

# VRAN Newsletter

Vaccination Risk Awareness Network

August 1999

## Hepatitis B Vaccine: Helping or Hurting Public Health

TESTIMONY FROM A STATEMENT ISSUED BY AAPS

*By Dr. Jane Orient, M.D.  
June 14, 1999*

The following document is a Statement issued by the ASSOCIATION OF AMERICAN PHYSICIANS & SURGEONS for the purpose of giving testimony at a hearing on "Hepatitis B Vaccine: Helping or Hurting Public Health", held by the Criminal Justice, Drug Policy & Human Resources subcommittee of the Committee on Government Reform in the U.S. House of Representatives. The original hearing was held on May 18, 1999.

U.S. House of Representatives  
RE: HEPATITIS B VACCINE

Submitted by Jane Orient, M.D.

Mr. Chairman and Members of the Subcommittee:

My name is Jane Orient, M.D. I am a practicing internist from Tucson, Arizona, and serve as the Executive Director of the Association of American Physicians & Surgeons ("AAPS"). AAPS is a nationwide organization of physicians devoted to defending the sanctity of the patient-physician relationship. AAPS revenue is derived almost exclusively from membership dues. We receive no government funding foundation grants, or revenue from vaccine manufacturers. No members of our governing body (the Board of Directors), have a conflict of interest because of a position with an agency making vaccine policy or any entity deriving profits from mandatory vaccines.

AAPS thanks this Committee and Chairman Mica for leaving the record open for a longer period to permit an opportunity to review the hearing transcript, written testimony, and raw data from the Vaccine Adverse Event Reporting System (VAERS). It is apparent that critical medical decisions for an entire generation of American children are being made by small committees whose members have incestuous ties with agencies profits, from the policy that is made. Even if such members recuse themselves from specific votes, they are permitted to participate in discussions and thus influence the decision. Moreover, there is the potential for deal-making.

Or there may be a simple disinclination to cause problems for one member's agenda in the expectation that that member will reciprocate. Once a vaccine is mandated for children, the manufacturer and the physician administering the vaccine are substantially relieved of liability for adverse effects. The relationship of patient and physician is dramatically altered: in administering the vaccine, the physician is serving as the agent of the state.

To the extent the physician simply complies without making any independent evaluation of the appropriateness of the vaccine for each patient, he is abdicating his responsibility under the

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## Editorial: A Crack in the Armour

*by Edda West  
August, 1999*

For decades the scientific establishment has denied that vaccines may be linked to a dramatic decline in the quality of children's health. And although vaccine injuries and death have been thoroughly documented in the medical literature for well over 100 years, health authorities have knowingly and willingly turned a blind eye on the human tragedy which leaves in it's wake a generation of children suffering from multiple developmental disorders and chronic degenerative diseases.

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## VRAN NEWSLETTER

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Edda West, Mary James, Julie Shams, Catherine Diodati, Andreas Schuld, Rita Hoffman. With thanks to Catherine Orfald for the newsletter layout.

### Statement of Purpose

•VRAN was formed in October of 1992 in response to growing parental concern regarding the safety of current vaccination programs in use in Canada.

•VRAN continues the work of the Committee Against Compulsory Vaccination, who in 1982, challenged Ontario's compulsory "Immunization of School Pupils Act", which resulted in amendment of the Act, and guarantees an exemption of conscience from any 'required' vaccine.

•VRAN forwards the belief that all people have the right to draw on a broad information base when deciding on drugs offered themselves and/or their children and in particular drugs associated with potentially serious health risks, injury and death. **VACCINES ARE SUCH DRUGS.**

•VRAN is committed to gathering and distributing information and resources that contribute to the creation of health and well being in our families and communities.

**VRAN's Mandate is:**

•To empower parents to make an informed decision before they vaccinate 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: Herbalism, Chiropractic, Naturopathy, Homeopathy, Reflexology, Allopathy (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 4 times a year as a means of distributing information to members and the community. Suggested annual membership fees, including quarterly newsletter and your on-going support to the Vaccination Risk Awareness Network: **\$25.00—Individual** **\$50.00—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 fax or e-mail, as indicated above.

## DISCLAIMER

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

## VRAN NEWS

### CHALLENGING ONTARIO'S HEALTH MINISTRY

Just before the end of the school year, many families in Ontario found that their children were barred from attending school because their vaccine status was not up to date. Health authorities were invoking the Immunization of School Pupils Act which requires that all school children show proof of vaccinations in order to attend school. The Act however, also provides exemptions from vaccines for medical reasons as well as for reasons of conscience and/or religion. The availability of the exemptions rarely disclosed to parents to the extent that most people in Ontario are under the misunderstanding that vaccinations are absolutely mandatory and most have no idea that the law also guarantees exemption from any and all vaccines. Through the generous sponsorship of a VRAN member, attorney Lori Stoltz has been retained to develop a brief outlining all the ways in which the Ontario Ministry of Health has failed to disclose to the public complete information about vaccine laws, including informed consent guidelines as set out in the Health Protection and Promotion Act. The brief will be submitted to the Chief Medical Officer of Health and will seek redress in terms of a demand that all literature and information bulletins issued by the Ministry of Health to the public in the future, having to do with vaccinations, must clearly carry the disclosure of vaccine exemptions. The brief, when completed, will be available to all VRAN members.

In Canada, there are no mandatory vaccination laws. The provinces that have enacted legislation requiring proof of vaccination for school age children, also have exemption clauses in place. Those provinces are Ontario, New Brunswick and Manitoba.

### FAREWELL TO TERRY RIORDAN

On April 29th, Terry Riordan passed away at the age of 45, after a long and painful struggle with Gulf War illness that left him in wracking pain for 8 1/2 years. Catherine Diodati documented the family's heart wrenching story in the January 1999 issue of VRAN News. While her husband's life has ended, Mrs. Riordan hopes his suffering won't be forgotten. Last year, Terry Riordan dismissed conclusions his illness was related to the stresses of war, noting he and many others never even saw combat. The former military police officer had served in Dubai, United Arab Emirates, where he helped plan escape routes and provided security for the Canadian Forces and allies. Terry believed his condition was caused by vaccines and chemical exposures.

"What the country should learn (from this is) to take care of those who care for them." Mr. Riordan's death resonated with other veterans. "Terry's passing is another failing grade to a country (that) asks its service personnel to give all but gives little in return," Harold Leduc, president of the Canadian Peacekeeping Veterans Association, said on the group's Web site. "I think it's an absolute cover-up by the government," Mr. Leduc said of armed forces denial

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that the syndrome even exists, adding many Gulf War veterans have been denied the same access to disability pensions as other war veterans because, officially, the government still considers the incident a "conflict" rather than a war.

Mrs. Riordon plans to continue fighting for recognition of the illness and proper care for those who suffer from it. "I have to," she said. "This family's given enough to this country. It's time the country started helping those who served them."

## UPCOMING SEMINARS

Dr. Lenord Horowitz, D.M.D., M.A., M.P.H., Independent Investigator and internationally known authority in Public Health Education will present a seminar on Emerging Viruses, Vaccinations and New Auto-immune Diseases on Saturday, November 13, 1999, 9-4 pm. Location: Mohawk College in Hamilton, Ontario.

Dr. Horowitz appears on nationally syndicated radio and television shows and has authored more than 80 published articles and ten books. Learn the truth about contaminated vaccines and how to protect and heal yourself.

To register, please contact:

Dynamic Seminars at:

(905) 627-7212. Website:

<http://www.dynamicseminars.net>

## VACCINE RISK SEMINARS IN WINNIPEG

Winnipeg is home to the most dynamic and vocal vaccine awareness groups in Canada. The Association for Vaccine Damaged Children and the Eagle Foundation are sponsoring a series of vaccine risk seminars scheduled for September 12, October 3, and November 14, 2-4pm at the Centennial Library. For more information please contact Mary James at 895-9192 or Leona Rew at 896-0971. For more vaccine risk information, personal stories of families affected by vaccine injuries, and additional links to numerous excellent web sites,

please view the Eagle Foundation's web site at:

<http://www.eaglefoundation.org>

## VRAN FUND RAISING

As we move into the last quarter of this millenium year, it is apparent from the increasing volume of phone calls, information requests, and e-mail inquiries, that the vaccine issue is heating up and that as a public service organization, we need to solidify our financial resources to enable the continuity of our work. Calls from across the country verify that with the start of the new school year, parents are once again 'under the gun' to vaccinate their children with hepatitis B vaccine. There is a palpable, growing wave of resistance developing as increasing numbers of parents question the safety and necessity of this vaccine and others. Rhody Lake's fiery editorial in the September issue of *Alive* magazine titled "Vaccines, Life, Death and Population Control" has brought a deluge of inquiries from Newfoundland to British Columbia. And Edda's article, "Resisting the Vaccine Push", slated for the October issue of *Alive* brings home the question—what is the real impact of vaccines on the quality of our children's health?

Because of the "incestuous ties" between the vaccine industry and government mandated pro-vaccine policies, there is no 'official' voice sounding the alarm. Those of us whose children have suffered adverse effects and injuries from vaccines are the 'voice in the wilderness' providing this most essential service—of alerting parents to the hidden dangers of vaccines. Our mandate is to empower parents to make intelligent, and informed decisions so that they can protect their children from medical assault.

The financial resources at the disposal of the vaccine research and development industry defy all reason.

Philanthropic organizations such as the Bill and Melinda Gates Foundation are pouring billions of dollars into vaccine research that will fast track the deployment of multiple new vaccines. The misguided belief that the impending avalanche of new vaccines will solve global problems of poverty, malnutrition and disease, is a fantasy driven by corporate profit and greed at the expense of real health and well-being that cannot be artificially created by the toxic weaponry of vaccinations.

VRAN is appealing to its membership not only for financial contributions, but also for ideas, and commitment from members to help create on going fund raising programs that will enable us to continue this work. To launch VRAN's fall fund raising drive, we will be offering a complementary copy of the new video, *Vaccination, The Hidden Truth* to anyone making a donation of \$150 and over. This video is perhaps the most powerful educational tool available today—one that will take the wind out of skeptics who are still deluded by pro-vaccination propaganda.

Your ideas, commitment and contributions are essential if we are to turn the tidal wave of vaccine madness thundering down on us. Let us work together to empower all parents to take charge of their families' well being by making informed and educated "health" decisions for their children. Let us sound the alarm that our children's health and the well being of future generations is too precious to be left in the clutches of a medical system that has abandoned it's ethical commitment to "First Do No Harm."

In May of this year, Congressional hearings were held in Washington in response to serious questions being raised about the safety of hepatitis B vaccine. We have reprinted the testimony presented by Dr. Jane Orient, executive director of the American Association of Physicians and Surgeons. In a follow up press release published July 8, Dr. Orient called for a moratorium on hepatitis B vaccine. "Children younger than 14 are three times more likely to die or suffer adverse reactions after receiving hepatitis B vaccines than to catch the disease." She warns that the increasing "vaccine cocktails" administered to children may be hazardous to their health. "Mandates effectively use schoolchildren as research subjects subjected to unproved medical treatment without informed consent, in violation of the Nuremberg Code. If school administrators and government bureaucrats were subject to that code, they could be prosecuted as war criminals," said Dr. Orient.

On August 3, 1999, another Congressional hearing convened by Congressman Dan Burton heard more testimonies reiterating that vaccines are causing widespread health problems and have called for long term studies to determine a true picture of how vaccines impact on children's health. This issue of the VRAN newsletter is dedicated to the spirit and intent of the many parents, concerned scientists and doctors whose voices are rising in unison around the world, and whose testimonies are now a part of the public record.

The Congressional hearings signal a shakeup in the orthodox medical establishment's cozy relationship with pharmaceutical giants whose profit driven agendas manipulate public health policies set by governments around the world. As a result, the U.S. has withdrawn its mandate to vaccinate all healthy new born infants with hepatitis

B vaccine, which should send up caution flags to other countries who continue to push for high vaccine coverage. It has also announced the phasing out of Thimerosal (a mercury derivative and toxic poison) as a vaccine ingredient. In Canada, Thimerosal was discontinued as an ingredient in 1997 in the DPTaP/Hib vaccine marketed under the brand name Pentacel.

The July 16th statement on the rotavirus (infant diarrhea) vaccine by U.S. Centers for Disease Control and Prevention (CDC) spokesman Barbara Reynolds to the New York Times that "no one should now be giving this vaccine to anyone" epitomizes the sometimes questionable licensing and policy-making standards used to make universal vaccine usage recommendations. The notable elevated incidence of the excruciatingly painful and potentially fatal bowel obstruction, intussusception, by babies within weeks of vaccination with the rotavirus vaccine is the cause for this about-face policy shift.

Meanwhile, the manufacturer had already sold about \$73 million of the vaccine in the ten and one-half months since it was licensed as the vaccine was given to more than 1 million American babies of trusting parents sold the idea that their babies needed protection from diarrhea. In the U.S., the vaccine was recommended for universal use in infants by the CDC's Advisory Committee on Immunization Practices six months before the vaccine was even licensed by the FDA. This vaccine is made by co-cultivating the rhesus monkey diarrhea virus with human strains to create a genetic human-monkey hybrid strain of rotavirus to be administered orally to babies at 2, 4, and 6 months of age.

As increasing numbers of vaccines continue to be added to the already staggering load most children have to endure, more and more parents are rebelling against the medical dogma that until now has elicited obedient compliance from the public. Slowly, a

crack is beginning to appear in orthodoxy's impenetrable armour, and testimonies from concerned scientists may be an indicator that some health officials are at long last waking up to the fact that we have a major health crisis on our hands. While vaccines have suppressed childhood illnesses like measles mumps and rubella on the one hand, the burden of chronic degenerative diseases and neurological disorders is now epidemic. What is the real cost to a society that has been taxed by decades of tinkering with the human immune system? What will be the real cost to humanity when the multinational pharmaceutical companies unleash hundreds of new vaccines in the next few years in the name of public health?

"We have grave concerns about the hepatitis B vaccine" said Warrensburg Missouri School Health Services Coordinator, Patti White RN. "In our last regional school nurse meeting we discussed whether the combination of so many viruses (given) at one time (HepB, DPTP Hib and MMR) is causing the infants immune system to be overwhelmed and unable to mount a sufficient defense response. Is the combination of all these viruses at one time an assault on an infant's immune and neurological system that increases the chances for adverse reaction, and what are the long-term neurological and immune system responses to these vaccines? The elementary grades are overwhelmed with children who have symptoms of neurological and/or immune system damage: epilepsy, seizure disorders, various kinds of palsies, autism, mental retardation, learning disabilities, juvenile-onset diabetes, asthma, vision/hearing loss, and a multitude of new conduct/behavior disorders. We have come to believe that hepatitis B vaccine is an assault on a newborns developing neurological and immune system. Vaccines are supposed to be

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# Vaccines and Childhood Cancer

**Editor's note: On August 3, 1999, the U.S. House of Representatives heard testimonies from medical people, researchers and parents on the issue of vaccine safety. The hearing was left open for a number of weeks to allow more submissions to be presented. In memory of their son Alexander, Raphaele Moreau-Horwin and her husband Michael Horwin presented the following letter on August 12th**

Dear Congressman Burton,

This letter is in support of your Government Reform Committee on Vaccines; Finding the Balance Between Public Safety and Personal Choice. After speaking with your staff member, Mrs. Beth Clay, I had to forward you the appalling story regarding the death of our son, Alexander. I have also included some of the facts that my husband and I have uncovered since our son's death that link vaccination with brain cancer.

