and possibly prions and oncogenes, (which, being of equal or smaller size than the desired viral vaccines, cannot be filtered out). Grave concerns were expressed about the levels of foreign residual DNA and RNA contaminating the vaccines. It was feared that this (contamination) could be causing cancers and autoimmune diseases.”^(7, 8)

Immune Suppression as a Co-Factor in Mutagenesis

In addition to the proneness of viral vaccines to exchange and transfer genetic material from host to host, another danger is that viral vaccines are inherently immunosuppressive, as reflected in the fact that viral infections tend to lower white blood cell (WBC) counts in contrast to bacterial infections, which raise WBC counts. Furthermore, in the field of chemical toxicology it is universally recognized that combinations of toxins may bring exponential increases of toxicity; that is a combination of two chemicals may bring a 10-fold increase in toxicity, three chemicals 100-fold increases.^(9, 10) This same principle almost certainly applies to the immunosuppressive effects of viral vaccines when administered in combination, as with the MMR vaccine, among which the measles vaccine is exceptionally immunosuppressive.⁽¹¹⁻¹³⁾

Returning to the medieval castle model of the human immune system, it is probable that the powerful, immune-suppressant effects of viral vaccines, when given in combination, may paralyze first-line cellular (mucosal) immune defenses sufficiently to allow viral DNA-grafting to take place into the genetics of many infants.

Considering that these vaccines will also be carrying elements of foreign bovine (from gelatin), chicken, monkey, and human proteins, which will also be transplanted into infant genetics, it might not be far amiss to consider viruses as nature’s ultimate polluters, all the more insidious because the process remains unrecognized.



Anti-vaccination meeting, Toronto City Hall, 1920

Retroviruses and Reverse Transcriptase

“A retrovirus is a virus that does not enter host cells with a DNA genome, but an RNA genome. The most common way the RNA genome is replicated is via the enzyme reverse transcriptase to make DNA out of its RNA genome. The DNA is then incorporated into the host’s genome by an integrase enzyme. The virus thereafter replicates as part of the host cell’s DNA. Retroviruses are enveloped viruses that belong to the viral family, Retroviridae.”⁽¹⁴⁾

“Reverse transcriptase, also known as RNA-dependent DNA polymerase, is an enzyme that transcribes single-stranded RNA into double-stranded DNA...Normal transcription involves synthesis of RNA from DNA; hence, reverse transcription is the reverse of this.”⁽¹⁵⁾

It is not necessary to understand these technical terms to know their underlying meanings. As outlined in Dr. Sherri Tenpenny’s scholarly text, “Fowl! Bird Flu: It’s Not What You Think”:

“Because of the way reverse transcriptase works in living cells, it is possible that genetic material from chicken viruses (and other retroviruses) is being woven into human DNA, especially that of our children.”⁽¹⁶⁾

Known sources of retrovirus/reverse transcriptase contaminations include the avian leukosis virus subgroup E and endogenous avian virus in measles and mumps vaccines⁽¹⁷⁾ the influenza vaccine,⁽¹⁸⁾ the sources being traced back to cultures in fertilized chicken eggs.

M.G. Montinari and Immunogenetics

Dr. Montinari and colleagues are best known for investigating the relationship between postvaccine central nervous system (CNS) diseases and mutation of human leukocyte antigens, (HLA) which essentially strip the body’s brain and nerve tissues of their outer coating of myelin.⁽¹⁹⁾ The HLA system is one which aids an individual’s immune system to differentiate that which is “self” from that which is “nonself.”

Although the mechanisms are complex, it is a system which, during embryonic life, learns to recognize healthy or normal cells of the body as “self” so that these cells will remain unmolested by the search and destroy mechanisms of the immune system, leaving the immune system free to eliminate foreign invaders. Of special concern is the fact that the HLA system also carries an increased proneness to mutations, which may result in an impairment of self-recognition.

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This process may be the fundamental cause underlying autoimmune disorders, in which the immune system attacks the cells of its own body.

Montinari found that certain alleles of HLA (A3 and DR7) were more frequent in patients with postvaccine-induced illness, which implicates an immunogenetic basis for such illnesses. What caused much concern was that Montinari and other researchers implicated vaccine adjuvants (additives), such as mercury-containing Thimerosal, as causing genetic mutations by modifying the amino acids in presenting antigen proteins.⁽²⁰⁻²²⁾

Herpes Virus Integration with DNA Transferred from Parents to Babies

Based on a public release of 2-Sept-2008 from the University of Rochester Medical Center, new research has shown that some parents pass on the human herpes virus 6 (HHV6) to their children because it is integrated into the parental chromosomes. This is the first time a virus has been shown to become a part of the human DNA and then get passed to subsequent generations.

This unique form of congenital infection may be occurring in as many as 1 in 116 newborns according to the report. The long-term consequences for a child's development and immune system are unknown.⁽²³⁾

Since it is known that viral DNA can be engrafted into parental DNA and then passed on to subsequent generations, should we not be investigating today's live virus vaccines from this standpoint and looking into the possible consequences?

Summary and Conclusions

As outlined above, there are several factors indicating a possibility that the soaring incidence of physical and mental illnesses among today's children are causally related to current childhood vaccine programs. Primary among these is the large-scale contamination of the measles, mumps, and influenza vaccines with retroviruses capable of engrafting their genetics into the DNA of childhood recipients. This is rendered more likely because of the cavalier regard with which combinations of viral vaccines are now being administered, primarily involving

the MMR vaccines, but conceivably also in combination with chicken pox and influenza vaccines in today's vaccine schedules, in spite of the toxicology principle that combinations of toxins may bring exponential (10-fold or 100-fold) increases in toxicity.

With some of today's routine viral vaccines known to be contaminated with retroviruses and administered under conditions likely to bring varying degrees of immune paralysis in the recipient, these are conditions under which genetic hybridization would appear to be likely or inevitable.

Admittedly, this is indirect evidence which does not constitute proof, but consider this: The steadily increasing patterns of physical and/or mental illnesses among American children show no signs of abating. Unless this issue is definitively addressed, at some future time the process will pass a point of no return socially and economically from the sheer numbers of incapacitated children.

America unquestionably has the scientific technology to work out the proof that is needed to mandate a reduction and modification of current vaccine programs. The question is whether or not we have the necessary insights and determination to do so.

Note: Article accessed from Medical Veritas online journal: http://web.mac.com/len15/CURRENT_CHILDHOOD_VACCINE_PROGRAMS/Harold_E_Buttram.html

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Joan Cranmer's Fateful Decisions and the Suppression of Autism Science

By Mark Blaxill

On February 12, 2010 the journal *Neurotoxicology* made a quiet change on its web-site to an “in-press” article that had previously been available as an “epub ahead of print.” There was no press release or public announcement, simply an entry change. The entry for the article, “Delayed acquisition of neonatal reflexes in newborn primates receiving a thimerosal-containing Hepatitis B vaccine: Influence of gestational age and birth weight”, was first modified to read “**Withdrawn**” and has since been removed altogether from the *Neurotoxicology* web-site. The only remaining official trace of the paper is now a listing on the National Library of Medicine’s “PubMed” site. *Neurotoxicology*. 2009 Oct 2. [Epub ahead of print] with this notice, “*This article has been withdrawn at the request of the editor. The Publisher apologizes for any inconvenience this may cause.*”

How can a scientific study simply vanish? This paper had cleared every hurdle for entry into the public scientific record: it had passed peer review at a prestigious journal, received the editor’s approval for publication, been disseminated in electronic publication format (a common practice to ensure timely dissemination of new scientific information), and received the designation “in press” as it stood in line awaiting future publication in a print version of the journal. Now, and inexplicably, it has been erased from the official record. For practical scientific purposes it no longer exists.

The answer, of course, is that this is no ordinary scientific study. *Age of Autism* reported previously on its importance, where we noted that “one likely tactic of critics of the study will include attempts to nullify the evidence based on the alleged bias of those involved.”

The obvious risk, of course, was that a co-investigator on the paper, Dr. Andrew Wakefield, might make the study a target, especially in light of the hearings then underway at the U.K.’s General Medical Council (GMC). In the wake of last month’s GMC findings of misconduct of Dr. Wakefield and two colleagues, we also reported on the calls by Generation Rescue to recognize the even greater

importance of Dr. Wakefield’s work on this primate project—an analysis of the health outcomes of vaccinated and unvaccinated macaque monkeys (see note # 1). Sadly, true to our prediction, and despite the quality of the work and the importance of the findings, it appears that the “attempts to nullify the evidence” have been successful.

Over the least several weeks, *Age of Autism* has tried repeatedly to contact the journal and spoke briefly with Joan Cranmer, the editor-in-chief of *Neurotoxicology*. She declined comment on the issue. We have obtained evidence, however, that Cranmer has participated in two separate communications on her decisions regarding the primate paper. The first of these came last November, in the form of a response to a threatening letter she had received, at which time Cranmer gave a strong defense of *Neurotoxicology*’s review procedures.

“As Editor of Neurotoxicology this is to inform you that the referenced manuscript has been subjected to rigorous independent peer review according to our journal standards. If you have issues with the science in the paper please submit them to me as a Letter to the Editor which will undergo peer review and will be subject to publication if deemed acceptable.”

That response, of course, came before the subsequent media storm over the GMC findings and the decision by another journal, *The Lancet* to retract a paper co-authored by Dr. Andrew Wakefield, the last listed author (a slot typically reserved for a project’s senior scientist) on the primate paper.

Shortly before the primate paper vanished in February, a second communication involving Cranmer took place, when she received a query from Lyn Redwood of SafeMinds who had learned from the study authors that there might be a problem with publication. As a co-funder of the project, Redwood wrote to Cranmer asking why *Neurotoxicology* would consider not publishing the primate paper.

This time, Cranmer declined comment

and instead referred Redwood to an Elsevier executive named Elizabeth Perill (Elsevier is a division of Reed Elsevier PLC, a large scientific publishing corporation and owner of *Neurotoxicology*). Perill wrote the following note to Ms. Redwood on February 4th.

*Dear Dr. Redwood [sic],
Aside from any authorship concerns, on reflection the paper is not suitable for publication in this journal. The decision was based on the fact that the paper should not have been accepted in Neurotoxicology and the paper is not suitable for the audience of Neurotoxicology.*

It’s hard to find much evidence to substantiate Perill’s claim. Quite the contrary, available evidence shows that the primate paper lies squarely within *Neurotoxicology*’s suitable topic range: a recent search of the journal’s publication history identified 17 papers on *thimerosal*, 280 papers on *mercury*, 12 papers on *vaccines*, 738 papers on *animal models*, 64 papers on *primates*, 28 papers on *autism* and 63 papers on *neurodevelopment*. Furthermore, this oddly inconsistent sequence of decisions by the editor-in-chief of a leading scientific journal—to publish a scientific study on vaccine safety, to defend that decision to a critic and then to refer questions to her publisher once the journal reversed its previous decision—raises an important question.

