December 1999

VRAN Newsletter

Vaccination Risk Awareness Network

WHY THIS LETHAL RELENTLESSNESS?

by Guylaine Lanctot, M.D.

What is the objective of the world authorities in destroying people's health, both in industrialized countries and in the Third World? It is always difficult to presume the intentions of others, particularly when one is not close to them. And this is true in this instance. But there are certainly advantages for someone, somewhere, to so doggedly keep-up the campaign for vaccinations, by any and all means possible. They must profit someone, somewhere. One thing is certain. It is not to our advantage. In order to determine what these advantages are, and for whom, let us stop and look at the CONSEQUENCES of these massive vaccination programs and draw our own conclusions.

1. Vaccination is expensive and represents a cost of one billion dollars annually. It therefore benefits the industry; most notably, the multinational manufacturers. One sells the vaccines. The other then provides the arsenal of medications to respond to the numerous complications that follow. Their profits increase while our expenses go through the roof. To the point where we have simply had it up to here and are ready to accept the unacceptable, such as socialized medicine in the United States, for example.

2. Vaccination stimulates the immune system, the body's defense mechanism. Repeated, vaccination exhausts the immune system. It gives a false sense of security and, in doing so, it opens the door wide to all kinds of illnesses. Notably, to those related to AIDS, which can only develop on ripe ground, where the immune system has been disturbed. It causes AIDS to explode. It ensures that the illness flourishes perpetually.

3. Vaccination leads to social violence and crime. What better way to destabilize a country than to disarm its inhabitants, and reinforce police and military control? The authorities subtly create situations of panic and fear among the population which, in turn, necessitate the reinforcement of protection measures", including forbidding citizens from owning weapons. The authorities then come across as saviors and strengthen their control. It is certain that, in order to impose a single world army, one must first disarm the citizens of every country One must therefore create violence, if they are to achieve this disarmament, particularly in the United States where the right to bear arms is guaranteed by the Constitution.

4. Vaccination encourages medical dependence and reinforces belief in the inefficiency of the body. It creates people who need permanent assistance. It replaces the confidence one has in oneself with a blind confidence in others, outside ourselves. It leads to loss of personal dignity, in addition to making us financially dependent. It draws us into the vicious circle of sickness (fear - poverty - submission) and, in this way, ensures the submission of the herd so as to better dominate and exploit it. And then lead them to the

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INSIDE THIS ISSUE

PROTECTING OUR CHILDREN—WHAT DOES IT TAKE?

by Edda West

In the mid 1970's it became apparent that the aggressive, runaway promotion of artificial baby formulas in developing countries was causing an unprecedented health disaster resulting in the deaths of millions of infants. Babies deprived of protective mother's milk simply did not survive artificial feeding. Death from diarrheal and wasting diseases is the predictable outcome where people have no access to clean water, nor fuel with which to boil it, where the concept of sterilizing baby

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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: herbalist, chiropractor, naturopath, homeopath, reflexologist, allopath (regular doctor), etc.
- To empower women to reclaim their position as primary healers in the family.
- To maintain links with consumer groups similar to ours around the world through an exchange of information, research and analysis, thereby enabling parents to reclaim health care choices for their families.
- To support people in their fight for health freedom and to maintain and further the individual's freedom from enforced medication.

VRAN publishes a newsletter 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.

VRAN News

SEASONS GREETINGS TO ALL VRAN MEMBERS

We'd like to take this opportunity to wish all the families and supporters of VRAN a happy and healthy holiday season, and a safe and smooth transition into the new millenium. As we look back on this century it is heartening to remember some of the courageous and dedicated people who have been "truth sayers" and who have contributed both in modest ways and magnificent ways to keeping the truth about the vaccination dilemma alive. Amongst these are the countless families who have suffered the tragedy of their precious childrens' lives having been destroyed by vaccine-inflicted injuries. Let us remember and honour the outstanding people who have contributed over the years to vaccine risk awareness and whose work has kept the truth alive: Dr. Robert Mendelsohn, Dr. Guylaine Lanctot, Dr. Herbert Ratner, Dr. Eva Snead, Ethyl Douglas Hume, Eleanor McBean, Walene James, Annie Riley Hale, Neil Miller, Jamie Murphy, Barbara Loe Fisher, Dr. Archie Kalekorinos, Dr. Glen Dettman, Dr. Harris Coulter, Dr. Viera Scheibner, Dr. Carolyn DeMarco, Dr. Phillip Incao, and the many, many others, too numerous to list here.

Perhaps an appropriate invocation with which to greet the new millennium would be that our collective insight, inspiration, intelligence and wisdom nurture the spirit of truth and love to enable us to manifest our highest ideals for our children, for our families and for our communities.

MEMBERSHIP REMINDER

All memberships are due in January at the beginning of the year. Reminder notices are included in this newsletter for all members whose 2000 membership contribution is due. For those people who join at any other time of the year, all newsletters that have been issued up to that date are sent at the time of joining VRAN, and further issues are forwarded as they are published. Last year, membership lapses meant a loss of nearly $2,000 in revenue which can be critical since we operate on a very modest budget.

FUND RAISING REMINDER

We wish to remind our readers that it is once again time to appeal to members' generosity to help us in our mission of enabling people to find vaccine information that addresses concerns about safety, efficacy, legality, and to counsel those who have suffered adverse reactions and injuries. Thanks to generous donations from you, 1999 is the first year, since we formed as the Committee Against Compulsory Vaccination in 1982, that our operating budget has permitted us to pay a salary to the Co-ordinator to run the VRAN office during regular business hours. This has enabled us to dramatically increase our responsiveness and accessibility to people seeking information and support, and via outreach through our newsletter, e-mail and the internet, we are linking with other similar groups in various parts of the world.

Once again, the generous sponsorship of a VRAN member, is enabling us to launch this year's fundraising drive with a pledge to match every dol-

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lar donated—up to $5,000. Your commitment and generosity is enabling VRAN to maintain a strong voice as an advocate of parental autonomy and choices in health care for their families. The vaccination issue is about choice, the right to informed consent and autonomy—the right to embrace health creating lifestyle and modalities—the right to say no to enforced medications like vaccines.

FUNDRAISING VIDEO BONUS

If you feel a strong commitment to raising awareness amongst friends, family and community about vaccine risks, our new video, *Vaccination—The Hidden Truth* is without a doubt the best educational tool available. The majority of people still put their faith into what the doctor advises about vaccines, and cannot believe that the doctors themselves might be victims of misinformation. Well, here we have five courageous medical doctors speaking from a place of truth, sharing their life experiences, and their research to back up their conclusion that vaccines are damaging children's health.

We are offering a complimentary copy of *Vaccination—The Hidden Truth* to VRAN members who feel moved to help our fundraising effort. With a donation of $150 or more, we will send you your complimentary copy of the video. Circulating this video in your community will help alert people to the dangers that vaccines pose to children's health—to human health. It will help open people's minds and stimulate them to seek more information. It is probably the most powerful tool we have in our hands today to awaken the public to the vaccine threat.

VRAN OUTREACH AND SPEAKERS

A busy fall season took Edda West to Calgary to attend the For the Love of the Children Conference in September to make a presentation on vaccine risks. Rose Stevens came from Winnipeg to offer her dynamic support and author Catherine Diodati was a special guest speaker at the conference and shared her extensive research on the issue. Catherine then flew to Hawaii to speak at the International Chiropractic Association Conference.

At the end of October, Edda returned to give a seminar at the Calgary Health Expo and to meet the public through the weekend at the VRAN information table. With heartfelt thanks to Cathy Graham who helped out at our information table. Cathy's daughter Amanda, who is now 8 years old, suffers from severe debilitating injuries from DPT vaccine. Her story can be read on the Eagle Foundation web site at: http://www.eaglefoundation.org

Then in mid November, the Vancouver Health Expo convened a panel with *Alive* editor Rhody Lake, entitled "The Vaccine Threat". Edda West, Andreas Schuld, who linked the vaccine and fluoride issues, alternative health practitioner Sharon Richlark who helps children who have suffered vaccine injuries and Naturopath David Bailey made presentations to the audience. A special THANK YOU to Barbara Bakke who received Edda at her home with such gracious hospitality during the Vancouver Health Expo, and helped "woman" the VRAN information table through the weekend. And a VERY SPECIAL THANKS to Rhody Lake whose dedication to protecting children from vaccine injuries, and who as long time editor of *Alive* Magazine, has consistently published vaccine articles enabling hundreds of thousands of people across Canada to become alerted to the vaccine threat.

VRAN'S LEGAL CHALLENGE

In 1984, Ontario's Immunization of School Pupils Act was amended to include an exemption of conscience along with religious exemption to vaccines. It allows parents the right to refuse vaccinations for their school age children based on their own sincerely held beliefs. In the ensuing 15 year period, the Ministry of Health has deliberately obfuscated the fact that choice is available and that exemptions are everyone's right. Notices sent home to parents demanding compliance often fail to mention exemptions, and the Immunization of School Pupils Act is used to create the impression of compulsion. Across the board, all over Ontario, most parents have no idea that they can refuse vaccinations for their children. Indeed, even school administrators and principles are unaware of the existence of exemptions. The media has been absolutely complicit in presenting a one sided view that vaccines are compulsory. We feel it is crucial that people understand they have a right to choose, a right not to be coerced into enforced medication of their children, have the right to informed consent when considering vaccination, and the right to have complete information about vaccines BEFORE making a decision.

Unless we make strong submissions to health officials and politicians, our concerns will go unheeded. With the generous financial help of a VRAN member, we were able to retain lawyer Lori Stoltz whose well crafted challenge to Ontario's Chief Medical Officer of Health outlines the failure of the Ministry of Health to provide the public with accurate information about the availability of exemptions, and asks for redress of these concerns by the rewording of government flyers and information pieces to include clear exemption information. Unless we make our concerns heard with a strong voice, we can expect further erosion of our health rights and freedoms. It is essential that we let the policy makers and politicians know

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that we will not tolerate encroachment on our right to make essential, health choices for our families. We encourage members to photocopy the submission and send it along to your provincial member of parliament with your personal letter of concern as a VRAN member; your local media and community newspapers are also in need of a wake up call to this issue.

RITA HOFFMAN'S PETITION (MORE DIRECT ACTION)

Rita Hoffman, mother of a child who is deathly allergic to everyday foods has mounted a tremendous effort to raise awareness about the relationship between childhood allergies and vaccines. She has created a petition to Health Minister Allan Rock calling on the government to acknowledge the problem and to investigate the vaccine link to allergies. The petition is also accompanied by supportive medical studies that link vaccines to impairment of neuroimmune functions. For some children, the allergic reactions become so extreme, that contact with the offending substances can cause death. The frightening increase in numbers of anaphylactic children, who must at all times carry epinephrine injections in the event of a life threatening reaction, is being ignored by health officials. We are including the petition with this newsletter as a means of inviting concerned people to take action. If you are interested in helping with this campaign, or know of parents with anaphylactic children who may wish to get involved, please circulate the petition in your community. For more information, contact Rita Hoffman at: (613) 478-3236 or e-mail at: pancakehill@sympatico.ca

FLUORIDE SERIES

Due to the overwhelming work load incurred by his efforts to bring the fluoridation issue to the forefront of international agencies and scientists, Andreas Schuld regrets that the next installment of his fluoride series is delayed and will be completed for a future issue of the *VRAN newsletter*, hopefully Winter 2000. In his research exploring the similarities between vaccine adverse reactions and fluoride reactions, Andreas has kindly sent us a partial list of documented side effects of the various vaccines in use today, which we have reprinted in this newsletter.

VRAN member Meg Edwards and her family recently moved to Moncton New Brunswick. She was horrified to learn that her young daughter Rosie, along with other kindergarten children were given an oral fluoride rinse at school, without parental knowledge or consent. She was alerted to the health destructive effects of fluoride through VRAN's August newsletter. Details about fluoride toxicity and health risks are posted on the internet at the Fluoride Virtual Library, run by Parents of Fluoride Poisoned Children at: http://www.bruha.com/fluoride

PFPC now publishes an on line newsletter which you can subscribe to.

BARBARA LOE FISHER

Barbara's epic essay on the vaccination question appeared in the Summer 1999 issue of The Next City, a Canadian publication. It can be accessed on the internet at::

http://www.nextcity.com/contents/index

For members who are not on-line and who wish to have a copy of the article, please send us a $.95 cent stamped self addressed envelope. The following is a brief excerpt from the article:

"In the April 15, 1998, issue of the Journal of the American Medical Association (JAMA), an analysis of drug side effects found that toxic reactions to correctly prescribed medications make more than two million Americans seriously ill every year and kill 106,000, putting drug side effects among the top 10 causes of death in the United States. Among children, antibiotics and vaccines cause more adverse reactions than any other prescribed medicines, according to a Canadian study presented at the annual meeting of the American Academy of Allergy and Asthma in 1998. Sandra K. Knowles and her colleagues at the Sunnybrook Health Sciences Centre in Toronto reviewed Canadian data on more than 1,500 cases of drug reactions between 1985 and 1995. The antibiotics amoxicillan and ampicillin accounted for 24 per cent of total adverse reactions, with vaccines coming in second at 19 per cent."