On August 10th, 1998 our only child, Alexander, was diagnosed with the most common pediatric brain cancer, medulloblastoma. He was two years old. Our lives were shattered. The next six months became a race against time to try to understand the disease, find the appropriate treatment, and save Alexander.

After two brain operations Alexander recovered quickly. We wanted to give our son the most effective cancer therapy possible. After weeks of research, many conversations with parents who had children with brain cancer, and conversations with doctors from all over the world, we selected the Burzynski Clinic in Houston, Texas. We arrived there and incredibly we were turned away. Dr. Burzynski said he was not allowed to accept Alexander. I'll never forget it. We sat in an examining room. Alexander was smiling at the doctor.

"Why can't you take Alexander?" I asked Burzynski. "The FDA dictates who I can and can't accept," Burzynski said.

Burzynski explained to us that the FDA would only allow him to accept children who had suffered through chemotherapy and/or radiation and still had "measurable tumor" left in their brains. Alexander hadn't had either of these "world class treatments" but already endured two brain operations (16 hours of surgery in

total) and was tumor free for the moment. He had paid a dear price to be tumor free. His optic nerves had been injured so that his big brown eyes were stuck pointing in opposite directions, he lost the ability to cry and laugh and he temporarily lost the ability to walk.

"Please accept my son. He's only two years old. His whole life is in front of him. I know your treatment works. I've spoken to several parents whose children are here. They had malignant brain tumors like Alexander but now they're alive and well. You have to treat my son," I begged.

Dr. Burzynski said simply, "I am sorry but I can't." Burzynski was saddened but he was powerless. The FDA had made him turn away many children just like Alexander.

Chemotherapy was started soon after and Alexander died in my arms three months later.

Because of the FDA, Dr. Burzynski has to turn away over 90% of the cancer victims who come to him, many of them children. Burzynski's cancer therapy is non-poisonous to the body and light years ahead of the crude poisonous treatments—chemotherapy or radiation—offered by conventional medicine. If Burzynski could accept Alexander and other children like him his cure rate would increase. It's a clever ploy on the part of the FDA to only allow Dr. Burzynski to accept children who have already had chemotherapy and/or radiation and whose cancer has returned. Then nothing can save those children. When Alexander's cancer returned while he was on chemotherapy, he died within two weeks.

Who is the FDA really protecting? Why would the FDA not want Dr. Burzynski to have a high cure rate? Dr. Burzynski's therapy is a better product—it is not

toxic to the body and it is much more effective against cancer. But every year, chemotherapy and radiation gross tens of billions of dollars for the drug companies and the medical establishment. If Dr. Burzynski's treatment was allowed to be accessible, imagine the market share it would take from chemo and radiation. Imagine the money it would cost the drug companies and the cancer doctors. It could literally cost them billions.

Lederle, the same company that produces vaccinations, manufactures the chemotherapy that killed Alexander! Alexander was originally diagnosed with medulloblastoma. The cancer that took his life was called leptomeningeal sarcoma. How did one cancer turn into another? By the carcinogenic (by definition the "DNA changing") effects of chemotherapy. In fact, nearly all chemotherapy drugs are listed as "Class 1—Known Human Carcinogens" with the FDA. Yet every day hundreds of children are injected with these deadly chemicals.

Alexander's immune system was completely destroyed by the chemo and he had no strength to fight the new cancer.

Whether we are talking about childhood vaccinations, therapy for cancer, treatments for cardiovascular diseases or any of the other big money makers, the interests, motives and actions of the federal government are completely inseparable with the motives and goals of the drug producers and the AMA leadership. After all, we are talking about the exact same people. The same doctors who work for the major drug companies and own stock in those corporations take a rotation through the FDA. They will work at this governmental "regulatory" body for a few years, make decisions that protect their investments and careers, and then return to the drug companies for

*Vaccines & Cancer continued on page 10*

making us healthier, however, in twenty five years of nursing I have never seen so many damaged, sick kids. Something very, very wrong is happening to our children."

"The shocking facts that 31% of U.S. children suffer from a chronic condition and that the rate of disability from such chronic conditions in children has seen nearly a fourfold increase since 1960 (when mass vaccination programs were accelerated) ought to seriously challenge our medical research establishment" says Dr. Philip Incao MD who has compared the significant differences in quality of health in unvaccinated and vaccinated children in his family practice over 29 years. "I observed that my unvaccinated children were healthier, hardier and more robust than their vaccinated peers. Allergies, asthma and pallor and behavioral and attentional disturbances were clearly more common in my young patients who were vaccinated."

A new report on autism recently released by the state of California reveals a 273 percent increase in children diagnosed with autism during the past decade. The National Vaccine Information Center is calling the report "a warning bell," and points out that the dramatic rise in autism in young children during the past decade coincides with dramatically rising vaccination rates in California and other states. Vaccines can disrupt the formation of myelin in babies and damage this protective coating of nerve cells. Recent studies have found that 50-60% of autistic children tested show a correlation between MMR antibodies and antibodies to myelin basic protein. The vaccine may be inducing a type of encephalitis that causes the body to attack the myelin coating resulting in neurological injury and autism spectrum disorders.

What is it about vaccines that can push a child into an abyss of neurological/immune system disorders? The

newly emerging science of psychoneuroimmunology is determining that the immune system, neurological system and the endocrine system are not separate entities, but intimately intertwined, and completely interdependent. These closely interlocked systems dialogue with each other and the flow of information is primarily facilitated through the language of hormones. What disrupts the function of one system will cause malfunction in the others. What effects one, effects the other.

Dr. Doris Rapp, an American pediatric allergist has observed that two thirds of hyperactive or minimally brain-damaged children suffer also from severe allergies.

"I have repeatedly noted in the history of many of the small children whom I treat for allergies that they get a DPT shot, and then within a month or two they begin to regress. Their allergies will have gotten better, and they will have started to learn well and easily, and then they get their DPT, and a short time later their allergies come back, and they stop talking, or they don't walk as well. The parents keep giving me this history and they ask, "Is it related?"

What has become obvious is that vaccines sabotage this interdependent system and can disrupt and disable the child's own inherent physiology from evolving and maturing to its highest potential, and leaving it crippled and dysfunctional. When the immune system is artificially manipulated by vaccines, the balance of the immune system is shifted away from its appropriate response, stimulation of the "acutely-reacting" TH1 side, toward its "chronically-reacting" TH2 side, setting the stage for the unprecedented increase in chronic auto-immune health disorders. Medical researcher Hilary Butler explains that "The immune system has two 'sides'. One is TH1, which is the usual response to diseases caught naturally. The healthy immune system has a 'bias' towards

TH1. TH2 is the 'other' side, and people who have allergies, asthma and disease with auto-immune origin have what is known as a TH2 skewed immune system."

The essential and induplicable role of breastfeeding cannot be more urgently stressed as it is the vital immune link that protects the baby from birth and teaches the immune system how to work and to engage in appropriate immune responses. The live cells that literally consume pathogens the baby is exposed to, the complex enzymes, immune factors and antibodies have evolved over millennia to insure the survival of the species. "It is breastfeeding which modifies the baby's environment in such a way as the body learns how to process and handle things. The portal of entry, and learning pathways teaches and matures the immune system, and helps in the prevention of both allergy-development and auto-immune disease" stresses Hilary Butler.

While the AAPs in the U.S. has called for a moratorium on hepatitis B vaccine mandates, Canadian health officials are proceeding with business as usual, with an even more fervent focus on revving up the vaccine machine. Dr. Noni MacDonald's impassioned directive to all health providers to step up vaccine promotion at every opportunity underscores the pro-vaccine hysteria that grips the establishment. When Dr. Byron Hyde, an Ottawa physician submitted data to Health Canada on 65 patients who sustained severe adverse reactions and injuries to the hepatitis B vaccine, the files were shredded. Several months later, the government published a bulletin saying they had investigated these cases and found no problems. Surprised, Dr. Hyde and his colleagues contacted 45 of these patients. Not one of them had had any medical examinations, and only a few had received a phone call from health

Make no mistake. Our children's health and that of future generations is in jeopardy, having been compromised by a scientific establishment that has deliberately withheld the truth of vaccine risks from the general public, while fanatically promoting their toxic drugs through coercion and intimidation forcing parents into compliance with dangerously flawed "public health" policies rooted in blind obedience to the vaccine paradigm.

Dr. Harris Coulter calculates that one youngster in five suffers from developmental disabilities. "To be specific, a large proportion of the millions of children and adults suffering from autism, mental retardation, hyperactivity, dyslexia, and other shoots and branches of the hydra-headed entity called 'developmental disabilities', owe their disorders to one or another of the vaccines against childhood diseases., mental retardation, hyperactivity, dyslexia and "other shoots and branches of the hydra-headed entity called developmental disabilities. This is a stupefying figure. If some foreign enemy had inflicted such damage on our country, we would declare war."

Parents, take charge of your children's health. Protect your children's health by trusting your own intelligence and intuition. Investigate before you vaccinate !!! ✓

## WRITTEN TESTIMONY OF DR. HOWARD B. URNOVITZ

***Presented to the U.S. House of Representatives, Government Committee on Reform and Oversight on Vaccines on August 3, 1999.***

I am grateful to this committee for allowing me to address the issue of vaccine safety. I am Dr. Howard B. Urnovitz. In 1979, I received my doctorate degree in Microbiology and Immunology from the University of Michigan, where I studied vaccines. I am testifying today as the Scientific Director of the Chronic Illness Research Foundation. For the record, I am also the chief science officer of a biotechnology corporation.

My testimony will describe the insights of recent scientific studies into the health consequences of exposing individuals to both toxic and foreign biologic materials, particularly multiple bacterial and live virus vaccines. The conventional wisdom concerning the use of vaccines needs to be reconsidered, taking into account the adverse medical effects that vaccines can have on the human body. Vaccine science must evaluate not only acute adverse side effects, but also possible associated chronic illnesses such as learning and behavior disorders, Autism Spectrum Disorders, intussusception, arthritis, cancer, diabetes, chronic fatigue syndrome, multiple sclerosis, autoimmune thyroiditis, and other chronic health problems. These chronic illnesses are increasingly costly to society in both human and financial terms.

By year's end, the Chronic Illness Research Foundation and its research colleagues will have published four peer-reviewed papers on the genetic basis of four different chronic diseases: vaccine associated human cancers, Gulf War Syndrome, multiple sclerosis, and AIDS. The implications of these findings for vaccine safety are: 1. the human body retains a genetic memory of the foreign sub-

stances to which it has been exposed, including viral and bacterial vaccines;

2. each individual responds to foreign substances differently, based on his or her own unique genetic background;

3. there appears to be a limit on how much foreign material to which the human body can be exposed before some level of genetic damage occurs and a chronic disease initiates.

It is known that our genetic blueprints for life, received from our mother and father, create new genetic material, allowing each individual to cope with toxic environmental exposures. Research needs to focus more intensely on precisely how the body handles the unprecedented level of gene-damaging substances in our air, water, food and even some medicines. These substances range from infectious agents, both natural and vaccine-related; pesticides, herbicides, petroleum byproducts and other synthetic chemical hazards; and physical hazards such as radiation. Regarding vaccine safety, I suggest the initiation of serious inquiries into the following research areas:

1. How do genes change in response to vaccines, and what are the chronic consequences of these changes?

2. What are the acceptable limits of dose, age, timing, and combinations of vaccines that the body can handle? (Not only with respect to their ability to create an immune response to the infectious agent, but also with respect to their acute and chronic health effects.)

3. How might we minimize vaccine adverse effects on our genome through life style, diet, and pharma-

*Dr. Urnovitz continued on page 20*

Oath of Hippocrates to "prescribe regimen for the good of my patients according to my ability and my judgment and never do harm to anyone."

Should a physician advise against a mandated vaccine, he faces increased legal liability should the patient acquire the disease. Moreover, he may risk his very livelihood if he is dependent upon income from "health plans" that use vaccine compliance as a measure of "quality." It is perhaps not surprising, although still reprehensible, that physicians sometimes behave in a very callous manner toward parents who question the need for certain vaccines.

Federal policy of mandating vaccines marks a profound change in the concept of public health. Traditionally, public health authorities restricted the liberties of individuals only in case of a clear and present danger to public health. For example, individuals infected with a transmissible disease were quarantined. Today, a child may be prevented from attending school or associating with others simply because of being unimmunized. If there is not an outbreak of disease and if the child is uninfected, his or her unimmunized state is not a threat to anyone. An abridgement of civil rights in such cases cannot be justified.

With hepatitis B vaccine, the case for mandatory immunization with few exemptions is far less persuasive than with smallpox or polio vaccines, which protected against highly lethal or disabling, relatively common, and easily transmissible diseases. An intelligent and conscientious physician might well recommend AGAINST hepatitis B vaccine, especially in newborns, unless a baby is at unusual risk because of an infected mother or household contact or membership in a population in which disease is common.

AAPS awaits the release of full information concerning the licensure of hepatitis B vaccine and the mandate

for newborn immunizations, as requested under the Freedom of Information Act by the National Vaccine Information Center. It is imperative that independent scientists have the opportunity to review the raw data. In the meantime, all coercive means for increasing the immunization rate should be immediately discontinued. Fully informed consent should be sought before vaccine is administered. This requires full and honest disclosure of the risks and uncertainties of the vaccine, in comparison with the risks of the disease.

Information given to parents about this vaccine often does not meet the requirement for full disclosure. For example, it may state that "getting the disease is far more likely to cause serious illness than getting the vaccine." This may be literally true, but it is seriously misleading if the risk of getting the disease is nearly zero (as is true for most American newborns). It may also be legalistically true that "no serious reactions have been known to occur due to the hepatitis B recombinant vaccine."

However, relevant studies have not been done to investigate whether the temporal association of vaccine with serious side effects is purely coincidental or not. An independent review of the VAERS data; publications by governmental, pro-vaccine, and anti-vaccine groups; and a sample of the medical literature leads to the following conclusions:

For most children, the risk of a serious vaccine reaction may be 100 times greater than the risk of hepatitis B. Overall, the incidence of hepatitis B in the U.S. is currently about 4 per 100,000. The risk for most young children is far less; hepatitis B is heavily concentrated in groups at high risk due to occupation, sexual promiscuity, or drug abuse. VAERS contains 25,000 reports related to hepatitis B vaccine, about  $\frac{1}{3}$  of which were serious enough to lead to an emergency

room visit, hospitalization, or death. It is often assumed that only 10% of reactions are reported. (This committee has heard testimony about persons being actively discouraged from reporting, even if they are aware of the reporting system.) Thus, if there have been some 80,000 serious adverse reactions associated with 20 million doses of vaccine, the risk is about 4 in 1000. This calculation depends on many assumptions. Further, many of the patients experiencing temporally associated adverse reactions had simultaneously received more than one vaccine. Nevertheless, a better estimate has not been put forth. Less than 1 in 1,000,000 purely hypothetical risk may be used to justify costly federal regulations on highly useful products that are used voluntarily.