Did Cranmer make her publication decisions based on the scientific merits of the work involved or did the publisher Elsevier contravene Cranmer’s editorial authority with a corporate decision to suppress unpopular research?

Any way one looks at it, the need for an Elsevier executive to speak for Joan Cranmer on this subject raises important questions about her own editorial independence. And in a world where autism science, especially the science surrounding controversial questions of vaccine safety, is increasingly influenced by the pervasive power of the medical industry, Cranmer’s decisions deserve more explanation than she has been willing to provide.

Joan Cranmer’s Decisions continued on page 17

The unique importance of the primate project

In the ongoing controversy over the potential role of vaccines and their components in autism causation, **the publication of the *Neurotoxicology* article in October provided a crucial pivot point.** Despite the oft-repeated talking points from public health officials and medical industry representatives that any and all concerns have been “asked and answered”, the scientific support for these assurances is weak. Such claims rely exclusively on a controversial set of epidemiology studies of varying quality, ignore epidemiology that provides contradictory evidence and neglect the fact that none of the exculpatory evidence considers the interactions between different elements of the expanding childhood vaccine program. Instead, the studies (reviewed in depth—see note #1) cover only one vaccine product (the MMR vaccine) and one vaccine component (thimerosal) in isolation.

For many years, autism parents have called for higher quality research into vaccine safety. Inspired in part by *Age of Autism* Editor Dan Olmsted's pioneering work on the low frequency of autism in less-vaccinated populations such as the Amish, parent groups have long called for human studies comparing vaccinated and unvaccinated populations. These calls have received support from many quarters. Representative Carolyn Maloney (Dem. NY) has introduced a bill in front of Congress asking for a vaccinated/unvaccinated study. In June of last year, the National Vaccine Advisory Group (NVAC) issued a similar call, asking the CDC to consider the “strengths and weaknesses, ethical issues and feasibility including timelines and cost of various study designs to examine outcomes in unvaccinated, vaccine delayed and vaccinated children.” So far, however, little progress has been made.

One important alternative to epidemiology studies that investigate vaccine safety in human populations is to conduct more invasive research using animal models. Animal models offer many advantages over human epidemiology studies; the vaccine exposures and outcomes can be tightly controlled and measured, while precise biological outcomes can be measured in far greater

detail in tissue since the animals can be sacrificed. We've reported extensively on recent animal studies that address vaccine safety concerns, much of it focused on rodents (mice, hamsters and rats) and thimerosal (see note #1). A number of years ago, however, private funding emerged for the gold standard animal experiment on vaccine safety, this one using primates. This multi-year project has been conducted by some of the nation's leading primate researchers and led by scientists affiliated with Thoughtful House of Austin, Texas.

From the beginning of the primate project, Andrew Wakefield has been a senior scientist. With philanthropic support from autism families, he started Thoughtful House in 2005. Even before that, work on the primate project had already begun. The first results from the team's research were reported at an autism conference in London in May 2008 (see note #1).

Then, in October 2009, the first peer-reviewed output of the effort, the *Neurotoxicology* paper, was published (see note #1). In that initial paper (clearly the first of many), Wakefield and his colleagues reported convincing evidence that the birth dose of thimerosal-containing hepatitis B vaccine caused developmental delay involving brainstem damage in infant primates. Despite the obvious importance of these animal experiments, *Age of Autism* has been virtually the sole news outlet covering this story.

When Joan Cranmer accepted the primate paper in *Neurotoxicology*, her decision could not have been an easy one. The study subject and one of the study authors, Andrew Wakefield, were known to be highly controversial. All of the information about the GMC proceedings and the accusations against Wakefield were well known to the editors and peer reviewers. Despite that knowledge and the risks involved, Cranmer and her editorial team judged the science to be sound and decided to go ahead. We complimented them at the time, noting that “the journal editors at *Neurotoxicology* have taken a courageous stand in publishing what is sure to be unwelcome evidence in some circles.” It appears, however, that Cranmer's superiors within Elsevier did not share those views.

Did Reed Elsevier interfere in the edi-

torial decisions of *Neurotoxicology*?

In wake of last month's GMC findings, a rapid-fire series of events followed. The editor-in-chief of *The Lancet*, Richard Horton, issued a retraction of Wakefield's case series report published by the journal in 1998. Although regrettable the retraction was not especially surprising, since Horton's well-documented betrayal of Wakefield has placed him at the center of what we have called the Wakefield Inquisition (see note #1).

Although Horton has consistently defended his *scientific* judgments in public, including the decision to publish the 1998 case series, Horton claimed to be surprised to learn that Wakefield was assisting autism parents in the U.K.'s equivalent of vaccine court. He then used the occasion to set the Inquisition in motion, admitting in his 2004 book, *MMR: Science and Fiction*, to meeting with an unnamed medical regulator and counseling him on how to build their case against Wakefield (see note #1).

Unlike Cranmer, Horton has made himself one of the primary agents in the suppression of inconvenient science. In scientific terms, however, *The Lancet* case series carries far less significance than the primate paper. Contrary to the bulk of media coverage on this issue, the 1998 “early report” provided neither evidence nor claims of causation. By contrast, the primate project was carefully designed to test causation hypotheses

So if Horton's decision to retract the 1998 paper was unsurprising, *Neurotoxicology*'s decision not to proceed with publication of the primate paper was a different story; it shocked many of those close to the project. Despite protests from study participants, on February 2nd, the same day Horton announced *The Lancet*'s decision, *Neurotoxicology* informed the primate study authors of their decision not to proceed with publication in the print edition and soon removed the epub from its web-site. In a further ripple effect, within days of the *Neurotoxicology* decision, Thoughtful House announced Wakefield's resignation. In the middle of the media frenzy sparked by *The Lancet*'s actions, the decision at *Neurotoxicology* went largely unnoticed

At first glance, the two journals--*The Lancet* and *Neurotoxicology*--couldn't be more different: *The Lancet*, a general purpose medical journal founded in 1823 and named after a device used to bleed patients under the now obsolete theory of the humors, is headquartered in London; *Neurotoxicology*, founded in 1979 and headquartered in Arkansas, is a specialized journal focused on "dealing with the effects of toxic substances on the nervous system of humans and experimental animals of all ages."

There is, however, a critical connection between the two. Both journals are published by Elsevier, a division of publishing giant Reed Elsevier, a multi-billion dollar corporation. Elsevier publishes close to 2400 scientific journals and also distributes millions of scientific articles through its online site ScienceDirect. According to Reed Elsevier's 2008 Annual Report, "ScienceDirect from Elsevier contains over 25% of the world's science, technological and medical information."

As a leading publisher of scientific and medical journals, Reed Elsevier possesses enormous power over what studies actually make it into the scientific record. Moreover, in its quest for profits, the company has displayed an inclination to provide privileged access to that record to its commercial partners.

In 2009, Elsevier acknowledged publishing nine journals, with titles such as "*Australasian Journal of Bone and Joint Medicine*" that were entirely sponsored by mostly undisclosed pharmaceutical advertisers (one was solely sponsored by Merck and published articles favorable to products like Vioxx and Fosamax). Although Reed Elsevier doesn't manufacture drugs or vaccines, as a for-profit publisher it clearly has an interest in generating revenue from commercial partners in the medical industry.

Suspicions over the editorial independence of Reed Elsevier on the question of vaccine safety draw support from evidence of board level conflicts of interest involving Reed Elsevier's CEO, Sir Crispin Davis. Davis, who retired in 2009 as CEO of Reed Elsevier, has served since July 2003 on the board of directors of GlaxoSmithKline (GSK) a major vaccine manufacturer (also re-

cently appointed to the board of GSK is James Murdoch, publisher of News Corp., which owns The Times of London, the newspaper which launched the media attack on Wakefield).

In 2008, vaccines accounted for 12.5% of GSK's worldwide revenues. And although Reed Elsevier has no known vaccine liability risk, GSK has been directly exposed to two of the most prominent autism/vaccine controversies. GSK manufactured Pluserix, a version of the MMR vaccine introduced in the UK in 1989 and withdrawn in 1992 due to safety concerns. GSK also produced a thimerosal containing vaccine similar to the one examined in the primate paper (which was a Merck product) named Engerix B, for hepatitis B. GSK lists its financial exposure to thimerosal litigation in the U.S. under the "legal proceedings" section in its 2008 Annual Report.

Tensions between publishers, who attend to a publication's profitability, and editors, who attend to independent content, are well known. In their normal operations, there is little reason to believe that Reed Elsevier executives might involve themselves in the scientific review process. However, when scientific publications that can threaten the profitability (and commercial sponsorship) of valued partners of Reed Elsevier such as GlaxoSmithKline and Merck are suppressed, Reed Elsevier's actions should raise concerns among the scientists who lend their names and reputations to the journals the company distributes.

What should Joan Cranmer do?

In October 2008, *Neurotoxicology* hosted its annual conference in Rochester, New York. One of the featured speakers at the meeting was an elderly pediatrician named Herbert Needleman. Now in his eighties, Needleman is revered in neurotoxicology circles as the man responsible for identifying the developmental risk of lead exposure in children. His pioneering work led to the removal of lead additives from paint and gasoline. I had the opportunity to attend the conference and even to meet Needleman briefly. As I watched him speak I observed with interest the high regard with which the other attendees held him. It was clear that Needleman has attained iconic status in the field of neurotoxicology.

One of the reasons that Needleman is revered in the neurotoxicology community is because he had to surmount formidable obstacles and fight powerful opponents in order to protect children from dangerous exposures to heavy metals. Like Wakefield, Needleman once served as an expert witness in a legal proceeding, in this case on behalf of a child from Utah who had been injured by lead pollution. Also like Wakefield, Needleman found himself facing off against powerful industry forces, in this case the oil and gas industry and their suppliers of lead, companies such as Ethyl Corp and E.I. DuPont de Nemours. Most notably, in order to defend their profits, the lead industry mounted an aggressive effort to discredit Needleman. In 1991, he was called before the Office of Scientific Integrity at the National Institutes of Health (NIH) on charges of scientific misconduct.

NIH referred the hearings to his university, a fortunate turn of events for Needleman, who was able to blunt a skillfully orchestrated private attack by opening up the proceedings to the public and to his university colleagues (interestingly, he noted that in a crisis "you learn who your friends are. My friends were not people in the medical school but the faculty in the university at large"). Even more fortunately for the health of children, Needleman successfully defended his work and reputation and prevailed in the trial. As a consequence, we now all fuel our cars with unleaded gasoline and decorate our houses with lead free paint. Yet despite Needleman's victory, the ruthless industry attacks he endured clearly disturbed and offended him, and he subsequently wrote an account of his experiences for the journal *Pediatrics* in a paper he called, "Salem Comes to the National Institutes of Health: Notes From Inside the Crucible of Scientific Integrity." The title speaks to the intensity of emotion that Needleman brought to the conflict and the jeopardy in which he felt himself.