WINNIPEG REPORT

Submitted by Mary James, Co-founder of the Association for Vaccine Damaged Children

The Association for Vaccine damaged Children has been busy this Fall holding vaccination seminars at the Centennial Library in downtown Winnipeg. These vaccination information monthly meetings are free and open to anyone who wishes to attend. The topics include the up to date research on the latest information on the various childhood vaccinations and the adverse reactions and immune and neurological impairment associated with them. Attendance has been anywhere from 20 to 100 people. We provide information packages and a variety of books for sale.

We also have been invited to speak in the surrounding Winnipeg communities, Selkirk, Pine Falls, Stonewall to name a few.

Presentations have also been made at the invitation of several Parent Councils at various elementary schools in the city regarding the hepatitis B vaccine. We find that there is an increasing interest by parents to become better informed about vaccine risks and alternatives, thus enabling them to make the best decision for

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their family in deciding whether or not to vaccinate.

Members of AVDC have appeared on several local television and CBC radio phone in shows in regards to the hepatitis B mass vaccination program currently being implemented in the provinces schools for grade 4 students. This is the second year that the hepatitis B vaccine is given to 9 year old children in this province.

Manitoba Health is touting this vaccine as a "liver cancer" vaccine, although when questioned they admit that they do not know how many cases of liver cancer are caused by the hepatitis B virus. One of our members phoned the Canadian Cancer Society and was informed that there are 700 new cases of liver cancer each year in Canada. But even the individuals at the Cancer Society could not break down the number as to how many cases of liver cancer were caused from the hepatitis B virus. It is very unfair and indeed dishonest to frighten parents into thinking that they will protect their children from liver cancer if they sign the consent form to have their child vaccinated with the hepatitis B vaccine.

Despite the fact that in June of 1999 Dr. Jane Orient the executive director of The Academy of American Physicians and Surgeons, (AAPS) made a presentation to the House of Representatives demanding a moratorium on the hepatitis B vaccine due to the high number of serious neurological and immunological reactions, our own Director of Public Health Dr. Greg Hammond stated in a letter to the editor of The Winnipeg Free Press that the AAPS was a "lobby group" and that often they were wrong about different issues.

Sargent Mike Kipling—whose court martial date for refusing the anthrax vaccine due to his concerns of the litany of serious adverse effects has been postponed until February 15, 2000—has received media coverage in the Globe and Mail, CBC National TV and many local television and radio talk shows in the past few months.

The Association for Vaccine Damaged Children embraces the new millennium with hope, optimism, and a renewed effort to continue to educate the health care consumer to question, to research and to investigate the vaccination dilemma for themselves. We know that parents want to make the best health decisions for their children.

This movement is about the children. That indescribable bond of love that manifests itself when we look at our newly born baby for the first time, and they in turn look us over with all the alertness and vigilance they can muster. It is in that moment that we truly learn what it is to love someone more than ourselves. We realize with reverence the wonderful secret of life. And we know that every child is our child.

This vaccine awareness movement is about empowering ourselves to reclaim our role as prime healer for our children and our families. In order to do that, our health care decisions must not be made in blind faith and trust. But rather we must examine carefully all invasive medical procedures and decide what is best for our families. Because ultimately we alone are responsible for our child's safety and well being.

We look forward to continuing to meet with new parents and health care consumers and helping to alleviate some of the fear surrounding the vaccination issue.

As I look back over the last 16 years of this 20th century, I gratefully acknowledge and thank Edda West whose support and love have made me aware of the terrible truths about vaccine damage. Through her gentle guidance, her wisdom and incredible patience she has enabled so many of us who were broken and hurt from a vaccination program gone mad, to go forward and to help other parents whose children were also victims of mass immunization programs.

And so I salute Edda West for her determination, her dedication and her hard work, all done in the name of love to help us to understand the vaccination question through her excellent newsletter, her information packages, her presentations, her networking and wonderful communication skills.

I know who my hero of this century is, and I say her name with pride, and love. Edda thank you for showing me the truth. √

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abattoir. To slaughter.

Vaccination also encourages the moral and financial dependence of Third World countries. It perpetuates the social and economic control of Western countries over them.

5. Vaccination camouflages the real socio-political problems of poverty of some due to exploitation by others, and results in techno-scientific pseudo-solutions that are so complicated and sophisticated that patients cannot understand them. In addition, vaccination diverts funds which should be used to help improve living conditions, and channels them into the banks of the multinationals. It widens the gap between the dominant rich and the exploited poor.

6. Vaccination decimates populations. Drastically in Third World countries. Chronically in industrialized countries. In this regard, the former President of the World Bank, former Secretary of State in the United States, who ordered massive bombing of Vietnam, and member of the Expanded Program on Immunization, Robert McNamara, made some very interesting remarks. As reported by a French publication, *j'ai tout compris*, he was quoted as stating:

"One must take draconian measures of demographic reduction against the will of the populations. Reducing the birth rate has proved to be impossible or insufficient. One must therefore increase the mortality rate. How? By natural means. Famine and sickness." (Translation)

7. Vaccination enables the selection of populations to be decimated. It facilitates targeted genocide. It permits one to kill people of a certain race, a certain group, a certain country. And to leave others untouched. In the name of health and well-being, of course.

Take Africa, for example. We have witnessed the almost total disappearance of certain groups. Some 50% dead, estimate the most optimistic. Some 70% dead, according to the less optimistic. As if by chance, many were in the same region, such as Zaire, Uganda, the extreme south of the Sudan. In 1967, at Marburg in Germany, seven researchers, working with green African monkeys, died of an unknown hemorrhagic fever. In 1969, also by chance, the same sickness killed one thousand people in Uganda. In 1976, a new unknown hemorrhagic fever killed in the south of Sudan. Then in Zaire.

It is noteworthy that since 1968, virologists (virus specialists) have installed their sophisticated equipment in certain hospitals in Zaire.

At a CIA hearing, Dr. Gotlieb, a cancerologist, admitted having dispersed, in 1960, a large quantity of viruses in the Congo River (in Zaire) to pollute it and contaminate all the people who used the river as their source of water. Dr. Gotlieb was named to head up the National Cancer Institute!

A couple of years ago, Reuters reported: "An illness similar to AIDS has killed 60,000 in the south of Sudan. They call the illness, the killer. Families, whole villages, have disappeared. This illness, the Kala-azar, takes the form of a fever and loss of weight. The symptoms are the same as those of AIDS. The immune system is deficient and one dies of other infections."

It is obvious that Africa, particularly those countries in the center and to the south, contain fabulous resources that have always incited westerners to crush their inhabitants to take over their riches. And beware anyone who stands in their way. The colonies have disappeared. But not colonialism.

8. Vaccination serves as a form of experimentation, to test new products on a great sampling of a population. Under the guise of health and the well being of the population, people are vaccinated against a pseudo-epidemic with products that one wants to study. The vaccine of hepatitis B seems to be the choice of authorities to accomplish this goal. Yet, this vaccine is manufactured by a process of genetic manipulation. And it is much more dangerous than the traditional vaccine because it inoculates into the body cells that are foreign to its genetic code. Moreover; this vaccine is produced from virus cultivated on the ovaries of Chinese hamsters. One can only imagine what future generations will look like! But there is more. It is also reported to cause cancer of the liver. Despite all that, it enjoys great popularity among the authorities, who impose it first on all those who work in the health field, and then on the rest of the population.

http://www.new-atlantean.com/global/ith_gulf.html

In 1986, the medical authorities administered the vaccine against hepatitis B to Native Indian children in Alaska, without any explanation or the consent of their parents. Many children fell ill. And several died. It seems there was a virus called RSV (Rous Sarcoma Virus) in the vaccine.

American Indian tribes have been subjected to many vaccinations. Let us be aware that they are difficult to beat into submission, and they own vast tracts of land which the authorities would like to have for their own benefit.

Recently when I met a group of Native women to chat about health with them, the subject of vaccinations cropped up. I was giving them some information on the topic when, suddenly, the group's nurse confided in me that the federal government had given her complete freedom in the management of their health, but on one strict condition. That every vaccination had to be scrupulously applied to all. The silence was deafening. We all understood.

In 1988, the Ambassador of Senegal gave a radio interview report-

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ing on the ravages of AIDS in his country where entire villages were being decimated. A few years earlier, scientific and medical teams had come to vaccinate their inhabitants against hepatitis B.

In 1978, a new vaccine was tested on homosexuals in New York. And in 1980, on those in San Francisco, Los Angeles, Denver, Chicago, and St-Louis. Officially, this "new vaccine" was against hepatitis B and, as we now know, it caused many of them to die from AIDS. It sounded the "official" beginning of the AIDS epidemic in 1981.

The vaccination program of homosexuals against hepatitis B was led by Saint W.H.O. and the National Institute of Health. There are reports of collaboration between these two organizations in 1970 to study the consequences of certain viruses and bacteria introduced to children during vaccination campaigns. In 1972, they transformed this study to focus on the viruses which provoked a drop in the immune mechanism.

Wolf Szmuness directed the anti-hepatitis B experiments undertaken in New York. He had very close links with the Blood Centre where he had his laboratory, the National Institute of Health, the National Cancer Institute, the FDA., the W.H.O., and the Schools of Public Health of Cornell, Yale, and Harvard.

In 1994 a vast vaccination campaign against hepatitis B was undertaken in Canada. It is both useless, dangerous and costly. And what for? Is there a hidden agenda? I note that the Province of Quebec is a particular target, over the course of three years.

- 1992: vaccination against meningitis
- 1993: re-vaccination against meningitis
- 1994: vaccination against hepatitis B.

I was there in 1993. It troubled me to see that it was aimed at a whole generation (1 to 20 years), in only one province. Since when do viruses respect borders, and specially provincial ones at that? The facts are:

- There was no epidemic, nor risk of one. Epidemiologists confirmed it.
- Not one but three different vaccines were administered, each in a designated area.
- Certain nurses were selected and trained to administer a special vaccine.
- All children were entered into a computerized data bank.
- The pressure to vaccinate the children was enormous. Schools were turned into clinics. Those who did not want to be vaccinated were pointed out and treated as social outcasts.
- Nurses chased down parents at home who did not want their pre-school children vaccinated.

I had a direct account of one of these kids. The mother did not want her child vaccinated. The nurse who came to the house made her believe that it was compulsory. The mother gave in... The child is now handicapped: physically and mentally (paralyzed spastic).

The vaccination cost $30 million.

Why was there such a murderous will? Like Native peoples, the people of Quebec are also a "bother". They believe in their cultural identity and in sovereignty. What is more, Quebec with its Native territories, encompasses huge reservoirs of water which many a multinational have their eyes on. As an acquaintance of mine who sits on the California water management board said, "Water today is gold." Could one think of a more appropriate biological weapon to possibly remove any impediments to accessing that resource?

9. Vaccinations permit epidemiological studies of populations to collect data on the resistance of different ethnic groups to different illnesses. It permits one to study the reactions of the immune systems of large numbers of the population to an antigen (virus, microbe) injected by vaccination. Should it be within the framework of the fight against an existing illness, or one that has been provoked.

In 1987, certain American laboratories and the Department of Biotechnology of India signed an agreement authorizing the testing of genetically manufactured vaccines on the people of India. This agreement was met with fierce opposition because it gave access to epidemiological and immunity profiles of a population. This data is extremely important from a military standpoint. It is even more valuable because India has never experienced yellow fever. And, at time of writing this book, it had known only a handful case of AIDS. Over and above all that, the private American laboratories proposed to test products on the Indian population for which they had no right to test in the United States! And the Indian authorities acquiesced!

10. Vaccination is a biological weapon at the service of biological warfare. It permits the targeting of people of a certain race, and leaves the others who are close by more or less untouched. It makes it possible to intervene in the hereditary lineage of anyone selected. A new speciality is born. Genetic engineering. It is flourishing, enjoys much prestige, and is receiving substantial research hinds. The challenge is staggering. To find a vaccine which gives an illness against which we already have the vaccine! In this way, we would be able to send in troops who have already been vaccinated against the killer vaccine, which they would then spread among the enemy. It is absolutely crazy and insane!

Meanwhile, industrial theft is in full swing. Captain and biologist of the US Navy at Fort Detrick, Neil Levitt, reported the disappearance of 2.35 liters of an experimental vaccine. A dose sufficient to contaminate the entire world. Fort Detrick is a

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research laboratory which manufactures vaccines. It is located quite close to Washington, in Maryland, and it is attached to the National Cancer Institute at Bethesda, a suburb of the capital.

It is hardly astonishing that, in every major vaccination campaign, one finds the same tangled web. Government, the military, Saint W.H.O., financiers, researchers, laboratories, universities, the CIA, and the World Bank.