In nearly 20% of VAERS reports, the first of eight listed side effects suggests central nervous system involvement. Examining the first listed effects shows about 4,600 involving such symptoms as prolonged screaming, agitation, apnea, ataxia, visual disturbances, convulsions, tremors, twitches, an abnormal cry, hypotonia, hypertonia, abnormal sensations, stupor, somnolence, neck rigidity, paralysis, confusion, and oculogyric crisis. The last is a striking feature of post-encephalitic Parkinson's disease, or it may occur as a dystonic reaction to certain drugs such as phenothiazines. The CDC admits that the results of ongoing studies on a potential association of hepatitis B vaccine and demyelinating diseases such as multiple sclerosis are not yet available.

There may be large genetic differences in susceptibility to vaccine adverse effects. The committee has been told that serious reported adverse effects seem restricted to Caucasians. Yet the oft-cited long-term safety study was conducted in Alaskan natives, and many studies involved

*Hepatitis B Vaccine continued on page 9*

Asians. In adults, 77% of the reactions involve women, who are generally more susceptible to autoimmune diseases. This deserves serious study, not off-hand dismissal ("nurses always over-report"). Universal immunization could lead to disproportionate injury to susceptible populations, who might also be the least affected by the disease one is trying to prevent.

Striking increases in chronic illnesses have occurred in temporal association with an increase in vaccination rates. Asthma and insulin-dependent diabetes mellitus, causes of lifelong morbidity and frequent premature death, have nearly doubled in incidence since the introduction of many new, mandatory vaccines. There is no explanation for this increase. The temporal association, although not probative, is suggestive and demands intense investigation. Instead of following up on earlier, foreign studies suggesting a greater-than-chance association, the CDC, through vaccine mandates, is obliterating the control group (unvaccinated children).

Dr. Classen testified concerning his opinion that hepatitis B vaccine could precipitate diabetes mellitus. Of note, VAERS contains more than 4,000 reports of abdominal symptoms that could have been due to pancreatitis, which was probably not specifically sought and thus missed if present. Even more alarming is the huge increase in reports of autism and attention deficit/hyperactivity disorder, with devastating, life-long impacts. Much of this could be due to overdiagnosis (now rewarded by numerous government subsidies). The change in behavior that many parents observe related to vaccines could be coincidental, or it might reflect a desperate need to explain a disastrous occurrence.

Nonetheless, the implications are so grave that immediate investigation is needed. Measles, mumps, rubella,

hepatitis B, and the whole panoply of childhood diseases are a far less serious threat than having a large fraction (say 10%) of a generation afflicted with learning disability and/or uncontrollable aggressive behavior because of an impassioned crusade for universal vaccination. There are plausible mechanisms such as molecular mimicry whereby vaccines could have such effects. Basic research, as well as epidemiologic studies (starting with a long-term follow-up of reactions reported to VAERS), is urgent.

Hepatitis B vaccine as a cause of sudden infant death has not been ruled out. The mere observation that the incidence of SIDS has decreased while hepatitis B immunization rates have increased proves nothing whatsoever. In other contexts, the Back to Sleep campaign is credited with a dramatic fall in SIDS; the fall might have been much greater without hepatitis B immunizations. The presence of findings such as brain edema in healthy infants who die very soon after receiving hepatitis B vaccine is profoundly disturbing, especially in view of the frequency of neurologic symptoms in the VAERS.

Does SIDS occur on the day after hepatitis B vaccine with a greater-than-expected frequency? Does it occur at a younger-than-expected age? Are the autopsy findings different in babies who just received the vaccine? The fact that vaccine just happens to be given during the time period that babies are most likely to die of SIDS complicates the analysis. Also, there are a number of other confounding variables (sleep position, socioeconomic status, and possibly smoking behavior). The data in VAERS are probably too incomplete to answer the questions. A very detailed statistical analysis and an aggressive attempt to obtain more complete information are urgently needed. Glib reassurance, based on the secular trends shown to this Committee, is dangerous.

## CONCLUSIONS

Public policy regarding vaccines is fundamentally flawed. It is permeated by conflicts of interest. It is based on poor scientific methodology (including studies that are too small, too short, and too limited in populations represented), which is, moreover, insulated from independent criticism. The evidence is far too poor to warrant overriding the independent judgments of patients, parents, and attending physicians, even if this were ethically or legally acceptable.

AAPS opposes federal mandates for vaccines, on principle, on the grounds that they are:

1. An unconstitutional expansion of the power of the federal government.
2. An unconstitutional delegation of power to a public-private partnership.
3. An unconstitutional and destructive intrusion into the patient-physician and parent-child relationships.
4. A violation of the Nuremberg Code in that they force individuals to have medical treatment against their will, or to participate in the functional equivalent of a vast experiment without fully informed consent.
5. A violation of rights to free speech and to the practice of one's religion (which may require one to keep oaths).

AAPS would specifically oppose the campaign for universal immunization against hepatitis B, even if the above did not apply, because the safety of the vaccine is in question. ✓

*Vaccines & Cancer cont. from page 5*  
reportedly bigger salaries and stock options. Over the last twenty years, the most powerful people at the FDA have been employees, grant recipients, board members or research "affiliates" of the major pharmaceutical corporations.

## WHY DID ALEXANDER GET CANCER? THE VACCINE-RELATED SYMPTOMS

Why did our strong two-year-old boy have a brain tumor? There is no cancer on either side of our families going back three generations. Both of our paternal grandmothers lived to almost 90! Two of Alexander's great-grandparents are still alive today.

My husband and I started to review everything we knew about Alexander's health. Alexander never had been a good sleeper. At four months old, when most babies start to sleep through the night, Alexander actually got worse. He used to wake us up at least four times a night and yell. We also recalled an evening when Alexander was about seven months old. It was a couple of weeks after he had received his latest round of vaccinations shots. He started crying very loud and long and he suddenly had convulsions that lasted about five minutes. I held him in my arms. He calmed down but it had made him very tired. The next day I called his pediatrician. I was told that little children sometimes get excited and can have spasms. It was nothing I should worry about. A couple months later, Alexander would have another episode of "spasms."

After the age of one, Alexander began to have eczema outbreaks that would cover the back of his legs. I went to the pediatrician. He said that lots of little children have food allergies and he gave me cortisone cream. The cream didn't help very much. I used vitamin E and almond oil, which seemed to help a little.

But why would Alexander get cancer? He always had been a good eater. He was very strong and tall for his age—in the top 95 percentile in weight and height compared to other children. We

didn't live near a nuclear plant, I didn't work near pesticides. My husband worked in an office. Since 1992, we had lived in Marina del Rey, a suburb by the beach in Los Angeles. Of course, Los Angeles is not known for its fresh air, but none of his little friends had cancer.

We started to do research on medulloblastoma—the brain tumor that Alexander was originally diagnosed with. The tumor had been identified in the 1920's by two of the first neurosurgeons, Drs. Percival Bailey and Harvey Cushing. They removed medulloblastomas and other brain tumors at the Surgical Clinic of the Peter Bent Brigham Hospital in Boston. We read their articles and books and studied their graphs on the survival rates of children with medulloblastoma. We learned that after "100%" of the tumor had been surgically removed it would grow back within six to twelve months (assuming no additional therapy was attempted). This suggested to us that the original tumor took approximately that same amount of time to grow.

Alexander had been very irritable and threw up a lot in November 1997. The pediatrician told me it was a viral infection, a stomach flu. Alexander often had ear infections around this time. Then in March 1998, Alexander threw up again and told me he had pain in his tummy. I thought he had swallowed a button or little toy. That night, the pediatrician on call told us to go to the emergency room. There, Alexander threw up more. The ER doctor told us that Alexander had a viral infection. The next day, his pediatrician told me the same thing. This was five months before he would be diagnosed with a three-inch malignant tumor growing in his brain.

We now understand that sometime between November 1997 and March 1998 the tumor began to grow.

What had happened to Alexander at or before that time which could have led to cancer? I opened Alexander's "medical file" and suddenly saw all the vaccines he received within weeks or months of these symptoms. My husband and I

focused on the DPT, the IPV and OPV and Hepatitis B vaccine. What were these vaccines all about? What was in them? And more importantly what were the side effects on an infant's brain?

## THE VACCINE CANCER CONNECTION

After extensively researching the medical literature, we have identified six ways that vaccination may cause cancer, either directly or indirectly. After reading this you may wonder why aren't these subjects being actively pursued? Childhood cancer is on the rise, why aren't the "authorities" conducting objective research to determine the risks? The answer is simple—money. Nearly all the medical research in this country is funded by drug companies or the U.S. government (viz. taxpayer's money). Both parties have an inherent interest in, at a minimum, maintaining the status quo. What would motivate a drug company to pay for a study that demonstrates that their products cause cancer? Do they want to commit fiscal suicide? Why would the federal government pay for research that presents the dangers of a program that they have ostensibly mandated?

## ORTHODOX MEDICINE HAS NO IDEA IF VACCINES ARE CARCINOGENIC

We will begin with a very basic question—are vaccines carcinogenic? And the answer is that nobody knows because no studies have ever been done. The inserts that the vaccine manufacturers must place with each and every vial of vaccine state this fact. Here's a summary of what the vaccine manufacturers publish about their products for the eyes of physicians. This information is taken directly from their inserts as it is published in the Physicians' Desk Reference (PDR, 51st edition, Medical Economics Co. Inc., 1997). The last column is of most interest.

None of the vaccines injected into children have ever been tested for their carcinogenic (cancer causing), mutagenic

*Vaccines & Cancer continued on page 11*



Type of Vaccine	Manufacturer/Brand Name	Ages Prescribed	Studies on carcinogenic potential according to the manufacturer
<b>Chickenpox (Varicella)</b>	Merck/Varivax	12 mon. & older	No studies conducted
<b>DTP</b>	Lederle/Tetramune	2 mon.-5 yrs.	"Tetramune has not been evaluated for its carcinogenic or mutagenic potential."
<b>DTP</b>	Lederle/Tri-Immunol	2 mon.-7 yrs.	No studies conducted
<b>DTP</b>	Connaught (subsidiary of Pasteur Merieux)/Tripedia	15 mon.-7 yrs.	"Tripedia has not been evaluated for its carcinogenic or mutagenic potential."
<b>DTP</b>	Lederle/Acel-Immune	17 mon.-7 yrs.	"Acel-Immune has not been evaluated for its carcinogenic or mutagenic potential"
<b>DTP (whole cell pertussis)</b>			
	SmithKline/Beecham (subsidiary of Pasteur Merieux)	6 wks to 7 yrs.	"Animal and human studies concerning possible carcinogenic or teratogenic effects have not been done."
<b>Hepatitis A</b>	SmithKline/Beecham (subsidiary of Pasteur Merieux)	Over two yrs.	"Havrix has not been evaluated for its carcinogenic or mutagenic potential."
<b>Hepatitis B</b>	Merck/Recombivax	"infants"	No studies conducted
<b>Influenzae type b Haemophilus b conjugate with diphtheria protein</b>			"HibTITER has not been evaluated for its carcinogenic or mutagenic potential."
	Lederle/HibTITER	2-71 months	
<b>Influenzae type b Haemophilus b conjugate with tetanus toxoid conjugate</b>			No studies conducted
	Connaught (subsidiary of Pasteur Merieux)/ ActHIB	2 mon. to 5 yrs.	
<b>Japanese encephalitis virus</b>			
	Connaught (subsidiary of Pasteur Merieux)/ JE-VAX	One yr. & older	"No studies have been performed to evaluate carcinogenicity or mutagenic potential."
<b>Measles live</b>	Merck/Attenuvax	15 mon. & older	No studies conducted
<b>Measles, Mumps, Rubella live</b>			
	Merck/M-M-R	15 mon. & older	No studies conducted
<b>Measles, Rubella (live)</b>	Merck/M-R-Vax	15 mon. & older	No studies conducted
<b>Mumps (live)</b>	Merck/Mumpsvax	12 mon. & older	No studies conducted
<b>Polio (live)</b>	Lederle/Orimune	6 wks. -18 yrs.	No studies conducted
<b>Poliovirus (inactivated)</b>			"Studies in animals to evaluate carcinogenic potential have not been conducted."
	Connaught (subsidiary of Pasteur Merieux)/IPO	"infants, children and adolescents"	
<b>Rubella &amp; mumps (live)</b>	Merck/Biavax II	12 mon. & older	No studies conducted
<b>Rubella (live)</b>	Merck/Meruvax	12 mon.-puberty	No studies conducted

*Vaccines & Cancer cont. from page 11*  
(mutation causing), or teratogenic (developmental malformation causing) potential. Not a single one. Can these chemicals that are injected into healthy children cause cancer? The people manufacturing the vaccines (the drug companies) and the bureaucrats mandating the drugs can't say because no studies have ever been conducted.

In summary, federal and state governments are mandating that infants and children swallow and be injected with substances that have never been tested for their ability to cause cancer, mutations or developmental malformations. In the meantime, the drug companies are grossing billions of dollars on sales of these potentially carcinogenic products.

### HOW VACCINATION CAN CAUSE OR CONTRIBUTE TO CANCER—VACCINES CONTAIN KNOWN CARCINOGENS

If you call the American Association of Pediatrics and ask them what is the safe dosage of mercury derivatives, aluminum and formaldehyde to be injected into an infant, they may suspect child abuse. After they have calmed down, they will explain that there is no safe dosage because these are all potentially carcinogenic substances. But mercury derivatives, aluminum and formaldehyde are ingredients in most vaccines. How is it possible that they're safe? The answer depends on who is injecting them. If you or I inject our child with mercury or formaldehyde we are going to jail. But if a drug company and a doctor inject the same chemicals, they are perfectly safe.

### VIRUSES CAN BE CARCINOGENIC

Vaccines are comprised of viruses and viruses can be carcinogenic. According to mainstream science a number of viruses with oncogenic (cancer causing) properties have been identified over the last twenty years. The information below comes from the chapter entitled "Etiology of Cancer: Viruses" from the 5th edition of the book *Cancer: Principles & Practice of Oncology*. (One of the book's editors

is Dr. Vincent De Vita, Jr., former director of the National Cancer Institute.) This chapter lists various viruses and the cancers associated with them:

### VIRUS AND THE HUMAN CANCER ASSOCIATED WITH THEM:

- Hepatitis B—Hepatocellular carcinoma
- Hepatitis C—Hepatocellular carcinoma
- Epstein-Barr—Burkitt's lymphoma
- Epstein-Barr—Hodgkins disease
- Epstein-Barr—Immunoblastic lymphoma
- HPV-16, HPV-18, 33, 39—Anogenital cancers and some upper airway cancers
- HPV-5, HPV-8, HPV-17—Skin cancer
- BK, JC—Brain tumors (possible), Mesotheliomas (possible)
- HTLV-I—Adult T-cell leukemia/lymphoma
- HTLV-II—Hairy cell leukemia  
(Murnane Poeschla E, Wong-Staal F. Etiology of Cancer: Viruses, p.169, Cancer: Principles & Practice of Oncology; Fifth Edition, edited by V. T. DeVita Jr., S. Hellman, S. A. Rosenberg. Lippincott-Raven Publishers, Philadelphia, 1997.)