We like to assume that in conflicts like this the good guy always wins. But what if that isn't always the case? What if the product involved hadn't been leaded gasoline and the companies Needleman was up against were more influential than the oil and gas industry? What if

the hearings had been closely controlled by commercial interests and the committee that investigated Needleman had gone against the evidence and found him guilty of misconduct? What if the scientific record he created had been erased and his work on lead "withdrawn" from scientific journals?

The progress in eliminating dangerous toxins from our environment is something we now take for granted, but Needleman certainly didn't see the situation that way. Looking back, however, the difficulties Needleman faced seem almost quaint by comparison to the blitzkrieg-style character attacks of our modern media; the story of his conquest over the evils of corporate America appearing nostalgically Capra-esque when compared to the slick public relations techniques of the global corporation. Indeed, since Needleman's experiences twenty years ago, the threat of corporate power has become far more menacing and the opportunity for miscarriages of justice many times greater.

Seen from this perspective, what if the next-generation incarnation of Herbert Needleman is Andrew Wakefield, but in today's version of the story, the balance of power has shifted in critical ways? In Wakefield's case the product is neither gasoline nor paint, but vaccines, one of the most privileged product categories ever invented, products that are produced and promoted by the medical industry with missionary zeal. In contrast to the limited scientific influence of the oil and gas industry, the medical industry Wakefield faces is far more powerful, pursues its interests with greater skill, controls the flow of scientific information and effectively dictates media coverage. It appears now that the medical industry is so powerful that it can rewrite scientific history when it wants and even erase important scientific publications in a reputable journal.

This is a pessimistic view of course, for scientists can and do stand up against corporate influence and frequently do the right thing for children. But taking a stand can be more difficult in some situations than others. When it is difficult to stand for scientific principle, the toughest moral choices often fall to individuals who find themselves caught in the middle. In the area of vaccine safety,

these moral choices have flowed most clearly to two journal editors. One, Richard Horton [The Lancet] made his choice in favor of industry and has successfully turned much of the world against Andrew Wakefield. Another, Joan Cranmer, now faces a different choice. Last October, she made an honorable, science-based decision and then found her editorial judgment superseded last month by the publisher Elsevier. This reversal represents a clear violation of scientific values, the values of the neurotoxicology community and the interests of children. But Joan Cranmer is not a passive participant in this controversy. She has a moral choice to make herself.

So what should Joan Cranmer do?

I submit the answer is obvious. Cranmer should oppose the corporate interventions of Elsevier. She should defend the primate project, the health of children and her previous decision to publish the primate paper. More than any other human being on the planet, she can make a statement showing that medical science need not cower before the power of the medical industry. The best way to do that is for her to resign as editor of *Neurotoxicology* in protest over Elsevier's interference.

What better way to honor the legacy of Herbert Needleman?

UPDATE: After publishing the article, *Age of Autism* received this statement from Joan Cranmer:

"Scientific integrity and good science are fundamental principles for publication of research articles in *Neurotoxicology*. Although rare, the journal withdraws papers whenever these essential principles are cast into doubt. The January 28, 2010 UK General Medical Council ruling of research dishonesty by Dr. Andrew Wakefield cast into doubt the scientific integrity of a new related paper co-authored by Wakefield*. However, it would be inappropriate for either me or the other editors to discuss the specific factors publicly."

—Professor Joan M. Cranmer, Editor, *Neurotoxicology*

Mark Blaxill is Editor-at-Large of *Age of Autism* and a Director of *SafeMinds*. He is a co-author of a paper published in *Neurotoxicology* and a past presenter

at *Neurotoxicology* conferences. *SafeMinds* is a co-funder of the primate project and has been a sponsor of past *Neurotoxicology* conferences.

Note 1. See online version of this article for access to various embedded references: <http://www.ageofautism.com/2010/03/joan-cranmers-fateful-decisions-and-the-suppression-of-autism-science.html> ✓

Vaccination Without Doctor Approval In a U.S. Hospital

By S. Humphries, MD—January 22, 2010

H1N1 and seasonal influenza vaccines are now being given to sick hospital patients with or without their doctor's consent. This is being done despite there being no data on the safety of doing so.

I am a licensed, board-certified nephrologist, otherwise known as a kidney specialist, working in a large, city-based hospital. Because I rarely admit patients to the hospital other than for specific procedures, such as a kidney biopsy, I only recently became aware of my hospital's policy regarding flu shots for sick people. Waking up to this new rule made me realize that Big Pharma is getting closer and closer to bypassing doctors completely to deliver direct patient "care".

We have an elaborate electronic charting system at our hospital. All of the medications and procedure orders are placed into the patient's record by doctors and nurses so that every person has access to all that is happening with the patient. A few weeks ago, I arrived to see my first patient of the day, a patient with a kidney ailment that leaks protein and usually progresses to complete kidney shutdown. When I opened her electronic chart, I expected my section to be empty. Instead, I saw an order for an influenza vaccine with my name on it. Even more shocking was that the order was highlighted bright blue, meaning, the shot had already been given. I thought perhaps I had opened the wrong chart or some sort of mistake had been made. But it was the right file; her name in the upper left hand corner. And my electronic signature was

on the page after the order. My patient, with kidney failure and an autoimmune disorder had been given a flu shot without my consent.

I was informed that according to a hospital policy that had been in effect since 2007, a pharmacist is permitted to visit a patient and offer them a flu vaccine. If the patient agrees, the RN is instructed to administer the shot and document the event in the chart. The attending physician's signature stamp is used to complete the order. No one called to ask, "By the way, your patient wants a flu shot; can we give her one?" I'm not sure what was said to her, but she obviously agreed, and I didn't need to be involved. The pharmacist had written an order for an injectable substance that I considered toxic and inappropriate for my patient, and it was administered by the RN before I even got to the floor.

My dissatisfaction eventually made it to the Chief of Internal Medicine who challenged me to produce peer-reviewed journal articles in support of my objection. There were dozens of case reports of kidney disease or small blood vessel inflammation following influenza vaccination. In fact, one paper cited 16 patients in its written report⁽¹⁾. Under-reporting of adverse vaccine reactions is a known phenomenon. The National Vaccine Information Center estimates that only about two percent of adverse vaccine reactions ever get reported. It would follow that written and published case reports found in medical journals represent a miniscule sampling of the totality of vaccine injury cases. These implications should evoke at least some curiosity on the part of doctors and health care advocates.

The peer-reviewed literature was delivered to the department head. His initial response was to suggest that future vaccination orders be signed off by another physician so I didn't have to be involved with the process of a nurse giving a "routine" flu shot. But the point had been missed; flu shots should not be given to sick patients.

I was challenging "routine orders" that had been in place since 2007. The defense for supporting the policy was that no side effects had been reported since the standing order had been instituted.

I wondered to myself and then later inquired: How do you know that is true? Is it because nobody filed a formal report? If a patient became more ill after the shot, did you consider his condition to be a side effect of the vaccine, or was it simply called an unfortunate complication to the patient's current illness? What if the patient was discharged from the hospital but readmitted several weeks later. Was the reason logged simply as a progression of his existing disease... or was the cause an overlooked, delayed side effect of the vaccination? If vaccine reactions are not considered as part of a patient's differential diagnosis, how do you know? Without taking a vaccine history when considering a timeline of events, how could anybody possibly make the connection between a vaccine and a subsequent illness? How does anyone else *know* for that matter—that there were no side effects from the "routine" administration of flu shots, ordered by a pharmacist and given by a nurse, without doctor consent? The truth is, there is no real tracking and reporting system in place. And nobody is enthused about trying to start one. What has essentially happened is that the guards have all been told to go home and nobody is thinking to even look for the wolf.

I am sure there are thousands of unreported cases of kidney failure—and a wide range of other serious health conditions—because doctors fail to ask a very simple question as part of the admission evaluation: "When was your last vaccine?" And few doctors suspect any connection because the party line screams, "Vaccines are safe, effective and harmless. They keep people healthy and prevent infection." If nobody looks, vaccine-related side effects and complications won't be found.

There was a law passed in 1986, the National Vaccine Injury Compensation Act, that made vaccine manufacturers and administering physicians immune from legal recourse in the event of a vaccine injury. This has given manufacturers a dangerously long leash and has enabled them to push vaccines through FDA approval with little need to create a safe product. Now drug companies have extended their reach into the hospital right past doctors, and put the power to vaccinate in the hands of pharmacists and executive committees, allowing them to make decisions about what is best for a patient.

For years, I have suspected that vaccines affect the immune system in an unnatural way. Those who are trained in the sciences should know this has to be true. For starters, the partial and temporary effect of a vaccination is significantly different than the precise and long-lasting cellular responses that come from a natural infection. Vaccines contain more viral and bacterial particles than what we are told; there are known allowable contaminants in vaccine cultures and in vaccine vials⁽²⁾. The solutions also contain heavy metals, carcinogenic chemicals and toxic preservatives. Vaccine-induced antibodies can become "confused". They can then adhere or deposit in small blood vessels and the kidney filters called glomeruli, causing inflammation and degeneration, known as an "autoimmune response"; the person's own antibodies attack and destroy the body. The incidence of autoimmune disease has sharply increased in recent years, and I believe that vaccines have played a role. That is why it has never made sense to me to vaccinate anyone, let alone someone who is sick—but especially someone already sick with an autoimmune disease. While patients who are immunocompromised may be at a disadvantage when faced with infectious pathogens, giving them a flu shot with toxic chemicals cannot, in my estimation, possibly protect them. Moreover, it is known that elderly patients and those who are losing protein in the urine don't necessarily mount a strong or protective response to flu vaccine injections. Despite these facts, the CDC and various medical organizations still recommend injecting sick, elderly patients with flu vaccines.

There is no scientific basis for this. Vaccine research is conducted on *healthy people*. Vaccine research does not include double blind placebo studies; rather they use a false placebo which is often the prior years' flu vaccine. Once a vaccine is approved for general use, the shot is routinely given to everyone. Case reports^(1, 3-7) support the notion that it is highly possible that an unhealthy person could develop an exacerbation of an underlying kidney disease or that a healthy person could develop a new kidney disease after a vaccine. It should be common sense that patients who are sick and have advanced kidney disease are much more vulnerable to the 25 micrograms of mercury in multi-

Forced Vaccinations, Government, and the Public Interest

By Dr. Russell Blaylock, M.D., December 2009

When public-health officers are asked for the legal justification for such draconian measures as forcing people to accept vaccines that they deem either a clear and present danger to themselves and their loved ones or have had personal experience with serious adverse reactions to such vaccines, they usually resort to the need to protect the public. All of such policies strongly resemble those policies found in National Socialist empires, Stalinist countries, or Communist China.