Let us not lose sight of the fact that:

In the name of the defense of our countries, we manufacture the most murderous of weapons. War; whether it be biological or not, is war. And weapons kill. Biological warfare is a giant business, largely financed BY OUR FUNDS, through the medium of the military, research, and our donations. It is also financed, and without our knowledge, BY OUR LIVES. Those of our children and of millions of innocents who have been sacrificed. It is we, those who live in the Western world, who are responsible for all the illnesses and acts of genocide in the world. By our acceptance of vaccinations, both at home and abroad.

Editor's note: We appreciate the opportunity to reprint the foregoing article excerpted from Dr. Lanctot's book entitled The Medical Mafia. VRAN would like to pay a special tribute to Dr. Guylaine Lanctot, a courageous Canadian physician who has dared to publicly speak the truth about mass vaccination agendas. Any criticism of medicine's most sacred cow is ruthlessly quashed, and dissenters in the ranks who voice opposition to it are vilified and persecuted, as was the case with Dr. Lanctot who endured a lengthy legal assault by the Quebec College of Physicians and Surgeons when her book was published. √

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bottles is not understood, where often half of the family's meager income is required to purchase adequate powdered formula to feed one baby, where desperate mothers unable to afford more formula once the free samples given at the clinic ran out would fill the bottle with muddy river water in the belief that the bottle itself had magic powers to transform her infant into the chubby cheeked smiling baby in the advertising poster that had convinced her that the artificial milk powder was superior to her own breast milk.

It took years of international boycotts by non-governmental organizations, church and citizens groups to finally awaken the public and governments to the fact that a deliberate genocide was being perpetrated on innocent people who had no concept that transnational corporations, for the sake of turning a profit were uttering a death sentence on their children.

What we witnessed was the slaughter of millions of babies whose mothers had been lured from breastfeeding by formula company advertising, and free samples given to last just long enough to insure that the mother's milk had dried up, and she was now dependent on bought formula to feed her baby. For a number of years, a cry of outrage reverberated around the world to stop the carnage. The World Health Organization implemented an international code of ethics to protect breastfeeding as the most essential source of nourishment and immune protection for human infants, and launched massive education campaigns to forward the universal acceptance of breastfeeding as the optimum source of infant nutrition and disease prevention. Consumer organizations such as INFACT—The Infant Feeding Action Coalition, watch dogged, monitored and reported corporate violations, while heroically trying to educate the public about the essential role of breastfeeding in protecting children's health.

For a while, some of the companies were forced to tone down their act as international furor mounted over their murderous activities, but soon they continued to do business as usual by every devious means imaginable to promote their products, both in the developing world and in the West. Fact finding missions to monitor the situation in various areas of the world reported flagrant violations of the WHO code despite the reassurances of corporate executives that their policies had changed. And even in our own back yard, Canada having signed the international treaty to protect breastfeeding, would turn a blind eye to formula companies' offers of large financial donations to birth centres, where the code is ignored and formula samples freely dispensed.

In the years that I worked with INFACT to help raise public awareness of the horrific suffering endured by millions of families around the world who helplessly watched their infants die from "bottle baby diseases", I came to understand one thing—that transnational corporations involved in the "baby killer scandal" are without conscience. They aren't accountable to anyone but their shareholders and profit margins. They exist above and beyond the control of any individual government. They make their own laws, and spin their own code of ethics. Their corporate executives are masters of denial, and subterfuge, with one goal directing them—to turn a profit at any cost. The people directing these activities understand very clearly that the outcome of their marketing strategies is death.

We also learned that the world wide promotion and marketing of artificial baby milks is largely done by affiliates of large pharmaceutical corporations. The financial interests of these multinationals is on a collision course with the health interests of children, as it is universally understood that human

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babies deprived of breastfeeding's immune protection, have a more than 10X higher risk of serious illnesses. In developing countries babies deprived of breastfeeding, are ravaged by diseases like kwashiorkor and marasmus, while babies in western affluent societies fall prey to respiratory infections, gastrointestinal infections like rotavirus, ear infections, allergies, asthma, diabetes.

Pediatrician Dr. Alan Cunningham has calculated that in his rural, middle-class community at Cooperstown, N.Y., admissions for illness among babies in the first four months of life compared as follows: 77 hospital admissions for illness during the first four months of life in every 1,000 bottle-fed babies, compared to 5 for ever 1,000 breastfed babies.

What became clear was that the unbridled activities of formula companies were taking a grim toll on children's health, and that many of the same companies that market infant formulas, often have corporate ties to drug manufacturers whose products are then needed to fix the health disasters they have created. They are also the same conglomerates that manufacture vaccines. Rehydration solutions, antipyretics (fever drugs) antibiotics, steroid based drugs like puffers needed by asthmatic children, ritalin, insulin, chemotherapy drugs are the patch up solutions to fix broken health.

Today insulin dependent diabetes is the fastest growing disease threat to children's health. It has being linked both to artificial infant feeding and to vaccines. Dr. Bart Classen estimates that the current population of young children being injected with hepatitis B vaccine across Canada will suffer a 40% increase in diabetes, and that each new vaccine they add to the young child schedule, similarly increases the risk of diabetes.

Cancer kills more children under the age of 15 than any other disease in the western world, and children have become important consumers of chemotherapy drugs. Vaccines containing carcinogenic chemicals have never been safety tested in long term studies to prove that they don't cause cancer. Bottle fed infants are at 9X higher risk of developing lymphoma. The June/99 issue of *Discover* magazine reports that a Swedish researcher has found that human milk contains anti cancer factors and most likely protects children from cancer. In addition to causing cancer cells to die, breastmilk kills pneumoccocos bacteria and protects from pneumonia. Dr. Allan Cunningham has stated that breastfed babies have a 16 X lesser risk of getting meningitis.

The massive global marketing of vaccines is another sinister example of corporate malignancy that dominates health care infrastructures under the guise of disease prevention. Worse still, it is endorsed by the WHO and all governments as the primary instrument of basic health care, with the implementation of mass vaccination programs given top priority, world wide. Billions of dollars are poured into the ëquick fix, magic bullet' of vaccines, diverting precious resources away from the basics of Primary Health Care as defined at the Alma Ata Conference in 1978.

The spirit and intent of Alma Ata was to reaffirm a definition of Primary Health Care placing central priority on: health & nutrition; land base to grow local indigenous foods, the training of health auxiliaries; essential education; potable water supply; family planning; and provision of simple equipment and supplies. But by the mid 1980's, these priorities took a back seat as Canada and other industrialized nations went on to massively increase official and financial support for the Expanded Programs of Immunization (EPI).

The basic principles of Primary Health Care were gutted in favour of selective health intervention programs, offering "quick solutions" and "instant success", diverting scarce resources from the solution of the real underlying and continuing problems, thus helping to maintain ill health, and above all, the selective approach rules out the possibility of people's participation in decision making about their own health. This focus away from the original principles of Primary Health Care, and new emphasis on "curative" programs has been dubbed "Selective Primary Health Care". Its top priority—implementation of mass vaccination programs.

THE OUTCOME TO CHILDREN'S HEALTH?

Dr. Raymond Obomsawin was commissioned by CIDA (Canadian International Development Agency) to do a fact finding mission on the success of the Expanded Program of Immunization in which it had invested millions of dollars. "At best there has been a general failure since the inception of the first vaccine programs to establish genuinely verifiable evidence for their long term effectiveness, and safety" (1)

And at worst—Australian physician Dr. Archie Kalokerinos MD, author of Every Second Child, worked with aboriginal families in the outback, where he found that close to 50% of the children he vaccinated were dying, "forced me to look into the question of vaccination further, and the further I looked the more shocked I became. I found that the whole vaccine business was indeed a gigantic hoax. Most doctors are convinced that they are useful, but if you look at the proper statistics and study the instances of these diseases you will realize that this is not so. "My final conclusion after forty years or more in this business [medicine] is that the unofficial policy of the World Health Organization and the unofficial policy of the 'Save

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the Children's Fund' and ... [other vaccine promoting] organizations is one of murder and genocide... I cannot see any other possible explanation. ... You cannot immunize sick children, malnourished children, and expect to get away with it. You'll kill far more children than would have died from natural infection."

"It was similar with the measles vaccination. They went through Africa, South America and elsewhere, and vaccinated sick and starving children... They thought they were wiping out measles, but most of those susceptible to measles died from some other disease that they developed as a result of being vaccinated. The vaccination reduced their immune levels and acted like an infection. Many got septicaemia, gastro-enteritis, etcetera, or made their nutritional status worse and they died from malnutrition. So there were very few susceptible infants left alive to get measles. It's one way to get good statistics, kill all those that are susceptible, which is what they literally did."

The relentless push to hypervaccinate every child on the planet is exemplified by CVI, the Children's Vaccine Initiative, founded in 1990 following the World Summit for Children, and sponsored by UNICEF, UNDP (United Nations Development Programme, the World Bank, the WHO, the Rockefeller Foundation and the entire vaccine industry. It's stated goals are to maximize societal commitment to vaccines, to accelerate the introduction of new vaccines and vaccine technologies, and to foster public-private sector collaboration to achieve these goals as rapidly as possible.

"Vaccination — Now the Right of All Children", a feature article in the *CVI Forum #17* (November, 1998) explores the implications of including the right to immunization among other rights of the child. It includes an overview of the Convention on the Rights of the Child (CRC) and 16 other international, legal documents. It "ups the ante" on the vaccine game, and takes us to a new edge of vaccine mania. It hoists child vaccination onto the human rights bandwagon. It asks: "What right does a child have to vaccination? Answer: as basic a right as the right to life. What responsibility does a government have to provide vaccination? Answer: as basic a responsibility as that to defend the lives of its citizens... Immunizing children is not a matter of charity, it is a matter of fulfilling a fundamental human right... when something becomes a right it means that every child is entitled to it, not just those who are easy to reach... not just the first 80 percent but also the last 20 percent."

Experts interviewed for the article explain how these documents are potent advocacy tools in support of global childhood vaccination and how the CRC "lends credibility and objectivity to our attempts at raising the importance of vaccination in the minds of government officials. It helps us convince them that vaccination is not only highly cost-effective, but also an essential service and deserves a specific budget line. It allows us to say: 'Look, you signed this covenant. How are you going to reflect your acceptance in your national laws and their implementation? It also gives us access to a wider range of officials in different sectors of government—social, financial, economic, educational—than we have with immunization as a purely health measure within the specific domain of the health ministry."

Currently Canada does not have any laws that can force anyone to be vaccinated against their will. But as a signatory to treaties that impose the concept of vaccines as a "basic human right", Canadian policy makers will be required to "get with the program".

Ralph Henderson, the former head of the WHO's Expanded Programme on Immunization exhorts that the failure to "reach every child"... is not only a failure of leadership—it is a moral outrage". This moral outrage calls for a moral response. Vaccination is a "moral responsibility, even an obligation for parents and families and all adults, all governments everywhere, whatever their resources...vaccination is a right". Enshrined by implication or explicitly in at least eight binding international instruments which infer the right of children to protection against disease, the most powerful instrument (international treaty) being the Convention of the Rights of the Child (CRC), adopted by the UN General Assembly in 1989, and signed by all nations of the world.

The Convention of the Rights of the Child, is viewed as the springboard from which vaccination will be launched onto the world stage as a "right" of all children. And though the CRC does not yet specifically uphold vaccines as a "right", the Children's Rights Initiative is lobbying to have vaccination declared as the gold standard of care to be superimposed on every clause that refers to health—for example some of the basic health clauses contained in the CRC are as follows:

- **Every child has the inherent right to life**
- **States Parties shall ensure to the maximum extent possible the survival and development of the child.**
- **The right of the child to the enjoyment of the highest attainable standard of health.**
- **Ensure that no child is deprived of his or her right of access to such health care services**
- **Shall take appropriate measures to diminish infant and child mortality**
- **To combat disease by the application of readily available technology**
- **To develop preventive health care**

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Who would argue that these positive and altruistic goals should not be available to every child? But the CVI's twisted and fraudulent intent is to sanctify vaccination as the definition by which every one of these basic health clauses is measured. If a child is not the recipient of every available vaccine, and all those coming down the development pipeline, then we have failed to provide the child with the basics of the "right to life and health", we have failed to insure the "maximum extent possible" of survival, we have failed to "combat disease by the application of readily available technology", we have deprived the child of "access to health care services." It can then be quite clearly extrapolated that those who refuse to inject their children with the required vaccines will be branded negligent parents for denying their children the "right" to basic health care, thereby jeopardizing their safety and well being and that of the community. Health officials see unvaccinated children as a threat to the community and see them as the reservoir that harbours future outbreaks of disease and epidemics.

Here is what Dr. Kris Gaublomme MD, Belgian physician and editor of the *International Vaccination Newsletter* has to say about The Children's Vaccine Initiative:

"I always said that private interests were hidden behind official vaccination policy making. I was wrong. It is not hidden, it happens in the open. The powers concerned do not even feel the need to be secret about it. They feel so almighty they can publicize their malicious intentions in 'official' reports without any significant opposition to it. The vaccination lobby shamelessly takes all the children of this world as hostages to still their greed for money and power. They relentlessly abuse our compassion for the weaker and our concern about health to promote their giga-business. No matter what. No matter how many more vaccine victims will suffer death or side-effects. No matter how many financial resources this strategy devours at the expense of essential social investments like housing and employment. No matter what. Shocking!!!