The association between some viruses and some cancers is a well-accepted medical fact. Are there other viruses that may cause or lead to other cancers? Of course. There are literally tens of thousands of viruses, but only a small percentage has been tested for their ability to cause cancer. In fact, some viruses use a "team approach." One virus by itself may be relatively benign but when it is combined with other viruses it "helps" the first one cause cancer. These viruses are literally called "helper viruses." How many various combinations of different viruses can lead to cancer, no one knows. But when you consider that:

- Children are injected with bacteria (that contain viruses)
- Children are injected with viruses themselves as per the vaccine
- The bacteria and virus vaccines are grown on animal tissue (i.e. monkeys, eggs, etc.) that also contain their own population of viruses

There is no way of knowing what viral combinations have formed and what is in the final "soup" that will be injected into

a healthy infant. The toxicity test that vaccine manufacturers use is as crude as can be imagined. They inject mice with the vaccines and if a given percentage still eat and put on weight than the vaccine is pronounced safe for children. Unbelievable!

### VACCINES, BRAIN INJURY AND BRAIN CANCER

Oncologists and neurosurgeons at Children's Hospital Los Angeles, St. Jude Children's Research Hospital and UCLA Medical Center told us that pediatric brain cancer is on the rise? Why? Why are more and more children getting cancer in their brains? Could it be due to the various types of brain injuries caused by vaccines?

The fact that vaccines can cause temporary or permanent brain damage is an established fact. Even the manufacturers admit it. For example, the manufacturer of one of the DTP vaccines (Lederle), warns pediatricians on their insert that their vaccine can cause "neurological complications such as convulsions, encephalopathy, and various mono and polyneuropathies including Guillian-Barre Syndrome—Permanent neurological disability and death have been reported"

(*Physicians' Desk Reference*, 51st edition, Medical Economics Co. Inc., 1997)

There is an abundance of medical literature going back one hundred years that suggests a connection between cancer and chronic injury caused by viruses or bacteria. It appears that cancers have a tendency to form in organs that are injured or irritated by viral or bacterial infections. For example, it is well known that people who have various forms of hepatitis (viruses that infect the liver) are at a much higher risk for liver cancer. This fact was presented in a recent article published in the *European Journal of Cancer Prevention*. The authors wrote, "Chronic disease conditions are well established as risk factors for cancer development. These may be due to viruses (for example, in the case of hepatitis and liver cancer), bacterial infections, parasite infestation or physical trauma."

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(Moore, MA, Tsuda H, Chronically elevated proliferation as a risk factor for neoplasia. *European Journal of cancer Prevention* 1988 October; 7(5): 353-385.)

The same line of reasoning suggests that a viral infection of the brain (which vaccines are known to cause) can lead to cancer of the brain. It's a rational conclusion and a reasonable question to ask, but no one from the drug companies or the federal government is asking it.

## SIMIEN VIRUS 40

In the 1950's and 1960's the polio vaccine injected into millions of children contained an unexpected guest—another virus that was growing on the same monkey kidney cells in which the vaccine was being grown. This virus was named Simian Virus 40 (SV40) because it was the 40th simian or monkey virus found. Unfortunately, this virus was also found to cause cancer. The vaccine manufacturers changed their monkeys (African green monkeys) but this wasn't enough. Today SV40 is found in many human cancers including many pediatric brain cancers. Coincidence? I don't think so. It turns out that SV40 can be passed horizontally (i.e. between father and mother) and vertically (i.e. between mother and child). In fact, SV40 is often associated with medulloblastoma, the most prevalent pediatric brain tumor. When scientists injected young hamsters with Simian Virus 40 over 80% developed brain cancers—all of which were medulloblastomas. Here are a few of the studies that have looked at SV40 and human cancers:

In 1979, Drs. Jaqueline Farwell, George Dohrmann, Lorraine Marrett and J. Wister Meigs wrote a paper entitled: *Effect of SV40 Virus-Contaminated Polio Vaccine on the Incidence and Type of CNS Neoplasms in Children: A Population-Based Study*, in which they found a substantial increase in childhood brain tumors, especially medulloblastoma, when the mothers had been inoculated with vaccines containing SV40. They wrote:

"In the late 1950's and early 1960's,

an increase occurred in the number of central nervous system tumors diagnosed in children as recorded in the Connecticut Tumor Registry. From 1955 to 1961, polio vaccine was used in Connecticut, which subsequently was found to contain the virus SV40. In animal models SV40 has produced central nervous system tumors—particularly striking rises in gliomas (astrocytoma, spongioblastoma, and glioblastoma multiforme) and medulloblastomas were noted in children born during 1956-1962... Among medulloblastoma patients, 10 of 15 were exposed to SV40. This rate of exposure is high and significantly greater than among controls (children without brain tumors)... SV40 may selectively induce malignant tumors. In summary we demonstrate a strong association between exposure to SV40 and the development of medulloblastoma (and) the occurrence of gliomas."

In 1987, Drs. George Roush, Theodore Holford, Maria Schymura and Colin White of the Yale University School of Medicine published a book on cancer risks. In it they wrote:

"Infectious agents have been strongly associated with childhood brain tumors. An excess of central nervous system malignancies occurred in a cohort (a group) of offspring (children) whose mothers were inadvertently exposed to polio vaccine contaminated by Simian Virus 40 (SV40). Medulloblastomas bore the strongest relationship to the contaminated vaccine."

(Roush G, Holford TR, Schymura MJ, White C, *Cancer Risk and Incidence Trends: The Connecticut Perspective, Brain, Cerebral Meninges, and Cranial Nerves, Ages 0-19*, Department of Epidemiology and Public Health Yale University School of Medicine; The Hemisphere Publishing Company, 1987.

In this 1995 study published in the *Journal of the National Cancer Institute*, SV40 was again found in various human brain tumors but not in any healthy brain tissue. The researchers wrote:

"We found SV40 DNA sequences in

five of six choroid plexus papillomas, eight of eleven ependymomas, three of seven astrocytomas—None of the 13 normal brain tissues were positive for SV40 DNA."

(Martini F, et. al., *Human Brain Tumors and Simian Virus 40*, *Journal of the National Cancer Institute*, September 6, Volume 87, 1995)

In 1997, when researchers looked for SV40 in other human cancers such as mesotheliomas (a kind of lung cancer), and osteosarcomas (a kind of bone cancer that kills children and adults), they found them. The doctors wrote:

"We decided to test human mesotheliomas and osteosarcomas for SV40 based on...the enormous increase in the incidence of mesotheliomas in the second half of this century which coincided with the inadvertent inoculation of millions of people with SV40 contaminated polio vaccines... SV40 or closely related DNA sequences are present in specific types of human tumors."

(Rozzo P, et. al, *Evidence for and implications of SV40-like sequences in human mesotheliomas and osteosarcomas*; Conference: SV40 a Possible Human Polyomavirus National Institute of Health January 27 and 28, 1997)

This paper, like the previous one, was presented at an SV40 seminar at the National Institute of Health in 1997. In it the authors state that SV40 is found in most brain cancers and that it can spread from one generation to the next. They also mention that more people who are vaccinated have brain tumors versus those who have not been vaccinated. They wrote:

"SV40 amplification products were detected at high prevalence in primary human brain tumors: 83% of choroid plexus papillomas, 75% ependymomas, 47% astrocytomas, and 37% glioblastomas... 35% osteosarcomas, and Ewing's tumors... These results indicate that SV40 is associated with human brain and bone neoplasms (cancers)... SV40 infection (may be spread) by blood

transfusion and sexual transmission in the human population.

"... viral co-factor should be taken into consideration as a possible cause of... human brain and bone tumors... a higher incidence of brain neoplasms (brain cancers) was noted in cohorts (groups) of vaccinated persons. In this as well as in other studies, a high prevalence of SV40 was detected in brain and bone tumors that affect early childhood."

(Martini F, et. al, *Simian Virus foot-prints in normal human tissues, brain and bone tumors of different histotypes; Conference: SV40 a Possible Human Polyomavirus—National Institute of Health* January 27 and 28, 1999)

And in this most recent study published in January of this year, researchers found SV40 in all the brain tumors they examined. They wrote:

"We found SV40... sequences in all brain tumor types investigated. High frequencies were found in low-grade astrocytomas, anaplastic astrocytomas and secondary glioblastomas (59%)... Presence of viral DNA was also found in pediatric brain tumors..."

(Huang H, et al, *Identification in human brain tumors of DNA sequences specific for SV40 large T antigen, Brain Pathology*, January 9, 1999)

So here's the obvious question—Is the SV40 from the 1950's and 1960's back to haunt us? Are parents passing cancer on to their children?

## VACCINES & IMMUNE DEFICIENCY

This is a very broad subject so we will only present the highlights:

Cancer is often associated with immune deficiency. Scientists believe that the reason one person gets cancer and another doesn't is because the second individual has a "stronger" or "more competent" immune system. But vaccines can cause a child to become immune deficient. It is known that vaccines can cause immune deficiency through various mechanisms including:

Vaccines cause commitment of T-lymphocytes to a specific antigen and T-lym-

phocytes possess one of the major defenses against cancer. In other words, vaccines cause important cells in our immune system (T-cells) to commit themselves and once an immune cell becomes committed to a specific antigen, it becomes inert and incapable of responding to other challenges.

Vaccinations can cause the T-cell count to temporarily and significantly decrease to the levels found in AIDS patients. Vaccines cause depression of lymphocyte function.

This means that vaccines can actually cause your immune system to be weaker in its response to other viruses and bacteria. Scientists are beginning to understand that the inoculation of billions of organisms into the human body viz. vaccination is an abnormal event and causes the body to react in an abnormal way. This reaction, even if it is only the formation of antigens, requires the energy and the attention of the immune system. If the immune system is reacting to the sudden and strange invasion of billions of vaccine organisms, it may not be able to pay the same level of attention to protecting the body against other threats such as cancer as it did before the invasion/vaccination.

In addition, according to a report by the Medical Advisory Committee of the Immune Deficiency Foundation published in 1992 (made possible by a grant from the American Red Cross) "most immune deficiencies cannot be diagnosed until a child is one year old." And one of the most important contraindications for childhood vaccines (a reason not to be vaccinated as stated by the vaccine manufacturers) is to not administer a vaccine to "a child with impaired immune response." Wait a second here. We have a contradiction. By the time a child is one year old they have already received a number of vaccines. Yet, we are told by the vaccine manufacturers, that we should not vaccinate an immune deficient child. But diagnosing an immune deficient child cannot be done until the child is one year old. I don't know if this

is circular logic, a paradox, or a "Catch-22." What is clear is that it is irresponsible and a potentially dangerous practice.

How often are children immune deficient? According to the Immune Deficiency Foundation:

"The primary immunodeficiency diseases were originally thought to be quite rare. In fact, however, some of the primary immunodeficiency diseases are relatively common... because there are so many primary immunodeficiency diseases when taken together as a group of disorders, they become a significant health problem, occurring with a frequency comparable to leukemia and lymphoma in children and four times as frequently as cystic fibrosis."

(*The Clinical Presentation of the Primary Immunodeficiency Diseases, A Primer for Physicians, Produced by the Medical Advisory Committee of the Immune Deficiency Foundation*, Towson, Maryland, 1992.)

So what's the answer to this "paradox"? The answer is that every vaccination is a game of roulette with your child's life.

## VIRUSES FROM VACCINES CAN CHANGE DNA

Scientists are learning that DNA is not a blueprint that is "carved in stone" and locked away and untouchable. It turns out that DNA can be cut, torn and spliced and pieces can be inserted, deleted, truncated, fused, mutated and amplified. What kind of organism can change our DNA? Viruses. It turns out that viruses and viral sequences (pieces of DNA from a virus) can actually be inserted into our cells and into our own DNA. Researchers like John Martin M.D., Ph.D. of the Center for Complex Infectious Diseases in Rosemead, California, and Howard Urnovitz Ph.D. of the Chronic Illness Research Foundation in Berkeley, California are discovering that viruses especially viruses in various combinations can invade our cells, change our DNA and even hide from our immune system. Some of these changes include turning on oncogenes (growth genes that can cause

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*Vaccines & Cancer cont. from page 14*  
cancer). Remember that all vaccines contain millions of viruses from the bacterium or virus itself, the tissue it was grown in, or contaminants. These viruses may exchange sequences, pick-up animal DNA or combine in other unknown ways. Once in the body the range of damage they may reap is only now being recognized.

## CONCLUSIONS ON VACCINES & CANCER

I am not suggesting that vaccination always leads to cancer. What I am suggesting is that in the same way vaccination can lead to encephalitis (damage of brain tissue) it can also, in some cases, lead to cancer. Why does one child become autistic from the vaccine and another gets Crohn's disease? Why does one child get Guillian-Barre Syndrome from a vaccination and another die of AIDS? Why does one child get reoccurring seizures and the other cancer? How many other viruses is that child carrying? What other latent or hidden infections do they have? How strong is their immune system? How many vaccines can an infant handle before some invisible threshold has been crossed and the body becomes sick? Alexander got 16 vaccinations from the age of 2 months to 17 months old. My grandparents got one childhood vaccine and they are both alive today. My parents, both born in 1937, got a total of two vaccines up to 17 months old. According to my vaccination booklet (my parents kept wonderful records) I was vaccinated only seven times before I reached 17 months. In fact, my first vaccine came at the age of 5 months, not 2 months like Alexander.

Every new childhood vaccine that is introduced means more profits for the drug companies so there is a tremendous incentive to keep adding more and more. Alexander got vaccinated against chicken-pox, a "disease" that kept our generation at home from school for one week. Do we really need a vaccine against chicken-pox? The drug companies will answer "yes."

So I will ask the question again—

## ***How many vaccines can an infant handle before some invisible threshold has been crossed and the body becomes sick?***

This is not an easy question to answer but it should be asked! Sadly for all the children who are about to be maimed and killed by the vaccines they will soon receive, the answer to this question is only being pursued by a handful of independent scientists (researchers who are not being financed by the drug companies or the government). These scientists operate outside medical orthodoxy on "shoe-string" budgets. Mainstream science, the "science" of the drug companies and the government is not interested in the truth. They have no interest in knowing the real answer. Why ask a question when the answer can only hurt you?

Dr. Howard B. Umovitz possesses a degree in Microbiology and Immunology and is the Scientific Director of the Chronic Illness Research Foundation. He testified to the following in front of the Committee on Government Reform and Oversight.

The human body retains a genetic memory of the foreign substances to which it has been exposed, including viral and bacterial vaccines;

Each individual responds to foreign substances differently, based on his or her own unique genetic background;

There appears to be a limit on how much foreign material to which the human body can be exposed before some level of genetic damage occurs and a chronic disease initiates.

Each generation gets more vaccinations. Each generation has more immune related diseases. Where are all the new "auto-immune" diseases coming from? (Such as Crohn's disease, Guillian-Barre syndrome, asthma, encephalomyelitis, multiple sclerosis, myasthenia gravis, chronic neuropathy, stiff-man syndrome, retinopathy, primary biliary sclerosis, pernicious anemia, systemic lupus erythematosus, rheumatoid arthritis, etc. etc.) And regardless of the self-serving pronouncements by the American Cancer Society and the National Cancer Institute, cancer rates continue to climb.

By giving each generation more and more vaccinations are we not creating populations of genetically damaged mutants?