One quickly concludes that if the vaccines are as effective as being touted by the public-health officials, then why should one fear the unvaccinated? Obviously the vaccinated would have at least 95% protection. This question puts them in a very difficult position. Their usual response is that a “small” percentage of the vaccinated will not have sufficient protection and would still be at risk. Now, if they admit what the literature shows, that vaccine failure rates are much higher than the 5% they claim, they must face the next obvious question—then why should anyone take the vaccine if there is a significant chance it will not protect?

When pressed further, they then resort

to their favorite justification, the Holy Grail of the vaccine proponents—herd immunity. This concept is based upon the idea that 95% (and some now say 100%) of the population must be vaccinated to prevent an epidemic. The percentages needing vaccination grows progressively. I pondered this question for some time before the answer hit me. Herd immunity is mostly a myth and applies only to natural immunity—that is, contracting the infection itself.

Is Herd Immunity Real?

In the original description of herd immunity, the protection to the population at large occurred only if people contracted the infections naturally. The reason for this is that naturally-acquired immunity lasts for a lifetime. The vaccine proponents quickly latched onto this concept and applied it to vaccine-induced immunity. But, there was one major problem—vaccine-induced immunity lasted for only a relatively short period, from 2 to 10 years at most, and then this applies only to humoral immunity. This is why they began, silently, to suggest boosters for most vaccines,

even the common childhood infections such as chickenpox, measles, mumps, and rubella.

Then they discovered an even greater problem, the boosters were lasting for only two years or less. This is why we are now seeing mandates that youth entering colleges have multiple vaccines, even those which they insisted gave lifelong immunity, such as the MMR. The same is being suggested for full-grown adults. Ironically, no one in the media or medical field is asking what is going on. They just accept that it must be done.

That vaccine-induced herd immunity is mostly myth can be proven quite simply. When I was in medical school, we were taught that all of the childhood vaccines lasted a lifetime. This thinking existed for over 70 years. It was not until relatively recently that it was discovered that most of these vaccines lost their effectiveness two to 10 years after being given. What this means is that at least half the population, that is the baby boomers, have had no vaccine-induced immunity against any of these diseases for which they had been vaccinated very early in life. In essence, at least 50% or more of the population was unprotected for decades.

On Herd Immunity

The idea of herd immunity as a benefit of vaccination is a myth promulgated as fact by vaccine promoters. The myth is based on the observation that prior to widespread mass vaccination programs, in the case of measles for example, it required approximately 68% of naturally immune people (immune because they themselves had had measles) to suppress the circulation of the disease.

But when that ceiling dropped, and fewer than 68% of people were immune, the next crop of young children whose maternally acquired immune protection faded, then became the susceptibles, and measles would start circulating in the community again. These periodic cycles would enable children to develop measles thereby endowing them with life-long immunity. As well, it benefited the larger adult segment of the population, who themselves also require that periodic re-exposure to the disease, a kind of boosting of their own immunity in order to maintain vigorous protection.

This is where the term “herd immunity” came from and what it actually refers to. The current use of it is a meaningless measure, and even if 100% vaccine coverage were reached, there would always be a percentage of people who remain vulnerable. Much of this has to do with the fact that the only measure of immunity used in medicine today is presence of antibodies—a very flawed belief. There are people who never develop antibodies when exposed to a disease, yet still are able to acquire immunity from infectious diseases.

The current medical system believes that if you have antibodies to any given disease, you are then immune, which is a totally flawed concept and was proven so some years back. Antibodies are the end product of a complex immune response, and vaccines don’t elicit the same quality of immune response that recovery from a disease does.

- Some info on Hedrich, who coined the term “herd immunity” <http://www.lowellsfacts.com/herdimunity.html>
- More reading on herd immunity : <http://www.whale.to/a/herd.html>

dose flu vaccines than healthy persons with normal kidney function.

Doctors take note: You are not in control anymore. Your patients can be harmed by vaccines that you have not ordered—while your back is turned.

Patients: Be vigilant and ask questions. Big Pharma has dozed past another barrier and now its reach has expanded past your doctor and right into your hospital room. Propaganda about vaccines and the flu will be posted around the hospital. If ever there was a time to become highly suspicious of the motives in the world of hospitals and pharmaceutical business, it is now. Take these suggestions to heart:

- When somebody other than your doctor enters your hospital room and offers you *anything*, even if they tell you the doctor ordered it, do not believe that you must accept it without first talking to the doctor in charge of your care. You have a right to know *why* you are being injected and *what* the risks are.
- If there is ever a good time to get a vaccine, it is not while you are sick. Please consider both sides of the vaccination debate before agreeing to one. You won't be given a fact sheet with balanced pros and cons by a conventional medical doctor or by the hospital.
- You have the right to refuse *any* drug, *any* shot and *any* intervention at *any* time, as long as you are psychologically competent.

Mine is only one story, but it represents things to come with the corporate takeover of medicine and the massive push for vaccines. It has been insidious but it is now showing up everywhere: In the schools, in Wal-Mart, in the mainstream press. The doctor-patient relationship is no longer valued or honored. Guidelines, recommendations and one-size-fits-all treatment programs of all comers for the sake of profit are the real driving forces. Our "health care system" has little to do with health. Even the word "health" has been mutated and twisted to represent some distorted picture that looks more like desperation for survival than thriving vitality. Health care centers that vaccinate with complete disregard for the truth about what they are actually doing to people, are not delivering a sound

product that can be trusted and relied upon by those who hope to have their health guarded and restored.

Article from: Medical Voices: <http://www.medicalvoices.org/vaccination/articles/vaccination-without-doctor-approval-in-a-us-hospital.html>

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Forced Vaccinations cont. from page 21

If we listen to present-day wisdom, we are all at risk of resurgent massive epidemics should the vaccination rate fall below 95%. Yet, we have all lived for at least 30 to 40 years with 50% or less of the population having vaccine protection. That is, herd immunity has not existed in this country for many decades and no resurgent epidemics have occurred. Vaccine-induced herd immunity is a lie used to frighten doctors, public-health officials, other medical personnel, and the public into accepting vaccinations.

When we examine the scientific literature, we find that for many of the vaccines protective immunity was 30 to 40%, meaning that 70% to 60% of the public has been without vaccine protection. Again, this would mean that with a 30% to 40% vaccine-effectiveness rate combined with the fact that most people lost their immune protection within 2 to

10 year of being vaccinated, most of us were without the magical 95% number needed for herd immunity. This is why vaccine defenders insist the vaccines have 95% effectiveness rates.

Without the mantra of herd immunity, these public-health officials would not be able to justify forced mass vaccinations. I usually give the physicians who question my statement that herd immunity is a myth a simple example. When I was a medical student almost 40 years ago, it was taught that the tetanus vaccine would last a lifetime. Then 30 years after it had been mandated, we discovered that its protection lasted no more than 10 years. Then, I ask my doubting physician if he or she has ever seen a case of tetanus? Most have not. I then tell them to look at the yearly data on tetanus infections—one sees no rise in tetanus cases. The same can be said for measles, mumps, and other childhood infections. It was, and still is, all a myth.

The entire case for forced mass vaccination rest upon this myth and it is important that we demonstrate the falsity of this idea. Neil Z. Miller, in his latest book *The Vaccine Information Manual*, provides compelling evidence that herd immunity is a myth.

The Road to Hell is Paved with Good Intentions

Those pushing mandatory vaccination for an ever-growing list of diseases are a mixed bag. Some are quite sincere and truly want to improve the health of the population. They believe the vaccine-induced herd immunity myth and likewise believe that vaccines are basically effective and safe. These are not the evil people.

A growing number are made of those with a collectivist worldview and see themselves as a core of elite wise men and women who should tell the rest of us what we should do in all aspects of our lives. They see us as ignorant cattle, who are unable to understand the virtues of their plan for America and the World. Like children, we must be made to take our medicine—since, in their view, we have no concept of the true benefit of the bad-tasting medicine we are to be fed.

I have also found that a small number of people in the regulatory agencies and public health departments would like to speak out but are so intimidated and threatened with dismissal or destruction of their careers, that they remain silent. As for the media, they are absolutely clueless.

I have found that “reporters” (we have few real journalists these days) rarely understand what they are reporting on and always trust and rely upon people in positions of official power, even if those people are unqualified to speak on the subject. Most of the time they run to the Centers for Disease Control or medical university to seek answers. I cannot count the number of times I have seen university department heads interviewed when it was obvious they had no clue as to the subject being discussed. Few such professors will pass up an opportunity to appear on camera or be quoted in a newspaper.

One must also appreciate that such reporters and editors are under an enormous economic strain, as vaccine manufacturers are major advertisers in all media outlets and for an obvious reason—it controls content. A number of excellent stories on such medical subjects are spiked every day. That means we will always be relegated to the “fringe media” as our media outlets are called. Despite the high quality of the journalism in many of the “fringe” outlets, they have a much smaller audience. And despite this we are having an enormous effect on the debate.

As the Public Awakens, the Collectivist Becomes Desperate

John Jewkes, in his book *Ordeal by Planning*, observed that as the British collectivists began to see opposition rise to their grandiose plans, they became more desperate and aggressive in their reaction. They then initiated a campaign of smearing their opponents and blaming every failure on the unwillingness of the people to accept the planner’s dictates without question. We certainly have seen this in this debate—opponents to forced vaccinations are referred to as fringe scientists, kooks, uneducated, confused, and enemies of public safety—reminiscent of Stalin’s favorite phrase, “enemy of the people.”

This desperation is based upon their

fear that the public might soon catch on to the fact that the entire vaccine program is based upon nonsense, fear, and concocted fairy tales. One special fear of theirs is that the public might discover the fact that most vaccines are contaminated with a number of known and yet-to-be discovered viruses, bacteria, viral fragments, and DNA/RNA fragments. And, further, that our science demonstrates that these contaminants could lead to a number of slowly-developing degenerative diseases, including degenerative diseases of the brain. This is rarely discussed but is of major importance in this debate.

The idea that adults and their children would be forced to submit to being injected with dozens of these organisms and organic fragments is terrifying. No regulatory agency is tracking to see if chronic diseases are rising in the vaccinated, yet we have compelling evidence of a massive rise in all autoimmune diseases, neurodegenerative diseases, and certain cancers since the advent of a dramatic increase in the number of vaccines being mandated.

Of special concern is the finding that many of the contaminant organisms can pass from generation to generation. For example, new studies have found that SV-40, a major contaminant of the polio vaccine until 1963, not only existed as a latent virus for the lifetime of those exposed to the vaccine but was being passed on to the next generation, primarily by way of sperm, something called vertical transmission. This means that every generation from now on will be infected with this known carcinogenic virus. There is also compelling evidence that some polio vaccines manufactured after 1963 may contain SV-40 virus.