Looming is the threatened loss of national sovereignty through globalization, privatization, corporatization. This is what the massive demonstrations at the recent World Trade Organization meetings in Seattle were all about. The WTO agenda incorporates all aspects of society, including health. The global medical/pharmaceutical conglomerates are big players at the WTO. They are the dominators, who have systematically used every means at their disposal to quash alternative healing methods, herbs, homeopathy, vibrational medicine, nutritional supplements and people's autonomy and choices in health care. They have been securing their infrastructures for some time now and the stage is set. If they successfully entrench vaccination as a "basic human right", parents may find their ancient and sacred "right" to raise their children according their own highest ideals threatened by state sanctioned policies dictated by corporate driven treatise that override and overrule national and parental autonomy.

When it comes to vaccination, parents are denied the most basic right under Canadian Medical Law, that of informed consent. Disclosure of serious vaccine risks is routinely withheld, yet we are expected to comply with vaccine agendas without question. Provincial health ministries posture and threaten to bar children from school even in the absence of any legislation requiring vaccination. And in provinces like Ontario, where the Immunization of School Pupils Act grants everyone the right to exemption of conscience or religion, the public is kept in the dark.

We may find ourselves challenged to defend our right to protect our children from perceived medical assault. Without health freedoms entrenched in the Canadian Charter, and given the driving forces that are dismantling individual nations' sovereignty, parents may conceivably be facing standoffs with health officials poised to carry out the vaccination "rights" agenda. Generations of children have already been sacrificed at the alter of modern medicine. The health and future of our precious children is at stake - the time is now to activate all of our will, our energy and our power to make sure the dominators don't win this war. √

"OUR SILENCE IS PART OF THE PROBLEM"

(quote from Meg Edwards—VRAN newsletter, winter/spring, 1998)

LETTER SUBMITTED TO VRAN SEPT 1, 1999

To each and every health care professional, doctor, speech therapist, occupational therapist, teacher, support workers, childcare organization, etc. that I come into contact with I mention my belief that Leanne's convulsions, reactions and subsequent diagnosis of Autism/PDD is vaccine related.

For every kind of assessment that my daughter has had (social work, speech therapy, occupational therapy, neurology, school, local association for community living, etc.) I have them include this belief in their written reports.

Some doctors passively listen to me without comment or say something diplomatic like "that's interesting". Others say Leanne's adverse convulsive reactions were a "double coincidence." It's their "professional opinion" that more vaccines would be safe for Leanne. However they always qualify this statement with the comment—"but the decision is yours Mrs. Williams."

I fear a third coincidence will kill Leanne or render her more profoundly damaged. Needless to say I'd rather her be suspended from school than dead!!!

Let's suppose I had total faith in my doctors' "professional opinion". I am astounded to think that any doctor would step forward and vaccinate Leanne knowing her history. If I was a doctor I wouldn't want to be the one to deliver the shot.

Getting services for Leanne, and getting a diagnosis in writing has been difficult. This could be for many reasons but I feel that my vocalness about her vaccine reactions may be underscoring her history of slipping through the cracks.

I too have been offered the explanation that Leanne perhaps had an undiagnosed, underlying genetic condition, and that the vaccine simply triggered the convulsions. However, all of her records state that she was normal prior to her 18 month vaccine. We as third time parents, felt she was normal until then and that following vaccination, dramatic changes occurred in her. I cannot accept that Leanne or her condition is responsible. She had NO CONDITION prior to her vaccines!!!

Re: *VRAN Summer/Fall 1998* newsletter DID YOU KNOW (article on vaccine side effects) Leanne displayed the high pitched excessive screaming in the year following her 18 month vaccine—NOT BEFORE this point.

She had fever, excessive sleepiness, was unconsolable, had convulsive seizures in the post-vaccine months ONLY, displayed features of the shock (blue lips, unresponsive), reaction, etc.

What I find most interesting is that after her 12 month MMR vaccine she broke out in a speckled rash. The doctor said "looks like chicken pox—bring her back tomorrow". The next day it was clearly not chicken pox. They queried roseola. In the end, no explanation was given. This scenario is very similar to the experience of other VRAN members and I was shocked to see this.

So badly has my faith in vaccines been shaken I find myself unable to sign consent forms for any of my three children. Earlier this year I obtained waivers for all three of my children. At that point in time, my 12 year old son had brought home a consent for "Mandatory Hepatitis B vaccine", which I refused to sign. Ross was in a panic—he said "they said you have to have this !!!"

In trying to obtain a waiver for hep B at the public health office, I learned that a waiver is not necessary for the "mandatory hep B" shot because they (public health) don't keep records of who got the vaccine!!!

So how can their records of reactions be accurate? They had no answers for me. The "mandatory hep B" shots are not mandatory at all—they just want you to believe that they are. Having read recent VRAN newsletters on this particular vaccine, I am relieved not to have been fooled into consenting to this for my son. Looking forward to the next VRAN newsletter,

Judy Williams

FOLLOW UP LETTER SEPT 27/99

Dear Edda,

You definitely have my permission to reprint my letters in the VRAN newsletter. Leanne's story is well documented across her neurology assessments, speech and occupational therapy files, genetics, social work, and school files. On "in case of emergency" records I always make sure it is listed under "allergies". I fear that one day she'll get a puncture wound and some doctor will just go ahead and give her his brand of "protection". For Leanne, the protection could be lethal next time. Having PDD/Autism she would not be in a position to communicate her vulnerability. Although the doctors routinely deny that vaccines have harmed Leanne, it gives me some satisfaction to see my beliefs and Leanne's vaccine history documented in their reports on their letterhead. As I go from specialist to specialist, they will all hear my story despite their dismissal of her "double coincidence".

As a home day care provider, I have in my care yet another "double coincidence". This little boy is 2 years, 8 months old and has convulsed after his 6 month and 18 month vaccines. He is currently displaying some very unusual behaviour and I'm urging his mom to have him assessed. He's been in my care for 3 months now-

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and it is astonishing to me what a small world this is. If Dr. Harris Coulter is calculating that one in five youngsters suffer from developmental disabilities, I guess that is what I am now seeing.

Judy Williams

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Editor's note: Rita Hoffman has been waging a one woman letter writing campaign to alert the public and health officials about the epidemic of extreme life threatening allergic reactions to everyday foods suffered by large numbers of children. In searching the medical literature, she found the attached study indicating that researchers are aware that viral vaccines can skew immune system response to the chronically reactive TH2, thereby inducing allergies and asthma—a perspective that is vehemently denied by doctors and health officials. "Epipen" is the shot of injectible epinephrine carried by individuals with life threatening allergies.

Hi Edda,

Our elusive Medical Officer of Health phoned me Friday. When I asked her if she thought it was cause for alarm that there were 32 children (yes I now know of a few more, sadly) in Madoc and Stirling Ontario carrying epipens, where 10 years ago there were 0, she said "my CHILD CARRIES AN EPIPEN!!!!!!!!!, but we've never had to use it." She said epipens are a new phenomenon and that's why doctors are prescribing them more.

It is so ironic that the person responsible for the injection of the 32 children in Madoc and Stirling with vaccines is the same person whose own child, born 2 or 3 years ago, has a screwed up immune system. It is so painfully sad that she STILL cannot make a connection. I have her e-mail address now and I am going to forward everything on the Vaccine List that will hopefully get her to open her eyes.

DEAR OFFICIALS RESPONSIBLE FOR THE VACCINATION OF CHILDREN,

Anaphylaxis is at epidemic rates in young children—with no known cause. People eating more peanuts is what everyone says. Then why are children allergic to other nuts? Our six year old son can be killed by an egg, milk, peanut, Brazil nut, cashew, hazelnut, almond, kiwi fruit, or sesame seed. I know that his anaphylactic allergies were caused or contributed to by the vaccinations he received as an infant. Thanks to the Internet, Mothers like myself are able to access medical journal information that was in the past left up to M.D's and scientists to decipher and subsequently silence or condemn if it doesn't fit into the status quo. You don't need to be a rocket scientist to figure out the enclosed posting (see below). I WANT A RESPONSE TO THE ATTACHED POSTING FROM ALL OF YOU AT YOUR EARLIEST CONVENIENCE. I would like it in writing as to what you are going to do about the immune system carnage happening in young children.

Over the years I have asked for copies of studies from all three levels of government that show the safety of the current vaccine schedule, the past two schedules since the introduction of the Hib meningitis vaccine. These requests have gone unanswered from all levels of government. Does this mean that there are no copies of safety studies for the vaccine schedules? Anyone who receives this e-mail that has the requested information, please contact me within the next TWO WEEKS. If that time passes and I have not received the information, then I will assume that you don't have it and that our precious children are being used as guinea pigs.

Sincerely,
Rita Hoffman,
Mother of a six year old child who can be killed by everyday foods.
pancakehill@sympatico.ca

Project Title: The use of Radiation (Ultraviolet or Ionizing) on Anti-Viral Vaccines (Inactivated or Attenuated Vaccines) to Reduce the Asthma-Inducing Side Effects Associated with Such Vaccines (DM-3303)
Inventors: Farhad Imani, M.D., David Proud, M.D.

Brief Description: The literature shows an association between anti-viral vaccination and onset of childhood asthma. We have noted that attenuation of viral target by conventional vaccine preparation does not completely remove or degrade viral nucleic acids such as double-stranded RNA (dsRNA). It is known that viral dsRNA can induce activation of a host's anti viral protein kinase (PKR). We have shown that activation of PKR by dsRNA leads to expression of Th2-type immune responses, e.g. allergy and asthma. Our invention exploits this newly identified correlation and offers a simple and inexpensive solution to the problem of vaccine-induced childhood asthma or allergy. Ultraviolet and ionizing radiation is known to cause degradation of viral nucleic acid. Therefore, irradiation of antiviral vaccine preparations will degrade viral dsRNA, preventing dsRNA-activation of PKR and its resultant pathological Th2-type immune response. Patent Status: U.S. provisional application filed.

Potential Commercial Use: This invention provides irradiated antiviral preparations, and the use of these preparations to allow for effective vaccination with decreased risk of induction or exacerbation of asthma or allergic sensitivity. The point of novelty in this invention is a very low cost process step in vaccine preparation that does not require exotic or high technology equipment.

Key words: therapeutic, immune, anti-inflammatory, autoimmune, vaccine, multiple sclerosis
http://www.med.jhu.edu/otl/3303.html

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Letter of Complaint

by Dr. Ogi J. Ressel

Editor's note: VRAN applauds Dr. Ogi Ressel's dedicated efforts over many years to inform the community of vaccine risks. Health officials must be put on notice for failing their duty to warn parents of vaccine associated risks. The time has come to push back and fight fire with fire.

Dr. John Bonn,
Registrar/ Investigations and
Resolutions Dept.
College of Physicians and Surgeons of
Ontario
80 College St.
TORONTO, Ont. M5G 2E2

Nov. 5/1999
RE: Dr. Robert Nosal, Commissioner
and Medical Officer of Health
Regional Municipality of Halton
1151 Bronte Rd.
Oakville, Ontario L6M 3L1

Dear Dr. Bonn,
Registrar/Investigations and
Resolutions Dept,

I am lodging a formal complaint against the aforementioned individual and would like the College to investigate his professional behaviour.

I am a chiropractor in Burlington, Ontario and have been in practice for the past 23 years.

I write for a number of journals and national health magazines as well as writing a pediatric health column, which I pay for, in two local newspapers. In the Spring of '98, and again in '99, I wrote a four-part series on the vaccination controversy, essentially giving my community the side of the vaccination issue which the health dept. had not mentioned. My articles included research studies showing the risks of certain vaccines. The format was designed to provide parents with a more balanced view than they received, so they could then make an informed decision regarding vaccination.

Dr. Nosal wrote a Letter-to-the-Editor of the *Hamilton Spectator*, which was not published and the Editor asked for my response, which was also not published. I provided him with a fairly extensive referenced rebuttal to Dr. Nosal's seemingly simplistic view of this issue. I have invited Dr. Nosal to a presentation on vaccination but received no reply from his office.

In 1999, Dr. Nosal again responded to my articles and this time his letter to the editor was published in the *Burlington Post*, as was my reply. His was almost a carbon copy of his response of last year.

Unbeknownst to myself, Dr. Nosal wrote a letter of complaint to the College of Chiropractors of Ontario in April 1998 which I have only just became aware of.

I would like Dr. Nosal to be investigated for the following reasons;

1. Clear failure to disclose to the public that they have a choice whether to vaccinate their children or not.

2. Failure to obtain Informed Consent from the citizens of our community

3. Failure to inform parents of the clear risks of vaccination

4. His behaviour can be likened to Human Experimentation which has been clearly handled by the Nurnberg tribunals at the end of World War II

5. Lodging a frivolous complaint against myself with the College of Chiropractors of Ontario knowing full well that the College must investigate all complaints, regardless of nature, and thereby abusing the complaints system.