There are a lot of unknowns in respect to childhood vaccination. But as parents, nobody ever waved them in front of us. Nobody ever said that there's over 50 years of evidence that vaccines can cause brain damage. Nobody ever said that we don't know if vaccines cause cancer because we never tested it. Nobody told us that if Alexander was immune deficient he shouldn't get the vaccines. Nobody ever told us that Alexander's symptoms (before he was diagnosed with cancer) of vomiting, "spasms" and eczema were signs that this child could not endure the vaccinations. Nobody ever told us that monkey viruses that have been found in vaccines are known to cause brain cancer.

What would happen if parents were provided with full disclosure or "informed consent" as is legally required with any medical procedure? Some parents might say "no thanks" to the vaccines. But then this could take a bite from the billions of dollars earned by the vaccine manufacturers.

Between the greed of the drug companies and the impotence of our government, parents and children have been forced into making a dangerous trade. Assuming for a moment that vaccines actually work (after careful research we believe they do not work but that would take another letter), assuming they do, we have traded mumps for autism, polio for AIDS and whooping cough for cancer. We are not suggesting that there exists a one to one relationship, but we are suggesting that our government has traded one group of diseases (relatively benign childhood diseases) for another group of diseases (complex, permanent, disabling and deadly). That trade continues to be made without our permission and without good science. For example, for years, pediatricians and pediatric neurologists were finding that the pertussis vaccine

*Vaccines & Cancer continued on page 16*

can cause neurological side effects - some temporary, others permanent. However as late as the 1980's some physicians were fighting fifty years of clinical observations. They claimed that there was no link between the pertussis vaccine and permanent and disabling brain damage. As it turns out these doctors were employees of the drug companies that manufactured the vaccines.

According to the book *A Shot in the Dark: Why the P in DPT vaccination may be hazardous to your child's health*, by H.L. Coulter and B.L. Fisher, one of these doctors, James D. Cherry received money (nearly a half a million dollars) from Lederle. Lederle manufactures vaccines including various brands of DTP, Hib, influenza, and poliovirus. It also manufactures chemotherapy, and countless other drugs. Lederle is a division of American Cyanamid the manufacturer of pesticides, herbicides, fungicides and all the other "wonderful chemicals" poisoning the earth, our food, water and air, the animals, the plants and our bodies.

Writing in the *Journal of the American Medical Association (JAMA)* in March 1990, Cherry stated that it was a "myth" that pertussis caused encephalitis. Such a statement is an insult to 50 years of dead or disabled children and 50 years of grieving parents. But if you investigate who Cherry is, his position makes sense. He is a recipient of funds from one of the largest manufacturer of vaccines. What's the money for? Is it just a coincidence that he has also testified in over 125 lawsuits on behalf of vaccine manufacturers who were being sued by parents of vaccine damaged children. But here's the problem—as a doctor he is considered "independent" and "credible." His research, analysis and conclusions are considered "objective." He is a peer reviewer for *JAMA* which means that he has influence as to what gets published and what doesn't get published—what gets communicated and what doesn't get communicated to children's doctors. His articles in *JAMA* and other

prominent medical journals are read by thousands of doctors. When Dr. Cherry says encephalopathy from vaccines is a "myth" those words are believed. Children are vaccinated.

After Alexander received his DTP vaccinations he had convulsions. We called his pediatrician and the doctor told us that it was nothing to worry about because "sometimes little children get excited." The pediatrician didn't consider encephalopathy. Our pediatrician was probably aware that there was a controversy regarding the pertussis vaccine but that no scientific consensus had been reached. But the controversy is artificial. On one hand there was 50 years of maimed and dead children and pediatricians and pediatric neurologists who knew encephalopathy when they saw it. On the other hand you had prominent doctors like Cherry. The two sides seemed to have an equally objective point of view. Doctors on either side of an important question, rationally debating a medical issue where lives are at stake. But this "controversy" is a fiction.

On one hand you have experience, observation and clinical skills. On the other hand you have a drug company protecting its immense profits. People like Cherry are not doctors if you define doctors as truly objective and rational professionals who are seeking truth. People like Cherry are MD's for hire. Their positions and arguments are a direct result of who is paying them. Sadly, there are many many Ph.D's and MD's like Cherry. People need to be paid and some people want to be paid more than others. As mentioned above, today there are two major employers of science—the drug companies and the U.S. Government. Since he who pays the piper calls the tune, the prevalent point of view throughout the medical literature is the position of the drug companies and the government. In respect to vaccines, where one of these entities stops and the other starts is hard to discern. The government mandates the vaccines and corporations like Lederle produces

them. Where is the incentive for either of these two parties to admit that vaccination can harm? To admit this would subject the government to severe criticism and cause the drug companies to loose millions of dollars.

Another corruption of the scientific process is that "scientists" like Cherry can help determine the frequency of adverse events that are reported. How often does autism, SIDS, encephalitis, permanent neurological damage and cancer result from vaccination? The vaccine manufacturers through their payrolled scientists decide. Is an infant's sudden death that takes place twelve days after vaccination counted as vaccine related or does it have to take place within seven days or three days or 24 hours? Who chooses the number? If you scrutinize the data on the frequency of adverse reactions you will find that the very corporations manufacturing the vaccine financed most of those studies. In other words, the vaccine makers have chosen the number for their own ends. They have chosen a number that will ensure that most vaccine related deaths and injuries will not be counted as such. Your child died seven days after the vaccinations? Sorry, she had to die within 24 hours for it to be linked to the vaccines. Therefore, cause of death is unknown.

The most powerful doctors in America are those affiliated with drug companies. The influence of the drug companies is so complete and profound that the agenda of the drug manufacturers has become the agenda of mainstream medicine and the U.S. government.

Our son, Alexander was our life. At two years old Alexander was bilingual in English and French. He was full of joy and laughter. He loved life. He loved looking at the little ants in the earth. He would say, "Look Daddy they go vite, vite, vite" (fast, fast, fast). He loved going to the beach, in particular the tide pools looking for "gaga crabs" and "little tiny animals." When I asked my son, "Alexander you want to go rollerblading?"

*Vaccines & Cancer continued on page 17*



He used to give me a big smile and say: "Yeah, rollerblading with Mommy" and run to the closet to get the rollerblades. We used to go fast on the bike path along the beach. Alexander was in his special purple stroller holding his apple juice bottle and Mommy would push. But Mommy will never push the stroller again with her beautiful son who loved life.

I'm only left with his handsome pictures, his special smell in his little clothes, his bag of special cars, memories of laughter and pain, a little brown sandwich bag with his curly brown locks, his smiling face on the videos and his beautiful innocent little voice which always said: "Mommy, I'm happy, happy, happy."

Alexander used to say: "Mommy, Daddy and Alexander, the Team!" Yes, my love we will always be the team, but a family we are no more.

Yours Sincerely,

**Raphaela Moreau-Horwin**

(Alexander's Mommy) and

**Michael Horwin** (Alexander's Daddy)

MHBiomed@aol.com

Within 15 months my son received 16 vaccinations. But how many viruses? This was the same time his brain cancer began to grow. Vaccinations Alexander received from age 2 months to 17 months:

- DTP: 8/12/96, 10/10/96, 12/14/96, 11/7/97
- IPV: 8/12/96, 10/10/96
- OPV: 11/7/97
- MMR: 7/7/97
- HbPV: 8/12/96, 10/10/96, 12/14/96, 7/7/97
- Tuberculin (Only checking for the antigen): 7/7/97
- HEP B: 12/14/96, 1/2/97, 3/7/97
- VARIVAX: 7/7/97 (chickenpox)

**Editor's Note: With heartfelt thanks to the Horwins for their willingness to have their tragic story reprinted in the VRAN newsletter. We appreciate all of the research they have done to shed light on the link between vaccines and childhood cancers. We applaud their courage for stepping forward and speaking their truth.**

## FLUORIDES AND THE IMPACT ON HUMAN HEALTH

By **Andreas Schuld**

In the next few issues of the VRAN Newsletter I will offer information on fluorides and fluoridation (the "other" public medication program), and attempt to show how fluorides and vaccines are closely related. I will explain how fluorides set the stage for various adverse vaccine events to happen, a thesis which can now easily be supported by hundreds of references in recent scientific literature. In this issue I'll focus on some overall background information.

### CHEMISTRY:

Fluorine and iodine belong to a group of elements called halogens, which also include chlorine and bromine. The name halogen means "salt-producer", because they combine readily with metals to form salts. Halogens are extremely reactive elements. Hence, one does not find them in the earth in a "free" state. They are always combined with other elements. Fluorine is the most reactive element in the group while iodine is the least reactive. Fluoride reacts most rapidly and iodine least rapidly. (Heyworth 1987) The fluoride ion is the most reactive electro-negatively charged ion while metal ions (such as aluminum, lead, beryllium or mercury) are positively charged.

Once in the body, the fluoride ion by itself only exists instantaneously in a transitional phase during a chemical reaction. In the Toxicological Profile for Fluorides, 1993, page 90, it states: "The fluoride ion carried in human blood serum exists in two forms, namely as an inorganic ion (F-) and in combination with an organic molecule. The toxicological significance of the latter form is unknown. A portion of circulating fluoride acts as an enzyme inhibitor because it forms metal-fluoride-phosphate complexes that interfere with the activity of those enzymes requiring a metal ion cofactor. In addition, fluoride may interact directly

with the enzyme or the substrate. It is a general inhibitor of the energy production system of the cell..."

### FLUORIDATION:

In the 1940s the level of fluoride was set at 1 part-per-million (ppm) = 1 mg/l, when TOTAL intake was considered to be only about 1 mg/day in areas with fluoridated water. It was thought that the fluoridation of water supplies at 1 ppm (1 mg/l) would duplicate this intake, assuming that people would drink 4 glasses of water a day. (4 x 0.25 ml = 1 l) This effort was based on highly shoddy science, and up to now not even one double-blind study exists anywhere that can actually document effective caries reduction. On the other hand, over 150 adverse health effects of fluoride can be documented in the medical and scientific literature (Schuld, 1999), even in double-blind studies. (Grimbergen, 1974).

### FLUORIDE ACCUMULATES:

Fluorides accumulate in the system. For this reason a Maximum Contaminant Level (MCL) for fluoride content in water needs to be set in the US by the Environment Protection Agency (EPA)—by law under the US Surgeon General. This is to be done specifically to avoid a condition known as Crippling Skeletal Fluorosis (CSF). The MCL is set so as to only avoid the third and crippling stage of this disease. It is set at 4ppm => 4mg/liter, assuming that people will retain half of this amount (2mg), and therefore be at a "safe" level. There exists no documented "safe" level. The EPA scientists, whose job and legal duty it is to set the MCL, have declared that this level of 4ppm was set fraudulently by outside forces. (Carton and Hirzy, 1998)

### INTAKE:

A most important facet to understand

*Fluorides continued on page 18*

in the fluoride issue is that TOTAL intake from all sources is the amount to be considered determining the clinical course of skeletal fluorosis; the severity of symptoms correlates directly with the level and duration of exposure. (US PHS, 1991) TOTAL intake includes fluorides in dental products, fluoridated water, food and beverages, as well as the environment. Fluorides can also get absorbed through the skin, as well as through the airways, etc. Most people think about fluorides only as in toothpaste and in fluoridated water. However, there is now so much fluoride found in food, that a cup of green tea can easily have 5mgs in one cup. This intake would be the same as drinking 5 liters of water in a fluoridated area and clearly exceeds the MCL set for water (4mg/l). Grape juice, chicken, fish, gelatin, are other high sources of fluoride (Schuld, 1999).

## THE FLUORIDE LEVEL IN INFANTS

According to the US PHS in 1991 some 6-month-old infants were receiving a fluoride intake which equals the dose known to cause crippling skeletal fluorosis in ADULTS if maintained. Because fluorides accumulate, this is likely even higher now, in 1999, and destined to increase in the future.

## FLUORIDE AND ALUMINUM:

As mentioned before, the fluoride ion has the most reactive negative electrical charge while metal ions have a positive electrical charge, and they readily combine to form metal-fluoride-complexes.

Fluoride and traces of aluminum form a complex, fluoroaluminate, which has been used extensively during the last 10 to 20 years in laboratory investigations as the tool for stimulation of various guanine nucleotide binding proteins—G proteins (Bigay et al., 1987, Struneck and Patocka, 1999).

Such a complex can form in food, drinking water and in the organism. (Goldstein, 1964; Martin, 1988; Susa 1999). Knowledge about the role of G proteins in signal transduction has vastly

expanded, as over one hundred G protein-coupled receptors have been documented in literature (Gilman, 1987).

Aluminumfluoride or other fluorometallic complexes can also form in the organism, when a vaccine containing alum or other metals is administered. The aluminum will form a compound with the free fluoride ions in the plasma which will attract the alum ions like water attracting a thirsty horse.

Alumino fluoride complexes may act as the initial signal stimulating impairment of homeostasis, degeneration and death of the cells. By influencing energy metabolism these complexes can accelerate the aging and impair the functions of the nervous system. (Struneck and Patocka, 1999)

Strunecka and Patocka further write that "experimental data clearly indicate that alumino fluoride complexes may mimic or potentiate the action of numerous extracellular signals and significantly affect many cellular responses. The principle of amplification of the initial signal during its conversion into the functional response has been a widely accepted tenet in cell physiology. Alumino fluoride complexes may therefore act with powerful pharmacological efficacy." (Struneck and Patocka, 1999)

Fluoroaluminate crosses the cell membrane and directly binds to the membrane-associated inactive Ga protein subunits. Within the Ga subunit, fluoroaluminate occupies the position next to GDP. The resulting Ga-GDP-AIF<sub>4</sub> complex assumes an active state conformation, which resembles that of Ga-GTP complex. Both fluoroaluminate-activated and receptor-activated Ga subunits are capable of transmitting intracellular signals that lead to cellular responses. (Susa, 1999)

## VACCINES AND ADJUVANTS

Many vaccines such as the HepB vaccines, MMR etc, contain aluminum as an adjuvant, which, in medical literature, is the term used for any substance added to a vaccine to improve the immune response so that less vaccine is needed to produce a nonspecific stimulator of

the immune response.

The aluminum gets administered by injection directly into the blood stream, sidestepping the body's natural defense mechanisms. The body is prepared to protect itself against poisons taken by mouth. For example, the liver begins to produce enzymes that try to break down fat-soluble chemicals. However, if a poison enters through a vaccine the body does not offer the same kind of defenses. They can effect bodily functions without having first faced the challenges of a defensive system. Furthermore, the body's ability to put up defenses may be compromised by taking certain medications (e.g., antibiotics), or by receiving "pulses" of toxins rather than a steady dose.

## THE PULSE DOSE

A group of biologists and medical researchers at the University of Wisconsin in Madison, led by Warren P. Porter recently completed a 5-year experiment putting mixtures of low levels of pesticide chemicals into the drinking water of male mice and carefully measuring the results. They reported that combinations of these chemicals—at levels similar to those found in the groundwater of agricultural areas of the U.S.—have measurable detrimental effects on the nervous, immune and endocrine (hormone) systems. (Porter et al, 1999) Furthermore, they say their research has direct implications for humans.