What makes the SV-40 contamination disaster of such concern is its association with so many cancers—including mesothelioma, medulloblastoma, ependymoma, meningioma, astrocytoma, oligodendroglioma, pituitary adenoma, glioblastoma, osteosarcomas, non-Hodgkins lymphoma, papillary thyroid carcinomas, and anaplastic thyroid carcinomas.

The Federal government has gone to enormous lengths to cover up this association, despite the powerful scientific evidence that this vaccine infected at least a hundred million people worldwide with this carcinogenic virus. And,

it took over 40 years just to get this far. Linking vaccine contaminations and immunoexcitotoxicity to the drastic rise in neurodegenerative diseases will probably take even longer because of the widespread growth of entrenched powers high in government and their control of the media, which is equally extensive. The fact that powerful, enormously wealthy foundations, such as the Ford Foundation, Bill and Melinda Gates Foundation, and Rockefeller series of foundations, are supporting forced vaccination greatly enhances the power of governments all over the World.

These foundations operate in the shadows, influencing legislation and government actions through the World Health Organization and individual governmental bodies. Behind every call for forced vaccinations, mandated quarantines, and home invasions, one can find one of these foundations providing the money as well as experts. Remember, the largest of the pharmaceutical-vaccine manufacturers are also providing much of the money for the foundations and serving on the boards of these foundations. The Rockefellers either owned outright or had controlling interest in all of the major pharmaceutical companies. This has given them absolute and extremely powerful access to the reins of power at all levels. Yet, they can be defeated by the truth.

Dr. Blaylock’s article originally appeared on the National Health Federation website: http://www.thenhf.com/vaccinations/vac_299.htm

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From The Roman to The Wakefield Inquisition

by Mark Blaxill—Jan 27, 2010

As the year draws to a close, all of us at the Age of Autism are very pleased to honor Dr. Andrew Wakefield. As we've reported here many times during the past year, Dr. Wakefield has been the subject of a remarkable and unprecedented campaign to discredit his work and character, most notably in a show trial that is still underway in London, in hearings of the General Medical Council. In the face of extraordinary attempts to silence him, Wakefield has stood up to these attacks with grace and determination and has continued his research and clinical work on behalf of children and families suffering from autism. That makes him our first Age of Autism *Galileo Award* recipient.

Like many of our awards this year, this wasn't a difficult decision. In fact, this may be one of those unusual cases where the recipient of an award in some ways outshines its namesake. To understand why that might be so, you need to understand a bit more about why we chose to name the award after the Italian scientist Galileo, what he represents to the history of science and how his experience compares with Wakefield's.

Galileo Galilei was born in Pisa, Italy in 1564. And while he was a physicist and mathematician of some note, Galileo was as much a practical mechanic as he was a grand theorist; indeed it was his tinkering with convex and concave lenses that gave him the tools to leave his lasting mark on the world. As a skilled inventor of early working telescopes, he did not design the world's first telescope, but he was the first to make them powerful enough for scientific use. In fact, the word telescope (derived from the Greek roots *skopein*, "to see", and *tele* for "far") was coined in 1611 to describe one of Galileo's first instruments. For the accomplishments that flowed from his pioneering work, he has been described by many as The Father of Modern Physics; Albert Einstein even went so far as to name him The Father of Modern Science.

But Galileo is celebrated today not as much for his engineering talent as for the suffering he endured in support of an unpopular scientific theory. Because it was Galileo's work with telescopes in the early 17th century that lent critical

support to the theory of *heliocentrism*, the idea that the earth revolved around the sun and not the other way around. As with his telescope technology, Galileo was not the first to propose the heliocentric theory: that distinction belongs to Nicolai Copernicus. Yet Copernicus, a Polish mathematician, was well aware of the personal risk of disseminating his ideas and delayed their publication for many years. Copernicus' major work, *De revolutionibus orbium coelestium*, was published only shortly before his death at age 70 in 1543.

Galileo, by contrast, was an aggressive advocate for the truth as he saw it. He used his telescope to provide clear visual evidence that the sun occupied the center of the solar system. He then published his evidence fearlessly in the prime of his life, starting while in his 40s. And although for a while he obtained the approval of the Vatican to publish some of his work, he was eventually forced to spend most his later life defending himself and his findings. For as the significance of his observations for the prevailing Catholic orthodoxy became increasingly clear, Galileo was derided as a heretic, denounced publicly and finally given an ultimatum: renounce your theory or else. In 1633, he was put on trial by the "Supreme Sacred Congregation of the Universal Inquisition", known today as the *Roman Inquisition*, and convicted of heresy. Barely escaping prison, Galileo spent the rest of his life under house arrest, where he died nearly ten years later.

As Galileo's telescopes allowed him to discover the moons of Jupiter, so did Wakefield's use of new ways of seeing, in this case an endoscope to see into a child's intestines, allow him to discover a distinctive gut pathology in autism.

The many parallels between the Roman Inquisition and the Wakefield Inquisition are uncanny. Like Galileo, Wakefield came to autism both as a practical man and a scientist; his initial involvement in autism was simply in response to a group of parents who ap-

proached him as a specialist in pediatric gastroenterology. They told him, "Our children are not defective, they are sick" and Wakefield listened. Also like Galileo, Wakefield didn't originate the idea that vaccines might play a role in autism, but has become the most prominent developer of the idea.

As Galileo's telescopes allowed him to discover the moons of Jupiter, so did Wakefield's use of new ways of seeing, in this case an endoscope to see into a child's intestines, allow him to discover a distinctive gut pathology in autism. He named what he saw *autistic enterocolitis*, and it was a finding that quite literally turned the brain-centric view of autism upside down. But this was no ordinary finding, for Wakefield's specific challenge to the orthodox view of autism science made him a target for the medical establishment. He published his first major work in the prestigious journal *The Lancet*, where the editor Richard Horton had full awareness of its controversial potential. But when the controversy turned too hot to handle, Horton lost his nerve and in a perfidious betrayal that history should remember (see John Stone's wonderful essay on Horton at note # 1), Horton turned on Wakefield.

Thanks to Horton's perfidy, and again like Galileo, Wakefield now finds himself on trial for his license to practice medicine in front of the General Medical Council (GMC). And although the GMC might defend the validity of its allegations, it is plain to all who have followed the case closely that the trumped up charges hold little merit. Still, the outcome of the proceedings lies in considerable doubt, for Wakefield has not been subjected to these months of review on the basis of any *actual* medical misconduct (not surprisingly, no parent with whom he worked supports the GMC's case). Quite clearly, and again like Galileo in the face of the Roman Inquisition, the offense for which Wakefield is really on trial is *heresy*. And whenever an Inquisition has begun to confront the conflicts between religious orthodoxy and inconvenient evidence, one can never predict how the High Inquisitors will render their judgment. The only thing we can predict is that a process like the Wakefield Inquisition is always more concerned with appearances than justice.

Wakefield Inquisition continued on page 25

Wakefield's heresy comes at a particularly difficult time for the medical profession that has placed him on trial. The twin pillars of its quest for the causes of human disease, germs and genes, have failed for years to explain the scourge of *chronic disease*: a scourge that has replaced infectious disease as the main public health problem of the developed world. In the face of a simmering disquiet over what has become an increasingly embarrassing scientific failure, it has become ever more important to the profession's high priests to distract attention from the crumbling bulwarks of their belief system and take action to defend the tools and targets of those pillars: the germ theory of disease that was medicine's greatest contribution to human civilization and provided its two principle tools, vaccines and antibiotics; and the genetic model of human disease that has been medicine's great hope to succeed germ theory and the precious disease targets such as autism that it hopes to explain. Seen in this context, Wakefield's heresies have been unusually threatening because they operate on both fronts: they compete with the genetic explanations of autism with a causal model that threatens to tarnish the heroic triumphs of germ theory.

So like Galileo's compelling work in support of heliocentrism, Wakefield's dual challenge to vaccine development and autism science has evoked a strong response from the highest levels of authority. In Wakefield's case, his prosecutors have determined not only that he must be shown to be wrong, he must also be punished. That means his work on autism (as well as others doing supportive work) must be stopped while he must also be stripped of his credentials as a member of the medical profession. The modern punishment for heresy may not include death, but it can be exile and excommunication.

Casting the treatment of Wakefield as a religious response is the only way to make sense of the behavior of the medical establishment over the last several years. If it were not so serious, its escalating absurdity would begin to resemble farce. One example is the latest defense of the ever-expanding childhood immunization program. Instead of embracing the importance of improving vaccine safety, the program's defenders have

now declared that the temple of the sacred program must never be defiled, and certainly must not be subjected to conventional safety research. So the obvious research project of comparing the total health outcomes in vaccinated vs. unvaccinated individuals has been rejected not merely as too expensive, now it simply must not be done. In the Orwellian logic of the CDC, such studies in humans would be "prospectively unethical" and "retrospectively impossible."

Let's be frank here. This is an epistemological obscenity: It's not just that we don't know some very basic things about the safety of the sacred program, *we also cannot know and should not seek to know*. This stance should offend even the most skeptical scientists. Still, the farce continues.

I wouldn't in any way diminish the importance of Galileo, but in an interesting way, Wakefield's steadfastness in the face of adversity outshines the man in whose name we honor him. For, although Galileo finally agreed to recant his support for heliocentrism, Wakefield has never buckled under the pressure. Instead he has stuck to his guns and continued to fight for families with autism.

In the meantime, there remains a body of published evidence that must be dealt with. And for this, since the retraction of every published study is well-nigh impossible (some of Wakefield's less courageous co-authors famously "retracted the interpretation" of the Lancet paper, but they couldn't retract the evidence) there is only one answer left. Nullify the source of the heresy itself. Practically speaking, when establishment voices can no longer claim the absence of causal evidence, the fallback position must be that there is "no credible evidence" linking vaccines and autism. Removing credibility from the evidence requires that the high priests get personal: they must mount a systematic attack on the personal reputations and integrity of scientists who pursue and publish heretical lines of investigation.

And this is why, decades after Stalin and Mao, we now have the travesty of a 21st century show trial in London, the

Wakefield Inquisition. It's also why the passionate call on a U.K. parents' website, *Cry Shame*, is so deeply correct.

I wouldn't in any way diminish the importance of Galileo, but in an interesting way, Wakefield's steadfastness in the face of adversity outshines the man in whose name we honor him. For, although Galileo finally agreed to recant his support for heliocentrism, Wakefield has never buckled under the pressure. Instead he has stuck to his guns and continued to fight for families with autism. Supported by private funding, his research work has continued (stay tuned for some more blockbuster results next year). And along with the terrific medical team at Thoughtful House, courageous doctors like Arthur Krigsman, Bryan Jepson and Doreen Granpeesheh, he also continues his clinical practice.