I am looking forward to your reply,
Sincerely,

Ogi J. Ressel B.Sc., D.C., F.I.C.P.A.
Director: Patient First Chiropractic and Wellness Centre √

VACCINE AWARENESS AND YOUR CHILDREN'S HEALTH CONFERENCE

By Rita Hoffman

The Vaccine Awareness and Your Children's Health conference was held in Rochester, New York on September 25, 1999. The information-packed day was sponsored by R.A.C.E. (Reaching Autistic Children Early), PAC (Parents of Allergic Children), and the Westside Parent Support Group. The day began with tissues needing to be distributed to the attendees as musician Connie Deming sang "Butterflies", a song she wrote for her autistic son David.

Andrew Saul, PhD, a specialist in natural healing, spoke on vaccinations and infectious illness. He has a Masters degree in education, a Ph.D. in Human Ethology, and has taught Clinical Nutrition to many hundreds of practicing health professionals. Dr. Saul told the audience that many children in the U.S. receive 21 shots for 35 separate vaccines before they reach school. He described how the U.S. is attempting to "buy health" with over a trillion dollars a year spent on health care with very little going to prevention.

Speaking of the germ theory, Dr. Saul described how we are all surrounded with pathogens and germs but only some of us get sick. Using the flu as an illustration, one-third develops the flu, while the other two-third exposed to the same viruses are quite well. His revisionist view of the germ theory is "You cannot infect all of the people all of the time."

Regarding the Bubonic Plague that killed millions of people, Dr. Saul pointed out that approximately 1 in 4 people died, while 3 in 4 people lived through the epidemic with no antibiotic or vaccine. Most people survived the smallpox epidemic. Mainstream medicine says

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that the plague is gone because of sanitation and nutrition but at the same time they are claiming smallpox is gone because of the vaccines. "You can't have it both ways," says Dr. Saul. There are roughly 60 million people in the U.S. who have not been vaccinated for polio. "Where is the epidemic?" asked Dr. Saul. In Europe the rate of fully vaccinated people is 50 to 58%. Dr. Saul asked, if one-third to one-half of Europeans are not vaccinated, there should be epidemics. "Where are the bodies?"

Dr. Saul's two college age children have never had to take any antibiotics. It's not that his children didn't get sick—they did, and when they did get sick vitamins were used, especially vitamin C. He believes strong immune systems will prevent disease. If our resistance is down he recommends vitamins in large doses. Dr. Saul spoke of the importance of good nutrition. If our children are overfed and undernourished they will be chronically weakened providing a fertile ground for microbes.

"We don't need a lot of new research, we have to look at what's already there," including works by William J. McCormick, M.D. which showed that inoculations have had very little, if any, influence on the history of disease. Dr. McCormick also made a direct relation between diseases and vitamin C deficiency. ("The Changing Incidence and Mortality of Infectious Diseases in Relation to Changed Trends in Nutrition," Medical Record, 1947.) Howard F. Hilleman, Ph.D., showed similar findings to Dr. McCormick in a paper entitled "The Illusion of American Health and Longevity." Dr. Saul also described how Dr. F.R. Klenner, M.D. cured tetanus with 350–1000 mg of vitamin C per kilogram of body weight per day.

Speaking about vitamin C, which is anti-toxin, anti-viral while being safe and effective, Dr. Saul said, "This could change the way health care is delivered in the 21st century."

Interested readers can check out Dr. Saul's website at: http://www.doctoryourself.com

The next speaker was John I. Mosher, PhD., Professor Emeritus, Department of Biological Sciences at the State University of New York. Dr. Mosher's presentation was entitled *The Stress Factor: Working with the stress in your life.* Dr. Mosher told the audience that stress depresses the immune system. Dr. Mosher described how proper breathing techniques; meditation and massage on acupressure points are ways anyone can reduce stress in their lives. He then led the group in a guided meditation.

Carolyn Morelli and Carolyn Donikowski from the Pennsylvania Parents for Vaccine Awareness (PPVA) attended the conference. They are a grassroots organization of concerned parents who joined together in 1997 to form PPVA. Their objective was to change the severe lack of information given to parents regarding vaccine adverse reactions, as well as the lack of information in literature given to parents by the medical industry.

Carolyn Morelli addressed the conference and said that vaccines are an important health care option for those who choose to use them. Unfortunately, in many cases there is not informed consent for a very important medical decision. In the United States, parents must sign a waiver to release the doctor from any liability from the administration of vaccines. She questioned the use of the carcinogen formaldehyde and the mercury derivative thiomersal in vaccines and asked why an 8 pound infant gets the same dosage as a five-year-old. She mentioned that a genetic component might set off adverse reactions to vaccines and that adverse reactions to the hepatitis B vaccine outnumber the number of Hepatitis B cases in the under 14 age group. She spoke of the unjustifiable delay in eliminating the oral polio vaccine, the only cause of polio in North America.

Regarding the rotavirus vaccine licensed in 1998, (which has been taken off the market in October of this year due to bowel obstructions in infants), Mrs. Morelli said that virus is highly treatable in the U.S. and does not cause widespread death. The vaccine had a 48–91% efficacy rate and is made by co-cultivating monkey and human virus strains. Mrs. Morelli stressed the need for parents to be informed and to be able to choose the best health care options for our children.

Andrew J. Wakefield, MD of the Royal Free Hospital and School of Medicine in London, England was the final speaker. He caused international controversy in medical circles with his well-documented research published in the Lancet on the suspected link between the MMR vaccine and autism. Attendees of the conference were presented with Dr. Wakefield's findings. He and his colleagues studied 12 children with a history of normal development followed by loss of acquired skills, including language, together with diarrhea and abdominal pain. Eight of the children had developed autistic-like symptoms within two weeks of receiving MMR vaccination, five had experienced severe post-MMR symptoms including fever, rash, delirium and/or seizures. In another child the symptoms followed a measles infection. The children underwent testing and all presented with intestinal abnormalities, including intestinal lymphoid nodular hyperplasia and non-specific colitis. Lymphoid hyperplasia is caused by an infectious agent. Dr. Wakefield said this bowel condition is also seen in children with Attention Deficit Hyperactivity Disorder. MRIs, EEGs, and other neurological tests in the children were normal.

He stated that there is an inherent biological risk of concurrent viral exposure, especially in some children who are genetically influenced, have an

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allergic background, or have intercurrent infection. Autistic children show signs of immune system dysfunction and some children may not handle certain viruses appropriately, including attenuated strains of viruses used in vaccines. In these children the MMR vaccination may lead to the gastrointestinal defects which impair intestinal function. This impairment may allow food by-products called peptides, which can exhibit opium-like properties, to pass through the intestinal walls. Having escaped the intestines these particles may disrupt normal brain function and development, thus causing the autistic behaviours.

Dr. Wakefield & his team are currently investigating 2,000 children with the same symptoms with the majority appearing after the MMR vaccine, with a handful having the measles. The trends in autism in Britain show increases 10 years after increased rates of autism in the U.S. This corresponds to the delay of the MMR vaccine being introduced in the United Kingdom.

Dr. Wakefield told the conference that in the last three years, he has learned more about medicine and autism from PARENTS and that parents are the best observers of their children. He explained that he once had a relatively promising career, but stressed that he cannot turn back now. Dr. Bernard Rimland, editor of Autism Research Review International described the controversy, "Dr. Wakefield and his courageous collaborators have endured a torrent of criticism and abuse from those dedicated to silencing anyone challenging the sacred-cow status of vaccines." Dr. Yazbak, one of the collaborating physicians of the Autism Autoimmunity Project described how Dr. Wakefield's findings were received. "The immediate result of Dr. Wakefield's paper was a vitriolic attack from every front. A flood of opposing articles appeared in the same issue of *Lancet*, and systematic criticism, nearing persecution, of this decent researcher began, and is still going on."

Dr. Wakefield said that we would look back in 10 years time and say that this is the most disgraceful time of medicine. He said the story is that the parents were right and the medical people were wrong and it was quite a lesson in humility. He stressed that he is not "anti-vaccine" and that his own children were vaccinated. Dr. Wakefield also stressed that we are dabbling into what we know very little about. He called this a very defining time with the planned launch of many new vaccines with no idea of the complications. He called rotavirus a trivial disease and the chicken pox vaccine is not for health of the child but for economic and commercial purposes. He also reminded the audience that only 1% of adverse reactions to vaccines are reported. He told the crowd "Have your say, you've got to do it and do it now."

Dr. Wakefield's study can be seen in the *Lancet*, Volume 351, February 1998.

The conference wrapped up with a standing ovation for Dr. Wakefield, followed by presentations to the speakers by Teresa Kerr, President of R.A.C.E. A very emotional slide presentation closed the day with pictures of children, many visibly autistic, which brought most in the audience to tears while the song "Everything I do, I do it for you" played. √

U.K. Mother

Editor's note: We wish to thank Michael Belkin whose baby girl Lila died following a hepatitis B vaccination last year, for drawing our attention to the British Sunday Times article reporting on the tragic conviction of a mother following the death of her children. It is reminiscent of the many cases that have been reported as "Shaken Baby Syndrome" where babies have died following a vaccination and the parents have been accused and convicted of killing their children.

Michael Belkin wrote: This mom was convicted by a UK jury of murder on the basis of some supposed expert saying the odds of 2 kids dying in similar circumstances are 73 million to one. The next to last paragraph reveals the common link in the children's deaths—they were just vaccinated. What is the matter with the medical profession? Why don't they investigate the obvious link in situations like this instead of persecuting the parents? I'm going to work on calculating the odds of two kids in the same family dying within 24 hours of vaccination so the right ones go to jail —vaccine manufacturers. "Both boys were vaccinated, Christopher the day before and Harry on the day of his death, so both were seen by health professionals who noticed nothing amiss."

http://www.sunday-times.co.uk/news/pages/sti/99/11/28/stirevnws02009.html

Eighteen days ago Sally Clark was convicted of the double murder of her baby sons, Christopher and Harry, born a year apart and each destined to live no more than a few weeks. The 35-year-old lawyer, who once appeared to be the woman with everything—a high-flying job as a solicitor, a £250,000 house in Cheshire's stockbroker belt and a devoted husband—

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got her first taste of prison life within 24 hours of arriving in the hospital wing of Styal women's jail, where she was sent for assessment. Another prisoner, frustrated at being separated from her own children, smashed a plastic cup into Clark's face, leaving her with two black eyes.

It was not a staggeringly violent attack—the woman who carried it out later apologised—but it is unlikely to be the last. Clark faces many years inside a prison system where child killers are regarded as the bottom of the heap, prey to the attentions of the vicious or deranged. Does she deserve this fate? The 10 jurors who brought in a majority verdict of guilty after two days of deliberation at Chester crown court clearly think so, but Clark's family and legal team insist the case was a miscarriage of justice. As the jury pronounced its guilty verdict, Clark's husband Stephen stood up and opened his arms in a gesture of astonishment. He has pledged to stand by her, come what may, utterly convinced of her innocence.

The thought that Clark cold-bloodedly murdered two of her babies is appalling. But the thought that she might not have done so, and is a bereft mother now serving a double life sentence for a crime she did not commit, scarcely bears thinking about. It is a difficult case, and Clark is hardly the most sympathetic of characters. After the trial it emerged that she had a history of depression and drink problems. One would expect her family to rally round. Her father, speaking for the first time about her case, is a former senior policeman with years of experience dealing with the criminal courts. And medical experts who examined the evidence also have misgivings about the verdict. What is troubling is that Clark was convicted without the cause of death of either baby being definitively established.

The trial opened with the assertion that Harry, who died in January 1998, was a victim of shaken baby syndrome, and that both babies had been subjected to abuse, even though when Christopher died, in December 1996, his death was ascribed to a respiratory infection, that is, natural causes. When the "evidence" for shaking was challenged, it was suggested that one or both babies might have been smothered, or even strangled. The prosecution said there were too many coincidences: both babies died at approximately the same age, at the same time of evening; both were alone with Clark, and found in her bedroom. The odds against a double cot death in this sort of family were said to be 73m to one. The strongest aspect of the case against Clark, therefore, was the very human assumption that lightning doesn't strike in the same place twice.

Clark was brought up in Wiltshire, where her father, Frank Lockyer, was chief superintendent of the southern half of the county. Her teenage years were blighted by her mother Jean's eight-year battle against breast cancer. Jean died shortly after her daughter went to university. Despite this, her father says they have "many, many happy memories" of family life. "We were enormously proud of Sally. Let's face it, the policeman's daughter, like the vicar's daughter, has to be that little bit better than everyone else and she never put a foot wrong."