Porter uses the term "Pulse Dose" (Hamm, 1999) in reference to pesticide use and environmental health. Receiving "pulses" of poisons would be normal in the case of agricultural poisons which are sprayed onto crops only at certain times of the year. During application people living near sprayed fields might get a sudden dose of poison via their lungs, their skin and their drinking water.

## VACCINES AS PULSE DOSES

It is obvious that the concept of a "Pulse Dose" concept also applies to vaccine administration. "Optimally" immunized children will have received 22

*Fluorides continued on page 19*

of such "Pulse Doses" by the time they enter school.

Aluminum or other metals found in vaccines will form compounds with the fluoride in the organism, as discussed above. At the incredible high fluoride intake level of infants, especially in fluoridated areas, this is a very urgent matter to consider, because the effects of such compounds are described in literally hundreds of studies. Infant formulas are notoriously high in fluoride content, as are most of the foods and beverages infants consume. (Schuld 1999) It is to be noted, that even at high fluoride intake, a mother will pass on only negligible amounts of fluoride to the infant through breast milk, as if nature meant to protect the infant. However, fluorides do transfer freely through the placenta, so that fluoride's adverse health effects, especially on brain and kidney function, can permanently damage the health of a child while still in the womb. (Mullenix, 1995, 1998)

In pharmacology, the same term "adjuvant" is used to describe a substance that, when added to a medicine, speeds or improves its action. This is the reason why many medications and pesticides are fluorinated. The fluoride acts as a "ferry" delivering the "medicine" to the target cells.

Many psychoactive drugs are fluorinated. Two of the most noted are Rohypnol and Prozac. Rohypnol is fluorinated Valium, which is about 20-30 times more potent than Valium alone. Essentially, these drugs effect enzyme functions in certain areas of the brain to achieve the desired effect. (Glasser, 1995)

## THE "COCKTAIL"

The synergistic action of compounds (the "cocktail") must be considered for health effect considerations. The vast knowledge gathered in the fields of endocrinology and biochemistry regarding fluoride-aluminum compounds should serve as an urgent wake-up call that this issue must be given priority assessment anywhere and everywhere.

In an interview for the Santa Barbara Independent (Hamm 1999) Porter explains: "When we looked at single chemicals, which is the standard toxicology testing protocol, almost never did we see any effects. As soon as we started looking at mixtures... we began to see affects that we wouldn't see just with nitrate, or just with the herbicides, or just with the insecticide... And the cocktail is much more than even just the active ingredients. The so-called inert ingredients are in fact equally biologically active."

"To get a [chemical] into a cell you've got to have part of the [chemical] that's fat soluble so it can pass through the cell membrane. And part of it has to have a strong electrical charge because you need to attract the chemical to the part of the cell where you want to do the damage. The trouble is, the ways cells communicate, both within themselves and between each other, is by means of highly charged molecules, ions really. These things are being pumped across the membranes and moved around in cells. So when you take a chemical that you've designed that has a strong electrical charge and you put it in the middle of this tremendous stream of communication—I mean, a high school chemistry student could tell you there are going to be effects. There's just no way these things are not going to be biologically active. It's very important for people to understand that. This is a very real concern."

[Sidenote: Of the 77,000 pesticides registered for use, none of them have been tested for neurological, endocrine, and immune effects. (Hamm, 1999)]

Dr. Porter (1999) and his colleagues point out that the nervous system, the immune system, and the endocrine (hormone) system are all closely related and in constant communication with each other. If any one of the three systems is damaged or degraded the other two may be adversely affected.

Particular emphasis in the articles presented in the future issues of VRAN will be given to adverse effects of vaccines as they relate to the thyroid gland. The thy-

roid gland is probably the most overlooked organ in the body. When it's not functioning properly, this gland can produce an astonishing number of health problems. Fluoride is an effective anti-thyroid drug whose effects get greatly potentiated when aluminum is added. Are alumimofluoride complexes also responsible for virus action? Viruses implicated in thyroid pathology include Adenovirus, Cocksackievirus, Influenzae, SV-40, Epstein-Barr virus, mumps, echovirus and enteroviruses. They represent both RNA and DNA viruses. In animal studies viruses of the retrovirus and parvovirus classes have been recently implicated as the cause of autoimmune endocrine disorders, especially of the thyroid gland (Thyroiditis), adrenal gland (Addison's disease), and pancreas (Diabetes).

We will look at particular vaccine related reactions as found in the VAERS data (Vaccine Adverse Reaction Reporting System) and compare them to research involving fluorometallic complexes and thyroid disease. The conclusions will be obvious to anyone and hopefully, effective change can thus be triggered, ultimately resulting in more responsible public health policies.

We will explore the concept of the "Pulse Dose" and show why some adverse vaccine events only happen after multiple vaccine administrations.

**Editor's note: For a list of all the references drawn on by the author, please refer to the fluoride virtual library at:**

**"<http://www.bruha.com/fluoride>" where you will find "Over 150 common symptoms and associations: Fluoride poisoning and hypothyroidism" compiled by Parents of Fluoride Poisoned Children (PFPC), Vancouver, BC, Canada (1999).** ✓

Dr, Urovitz cont. from page 7  
ceutical intervention?

4. How can we repair or minimize the effects of genetic damage? Today, we are beginning to understand the indirect mechanisms that link toxic exposures and chronic disorders. Unfortunately, efforts by scientists to explore fully the possible negative effects of vaccines mandated by public policy has been met with stiff resistance by public health agencies.

Let me give you two examples of vaccine programs that are underway that lack a solid scientific foundation. First, several of my colleagues and I currently have a peer-reviewed paper in a major medical journal due out in September that contains the medical profile of a woman who died from a mysterious case of AIDS. Over several years, her laboratory tests showed a consistent pattern of negative or indeterminate HIV-1 blood antibody tests.

However, when an alternative fluid test was used, she was HIV-1 antibody positive in her urine. The virus was eventually isolated from this woman and sequenced. This HIV-1 variant came to be known as HIV-1 Group O.

Analyses of the viral genetic material suggest that the virus originated, in part, from genetic reshuffling of human chromosomal material. HIV-1 could have serious consequences with respect to the initiation of autoimmune diseases. To put it simply, are we embarking on a course that will vaccinate people against their own genes?

The second example concerns the intensive effort to create a vaccine for the hepatitis C virus. If you read the literature very carefully, you will find that, while there is a strong marker for the disease, there is no hard scientific evidence to support the existence of a hepatitis C virus. Clearly, a non-A, non-B hepatitis disease exists, but the science behind an associated virus is weak at best. As a scientist I am compelled to ask, how can we vaccinate people against a disease-causing

agent that has not been fully characterized?

Protecting the public against vaccine related chronic diseases is and will be a difficult task. Not only must researchers meet the scientific challenges, but increasingly they also must battle the politics of science. Research is showing that our understanding of chronic diseases, as illustrated by my two examples, often is seriously inadequate. Because the issue of vaccine safety involves both policy and science, the public needs to be better represented in the decisions made by public health agencies. In this realm, where science and politics collide, Congress should take a more active role in representing the public interest during the formulation of public health policies.

On the issue of informed consent: Had my mother and father known that the poliovirus vaccines of the 1950s were heavily contaminated with more than 26 monkey viruses, including the cancer virus SV40, I can say with certainty that they would not have allowed their children and themselves to take those vaccines. Both of my parents might not have developed cancers suspected of being vaccine-related, and might even be alive today. Government, industry, and medicine should embrace the ethical principle of informed consent about possible adverse reactions associated with vaccines.

I appreciate the opportunity to discuss with you my research findings that span a quarter of a century. I will continue to work with my colleagues to unravel the links between toxic exposures and chronic illnesses. While others seek to map the human genome, our goal is to study the detours the human body's genes must take to survive in an increasingly toxic environment. I ask that the full text of my statement be submitted for inclusion in the record of this hearing.

Thank you.

## Letter from Gloria Dignazio

**Editor's note: The following letter to the editor of the Winnipeg Free Press was submitted by Gloria Dignazio, a VRAN member, in response to an article it published by Leanne Yohemas-Hayes and issued by Canadian Press on August 22, 1999. Both the Canadian Press article and response were posted on the internet by Vaccine Information & Awareness at: <http://www.access1.net/via>**

Re: Vaccination

Dear Sir:

August 23, 1999

As a parent of a vaccine injured child, I was quite appalled at some of the statements made by Dr. Noni MacDonald in the article entitled Vaccination Foes "Scaremongers". Dr. MacDonald clearly has been brainwashed through her medical training and indeed should read other literature besides the information provided to her by the powerful and very profitable pharmaceutical companies.

Dr. Jane Orient, a practicing internist from Tucson, Arizona recently made a presentation to the U.S. House of Representatives to the Sub-committee on Criminal Justice, Drug Policy and Human Resources wherein she stated:

"It is apparent that critical medical decisions for an entire generation of American children are being made by small committees whose members have incestuous ties with agencies that stand to gain power, or manufacturers that stand to gain enormous profits, from the policy that is made."

This makes one wonder how well Dr. MacDonald is being paid to promote vaccine safety to unsuspecting and uninformed parents.

I do agree with Dr. MacDonald in that "every time the opportunity comes up that you can shove immunization into the conversation, you will do so." I surely do. I tell anyone I can, especially parents,

*Letter continued on page 21*

*Letter cont. from page 20*

how a vaccine caused brain injury to my child, I tell them at a cocktail party, or whether I'm at a church or out in my backyard sipping lemonade with my next-door neighbors. I fit it in when I can however, being the mother of a "special needs" child doesn't leave much room for talking or socializing, but I do make it a priority and have devoted my life to helping parents make an informed decision about vaccination.

I tell them how vaccines did not protect my child, how they actually damaged her immune system. I tell them how our once normal, healthy daughter became autistic after her 18 month vaccination for DPT (Diphtheria, Pertussis/Whooping Cough and Tetanus). I tell them how the medical community here called it PDD (Pervasive Developmental Disorder), which is borderline autism. I tell them how it devastated our family, our lives and our finances. I tell them about the Pediatric Immunologist at the Mayo Clinic in Rochester, MN who diagnosed my daughter with "post-vaccinal encephalitis and demyelination. Encephalitis is brain swelling and demyelination is the loss or destruction of the myelin sheath which covers and protects the nerves much like the insulation on an electric wire. Without myelin, nerve impulses are short-circuited and the nervous system remains undeveloped and immature. Another very well respected pediatric neurologist in the United States told us the same thing and we have the documentation to back this up. Of course, we had to take our daughter outside of Canada, at great expense in order to find out the truth that the vaccine actually caused her to become autistic.

I wonder if Dr. MacDonald can address the growing epidemic of autism that is occurring worldwide. In the past two weeks, USA Today has had front page coverage regarding vaccine-induced autism and indeed even "ABC World News Tonight" with Peter Jennings even had a segment on this on August 3, 1999.

Responding to the epidemic of autism

in California and parents, professionals and educators, the California Legislature and two Governors of different political parties responded within the past 12 months and released a report. In the report which was released earlier this year and covered the period from 1987-1998, the report shows a very conservative 237% increase in the number of new children with autism entering the development services system. This translates into 1 in every 312 children in California entering the school system is being diagnosed with autism. This lead the Los Angeles Times to declare that the state has an epidemic of autistic children. According to the latest report from the California Department of Development Services, during the six month period from January 6 to July 7, 1999, the Department has added another 1,027 new children, which means that on average six new autistic children a day, seven days a week... or one new child every four hours!

Recently, right here in Winnipeg, a group of parents representing The Association for Vaccine Damaged Children and The Eagle Foundation spoke to a roomful of 30 parents who felt that their children became autistic following either the MMR (Measles/Mumps/Rubella) or DPT vaccinations given at the ages of between 12-18 months. I have also had several mothers contact me over the last four years who feel the same way and there is definitely an increase in autism/PDD occurring right here in Winnipeg.

Is it merely a coincidence that all of these once normal children suddenly become autistic following these vaccinations?

I would also like to mention that when Dr. MacDonald quotes her statistic regarding the "recent measles epidemic", she conveniently forgot to mention that these children were all fully vaccinated!

With respect to the Editorial entitled "Parents deserve a reason for shots", I would like to address the Editor's statement that "the benefits of the polio shot far outweigh the risks of the disease and

the vaccine" with the following documented statement:

According to Dr. Viera Scheibner, Ph.D, "vaccinations did not eradicate polio, the vaccinators simply changed the name and came up with a new definition for poliomyelitis. Example: The old, classical definition of polio: a disease with residual paralysis which resolves within 60 days has been changed into a disease with the residual paralysis which persists for more than 60 days, thus "eradicating" some 99% of polio cases. Ever since this, when a polio-vaccinated person gets polio, that person will not be diagnosed with polio, that person will be diagnosed with viral or aseptic meningitis. According to one of the 1997 issues of the MMWR (Morbidity Mortality Weekly Reports), there are some 30,000-50,000 cases of viral meningitis per year in the U.S. alone! This is where all of the 30,000 - 50,000 cases of polio disappeared after the introduction of mass vaccination."

As well, in 1985, the CDC reported that 87% of the cases of polio in the U.S between 1973 and 1983 were caused by the vaccine, and later declared that ALL but a few imported cases since were caused by the vaccine (and most of the imported cases by the way occurred in full immunized individuals. Dr. Jonas Salk, inventor of the IPV (killed virus vaccine), testified in 1976 before a Senate subcommittee that nearly all polio outbreaks since 1961 in the U.S. were caused by the oral polio vaccine!

Now onto the whooping cough vaccine (Pertussis) which has been documented to have caused the brain damage to the left side of my daughter's brain. It has been reported by Professor Gordon Stewart who was the Professor of Public Health at the University of Glasgow, who stressed not only the dangers inherent in the pertussis vaccine, but also its inadequacy in offering protection.

Dr. Stewart, a well respected epidemiologist who still resides in the U.K. and who spoke here in Winnipeg in

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November, 1995 has stated "that in 1974, vaccination levels were often above 90%. Even at this high rate of vaccination compliance, an epidemic of whooping cough occurred in 1974/75 and it soon became apparent that protection was incomplete and at best temporary, in that in all reports published at that time, a considerable proportion (30-50%) of cases, occurred, in fully vaccinated children."

Also, whomever in the medical community that provided you with the particulars respecting the 100,000 people in Britain in 1978 who contracted whooping cough of which 100 died, failed to mention "that when that major outbreak did occur in 1977/78 and into 1979, it was noted that despite an increase in the numbers contracting whooping cough, the mortality rate was the LOWEST ever and a very high proportion of those infected had been immunized."

Finally, I would like to end with a quote from Dr. Wolfgang Ehrengut, a West German MD and immunologist that might help to explain the likes of Dr. MacDonald, and several pediatricians right here in Winnipeg who despite the overwhelming documented proof of vaccines causing brain damage and death; still claim that "the benefits outweigh the risks" and "it has never happened in my practice":

***"It must not be true that this vaccine (Pertussis), that is supposed to save lives, has been killing and brain injuring children in unacceptable numbers for forty years, because whatever will we do if it is true? How will physicians who have been routinely administering a neuro-toxic vaccine to millions of babies ever live with that knowledge?"***

I believe we are coming into an age of truth with the coming millennium and hope that when doctors such as Dr. MacDonald really review ALL refereed medical journals documenting vaccine damage and death that they will remember that the first line of the Hippocratic oath is Primum non nocere: First, do no harm."