In the meantime, the heresy trial staggers onward towards its uncertain conclusion; the GMC's verdict may well come shortly in the New Year. But our judgment at the Age of Autism is clear. Andy Wakefield represents the very best of the scientific tradition. He has persevered in the face of obstacles that would have stopped lesser men in their tracks. He has published continuously and fearlessly. He has pushed important research projects forward despite countless attempts to declare the work irrelevant, the issues "settled." He has dealt with opposing evidence with the professional spirit of a scientist while also following the advice of Karl Popper that "he who gives up his theory too easily in the face of apparent refutations will never discover the possibilities inherent in his theory." Along the way, he has unfailingly represented the issues in autism and the best principles of the scientific method with dignity and restraint. Most important of all, he has refused to be intimidated.

For all this and more, we would like to honor Dr. Andrew Wakefield with our first Galileo Award. And like so many others in our community, I feel proud to call him my friend. Let's be sure to stand behind him in the uncertain times ahead.

Mark Blaxill is Editor at Large for Age of Autism: <http://www.ageofautism.com/2010/01/from-the-roman-to-the-wakefield-inquisition.html#more> ✓

The Inquisition of Doctors Wakefield, Murch, and Walker-Smith

A Petition to General Medical Council (GMC) in United Kingdom (UK)

Sponsored by: Jaquelyn McCandless, MD and co-signers

As a US board-certified psychiatrist and specialist in treating children with Autism Spectrum Disorder, I want to register a complaint regarding the UK's General Medical Council (GMC) judgment (28 January 2010) concerning Andrew J. Wakefield, M.D., and two colleagues. As with Semmelweis and puerperal fever, history will show that Dr. Wakefield should have been exonerated, apologized to, and thanked for his original evaluations and findings in autistic children.

Since 1998, the findings reported and discussed in Wakefield et al 1998⁽⁵⁾ have been replicated and expanded. For instance, a newly published study by U.S. gastroenterologist Dr. Arthur Krigsman et al⁽¹⁾ corroborates Wakefield's findings of lymphoid hyperplasia in a subgroup of autistic children. Similar findings by another group have been presented at a conference abstract⁽²⁾ and are soon to be submitted for publication.

I and numerous medical colleagues who are trying to help suffering autistic children, various researchers, and many parents of autistic children believe that the GMC has focused on trivial matters as a way (i) to deflect justified criticism of the vaccination program and, as a direct result, (ii) to turn attention away from the GMC's complicity in ignoring a subgroup of severely suffering children injured by vaccinations (eg. 3-4).

Importantly, none of the parents whose child participated in the original Wakefield et al study⁽⁵⁾ has filed a complaint against Dr. Wakefield. Instead, numerous parents support Dr. Wakefield and his research and attest to the fact that they have been ignored or criticized for implying that vaccines may have been involved in their children's severe gastrointestinal disorders and autism.

Clinicians repeatedly hear case histories of children whose parents describe their child's adverse reactions to the MMR vaccines, including regression and the onset of significant and persistent gut problems. Clinicians who listen to

these parents and evaluate their children have no doubt of the significance of Dr. Wakefield's findings for this subgroup of autistic children.

The GMC stands in irrational denial of Dr. Wakefield's now replicated findings and thereby stands in denial of appropriate treatment for children affected with pathologies which Wakefield's and other researchers' studies have elucidated^(eg. 5-9). While the GMC ignores voluminous anecdotal reports from parents of children who regressed into autism, the GMC portrays Dr. Wakefield's 1998 paper as causing a turning away from the MMR and reports one or two children dying of measles, while neglecting to mention the thousands of children in the same time period who became afflicted with autism. I daresay if you asked any large group of parents which they would choose—regressive autism or a bout of measles—do you believe anyone would choose autism?

In their 1998 paper, Dr. Wakefield and coauthors made clear that they “did not prove an association between measles, mumps, and rubella vaccination” and autism. Instead, they described an association between chronic enterocolitis and autistic-like brain function and clearly stated that more research is necessary⁽⁵⁾.

I affirm my appreciation of the research by Dr. Wakefield and his colleagues and believe his persecution by the GMC arises because calling attention to subgroups who have been injured by vaccinations inappropriate for some children stands as an act of heresy amid the strident orthodoxy of contemporary vaccination policy and related profits for patent-holders and makers of vaccines.

***Jaquelyn McCandless,
M.D. & co-signers***

Note: Dr. Jaquelyn McCandless's petition to GMC was accompanied by 1572 co-signers: <http://www.thepetitionsite.com/1/complaint-regarding-the-uks-general-medical-council-gmc-judgment-28-january-2010-concerning-andrew-j> ✓

Letters

MMR Not Exonerated

Vaccines are the most lucrative products of the legal drug market. They contribute to the wealth of their makers and shareholders, the media, researchers, statisticians, health authorities and those who administer them. In Britain, where gastroenterologist, Andrew Wakefield was recently professionally torched, doctors receive a bounty on every patient they inject with vaccine. Little wonder he was convicted for daring to suggest MMR vaccine might cause autism.

The point that's rarely aired is that Wakefield never claimed to have proven a link. He'd found live measles viruses growing in the inflamed intestines of children who'd regressed into autism and were suffering from unrelenting stomach problems. Upon testing the viruses, he'd discovered they were genetically identical to the measles viruses in MMR. He concluded what anyone but a quack would have: that further investigation was necessary and high priority. Upon researching the science literature, Wakefield learned that atypical concurrent exposure to multiple viral childhood infections has been associated with autism. Reasoning that injection of the three live viruses in MMR might have a similar effect, he recommended MMR be dropped and replaced with separate vaccines for measles, mumps and rubella spaced several months apart. Of course, this would likely have resulted in reduced uptake of mumps and rubella vaccines since mumps and rubella are generally very mild diseases. And, to some extent it would have increased the bounty payments government had to pay doctors. Most of all, it would threaten what has become the very profitable religion of “immunization”.

In 1992, after analyzing 320 relevant science articles, 180 Swiss physicians had found no medical evidence for advocating combination of the three viruses. Yet the British Medical Association prohibited doctors from using the single-virus vaccines. In 2006, Peter Fletcher, former UK Dept of Health Chief Scientific Officer and Medical Assessor to the Committee on Safety of Medicines, stated: “There are very powerful people in positions of great authority

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in Britain and elsewhere who have staked their reputations and careers on the safety of MMR and they are willing to do almost anything to protect themselves... It's entirely possible that the immune systems of a small minority simply cannot cope with the challenge of the three live viruses in the MMR jab and the ever-increasing vaccine load in general."

MMR is likely also contributing to much more pervasive, albeit less devastating problems than autism. In the Foreword to Neil Miller's outstanding 'Vaccine Safety Manual', retired neurosurgeon, Russell Blaylock, discusses what can happen when live measles virus from MMR 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." The M-M-R® II monograph lists many possible reactions including rash and fever, parotitis (commonly known as mumps), eye and ear disorders, blood problems, arthritis, seizures, Guillain-Barré syndrome, and encephalitis.

Susan Fletcher, Sechelt

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How Unfortunate!

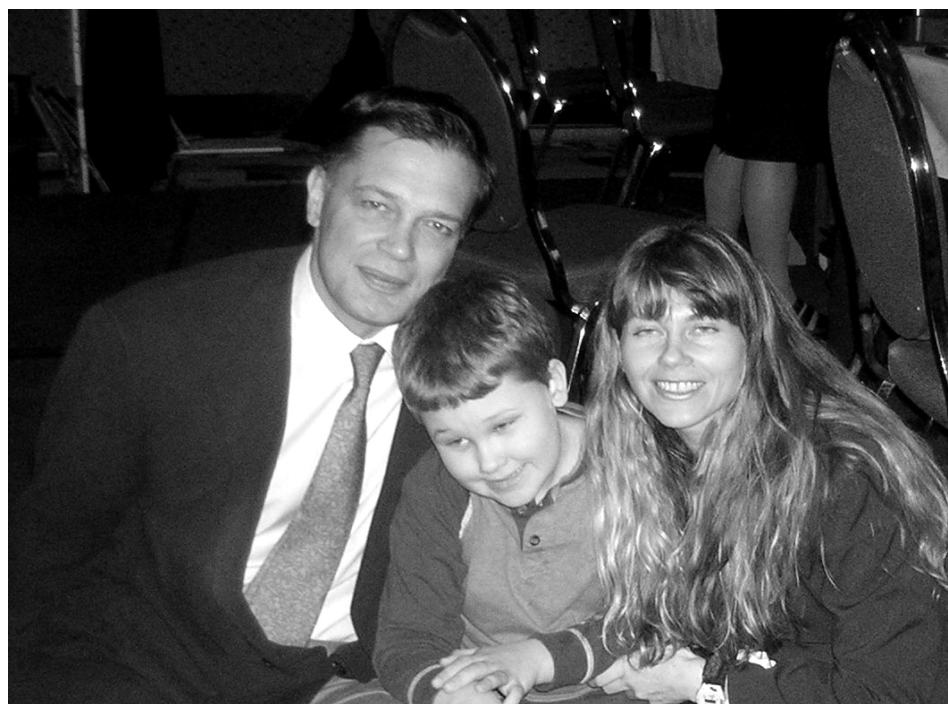
Letter to the British Medical Journal, March 2, 2010

Editor's note: *Dr. Yazbak points a finger of shame at Dr. Wakefield's Inquisitors, at the General Medical Council (GMC), the protracted hearing/trial which lasted a number of years in their persecution of Wakefield and his colleagues and what has been overlooked by the media – the exemplary treatment of all the children involved in treatment and studies at the Royal Free hospital.*

The question is really not "What took the Lancet so long?" The question is: "Why did the GMC take so long and spend all this money and effort without interviewing all available parents and grandparents of the children who supposedly were tortured and traumatized at the GI unit at the Royal Free Hospital?"

Take me for example. I am the grandfather of one of those children. I am a pediatrician, a former assistant clinical director of a teaching hospital and a former director of pediatrics in a community hospital. I know and understand "Quality of Care" inside out: I taught it to residents and required it from staff.

I certainly can state without hesitation that we were always treated with utmost courtesy and that our boy received outstanding care at the Royal Free. Thanks to Professor Murch, who was his doctor, the awful GI difficulties subsided gradually and never recurred. Sometimes Professor Walker Smith would see him in coverage and help us immensely. Both



Meeting Dr. Wakefield again at a March 2007 autism conference in Vancouver, Kieran and Cynthia

gentlemen were at all times caring, kind, courteous and as everyone knows most knowledgeable.

I also met Dr. Wakefield at the time and was thoroughly impressed with his on-going research and his prior achievements. I have yet to find a single valid reason for his persecution.

Our family was simply jubilant when our big boy was accepted in the "study" and we can attest that all his testing was justified, fully and clearly explained and expertly carried out. He was never hurt or injured in any way. In fact he looked forward to his trips to Hampstead.