After Southampton University, Clark joined a finance house in London and met her husband, a solicitor. Stephen was keen to have children, his wife apparently less so, wishing she could have a few more years to establish herself in her career. But at 32, with time ticking on, she fell pregnant with Christopher. "She suffered depression, yes, and drink was one of the escape routes," says her father. "Losing her mother so young was very hard on her. After Christopher died she sought professional help. What she had was not a drink problem, but a bereavement problem. She was never the sort to have gin on her cornflakes, but she did have a problem and she tried to deal with it. Sally is a compassionate person who loves children. If people could see the preparations she made for her babies, her sheer joy at having them, they would never believe she could do them harm."

Eleven weeks after Christopher was born, while her husband was away on business, she left the baby one evening in his Moses basket by her bed while she made a cup of tea. When she returned he was "this dusty grey colour". Her panic was such that it was all the emergency team and hospital staff could do to contain her while they attempted to resuscitate the baby. The pathologist who carried out the autopsy on Christopher was concerned about marks on his legs—though the hospital staff had not noticed any bruising—and a split in the frenulum, the tissue that links the upper gum to jaw. These were put down to aggressive resuscitation attempts and the cause of death was attributed to an infection in the respiratory tract. Just over a year later, Harry died in a chair next to his parents' bed while Stephen was downstairs, making his eight-week-old son a bottle.

Harry's autopsy was carried out by the same pathologist, who was now suspicious. He found several apparent injuries, including bleeding near the spinal cord and, crucially, bleeding in the retina of the eye, a marker for death by shaking. Meanwhile, new research from New Zealand said traces of blood in the lungs could indicate smothering. Christopher's lung samples were looked at again, and traces were found. The case went ahead, based upon the supposition that Harry had been shaken to death and Christopher smothered. Before she came to trial, Clark gave birth to a third child, a one-year-old boy now in care.

As the trial drew near, a last-minute

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drama was taking place. One of the experts who had backed up the claim of retinal bleeding began to have doubts and said he had been looking at the wrong slides. In a crucial meeting two days before the trial, he conceded that there were no retinal haemorrhages, seriously undermining the original pathologist's belief that the baby had been shaken to death. The other injuries, such as the spinal cord bleeding, were also highly questionable, the defence said, and as likely to be due to childbirth as child abuse: Harry's had been a rapid delivery. A damaged rib was said by the defence to be a post-mortem injury.

"I wonder if the case would have been brought if the spectre of shaking had not surfaced early on," says Phil Luthert, professor of pathology at London University, who examined the retinal slides. "The evidence does not support shaking. I worry about a system where juries are expected to make a decision on complex, conflicting medical evidence." Suddenly, Christopher's death, originally the weaker case, became the strong one. But the assertion that he was smothered is also questionable. It is practically impossible to disprove suffocation, which sometimes leaves no sign at autopsy. But neither are traces of blood in the lungs proof; they are routinely found in the lungs of children who have suffered a cot death, where there is no suspicion of foul play.

As for the one in 73m chance, we are talking probabilities here, not actualities. The figure was said to equate to one such double tragedy every 100 years. The Foundation for the Study of Infant Death estimates that there is at least one multiple cot death every year. Indeed, one of the risk factors for cot deaths in families is having suffered a previous cot death. Asked in court if she had murdered Harry, Clark replied tearfully: "Absolutely not. No. Absolutely not. He was so precious. I loved him to bits and I didn't harm him in any way. I didn't harm my little baby. I loved both of them, more than anything."

A nanny who worked for the Clarks said after the trial that she still believed they were very caring and genuine people. The family's health visitor saw Clark as "a normal, caring, delighted mother". Both boys were vaccinated, Christopher the day before and Harry on the day of his death, so both were seen by health professionals who noticed nothing amiss. On Friday, Clark was brought back to Chester crown court to be formally given two life sentences. Outside the court, her husband reiterated that the "nightmare" would not be over until he was able to clear her name. √

Vitamin K

By Karin Rothville DipCBEd.

For the last 40 or 50 years, it has become a generally accepted fact that vitamin K prevents haemorrhagic disease of the newborn, and routine administration of vitamin K to all newborns has been recommended.[3, 6, 21, 34,72]

This recommendation has been questioned because results released in 1990 from a study by Golding and colleagues[26] in the UK showed a two to three times increased risk of childhood cancers, especially leukaemia, in children given prophylactic drugs (usually intramuscular vitamin K) in their first week. A further study in 1992 seemed to confirm this risk.[25]

There was widespread anxiety among parents when these findings were published. Parents were, understandably, reluctant to have their baby receive a substance that could predispose it to cancer in childhood, and many health workers were also reluctant to give, without prescription, a possibly cancer-causing substance to prevent a disease that few, if any, of them had ever seen. These concerns are not the first time that vitamin K safety has been questioned. So, what is the controversy about vitamin K? And does it predispose babies to childhood cancer?

WHAT IS VITAMIN K AND WHAT DOES IT DO?

Vitamin K is a fat-soluble substance which triggers off the blood-clotting process. Blood clotting is a complex process and can be described as a sequence of three stages, requiring up to 12 different coagulation factors.[72] The liver needs vitamin K to synthesise four of these factors. Vitamin K is also needed for the formation of other proteins found in plasma, bone and kidney.[33, 58]

As with other fat-soluble vitamins, a normal flow of bile and pancreatic

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juice is necessary for digestion, and the presence of dietary fat, especially short-chain fatty acids, enhances absorption. Absorbed vitamin K is transported via the lymph into the systemic circulation.[58]

Normally, a significant portion (up to 55%) of absorbed vitamin K is excreted so the amount in the body is small and its turnover is rapid (about 30 hours).[58] Vitamin K is stored and re-utilised in the body for 3–4 weeks.[33]

Vitamin K is found in many foods. Leafy, dark green and deep yellow vegetables are the best sources.[58] Alfalfa[18] is a good source; and milk and dairy products, eggs, cereals, fruits and other vegetables also provide small but significant amounts. As the liver of adults contains about equal amounts of plant and animal forms of Vitamin K, it is assumed that vitamin K is produced in the intestinal tract by bacterial flora. One of the reasons given for the low levels of vitamin K in newborn babies is because their gut has not yet been colonised by the required bacteria.

Recommended daily dietary intakes of vitamin K:[58]

Category	Age	Amount (ug)
Infants	0–1	10
Children	1–3	15
	4–6	20
	7–10	25
Adolescents	11–14	30
	15–18	35
Adult Male	19–70	+45
Adult Female	19–70	+35
Pregnancy		+10
Lactating		+20

The dietary requirements for vitamin K in infants and children are estimates and are based on weight and growth rates as compared to adults. Many unsupplemented breastfed infants do not show clinical signs of vitamin K deficiency on intakes of less than 3g daily and the mean requirement for infants is estimated to be 5g daily based on weight. The higher amount of 10g is recommended for prevention of Haemorrhagic Disease of the Newborn.[58]

WHAT IS HAEMORRHAGIC DISEASE OF THE NEWBORN?

Haemorrhagic Disease of the Newborn (HDN) is a bleeding disorder associated with low levels of vitamin K in newborn babies. It was first defined in 1894 by Townsend[69] as spontaneous external or internal bleeding occurring in newborn infants not due to trauma, accident or inherited bleeding disorders such as haemophilia. Previously, there were no generally agreed upon criteria to determine causes of haemorrhaging, so any diagnosis was based solely on the opinion of the attendant medical personnel.

Infants are born with low levels of vitamin K[23] compared to adults and this is termed 'vitamin K deficiency'. Up to 50% of babies develop this 'vitamin K deficiency', but bleeding occurs in only a fraction of these cases.[37] In most it starts after birth, becomes progressively more severe over 48–60 hours, then spontaneously corrects itself by 72–120 hours.[9]

HDN has always been rare—in Britain where maternity units practised a selective policy of vitamin K administration, the incidence was no more than 1 in 20,000 in the years 1972–80. Estimates for late onset HDN are 4–8 per 100,000.[45] Incidence also seems to vary from country to country.

HDN is divided into three categories:

Early onset HDN occurs in the first 24 hours. It is very rare and mainly associated with mothers who have taken anticonvulsant, antibiotic, antituberculous or anticoagulant drugs during pregnancy.

Classic HDN occurs in the first week after birth. It is manifested by the oozing of blood from the intestines, the nose, the cord site and broken skin sites. Bruising at sites where there has been no trauma can also appear.

Late onset HDN occurs after the first week, with a peak incidence between the second and sixth weeks, and about half the cases present with intracranial bleeding (bleeding into the brain).

WHAT ARE THE RISK FACTORS FOR HDN?

There has been some debate over the years as to whether or not HDN is actually caused by vitamin K deficiency. Certainly, giving vitamin K does arrest bleeding in the majority of cases, but this does not mean that vitamin K deficiency causes HDN. One may as well say that an antibiotic deficiency causes bacterial infection. There is also no consensus as to what level of vitamin K in plasma protects against HDN. Some researchers have found no evidence of vitamin K deficiency in babies in their studies[43],[49] and other factors have also been suggested.[52, 73, 74]

Most, if not all, of the reported cases of late onset HDN have presented with problems which affect the baby's ability to absorb or utilise vitamin K.[45, 56] These include: hepatitis, cystic fibrosis, chronic diarrhoea, bile duct atresia, alpha-1-antitrypsin deficiency, coeliac disease of insufficient plasma transport capacity. Subclinical cytomegalovirus has also been implicated. Vitamin K-responsive bleeding syndrome has been well documented after antibiotic therapy, especially with cyclosporins.[33]

There are other factors which place the newborn at higher risk. These include pre-term birth (as the liver is very immature), low birth weight, instrumental or traumatic delivery, bruised or bleeding in the first few days after birth, requiring surgery or circumcision, taking inadequate feeds and breastfeeding.[33]

BREASTFEEDING— WHY IS IT A RISK?

Several authors have noted the

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higher incidence of HDN in solely breastfed babies.[9,30] The incidence has been quoted as 1 in 1200.[30] Studies comparing breastmilk with formula and cow's milk have shown that breastmilk is lower in vitamin K.[22, 28, 32] Breastmilk substitutes are heavily supplemented with vitamin K, however, it is possible that, like iron, vitamin K is biologically more available to the baby from breastmilk, and so such high levels are not necessary.

Measured levels of vitamin K in breastmilk seemed to vary depending on the type of measurement used; however, they all come out lower than cow's milk. Fournier[22] and Greer[28] found levels of around 8–9 g/l, which would mean that if a baby was taking in about 500ml per day, it would be getting the recommended 3–5g daily.

Vitamin K content and availability are greater in the hind milk because of its higher fat content and vitamin K levels are also higher in colostrum.[32] As an extra plus, breastmilk contains thromboplastin, one of the factors in blood clotting.[18]

Vitamin K levels in the breastmilk rise markedly in response to the mother eating vitamin K rich foods or taking vitamin K supplements.[29, 54] Nishiguchi found no cases of low vitamin K levels in breastfed infants whose mothers had been given supplements, as opposed to infants who had only been given 1 or 2 doses of oral vitamin K.[54]

Unrestricted access to the breast in the early days after birth is important, due to the higher levels of vitamin K in colostrum. The importance of early feeding has been recognised since the 1940's. Babies who have been fed within their first 24 hours have significantly better coagulation times than babies not fed until after 24 hours.[24]

It is essential that, to receive the full complement of vitamin K in breastmilk, the baby completely finishes one breast before being offered the other. Any practice that involves restricting either the baby's time at the breast or the number of feeds will not allow the baby to receive optimum amounts of vitamin K and will also prolong the time it takes for the baby's intestine to be colonised by friendly, vitamin K manufacturing bacteria.

THE HISTORY OF VITAMIN K USE TO PREVENT HDN

The search for the cause of HDN began in 1913 when Whipple[62] postulated that a lack of prothrombin activity could be a cause of HDN. In 1929, Henrik Dam[14] noticed that chicks fed a fat-free diet suffered subcutaneous and intramuscular haemorrhages, which could be prevented if the chicks were fed seeds, cereals and green, leafy plants. Dam described the condition as a vitamin deficiency and named the deficient vitamin 'vitamin K', from the Danish word 'koagulation'.

Research in 1937[8] found that prothrombin times in normal neonates were between 30–60% adult levels, falling to 15–30% on day two, and then gradually rising again until about day 10. This research led to the continuing belief that these low levels in the newborn are a deficiency and need to be corrected.

In 1939, vitamin K1 was isolated from alfalfa by Dam, for which he later received the Nobel Prize, along with Edward Doisy, who isolated vitamin K2.[45] Further research in 1939 by Waddell and Guerry[61] found that low plasma prothrombin levels could be elevated by the administration of oral vitamin K.

Armed with this 'proof' that vitamin K deficiency caused HDN, vitamin K was synthesised and various trials were commenced to ascertain which was the most effective amount and route to use in prophylaxis.