Respectfully submitted,  
Gloria Dignazio  
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R3R 2K4  
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P.S.: Sara's story can be detailed more thoroughly by accessing The Eagle Foundation website at: [www.eaglefoundation.com](http://www.eaglefoundation.com)

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**Ottawa—By Leanne Yohemas-Hayes,  
Canadian Press August 22,1999**

The benefits of vaccination need a boost and not only in the doctor's office, says Canada's first female dean of medicine. "Every time the opportunity comes up that you can shove immunization into the conversation, you will do so," Dr. Noni MacDonald, head of the medical school at Dalhousie University in Halifax, advised her colleagues in a speech yesterday to the federation of Medical Women. "Whether that's at a cocktail party, whether that's at a church or synagogue, whether that's when you're out at your backyard sipping lemonade with your next-door neighbors." MacDonald said her neck hairs bristle when people question the value of vaccines.

"Too many of the people who are scaremongers out there focus on the risks of the vaccine and they never tell people about the risks of the disease." Canadians, says Mac Donald, have become far too complacent. Not only does diligent vaccination save lives, she said, it helps society by decreasing chronic absenteeism, reducing hospitalization and saving precious health care dollars. For example, vaccines are being developed to combat chlamydia pneumonia, an organism that can cause heart disease. "If we put more money into developing this vaccine, we should be able to save thousands and thousands and thousands of dollars," she said.

Just because a disease isn't as prevalent as it once was is no excuse to quit immunizing children, said MacDonald. Take for example the recent measles epi-

demic. More than 2,500 cases were reported in 1995. "It was worse in Canada than anywhere in the Americas," said Mac Donald. "we were worse than Haiti." Canada was using a one-dose variety of measles vaccine and two doses are needed. The single-dose vaccine makes nine out of 10 people immune "and we need almost 9.8 out of 10 people to prevent epidemics from happening."

All provinces now administer the two-dose vaccine and the disease is on the verge of extinction. Tetanus is a condition that threatens unprotected children. The disease, which can eventually cause heart problems, comes from organisms in dirt that has a 20 to 30 percent mortality rate. "If everybody else around that child is immunized for tetanus that child is not protected at all, said Mac Donald. "You have to have your own immunity for tetanus or you have nothing." ✓

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## MORE PARENTS RAISE THEIR VOICES TO CHALLENGE THE MEDICAL PARTY LINE

**Editor's Note: Dr. Megerian's pro-vaccination letter and responses from parents were recently posted on the Internet at the Vaccination Information & Awareness site:**  
<http://www.access1.net/via>

DEAR DR. MEGERIAN:  
AUGUST 8, 1999

I fully realize that any information I attempt to give you will not change your mind. You are clearly pro-vaccine and do not wish to acknowledge that there is another legitimate side to this issue. However, I can't help but reply to your letter.

My daughter is now dead because of vaccinations. I guess that means they worked, she can't spread disease. I fully vaccinated her because I believed it was right and I also had the same attitude as

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*More Parents cont. from page 22*

you. I thought I was a holier-than-thou do-gooder and that those who did not vaccinate were lazy, drunk, drug using uneducated losers. After her death, I realized for the first time that doctors do NOT know everything. I took matters into my own hands and researched the issue fully and continue to do so today. My son IS NOT AND WILL NOT BE VACCINATED FOR ANYTHING EVER. He is AT NO RISK OF HEPATITIS B. My son is not a drug user, a healthcare worker, or having sex. He is also not an Eskimo. I am not HBV positive. Explain to me then, how in the HELL is my son going to get hepatitis B and why have I never met even ONE person that has hepatitis B? And he is healthier than any vaccinated child I know. He is almost 3 and has never once had an ear infection, respiratory infection, or serious illness. He has never needed antibiotics, or an "MD" for anything. His immune system works, mine does not and I was fully vaccinated much to my dismay.

If you can turn your head to the over 25,000 reported reactions to the hepatitis B vaccine than you have my sympathy. The facts speak for themselves. Hepatitis B vaccine carries far greater risk than that of actually contracting the disease and having serious complications in children. At least if you do contract hep B you have a chance of getting over it. Ask those with vaccine damaged children what kind of chance their children have. No, these children are not rare. This is occurring by the thousands. And thanks to groups like ours, more and more people will be educated about this issue in the future. Did you completely miss the Congressional hearing on hepatitis B? Or the recent Congressional hearing on vaccine safety in general? Whether you like it or not, we are winning the war. It is not about whether or not someone ends up vaccinating. It is about making informed choices. We live with these choices not YOU. You can vaccinate yourself and your children to death, but don't you tell other

people that they must follow you. This issue is being blown wide open by people within your own sacred profession no less. You might want to check out the testimony of Dr. Marcel Kinsbourne. Watch and learn. The tide is turning. We will be unsuspecting victims no more.

How on earth did we survive for millions of years WITHOUT VACCINES? Could it be that our immune systems actually worked on their own? We only started mass vaccination in the past century. Do you have any concept of time? Where did the plague and scarlet fever go? If anything does us in as a species, I promise you, it will be vaccines and antibiotics. They are overused. As a matter of fact, how in the world does anything survive in the wild? Do we vaccinate deer, skunks, elk, birds, insects, etc???????????? Think about how RIDICULOUS the notion is that humans will die out if we do not interfere with Almighty allopathic medicine. We ought to be the only species alive at this point by your calculations. Don't give medicine too much credit. Good health is a God given birthright and I will not allow ANYONE to take that away from my son. It's too late for my daughter and for myself.

Sincerely,

Dawn Winkler, Vice President, Concerned Parents for Vaccine Safety,  
(775)289-7928  
mailto:noshots4me@yahoo.com  
<http://home.sprynet.com/Gyrene/Home.htm>

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**Editor's Note: Response from Dr. Megerian:**

**MS. WINKLER,**

Thanks for responding to my letter. I am sorry for your loss. You have a very strong opinion about vaccination that I doubt will ever get you to look at the other side, as you've asked me to. I have looked at the other side. I have three children, one who is about to get his MMR in 3 months. I struggled personally with the issue about vaccination,

but I've come to realize that the chances that my child would get MMR, or HBV or DPT as a disease are much greater than the chance that he would get a reaction to his vaccine. If we look at the figures presented by Mr. Belkin, the reports of 20,000 adverse events from HBV alone over a period of 10 years, (a third of which were very severe or long term) really pale in comparison to the 300,000 - 500,000 actual cases of hepatitis that occur each year. That number is actually after HBV vaccination programs started.

As for the question of how your child or you would ever contract HBV... you have been sorely misinformed if you think that you must use IV drugs or have sexual intercourse with an infected person in order to contract this disease. Over 1/3 of contracted cases have NO identifiable risk factors. Food workers have been shown to be a potent source of hepatitis virus, and the virus is present in mucous membrane surfaces (ie, mouth, nose), so by virtue of visiting a restaurant, or kissing a friend, or helping someone with a bandaid, you or your children can catch this disease. When I think about these issues in my own life, all I need to do is remember the last case of a child with hepatitis, or the last case of a child with seizures due to hie flu meningitis, or the deformed, mentally retarded, seizing children with congenital rubella syndrome, now adults, that were unfortunate enough to be born before the advent of the Rubella vaccine...when I think of that, the question about whether to vaccinate my children is answered easily.

I have seen outbreaks at schools of pertussis, because of parents refusing to vaccinate. With those outbreaks, I've seen little infants come into my office, suffocating because they've contracted pertussis... all because a few individuals took it upon themselves to make an uninformed decision not to vaccinate. You state that we have no right to tell people whether they should or shouldn't vaccinate... I'll believe in personal choice

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as well...but only when that choice does not harm others. The choice to smoke is personal, as long as its done in private, away from children or others who do not want to smoke. The choice to drink alcohol, personal as well, as long as the drinker doesn't get in a car and endanger other. The choice to vaccinate... if your child is unvaccinated, but plays with other kids who are undervaccinated or for whom a vaccine did not work well, are you giving those parents and children choice? If your children go to any public places, they are putting others at risk.

There's a saying that I'm sure you've heard. Those who do not learn from the mistakes of history, are doomed to repeat them. Before you comment about how well humans did before the advent of vaccines and antibiotics, read some history about the causes of death, ages of death, infant mortality, occurring over the last 500years. Do you realize that the chances that any of your children or my children surviving into adulthood has probably quadrupled in that time? Why do you think that has happened? I do feel terrible when issues like this split me apart from the people I am trying to care for. But, like you, advocate for children. Your group advocates for your own children. I advocate for my children and for all children in society, regardless of what group their parents belong to. While I know for a fact that Doctors are wrong many times in their views and that the medical profession makes as many mistakes as any other profession, I also know that what separates us from those other professions is the fact that, for the overwhelming majority of us, we act only in the best interest of our patients, not ourselves.

Sincerely,

J. Thomas Megerian, MD, Ph.d.  
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Neuropharmacology and Behavioral  
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## DEAR J. THOMAS MEGERIAN, MD

I'm the parent of a 14 year old autistic son, Eric. He was born in January 1985 and received the MMR vaccine in April 1986. In 1995, Dr. Vijendra K. Singh found that Eric tested positive for myelin basic protein antibodies indicating an autoimmune problem. That same year, Dr. James Oleske, pediatric immunologist at UMDNJ, Newark and famous for discovering pediatric AIDS, found that Eric had the highest measles titer he had ever encountered along with T cell abnormalities. Subsequently he found 60 other autistic children to have the same indicators (with the parents indicating that they felt the MMR vaccine was connected). Some of these children had higher measles titers than Eric... also, Dr. Oleske found only one or two children that didn't have these indicators.

Eric received the intravenous gamma globulin over a year and a half (19 infusions). His titers came down but were still elevated....the myelin basic protein antibodies went from positive to negative and we saw cognitive and dexterity skills improve, though he has not regained speech because of the damage of the vaccine to his nervous/immune/neurological systems. He also has inflammation in the colon and a biopsy was sent to Dr. Andy Wakefield in London since his gastrointestinal system is screwed up. Eric never had the measles, mumps or rubella and these elevated titers didn't come from sitting on a toilet seat (that is what people used to say when they caught a social disease... caught it from sitting on a toilet seat).

Hundreds of parents have contacted me regarding their autistic children and the MMR vaccine. The CDC says adverse reactions to vaccines are RARE. I would like to know the science they have that proves it. There have been no independent long-term safety studies beyond four weeks on the MMR vaccine. In Brick, NJ the CDC said they couldn't find the cause of the autism cases (now up

to 70 out of a population of 6,000 children) but that the MMR vaccine was not plausible. When I questioned Jacqueline Bertrand, Ph.D. of the CDC at an autism conference on whether the CDC had done any immune blood panel tests on these children or planned on doing any blood panel tests, she said No. Where is the science of the CDC? When I asked her if any of the autistic children were not vaccinated, she said No... it was a highly vaccinated population. Where is the Science?... where is the investigative capabilities of the CDC? (as the woman used to say in the hamburger commercials... Where is the Beef?).

Why is the CDC afraid to investigate and do more immunology and gastrointestinal studies on autistic children instead of denying and stonewalling? The reason is that they are too closely tied to the pharmaceutical companies that make the vaccines... there is big money involved in this and captive clients... babies and young children. Also, the CDC is heavily involved in promoting vaccines. It would be like asking the tobacco companies to admit that smoking causes cancer.

The fact remains that the CDC is there to protect our children and they are doing a lousy job. Autism is on the increase and many parents including professionals in the medical field... RN's and MD's... feel strongly there is a connection. Instead of being a scientific, investigative body dedicated to science and medicine that will help people they are a government organization involved in spin control and obfuscation of the Truth.

I don't expect them to change but in time when the Truth becomes public knowledge they will have a lot to answer for. I just hope that it happens before the economic consequences of the sheer numbers overwhelm the medical and education systems of our country. Unfortunately, we are getting closer and closer to that catastrophe, day by day. I am dedicated to getting the answers while I'm still alive so that we can get

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treatments to help our son and other autistic children like him.

Right now I see the CDC and the rest of the vaccine lobby standing in the way. Since I'm not a young man any more my patience is wearing thin with these people and I will do what I have to to get that research. If it involves a class action law suit that will be very messy, then so be it, Raymond Gallup, President Autism Autoimmunity Project <http://www.gti.net/truegrit/>

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DEAR DR. J. THOMAS MEGERIAN,

My name is Krista Thompson and I am the mother of a child damaged by the DPT vaccine at 2 months of age and I am a litigation lawyer, non practising at the moment, with 6 years of legal research and writing background. I have read your recent letter to Ms. Winkler and feel that I have some information to share that you need to hear.

I do not propose to argue all of the points in your letter. I will highlight a few and start by sharing my daughter, Kaisha's story.

We adopted Kaisha at birth. She was pronounced healthy, but had minor tremors in her legs. At 10 days old our family doctor saw Kaisha for the first time and suggested we get a paediatric consult regarding the tremors and the prolonged crying spells (which the family doctor suspected were 'colic' type spells). She stated that we may need to see a neurologist, but would start with the paediatrician. The paediatrician suspected the birth mother may have used drugs (unconfirmed) or drugs used during labour could have been inducing the tremors and crying. He suggested we wait and see what happened. At 7 weeks the tremors and crying had virtually disappeared and the paediatrician recommended vaccination.

Unfortunately, we as parents did not do our own research or even read the package insert where we would have learned that a child with a possible devel-

oping neurological disorder, and a child under 10 pounds, as Kaisha was, should not receive this shot. We were told the only possible reaction would be fever and redness at the site. Immediately upon receiving the shot, Kaisha emitted a high pitched scream, a scream we had never heard before, that lasted 13 1/2 hours (the nurse tried to comfort her and never mentioned the words 'vaccine reaction' although 3 years later we finally were told that an adverse event report was filed with Health Canada) before Kaisha sunk into a deep 8 hour sleep. She had never slept more than 2 hours consecutively before this. Also, immediately upon receiving the shot, Kaisha's legs began shaking with much more violent tremors than she had ever exhibited.

The next months were nightmarish. The screaming episodes, beginning with the shot, lasted each day, in 2-4 hour intervals, a total of 16-18 hours per day. The third day after the vaccine, Kaisha exhibited diarrhea. This became chronic and was not fully resolved until 2 1/2 years later with the assistance of a naturopath.

Our many trips to the paediatrician and Children's Hospital following the vaccine were fruitless and frustrating... no one knew what was wrong and no one wanted to even discuss the possibility of vaccine damage. At 4 months of age, when the screaming was getting worse by the day, we were referred to a paediatric neurologist. After much testing and finding swelling on the brain, she suggested phenobarb (a sedative) be administered round the clock and that we may have to institutionalize our daughter in the future. We were told she may be deaf, may have cerebral palsy, may never walk, may need all kinds of rehabilitative and special education services, etc.

By this time I had researched the issue of vaccine reactions to the DPT shot and read the package insert to the neurologist. The neurologist claimed our daughter was predisposed to a neurological condition and would have deteriorated anyway. I countered that if that was

the case, the vaccine was contraindicated... you are admitting that she should never have received it. The neurologist looked away. We left the neurologist after 2 visits and never filled the prescriptions and never returned.