If after all this time we were asked

to summarize in one word our Royal Free experience that word would be "SPECTACULAR".

Now if I had to describe in one word my perception of the GMC hearings, that word would have to be "OUTRAGEOUS".

What is happening to Professor Walker-Smith, Professor Simon Murch and Dr. Andrew Wakefield, three dedicated and wonderful physicians is unjust, unfair and unforgivable!

F. Edward Yazbak, Pediatrician
Falmouth, Massachusetts 02540

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In Support of Dr. Wakefield

I'm a Canadian mom, and share my family's story, since the decision regarding Dr. Wakefield's research effects us all globally.

My child fell into autism directly after his 12 month MMR vaccine. He had the typical triple-threat 3-part trigger of:

a) Genetic susceptibility (I myself became learning disabled (also on the autism spectrum), after contracting measles, as did another close relative.

b) Toxic overload from, among other things, multiple times above the stated

“safe” levels of heavy metals (mercury and aluminum) in his baby vaccines, and finally;

c) Three live viruses (measles, mumps, and rubella) having been directly injected into his body, bypassing the normal first defenses of his underdeveloped immune system—an immune system already crippled by toxins which had set up shop in his gut tissue because he was unable to excrete them.

I first met Dr. Wakefield at an NVIC conference in the US in 2000. My 27 month old son had been diagnosed with autism 7 months before, and was toddling about at his feet. I approached him to ask if he would see my son. I told him he’d been having unimaginably horrible gastrointestinal (GI) problems since the day after his 12 month MMR, including burning GERD (reflux), explosive diarrhea and vomiting, and a refusal to eat anything but milk (by then soy milk), chips and black plums. He also had a grapefruit-size impaction of constipation seen on a recent x-ray. My son had been miserably sick for 15 months by then, with no end in sight. Our local Children’s Hospital GI specialist said it was “normal” for a child with autism to be so sick.

Dr. Wakefield listened compassionately, gave me the contact information to see a colleague, and then asked “Do you think the MMR caused your son’s autism? I gave a resounding YES! I was so used to doctors telling me it was just a “coincidence” that I felt a rush of hope to finally feel a doctor maybe believed me.

A little while later, one of the conference speakers asked “If you think the MMR caused your child’s autism, please stand up.” It was an amazing shock to me to see so many other parents standing up and look at each other in disbelief, suddenly realizing we weren’t alone. This wasn’t an isolated event affecting just our own child. I was stunned.

I made the decision to speak publicly about what happened to my son, in order to encourage other parents to do the research they need in order to make an informed decision about this and any other medical procedures that may carry serious risk of injury to their child.

I’ve seen Dr. Wakefield occasionally at autism conferences, and it’s fascinating to see his slides of normal and injured tis-

sue, to be able to envision what’s been causing my son’s pain. It would have been easy for him to ignore the obvious truth, as so many others have done. But he pursued the truth, having to move away from his family, his country, and at risk of losing his very livelihood. I am so grateful to him. He is my biggest hero.

I am only one in a great sea of parents, who had been told that what happened to our child was a “coincidence”, even “normal”. Dr. Wakefield had the decency and respect to listen to his patients, and the scientific curiosity to investigate the possibility of a link between MMR vaccine and severe bowel problems in children with autism - at great risk to himself when he suggested that the The MMR Emperor “has no clothes!”

When our beliefs about the perceived benefits and risks of the nature of our medicine and science fail us, as so often they do, from the Earth not being the center of the universe to ignoring global warming, we can’t run around shooting the messengers. We have to pick ourselves up off the floor and do what’s right, no matter the cost to our wallets and egos.

I made the mistake of leaving my son’s medical decisions to perceived experts, and my son has paid the price. We need true scientists like Dr. Wakefield to look at what really happens, and to tell us all of the information, no matter how uncomfortable or unpopular it may be, so we can make informed decisions.

We’ve been on the media as well. The links are:

http://www.vran.org/news-art/news/news_files/Van-Courier-Shot-Down.htm
<http://aboutautism.blogspot.com/2005/10/safe-from-what.html> (paragraphs 11 & 12)
<http://www.publicaffairs.ubc.ca/ubcreports/2004/04may06/04may06.pdf> (page 7)

In the spirit of truth, Cynthia Stark
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Vaccination reaction

My name is Jocelyn Burzuik, and I am the mother of my 11 year old son Connor Dunitz, and 9 year old son Aidan Dunitz.

While reading the story Clayton’s story on your website—I was horrified to see the similarities to my own son’s

development.

When Connor was born in 1998, he was a healthy 9lb boy. His birth was induced, and my labour lasted from Tuesday at 8:00pm until 3:45pm on Friday afternoon (June 26th). Connor was very healthy, and alert and I was able to successfully breastfeed until he was a year old.

I too was absolutely religious about following the vaccination schedule for my son. He reacted violently to every needle, and many times he suffered from explosive diarrhea, which resulted in a horrible red rash on his bottom. Then the ear infections started. From 12 months old until 36 months old—Connor had 9 confirmed ear infections—all treated with antibiotics. It was like a round robin of antibiotics, diarrhea, rashes and high fevers for him. It also resulted in a temporary loss of hearing for Connor. I could see a problem with his speech and how he was reacting to things around him.

At three, he had tubes in his ears. They fell out a year later. At the same time, he developed what looks like ringworm on his legs. To me—it looks bacterial. It has never gone away completely. It seems to have changed the texture of the tissue under the areas. The rings spread out, and fade in colour but they stay. The dermatologist had no idea what it was, and still does not. Then, I was given a host of treatments for the condition.

By this time, Connor was ready to start school. And after an assessment, I discovered (as I already suspected) that the hearing loss had altered his normal development. His speech at five was still garbled, and he was unable to sequence or organize ideas.

By this time, I was starting to develop a distrust for any treatment prescribed to Connor, or my younger son Aidan. Instead of accepting that Connor would always be a “slow” kid—I began looking into teaching him on my own, using techniques used to teach autistic children. I also began to radically change many things in our environment. I threw out all kinds of household cleaners, and chemicals, stopped using gallons of sunscreen on the boys, and began to look at the family’s nutritional plan. I began

removing processed foods, increased organic foods, began raising many of our own animals for food, and turned to natural therapies for everyday concerns.

From ages 5–8, Connor was able to rebound in his overall development. Today, he is a relatively healthy, very bright 11 year old and right where he should be in his educational development.

From age 3 to 9, Connor also suffered from constant bouts of “impetigo”. When he was nine, I realized it was actually MRSA. Once again, our dermatologist wanted to put Connor on powerful antibiotics to “treat” the MRSA and told me he could never get rid of it. I refused treatment for Connor, and we began treatments using coconut oil, oregano oil, tea tree oil, and ionic silver. Since then, the spread of it has stopped completely. And where the open sores were—there is now healthy tissue growth. He still has some scarring from the sores on his arms and legs, but it is getting better every single day.

My son Aidan also followed the vaccine schedule until age two. Then he had one shot to go to school at age five. The result to the vaccination I believe, was that he developed asthma. After vaccination, over a period of a few weeks, he would go through periods where his breathing was extremely laboured. For 18 months, I was told nothing was wrong—until they saw Aidan’s weight. Aidan had gained only 2lbs in 18 months and almost nothing in height. Then they admitted there was a problem. He used an inhaler for about six months, and this coincided with the determination of Connor’s MRSA. Everything in our home went natural, and our diet has continued to eliminate all kind of processed foods, white refined sugars and more.

I also refused any type of vaccination for either boy including the Hep B and flu shots.

Now, I have two boys that are healthy, active, and right where they need to be both physically and intellectually.

My concern has always been why does it have to be up to the parent to verify every bit of information coming from a doctor, or pharmacist? Why does a parent have to go above and beyond to ensure

that professionals trained in this field are giving us the right information? I took the time to find out, to be pro-active and trust my instincts as a parent. How many parents are able to do that? How many have the resources available to do that? As a new mother, I clung to the words given to me by my doctor. Now, I take nothing at face value.

Jocelyn Burzuik

Whooping Cough Outbreak

To Editor, Nelson Daily News—February 5, 2010

Whooping cough (pertussis) is endemic in this area of the Kootenays in BC, and there are outbreaks every 3–4 years. In healthy children, that is, those whose immune systems have not been damaged by vaccines, the disease is usually mild. So there is no reason for the media to go into the frenzy it should reserve for the current epidemics of autism, cancer, leukaemia, asthma etc. that are the result of the vaccination programs.

Whooping cough is undoubtedly an uncomfortable experience for a child. They can be helped to handle the experience by:

- Steaming the room.
- Taking Vitamin C 200-500 mg. twice a day.
- Avoiding cough suppressants.
- Using rescue remedy – for both child and parent!
- Consulting a homeopath or naturopath as there are many useful homeopathic remedies.

Naturally, because they don’t know any better, official sources will recommend vaccination. Pertussis vaccine contains: aluminum hydroxide and aluminum phosphate, formaldehyde, gelatine, polysorbate 80 and the good old degradation products in every vaccine. Degradation products are parts of decayed viruses or cells, unknown bits and pieces, foreign protein particles, viral oncogenes (might cause cancer), added chemicals and DNA fragments that the industry doesn’t want you to know about. Aluminum is a neurotoxin. In fact, pertussis vaccine is actually used to induce encephalitis in experimental animals.

Allowing your child to have whoop-

ing cough, as well as the other childhood diseases, means that s/he will be immune, probably for life. So called ‘protection’ offered by a whooping cough vaccine lasts only a few years which explains the many outbreaks in 95% vaccinated populations.

Jenny L. Craig

Flu preventative made in the Kootenays

To the Editor of the Nelson Daily News

I want to announce an AMAZING discovery!! A flu preventative. One that is made in the Kootenays!

All you need is a horse’s hoof, (detached from the horse of course), preferably from a horse that died of a noxious disease. (Following the tradition of using decaying animal parts in vaccines). This hoof should bear a horseshoe. (Preferably one that fits, but it doesn’t really matter as the hoof will not be used to walk on).

Having acquired your shoed hoof, you store it in a Styrofoam box in the fridge. (It keeps for ever so you don’t need to date it). When you are ready to use it, bring it out so it reaches room temperature.

Gather interested friends around you in a candle lit room at any time of the day or night. Sit cross-legged on the floor. (Unless you are over 65 and you may use a small stool.) Solemnly pass the hoof around from person to person. Each person kisses the hoof three times as the others chant, “Timendi causa est nescire” meaning “Ignorance is the cause of fear.”

And that’s all there is to it! I tried this on eight friends and NONE of them got flu. I also interviewed eight people who had had flu and not one had kissed a hoof. This shows that hoof-kissing is EQUALLY as effective as a vaccine!