It is difficult for us to assess these trials nowadays as they were mostly neither double blind nor well controlled. The dosage of vitamin K given, the route of administration and the time of administration all varied. In many cases, the conclusions did not seem to match the results.[72]

Some of the studies assessed the effect on neonatal vitamin K levels if the mother was given vitamin K during labour.[72] Results varied, with the effectiveness of the vitamin K given depending on how soon the woman gave birth and the dosage given. More recent studies have shown increases in cord blood levels where mothers were supplemented antenatally with vitamin K.[1, 66] Two showed a significant difference between the supplemented and unsupplemented groups and found that the effect of prenatal vitamin K persisted until the fifth day after birth.[1]

Because of the variations in results from these early studies, further research focussed on treating the baby after birth. One particular study done in 1942[31] was intended to determine the minimal effective oral dose of Synkavite (K3), a water-soluble synthetic form of vitamin K. The results showed that very small daily doses were effective and that a dose of 5 g daily would probably prevent the development of HDN, except in early onset cases. The study also found that 1.25mg was effective in lowering an excessively high prothrombin time to normal. However, the author admitted that several workers found prothrombin deficiencies in babies with no abnormal bleeding.

By 1950, most maternity units had a policy of giving infants oral vitamin K (usually Synkavite) immediately after birth.[70] This prevented the fall in prothrombin levels that occurred in the first few days and, presumably, the risk of excessive bleeding. This risk was higher in male babies because of routine circumcision, and, indeed, vitamin K proved to be of great clinical value in preventing post-circumcision bleeding.[75]

Then, in the mid-1950's, reports of increased jaundice and kernicterus

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(brain damage caused by high bilirubin levels) associated with vitamin K prophylaxis began circulating. Reviews of maternity units found that some were giving Synkavite in doses exceeding 50mg.[70] It was established that high doses of Synkavite caused haemolysis (destruction of red blood cells) and high serum bilirubin levels.[48]

Researchers and medical professionals queried the safety aspects of vitamin K, and there were many conflicting reports on the appropriate dosages. Some researchers queried the need for vitamin K at all, quoting results from studies that showed no difference in prothrombin times or vitamin K plasma levels between babies that bled and babies that didn't.[72]

Eventually, a newer preparation, intramuscular vitamin K1 (phytomenadione), was developed and approved for use, solely on the grounds that it appeared to cause less haemolysis. Phytomenadione (trade names Konakion (Roche) or Aquamephyton (Merck, Sharpe & Dohme) is a synthetic petrochemical derived from 2-methyl 1,4-napthaquinone in a polyethoxylated castor oil base.[18] In the US, polysorbate-80 is used as a base instead of polyethoxylated castor oil.[15]

In spite there being no long term trials of these preparations, the American Academy of Pediatrics recommended that phytomenadione be administered prophylactically to all newborn babies.[72] The use of oral vitamin K preparations fell out of favour in the USA and the 'safer' intramuscular route became the route of choice.

In Britain, after the jaundice scare of the 1950's, many maternity units began to practice a selective policy, giving vitamin K only to babies at risk of haemorrhaging. McNinch reported in 1980 that less than half the maternity units in the UK gave vitamin K to all newborns.[47] Some of these babies were given oral prophylaxis and some were given intramuscular prophylaxis.

In Germany, almost all newborn infants who required medical care and instrumental deliveries were given intramuscular vitamin K, and some healthy newborns also received it.[76] Records have not always been kept in New Zealand hospitals, so it is impossible to say whether or not vitamin K was given routinely and by which route.[17]

Although vitamin K use seemed to prevent most cases of HDN, there was still controversy. Not everyone believed vitamin K deficiency was the cause of HDN. In 1977, van Doorm et al[52, 73, 74] suggested that HDN could be caused by a heparin-like inhibitor in the newborn and he concluded that babies given their first feed soon after birth do not have a vitamin K deficiency. Other researchers agreed with van Doorn.[49] In 1980, Malia et al[43] could find no evidence of vitamin K deficiency in babies in their study and concluded that low levels of vitamin K dependent clotting factors were due to the immature liver. The authors of these studies questioned whether vitamin K prophylaxis was really necessary for healthy newborns.

Then, starting in November 1980, there was a cluster of six cases of HDN in Britain, all within 17 months.[46] Half of these cases were classic HDN, the other half were a new manifestation of HDN—late onset.

LATE ONSET HDN

Late onset HDN was first reported in 1977.[5] It mainly occurs in breastfed infants and 6 to 3/4 of cases have an underlying liver disorder or malabsorption syndrome,[15] rather than insufficient dietary intake of vitamin K. This means the liver cannot adequately synthesise blood clotting factors or store adequate amounts of vitamin K. Liver function cannot be easily diagnosed at birth without a range of invasive tests and thus there exists an unknown risk of haemorrhaging.

Many factors contribute to poor liver function, including hepatitis, cystic fibrosis, antibiotic therapy, biliary atresia, alpha-1-antitrypsin deficiency, a-beta-lipoproteinaemia, coeliac disease, chronic diarrhoea and exposure to pharmacologic agents such as anticonvulsants, rifampin, isoniazid cephalosporins and coumarin compounds.[33] When tested, most of the reported cases of late onset HDN had hepatitis, liver malfunction or enzyme deficiencies.[6, 35, 51, 80]

Birkbeck[6] believes there are two processes at work—low levels of prothrombin and vitamin K-dependent clotting factors VII, IX and X at birth, and a further fall in these in the neonatal period. In his view the initial low levels are not due to vitamin K deficiency as levels of 2 other non-vitamin K-dependent factors, XI and XII are also often reduced. Thus, the situation at birth may be simply due to hepatic immaturity.

Birkbeck[6] also reports that HDN is almost unknown in central Africa and he suggests an environmental mechanism as the cause. Associated with this, a discussion paper from the University of Amsterdam[42] raises the idea that by-products of our industrial society such as PCBs, PCDDs and PCDFs are the cause of late onset HDN. These chemicals can induce enzymes in the liver which cause liver damage and prolong prothrombin time. Although overseas studies have reported contamination of breastmilk by these pollutants, a NZ Department of Health study on breastmilk reported that levels of these contaminants were at the lower end of the scale.[7] The Health Department is currently conducting another study to see if levels have changed over the past few years.

There seems to be a seasonal variance, with most cases of late onset HDN occurring in the warmer months.[6] It has been suggested that the mother

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could have contracted a viral infection during pregnancy in the colder months and this has crossed the placenta. Since viruses have an affinity for the liver and mucous membranes, they can affect intestinal absorption and liver function.[67]

Another suggested cause of late onset HDN includes use of the food antioxidant BHT (butylated hydroxytoluene), which has produced vitamin K deficiency.[68] BHT is present in many processed foods, including margarine. Our Western diets consist of a lot of processed food, and to reduce fat intakes, margarine is recommended rather than butter. The polyunsaturated fat in margarine is an inhibitor of vitamin K absorption.[68] Both of these factors could have an effect on the amount of vitamin K available to pass through to the baby. A high level of vitamin K in the mother's blood is necessary to ensure adequate transplacental transfer of vitamin K.[9, 33] It is important for the baby to have adequate stores of vitamin K in its liver at birth to prevent bleeding until its feeding and gut flora are established.

Of the six cases of HDN in Britain in 1980–1982, all were breastfed and none had received vitamin K at birth.[46] Two of the cases were in the high-risk group—one was born by caesarean section and had an epileptic mother treated with phenytoin, and the other had an alcoholic mother who had taken anti-depressants—and obviously should have received vitamin K at birth.

These cases prompted a call for the re-introduction of routine prophylaxis. Many opposed the idea of unnecessarily injecting otherwise healthy babies so studies[40, 47, 55, 79] were therefore conducted to determine whether oral vitamin K was as effective as intramuscular. It was also proposed that oral vitamin K would be more cost-effective and thus better suited for use in Third World countries.[55] Results of these studies varied. Some showed that oral vitamin K was effective in preventing classic haemorrhagic disease but not as effective as intramuscular vitamin K in preventing late onset HDN.[47, 55, 78] Others found oral as effective, especially a 10 year study conducted on 38,000 infants in Sweden where no cases of HDN were observed over that period.[40] Tripp and McNinch reported no cases in 25,000 babies in their maternity unit where only those at risk were given intramuscular prophylaxis and the rest oral prophylaxis.[70]

In spite of these findings that oral vitamin K prophylaxis was not effective in preventing late onset HDN, it continued to be used in British maternity units, especially for low risk infants.

RISKS OF VITAMIN K PROPHYLAXIS

Konakion ampoules contain phenol, propylene glycol[38] and polyethoxylated castor oil as a non-ionic surfactant. Studies in animals given polyethoxylated castor oil have shown a severe anaphylactic reaction associated with histamine release. Strong circumstantial evidence implicates polyethoxylated castor oil in similar reactions in humans. Polyethoxylated castor oil, when given to patients over a period of several days, can also produce abnormal lipoprotein electrophoretic patterns, alterations in blood viscosity and erythrocyte aggregation (red blood cell clumping). Individuals sensitive to this base are contraindicated from using Konakion. New Ethicals Compendium also warns that the use of Konakion can cause jaundice and kernicterus in infants.[53] Other listed side effects include flushing, sweating, cyanosis, a sense of chest constriction, and peripheral vascular collapse. Local cutaneous and subcutaneous changes may occur in areas of repeated intramuscular injections.

This synthetic, injectable vitamin K formulation was never subjected to a randomised, controlled trial. In new drugs that are to be used for prophylaxis, the usual risk/benefit analysis does not apply, since the individual is not ill. The ethical principle of non-maleficence (primum non nocere—first do no harm) applies and the trials must thus be larger in order to identify any previously unrecognised side effects.[55] Since this did not happen, nor was there any long term follow up, we actually have little idea of the effects of this drug on newborn babies.

The risks of injecting vitamin K into a newborn baby are nerve or muscle damage as the preparation must be injected deeply into the muscle, not subcutaneously under the skin. There is also the documented risk of injecting the baby with the syntocinon intended for the mother.[30, 70] As stated in the product information,[53] infants can suffer from jaundice or kernicterus (brain damage from a build-up of bile pigments in the brain) from Konakion. Infants who have the enzyme deficiency G6PD (glucose 6 phosphate dehydrogenase) are at particular risk from vitamin K.[30] The other risk factor is the possible increased chance of childhood cancer.

THE LINK BETWEEN CHILDHOOD CANCER AND INTRAMUSCULAR VITAMIN K

In 1970, a national cohort study of 16,[193] infants born in one week in April was begun in Britain.[26] This study was to test hypotheses about childhood cancers and their associated factors. Thirty-three of the children had developed cancer by age 10 and were compared with 99 control children, matched on maternal age, parity and social class. One of the unlooked-for risk factors was the administration of prophylactic drugs such as vitamin K in the first week after birth—a nearly three-fold risk. This association fitted no prior hypothesis and the authors recommended that their finding be tested in another series of cases.

The authors of the study

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Vitamin K cont. from page 22
approached Roche, the manufacturers of Konakion, for funding for a further trial to examine the findings more closely. Roche was not interested until, a few months later, the media reported the results of the study and that vitamin K given to babies might cause childhood cancer. Roche then decided to fund a new study.[27]

The new study[25] was a case-control study of 195 children with cancer born at either of two hospitals in Bristol, England, compared with 588 healthy children also born at these hospitals. One hospital predominantly gave vitamin K orally and the other intramuscularly. The authors found a nearly two-fold risk of leukaemia in children who had received intramuscular vitamin K.

These findings were extremely worrying. Golding calculated that the extra cases of leukaemia caused by vitamin K injection could be as many as 980 in the UK alone.[25] These results were supported by reports of the potential carcinogenicity of vitamin K from Israels et al, who suggested that low vitamin K levels in the newborn protect against the risk of mutations during a period of rapid cell growth and division.[39] Pizer et al did not find any association between the route of vitamin K administration and mutations in cells but concluded that his study was too small to show any real effect.[62] Another study reported no increase in abnormalities in newborn infants, but, with only 12 infants, the study was too small to show any real effect.[10] It is worth noting that after an intramuscular dose of vitamin K, the baby's plasma levels are almost 9000 times the normal adult levels.[47] It has also been suggested that the cancer-causing agent could be a metabolite, N-epoxide, or some other component of the solution other than vitamin K itself.[15]

Golding's study was criticised by many. One of the reasons was that the authors had to make assumptions for some cases, as the information on vitamin K administration was not clearly recorded. In spite of this, expert epidemiologists considered that the results were plausible and so could not be lightly dismissed.[15] Further studies were proposed to answer the question of cancer and vitamin K.

In 1993, results from three retrospective studies on vitamin K and childhood cancer were published. The studies were done in the USA, Denmark and Sweden.[41, 57, 19] These studies, although large, did not confirm the association between intramuscular vitamin K and childhood cancer. One of the studies not only showed no association between IM vitamin K and childhood cancer, it also showed no association between maternal smoking and childhood cancer, a finding totally at odds with the results from many other studies.[19] The other two studies were also not comparable to the British study. One because of differences in type of vitamin K given[41] and the other because of the use of birth cohorts with differing regimens of vitamin K usage.[57]

Because of the design flaws in these studies, there was still a need for further case-control studies. Results from two were published in 1996.[2, 77] They had carefully matched controls and more accurate information on whether vitamin K had been given or not, and by which route. One of the studies[2] reported no association between intramuscular vitamin K and childhood cancer and the other[77] found a risk of leukaemia, but only when cases were compared with local controls (i.e. from the same hospital) and not with controls randomly selected from the whole area under study. This, although suggestive, was not followed up but dismissed as a chance finding related to multiple testing.