Thank God we did not give up on our daughter. We found a homeopath who had worked as an MD in France where he had encountered vaccine damaged children. He assured us he could help and help he did. After many months the screaming episodes gradually lessened and after spending 8 months in the sling on me, not rolling, sitting... she was able to scoot about and walked at 10 months. When I brought Kaisha to the neurologist, not for an appointment, but just to show her walking, the neurologist stated that she still may never 'learn' properly. Kaisha spoke 25 words at 12 months and spoke in sentences at 18 months.

We did not sue any of the doctors involved for many reasons. First, knowing the process and the necessity to have qualified expert witnesses willing to support us, the task seemed pointless. Second, we needed every ounce of energy we had to carry our usually screaming child through the day, through the night each and every day and night.

Now, to your letter. You state that you have seen outbreaks at school of pertussis and "all because a few individuals took it upon themselves to make an uninformed decision not to vaccinate", little infants contracted the disease. Are you not familiar with the documented occurrence of pertussis outbreaks in fully and almost (95%) fully vaccinated populations? Are you not familiar with the known failure rate of each and every vaccine type? It follows that if the particular vaccine is only 85% effective, the outbreak could be from one or more of the 15% of vaccinated children for whom the vaccine was not effective in establishing immunity. Apparently this was the case where a fully vaccinated population suffered an outbreak of the disease vac-

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nated against. Regarding the "uninformed decision not to vaccinate", I hardly call a parent who has read the vaccine package insert, recognized a contraindication in their child and either decided themselves not to vaccinate or received medical counsel to that effect, as uninformed (not to mention the extensive research many of us have conducted on this issue).

You also state that, "if your children go to any public places, they are putting others at risk". Your comment fails to consider the known failure rate of vaccines, without which there would be no danger from unvaccinated children, and, in and of itself, results in vaccinated children sometimes being a risk to other vaccinated and non vaccinated children. Am I to assume from this comment and others in the same paragraph that you advocate that all children, even those the vaccine manufacturers, CDC, LCDC (Canada) and Medical Associations identify as being more at risk for vaccine reactions (pre existing developing neurological disease, history of allergies, history of seizure disorders, etc.) should be vaccinated for the public good? I cannot put into words how unspeakably unethical that is.

You suggest that Ms. Winkler "read some history about the causes of death, ages of death, infant mortality, occurring over the last 500 years". I have. Clean water, sanitation, better nutrition, living conditions and the natural rise and fall of infectious diseases accounts for much of the improvement in child mortality figures that you elude to. The trends are clear and well documented. I could list some for you, but that is not the purpose of this letter. I am not seeking to argue but to offer another perspective and encourage you, in a position of power and influence over your patients, to take another look.

Finally, you allege that, "your group advocates for your own children. I advocate for my children and for all children in society." Yes, I personally advocate for my child as no one else will. Had I not,

she would be in an institution, drugged, today. But the group I hold membership in, Vaccine Risk Awareness Network (Canada) advocates for all children that they and their parents have full disclosure and give informed consent regarding the administration of all pharmaceuticals (including vaccines); in particular, that they be advised of known risk groups among children and the fact that not all children at risk of a vaccine reaction can be identified at this time.

I trust that these points will speak to you of the necessity to consider individual children when you as a doctor seek to advocate for "all children in society", and of the importance of recognizing that vaccines are drugs, that vaccine administration is a medical procedure and that anything short of informed consent is battery.

Sincerely,  
Krista Thompson, Alberta, Canada

## VACCINE SCENE 1999: OVERVIEW AND UPDATE

By Harold Buttram, MD

As an introductory comment, virtually all of the world's religions, in their origins, have taught the importance of maintaining cleanliness and purity of the human body. Although it is an accepted practice to maintain a separation between matters of science and religion, in issues surrounding childhood immunizations there is sufficient overlap to justify mention of the religious aspect.

The most basic long-term concern with current childhood vaccines, one as yet largely theoretical, is that the introduction of foreign genetic material, especially in the forms of live-virus vaccines, into the system of the child may bring about genetic changes. These in turn may bring about disease-creating situations due to the presence of alien, incompatible genetic elements in the child. Research in this area being in its infancy, we have a long way to go before such a theory can be proven scientifically, but the concept does have roots in folklore from the earliest dawn of human history as well as in religious faiths.

It is true that there may be situations where extreme measures may be justified to preserve life and health as the lesser of two evils. The basic question, therefore, is whether the benefits of current childhood vaccines outweigh the harm, or whether the reverse is true.

As to the benefits of vaccines, polio has been eliminated from the Western Hemisphere; smallpox may have been eliminated worldwide, although there are disturbing reports that it still to be found in parts of the Far East.

However, vaccine proponents would have us believe that vaccines have been largely responsible for controlling virtually all of the former epidemics of killer diseases in the U.S.A. With the exceptions

*Vaccine Scene continued on page 27*

cited above, the facts do not bear this out. According to the records of the Metropolitan Life Insurance Company, from 1911 to 1935 the 4 leading causes of death from infectious diseases in the USA were diphtheria, scarlet fever, whooping cough (pertussis) and measles. However, by 1945 the combined death rates from these causes had declined by 95%, BEFORE THE IMPLEMENTATION OF MASS IMMUNIZATION PROGRAMS. (1) By far the greatest factors in this decline were sanitation through public health measures, improved nutrition, and better housing with less crowded conditions.

It should be pointed out that today's children receive up to 35 vaccines before school age, whereas today's senior citizens received only one, the smallpox vaccine. Most infants have been receiving up to 15 doses of mercury-containing vaccines by the time they are 6 months old. It is almost inconceivable that these heavy burdens of foreign immunologic materials, introduced into the immature systems of children, could fail to bring about disruptions and adverse reactions in these in these systems. It is reasonable to ask ourselves, therefore, what is known about these reactions.

A small but growing minority of physicians and scientists are becoming aware that safety testings for the various vaccines have been woefully inadequate. As one of many examples, in 1994 a special committee of the National Academy of Sciences published a comprehensive review of the vaccine safety of the hepatitis B vaccine. When the committee investigated 5 possible and plausible adverse effects, they were unable to come to any conclusion for 4 of them because, to their dismay, they found that safety research had not been done.

The clear implication of this and other revelations (2) concerning a general deficiency of safety testing in the vaccine field is that adverse reactions may be taking place on a large scale without being recognized as to their true nature.

There is a school of thought that the

so-called minor childhood illnesses of former times, including measles, mumps, rubella and chicken pox, which entered the body through the mucous membranes, served a necessary and positive purpose in challenging and strengthening the immune systems of these membranes. (3) In contrast, the respective vaccines of these diseases are injected by needle directly into the system of the child, thereby bypassing the mucosal immune system. As a result, mucosal immunity remains relatively weak and stunted in many children, one complication of which may be the rapid increase in asthma now seen, both in frequency and severity.

It is true that in former times there were occasional serious complications from these childhood diseases, but most of these could be eliminated by nutrition, homeopathy, and other simple means, if these approaches were made widely available. No one wants to see serious complications from diseases in our children, but the vaccine route may in time prove to be the worse possible choice that could have been made, as concerns these minor childhood diseases.

Perhaps the greatest concern with vaccines today rests with the possible casual relation with the growing epidemic of childhood autism, developmental delay, and attention-deficit-hyperactivity disorder, (ADHD). Regarding the latter, a recent report stated that ADHD had increased from 900,000 in 1991 to nearly 5 million today. Regarding autism, a recent statistical survey mandated by the California state legislature found an increase of 273% in California in the past 10 years. Reports from education departments in a number of states, reporting on the rapidly increasing needs of classrooms for developmentally delayed children, reflect comparable increases throughout the nation. (4)

At present, primary suspicion for this epidemic of neurobehavioral disorders rests with the MMR (measles-mumps-rubella) vaccine. Although scientific evidence has not yet reached the standards of proof, one pioneer researcher in this

area, Dr. Vijendra Singh with the University of Michigan, has published a report of a study in which he found that a large majority of autistic children tested had antibodies to brain tissue, in the form of antibodies to myelin basic protein. He also found a strong correlation between myelin basic protein antibodies and antibodies to measles, mumps, and rubella (almost all of the children had been immunized with MMR, and none had had these diseases). (5)

This study confirms the results of a similar study published in *The Lancet* in 1998 by Dr. Andrew Wakefield of the Royal Free hospital in London, showing a link between MMR vaccination and Crohn's disease of the bowel and autism. (6)

If the MMR vaccine is causing an autoimmune reaction involving the brains of autistic children, what would be the mechanism? Although research in this area is in its infancy, as previously mentioned, we do know some things. Both the measles and mumps fractions of the MMR vaccine are cultured in chick embryo tissue. As purely genetic material, viruses are highly susceptible to the process of "jumping genes," in which they may incorporate genetic material from the tissues in which they are cultured (7-8). Once this genetic material of chick origin is introduced into the child, it may set in motion an immunologic battleground, a process which the work of Dr. Singh would tend to confirm.

A similar process may have taken place with the oral (Sabin) polio vaccine, which is cultured in monkey kidneys. Years ago Dr. John Martin, then serving as the director of the viral oncology branch within the U.S. Food and Drug Administration, reported to his supervisors that he found foreign DNA in contemporary polio vaccines. He later learned that a simian (Monkey) cytomegalic virus had been found in all of the eleven African green monkeys imported for production of the polio vaccine. (9) After leaving the FDA he took a position as professor of pathology with the

University of Southern California. There he tested blood samples from patients with chronic fatigue syndrome, autism, and other nervous disorders. This work led to his discovery of unique cell-destroying viruses that were not recognized by the immune system. Termed "stealth viruses," the viruses were able to cause persistent infections because they were missing genes which, if evoked, would express immunity. (10-11)

In March, 1995 Dr. Martin communicated to FDA officials that some stealth viruses clearly originated from African green monkey simian cytomegalic viruses, a type of herpes virus which may also infect humans. Dr. Martin asked the FDA to help him investigate the prevalence of this infection in the general population and in polio vaccine lots. His request was denied. (9)

Long overdue, on June 17, 1999 U.S. government officials voted to withdraw their recommendation for the use of the live polio vaccine and to recommend "exclusive" use of the inactivated (Salk) polio vaccine. (Parenthetically, the Salk vaccine is free of the danger of herpes virus contamination.)

In summary, it is possible that either the MMR or the oral polio vaccines, by mechanisms described above, may induce a process of encephalitis or brain inflammation, which may be highly prevalent but as yet rarely recognized for its true nature.

As another basic concept, it is highly pertinent that many of today's children are second generation vaccinees, that is, they are born to mothers previously vaccinated with the measles, mumps and rubella vaccines. It is possible that the reaction rates in the second-generation vaccinees may be happening on a much larger scale due to previous sensitization of the mothers from their vaccines, this sensitization in turn being transmitted to the fetus during pregnancy. (12) If this process is taking place, something we cannot know until appropriate research is done, one shudders to think of the unfathomable consequences, should the process be continued into yet

another, a third generation.

Time may prove that vaccine programs went awry when they deviated from the most basic of all medical ethics, the right of a patient to accept or reject a medical therapy, or the right of parents to accept or reject vaccines for their children. Freedom-of-choice provides a system of checks and balances now lacking. At the very least, this would provide the parents with power to compel better safety screening of the vaccines. The remedy? Parents should be allowed the right of informed consent, or the right to accept or reject vaccines for their children based on full and uncensored disclosure of pros and cons.

Today we have a system in which vaccine production by the pharmaceutical companies is largely self-regulated. Of course these companies are interested in profits from their products which, in itself, is not wrong. However, when arbitrary decisions in the mandating of vaccines are made by the government bureaucracies, which are highly partisan to the pharmaceuticals, with no recourse open to parents, we have all the potential ingredients for a tragedy of historical proportions.

**Editor's note: We appreciate Dr. Harold Buttram's kind consideration in giving us permission to reprint this article which appeared in the Townsend Newsletter for Doctors. Dr. Buttram is a Defeat Autism Now (DAN) doctor which is an organization founded by Dr. Bernard Rimland, foremost expert in autism. Dr. Buttram is also a Scientific Board Member of the Autism Autoimmunity Project.**

**Dr. Buttram is co-author of an excellent book called The Immune Trio which is available from Philosophical Publishing Co. in Quakertown Pennsylvania—to order call 215-536-5168.**

## REFERENCES:

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## NEW VIDEO \* NEW VIDEO \* NEW VIDEO \* NEW VIDEO \* NEW VIDEO

VRAN is proud to announce the availability of an outstanding new educational video on vaccine risks.

Professionally presented, logically developed, and with a cast of scientists and health professionals who have the courage to speak the truth about vaccines, producer Bronwyn Hancock's video "Vaccination—The Hidden Truth" is destined to become a classic.

Duncan Roads, Editor "Nexus" magazine, was moved to describe this video with the following words:

"What can I say? This is without a doubt the very best documentary in terms of content on the subject of vaccination that I have ever seen! It is jammed full of scientific facts, all drawn from peer-reviewed medical literature and delivered by doctors and researchers who, after investigating the subject, are speaking out about the dangers and ineffectiveness of vaccinations."

In this extremely informative video, 15 people, including Dr Viera Scheibner (a PhD researcher), five medical doctors, other researchers, parents and a dog breeder (!) reveal what really is going on in relation to illness and vaccines. Ironically, the

important facts come from orthodox medicine's own peer-reviewed research.

With so much government and medical promotion of vaccination for prevention of illness, the video is clearly devoted to presenting the other side of this issue that parents and others are not being told. The result is a damning account of the ineffectiveness of many vaccines and their often harmful effects. It declares that parents are not being told the truth by the media, the Health Department and the medical establishment, with a medical doctor, Dr Mark Donohoe, confessing that "It is a problem for me that I am part of a profession that is systematically lying to people..."

The video presents well documented answers to questions like:

- Was it really vaccines that saved us?
- Why are they only counterproductive?
- How are many statistics misleading?
- What do vaccines contain?
- What are they doing to our organs, immune systems, even our genes?
- Are childhood diseases really dangerous to healthy children?
- Why does vaccination continue?
- What are our rights?

- Can vaccine damage be evaluated and countered?
- What is the true key to immunity?

The well-documented health effects of vaccination range from mild symptoms of immune weakening, manifesting as mild allergies, eczema, recurrent ear, tonsil and/or lung infections to the more serious conditions of asthma, chronic fatigue syndrome, multiple sclerosis, diabetes, epilepsy, ADD, autism, organ damage, leukaemia, tumours and even death (including cot death).

If you are in the frustrating position of wanting to inform your spouse, friends and/or relatives about vaccination, but they won't read appropriate literature, then this video is ideal. It is clear and logical and an eye-opener. Every parent should view it prior to making a vaccine decision. Every doctor should see and respond to it.

The video can be ordered from VRAN—cost is \$40 +\$4 postage. Please refer to back page of the VRAN Newsletter for ordering details.✓

## RESOURCE & INFORMATION LIST

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

Cost: \$35 + \$5 postage

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by Walene James.

### **What Every Parent Should Know About Childhood Immunization**

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

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### **Vaccination, Social Violence, Criminality: The Medical Assault on The American Brain**

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**Exposing the Vaccine Philosophy**  
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### **Vaccinations—The Rest of the Story**

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

### **The Case Against Immunizations**

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