Think how much money the government could save if it simply provided horse hooves instead of vaccines. We might even get our hospital staffed and our ambulance workers back. And I don’t hold a patent; I offer my discovery with best wishes for your health.

J.L. Craig

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Newsclips

Flu study review irks Allison

The value of giving flu shots to nursing home workers has been scrutinized in the latest Cochrane review on influenza. Drs Roger Thomas and Tom Jefferson analyzed five studies conducted between 1997 and 2009. Lead author, Thomas of the U of Calgary, reported, "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." In a similar study in 2008, Jefferson found little evidence that flu shots had any impact on the length of hospital stays, time off work and death rates in healthy adults. Even biochemist Graeme Laver, co-inventor of the flu shot, has "never been very impressed with its efficacy."

But Allison McGeer, infectious disease specialist at Toronto's Mount Sinai Hospital, claims that injecting workers with influenza vaccine reduces the amount of influenza-like illness and the number of deaths from all causes in nursing-home residents. Apparently unable to see the absurdity of her claim, McGeer shows her incredible lack of self-awareness by adding, "Scientists are passionate about what they do. All of us have belief systems and sometimes, as with any human endeavour, your belief system overwhelms the scientific evidence...The purpose of scientific method, the purpose of publication is to get back the objectivity and we are not doing that effectively with Dr. Jefferson." In McGeer's home province, annual flu shots are "free" to anyone who wants them while taxpayers are bled another \$23 million.

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Gardasil for Canadian males

In February, Health Canada approved Gardasil for use in boys and men aged nine through 26. The intent is to prevent genital warts in both sexes said to be caused by HPV strains 6 and 11 plus cervical cancer in females said to be caused by HPV types 16 and 18.

Dr. François Coutlée, who's been researching the use of Gardasil in men at the Molecular Virology Laboratory,

CHUM—Hôpital Notre-Dame, told CTV.ca, "For most individuals who develop genital warts, it's just a matter of time when their bodies will fight it off. It can take six months, two years, three years, but for 95 per cent of individuals, the immune system will fight off the infection... Warts don't kill but you have to go for treatment and retreatment for recurrences. So there is a psychological and physical burden of getting infected with genital warts."

But whether Gardasil will reduce the incidence of genital warts remains to be seen. Coutlée notes "there are about 40 genital types around". And, just as for cervical cancer, the major effect of HPV vaccine could be an increase in cases due to shifts to predominance of non-vaccine HPVs.

http://calgary.ctv.ca/servlet/an/local/CTVNews/20100223/gardasil_men_110223/20100223/?hub=CalgaryHome

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Conflicted ruling negates mercury-autism connection

The long awaited verdict of the US Court of Federal Claims re three 'test cases' for establishing vaccine mercury as an acknowledged cause of autism is negative. Thousands of pages of scientific documentation and testimony showed that thimerosal more likely than not contributed to the autism of petitioners, William Mead, Jordan King and Colin Dwyer. But in 'Vaccine Court', as Mary Holland, Esq remarks: "Government attorneys defend a government program, using government-funded science, before government judges." Is this situation any better than that in Canada? The fact that, except for Quebec, we have no vaccine compensation system, effectively rules out any admission that any vaccines have caused any injuries to anybody.

coalitionforvaccinesafety@gmail.com

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HPV vaccine given extra push in BC

Disappointed that only 62 % of BC girls have been vaccinated against HPV (second only to Canada's other laggard, Ontario at 50%), "BCCDC plans to put more effort into educating health professionals in regions across the province so they can share more information with parents." So says Patricia Fayerman in

a March 17th 'Vancouver Sun' article for which she interviewed Dr. Gina Ogilvie, BCCDC associate director of sexually transmitted diseases prevention and control. Ogilvie suggests Quebec's highest Canadian uptake of 80% was due to French language media not carrying as many anti-HPV-vaccine stories as their English language counterparts.

With over 120,000 doses injected to date and, according to Fayerman, "only one adverse reaction in a girl who experienced an allergic response," Ogilvie crows, "The vaccine has, in my mind, an excellent safety profile...with a .01-per-cent adverse-event rate!" Notwithstanding this very dubious data, Fayerman reports Ogilvie does admit, "it will take about 10 years to learn if there is a reduction in pre-cancerous lesions." and, "The vaccine is known to offer full protection [against some HPV infection] for at least seven years, but a booster shot may be required if its effect wanes."

<http://www.vancouversun.com/health/officials+seek+boost+vaccinations+girls/2692238/story.html>

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Pregnant women offer their unborn babies to science

"Immunology" forges ahead with a study to test the theory that shots containing antigens of tetanus, diphtheria and pertussis, along with toxic ingredients, could be injected into pregnant women to protect their unborn babies. The Canadian Center for Vaccinology is conducting a 2-phase study, the first phase on 50 "healthy" pregnant women. If their babies' antibody levels are maintained up to 7 mos "as expected", phase 2 will commence with 390 other pregnant women. The test vaccine is ADACEL®, the so-called placebo, Td. The April, 2009 'Consent and Authorization Form' states that protecting infants by vaccinating pregnant women "is routinely done with tetanus vaccine".

<http://www.centerforvaccinology.ca/page.php?page=47>

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Head of Danish junk research investigated for fraud

On the heels of the infamous Wakefield

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trial comes damning news about Paul Thorsen, MD, an author of a 2002 study which purported to provide “strong evidence against the hypothesis that MMR vaccination causes autism.” According to ‘The Copenhagen Post’, Thorsen was head of a joint research project of the US CDC, the University of Southern Denmark and Aarhus University, Denmark, investigating possible causes of autism. It’s alleged that, although he resigned from this post at Aarhus a year ago, he continued to pass himself off as head of the research. Aarhus University also claims that the researcher took another permanent position at Emory University in Atlanta, USA (home of the CDC) while still employed by Aarhus.

Police have filed charges relating to apparently forged applications for funding of the research for a total of 10 million kroner, one-eighth of the project’s total budget. Meanwhile, the 2002 MMR study and the three other Danish studies which claim to have shown there’s no link between vaccine mercury and autism have all been thoroughly debunked. Nevertheless, health authorities including those who trashed the meticulous research of Wakefield and colleagues, continue to claim it’s proven that vaccines don’t cause autism.

<http://www.cphpost.dk/component/content/48525.html?task=view>

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Hutterite children grant hope

With flu shot validation once again obliterated by a Cochrane review, Hutterite children have provided a glimmer of hope for health officialdom. A study by Dr Mark Loeb of McMaster U showed a 60 percent “protective effect” for the whole community when the children were vaccinated. In 25 Hutterite colonies, all 3–15 yr olds received flu shots in late 2008; by last June, more than 10 percent of everyone in placebo-vaccinated colonies had had lab-confirmed non-‘pandemic’ influenza whereas less than 5 percent of those in flu shot colonies had. Hutterites were chosen for the study because their lifestyles were considered ideal to demonstrate a possible “herd effect”.

The glaring flaw is the Hepatitis A vaccine was used as placebo. One wonders if the “herd effect” would have been reversed if a true placebo such as saline solution or no vaccine had been used.

But, oblivious to this possibility and even denying the study’s conclusions, Dr Allison McGeer, Canada’s outspoken flu “expert” maintains that not just children but everyone, needs the flu shot!

http://www.ctv.ca/servlet/ArticleNews/story/CTVNews/20100309/flu_vaccination_100309/20100309?hub=Health and <http://www.nytimes.com/2010/03/10/health/10flu.html>

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Drug maker accused of unsafe practices gets FDA & Health Canada vaccine approval

December 22, 2009—Following a Priority Review, Health Canada has approved Prevnar 13 [Pneumococcal 13-valent Conjugate Vaccine (Diphtheria CRM197 Protein)] The new vaccine includes the seven strains in Prevnar (4, 6B, 9V, 14, 18C, 19F and 23F) as well as six additional strains (1, 3, 5, 6A, 7F and 19A) It is intended for children aged six weeks through five years for active immunization against invasive pneumococcal disease. There are over 90 serotypes of the pneumococcal organisms.

Prevnar 13 is to replace Prevnar 7. The six extra types of man-made substitutes for pneumococci which are in Prevnar 13 are said to cover 10 % more of all pneumococcal disease in the US than its predecessor . If, as health officials say, pneumococci cause dozens of US deaths annually, anywhere from one to a few extra deaths might be prevented. Also prevented could be flagging revenue for Pfizer once Lipitor, its top drug, loses patent protection next year.

The problem with vaccine suppression of organisms with multiple serotypes is that as some serotypes are artificially suppressed, other serotypes rush in to fill the void. When one is eliminated, it creates an opportunity for another to take its place. In the US, where Prevenar 7 was introduced in 2000, researchers have reported an emergence of “sero-replacement” disease—types of pneumonia not covered by the vaccine.

As we tinker with the microbial world and dislodge the natural balance of organisms in relationship to each other, we risk even more severe manifestations of disease.

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Serious Lung Infections in Children Jump After Introduction of Pneumococcus Vaccine—Jan 11, 2010

A comprehensive national study by UC Davis researchers has found that the introduction of an early childhood vaccine for bacterial pneumonia (Prevnar 7) nearly a decade ago has decreased the incidence of pneumonia, *but the drop was accompanied by a dramatic increase in the incidence of a serious and sometimes life-threatening complication.* The researchers conjecture that the doubling of the incidence of empyema, the complication which causes pockets of purulence, or pus, around the lungs, may partly be the result of the vaccine eliminating certain types of pneumococcus, creating the opportunity for other bacteria to take its place.

Though responsible for less pneumonia overall, those serotypes may lead to more complicated pneumonias, such as empyema, when they do occur. In addition, the incidence of empyemas caused by staphylococcus, another bacterial cause of pneumonia not addressed by pneumococcal vaccines, appears to be increasing. This increase in staphylococcal empyemas may be due to more virulent and antibiotic-resistant forms of staphylococcus, such as methicillin-resistant staphylococcus aureus (MRSA).

The researchers also found that since the introduction of the PCV7 vaccine, the average age of children with empyema is decreasing. For children younger than 5 years old, the rate of empyema hospitalizations increased 100 percent, from 3.8 per 100,000 in 1997 to 7.6 per 100,000 in 2006.

In March, Pfizer was taken to court by a former employee who accuses the corporation of unsafe lab practices. Becky McClain, a molecular biologist involved in vaccine development, suspects her acute intermittent paralysis was caused by genetically engineered lentivirus being studied while protective equipment was faulty.

http://www.healthnewsdigest.com/news/Children_s_Health_200/Serious_Lung_Infections_in_Children_Jump_After_Introduction_of_Pneumococcus_Vaccine.shtml
<http://www.nytimes.com/2010/02/25/business/25vaccine.html>
<http://www.courant.com/news/connecticut/hc-pfizer-virus-lawsuit-0314.artmar14,0,1763939.story>

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