The suggestion was then put forward that, as these studies had failed to show a definite association between intramuscular vitamin K and childhood cancers, worries about any potential cancer risk should be abandoned.[63]

At that time, four more studies on vitamin K and cancer were in progress.[44, 59, 60, 61] The results from these four studies were published in 1998. Two of them failed to confirm any increased risk of childhood cancers.[44 61] One of the other studies showed a twofold risk of acute lymphoblastic leukaemia among 1–6 year olds,[59] the other showed a significant risk for all cancers.[60]

So, the jury is still out on whether there is an increased risk of childhood leukaemia with the intramuscular form of vitamin K. Some recommend that intramuscular vitamin K should still be used, as the risk of leukaemia "seems more hypothetical than real".[76] Others believe that public confidence in IM vitamin K has been severely shaken and will be difficult to restore fully. They recommend an oral regimen similar to that used in the Netherlands of 25g daily, given by the mother. This would avoid the grossly unphysiological peaks of vitamin K from both the IM route and the present oral route.[71]

ORAL VITAMIN K VS INTRAMUSCULAR

The two main problems with giving vitamin K orally are that there is no licensed oral formulation, meaning that babies receive the intramuscular form orally, and that compliance with three oral doses is poor as many doctors and midwives are reluctant to give an unlicensed formula.[13] The use of unlicensed preparations may theoretically expose professionals to litigation in the event of prophylactic failure or unforeseen adverse events.[2]

Roche, the manufacturers of Konakion, state that they do not recommend the administration of Konakion solution orally.[63] Their reasons are: that they have no clinical studies to support oral use, phenol,

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Vitamin K cont. from page 23
which has been reported to be an irritant to newborns mouths, is used as a preservative, the variability in the production of bile salts in newborns may affect absorption, that Konakion given orally has a small association with anaphylactic reactions.

The preparation was also unpleasant to taste and babies were inclined to spit it out[82] or to vomit it back up. Only about half of an orally administered dose is absorbed.[47] Even so, the plasma concentrations in babies who were given oral vitamin K reached 300 times the adult levels, before dropping off slightly after about 24 hours.[47]

After the publication of Golding's studies, further trials were done on oral vitamin K prophylaxis and whether it gave longer term protection. In 1992, Cornelissen[11] found plasma vitamin K concentrations were higher in the group given IM vitamin K than the oral group, but blood coagulability, activities of factors VII, X and PIVKA-II concentrations showed no differences. By 3 months follow-up, vitamin K levels had dropped in both groups but more in the oral group. He suggests that neither give long term protection. One would assume that babies should be producing their own vitamin K by 3 months and, if not, what other mechanism could be hindering this process.

Von Kries et al[78] studied repeated oral vitamin K prophylaxis in Germany, with 3x1 mg doses and found that it was not as effective as a 1mg intramuscular dose at birth. Another study by Cornelissen et al[12] reported on the effectiveness of differing regimens of oral vitamin K in four different countries—the Netherlands, Germany, Switzerland and Australia (two differing regimes). In the Netherlands, babies are given 25 g daily oral vitamin K for 3 months with 1 mg given at birth either orally for healthy newborns or intramuscularly for unwell babies. In Germany, the regime is 3x1 mg oral doses as was also the case in Australia from 1993 to 1994. In Switzerland 2 oral doses of a new 'mixed-micellar' oral vitamin K is given. The Netherlands had the lowest failure rate—0 per 100,000. In Australia, where the regime was changed in 1994 from oral to IM, the failure rate was 1.5 per 100,000 for oral and 0.9 per 100,000 for IM, showing that 3 oral doses are less effective at preventing late onset HDN than one IM dose of vitamin K. Even if Roche are persuaded to bring the mixed-micellar preparation into New Zealand, results from Switzerland (failure rate of 1.2 per 100,000)[12] show that further study needs to be done on the most effective timing of the doses.

If New Zealand parents wish their baby to receive oral vitamin K, the recommended regimen is for 3x1mg doses, 1 at birth, 1 at 5 days and 1 at 6 weeks.[6, 20] It is up to parents to ensure that their baby receives all 3 doses if they choose this form of prophylaxis.

CONCLUSION

It would seem an anachronism that babies are born with a deficiency of such an essential vitamin and require supplementation. In fact, although there have been many studies on differing aspects of vitamin K prophylaxis, there has only been one[39] on the possible reasons for and the advantages (if any) of the physiological levels of vitamin K in newborns.

The risks of prophylaxis for the majority of babies who are at low risk of HDN are also not understood. As plasma vitamin K levels in newborns reach 300 times normal adult levels for oral and almost 9000 times for IM vitamin K[47], some research needs to be done on the effects this may have. Studies have shown that physiological levels of vitamin K maintain a careful balance between coagulation and anticoagulation and we have no idea what the effects of upsetting that delicate balance would be.

The number of children currently developing cancer during childhood is much higher than the number developing a life threatening or permanently disabling problem as a result of late onset HDN. The risk of childhood cancer is estimated to be 1.4 per 1000, from the 1970 British cohort. If IM vitamin K caused cancer, there would be 100 extra cases of cancer per case of HDN prevented.[16] This could mean that giving IM vitamin K to every baby would be doing more harm than good.[36]

The decision rests on parents' shoulders—the link between intramuscular vitamin K and childhood cancer has not been definitively proved, nor has it been completely disproved. It may be that an oral regimen as suggested by Tripp and McNinch[71] could be the answer to the dilemma. If this is the case, then Roche needs to be lobbied to make the European preparations available in New Zealand. In the meantime, the choice is between no vitamin K, with the mother being aware of her dietary intake of vitamin K, an oral regimen or the intramuscular formulation.

Editor's note: We wish to thank Karin Rothville for permitting us to reprint her excellent research piece on the vitamin K controversy. In Canada, parents wishing to opt out of the injectable form of vitamin K do not have access to the oral formulation as it has not been approved for use, although parents can request that their babies be given the injectable version orally—recommended dose is X3. Vitamin K designed for oral use is available in the U.S. and some parents are able to access it through friends and relatives. Perhaps we need to ask why is it not available in Canada? Parents who are making informed decisions when considering vaccines are also confronted with the dilemma of Vit. K injections given "routinely" immediately after birth.

BIBLIOGRAPHY

The extensive bibliography is available on request from VRAN. √

Vaccine Reactions

Editor's note: The following list of documented adverse reactions to vaccines was compiled by Andreas Schuld, director of Parents of Fluoride Poisoned Children. To access the monumental work he has done on the destructive impact of fluorides on human health, please refer to PFPC's Fluoride Virtual Library on the internet at: http://www.bruha.com/fluoride

VACCINE ADVERSE EVENTS	VACCINE
Abdominal pain/cramps	Hep B (20); Rubella (22)
Acute Neurologic Disorders	DTP(19)
ADHD/Learning Disorders	Measels(1)
Agitation	Hep B(13,20); Hib (21)
Allergies	Rubella (22); Hep B (20)
Alopecia	Rubella (22)
Anaphylactic Shock	Tetanus (1,5)
Anemia	Rubella (22)
Angioedema	Hep B (20)
Anorexia	DTP(19); Rubella (22)
Apnea (cessation of breath)	Hep B (13);DTP (1)
Arthralgia	Rubella (1,2,22); Hep B(20) MMR(24)
Arthritis	Rubella (1,2,22); Hep B(20); MMR(24)
Asceptic meningitis	Measels (1); Polio (1)
Ataxia	Measels (1)
Autism	MMR(24);
Pertussis Behavioural Problems	MMR(24)
Blood Clotting	Measels (1,2)
Blood hanging out of mouth(vomit?)	Measels (1)
Blurred Vision	Rubella (22)
Bruises	Mumps (1,4)
Carpal Tunnel Syndrome(5)	
Cataracts	Rubella (22)
Cerebral Palsy	MMR(24)
Chills	Rubella (22)
Chronic Fatigue Syndrome	Rubella (1,2); MMR (24)
Cirrhosis	Rubella (22)
Collapse	DTP(19)
Coma	Measels (1)
Constipation	Hep B(20); Rubella (22);
MMR(24) Conjugivitis	Hep B(20)
Convulsions	Measles(1,8); DTP (16)
Cough	Rubella (22)
Death	Measles(1); MMR(24);
Decrease in Appetite	Pertussis(10); Hep B(20)
Demyelating Neuropathy	Tetanus(1,5)
Juvenile-Onset Diabetes	Measles (1,2)
Diabetes	MMR(24)
Diarrhea(8)	Pertussis(1,8); Rubella (22); MMR(24)
Difficulty Breathing	DTP(19)
Drowsiness	DTP (19)
Dry Mouth	Rubella (22)
Dryness of skin	Rubella (22)
Dsyuria	Hep B(20)
Dyslexia	Measles (1)
Dyspepsia	Hep B(20)
Dyspnea	Hep B(20); Rubella (22)
Earache	Hep B(20)
Ear Infection/Otitis media	Hib (21)
Ecchymosis	Hep B(20)
Edema	Rub/Mumps(23)
Encephalitis	Measles(1); Mumps (1,4); MMR(24)
Eosinophelia	Rubella(22)
Excessive Sleepiness	Pertussis(1,8)
Epilepsy	Pertussis (1,9)
Epidermal necrolysis	Rubella (22)
Erythema	DTP(19); Hep B(20);
Rubella(22)	
Facial Paralysis, Partial	Rubella (1,22)
Fatal Encephalopathy	DTP(19)
Febrile Reactions	DTP(19)
Fever	Pertussis (1,8); Hib(21);
MMR(15) Fretfulness	DTP(19)
Glumerulonephritis	Hep B (14)
Guillean-Barre Syndrome	Measles(1,2); Hib(21); Rub/Mumps(23);MMR(24)
Hair Loss	Vaccs (12)
Headache	DTP (16)
Hearing Problems	MMR(24)
Hepatitis	Rubella (22)
High Fever	DTP (16); Tetanus (1,5)
Hives	DTP(19)
Hypopnea(shallow breathing)	Pertussis (1,8)
Hypotension	DTP(19); Hep B(20)
Inconsolable Crying Bouts	Pertussis(1,8); DTP(19)
Inflammatory Bowel's Disease(Crohn's)	MMR(24)
Inner Ear Nerve Damage	Tetanus(1,5)
Insomnia	Hep B(20)
Irritability	HepB(20)
Kidney Failure	Measles(1)
Learning disorders	Measles(1)
Leukemia	MMR(24)
Loss of Consciousness	Tetanus(1)
Loss Of Libido	Rubella (22)
Lupus	Hep B (14)
Rubella (22) Lymphadenopathy	Hep B(20)
Meningitis	Hib (1); MMR(24)
Multiple Sclerosis	Measles(1,2); MMR(24)
Myalgia	Hep B(20); MMR(24)
Myelitis	Hep B(20)
Nausea	Rubella (22)
Nerve Deafness	Mumps(1,4)
Neurological Illness	DTP(19)
Numbness in Hands and Feet	Rubella(1,3)
Ophthalmoplegia	Rubella (22)
Optic Neuritis	Hep B(20)
Opsoclonus Myoclonus Syndrome	MMR(25); DTP(25)
Pain	Tetanus (1,5); DTP(19);
Pain In Shoulders	Rubella (22)
Palpitation	Hep B(20);
Pancreatitis	Rubella (22);

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Paralysis	Meas1
Parasthesia	Hep B(20); Rubella (22);
Polymyalgia rheuthmatica	Rubella (22)
Polyneuritis	Rub/Mumps(23)
Pulminary Complications	Influenza(11)
Pruritus(Itching)	Hep B(20); Mumps(1,4)
Recurrent Abcess Formation	Tetanus (1,5)
Respiratory Complications	Pertussis (1,8)
Retardation	Measles(1)
Reye's Syndrome	Measles(1,2)
Rhinitis	Hep B(20)
Seizures(13) (Febrile)	Mumps (1,4)
Sensivity to Light	Rubella (22)
SIDS	Pertussis (1,8); DTP(19)
Sluggishness	Rubella(1,3)
Skin Irritations	Mumps (1)
Skin Rash	MMR (15)
Spasms	DTP(19)
Stomach Pains	MMR(24)
Subacute Sclerosing Panencephalitis	MMR(24)
Swelling	Pertussis(1,8)
Swelling Of The Mouth	DTP(19)
Tiredness	Hep B(20)
T-Lymphocytes low	Tetanus(1,6)
Thrombocytopenia	Hep B(20); Hib (21); Rubella(22); MMR(24)
Thrombocytopenia Purpura	Rubella (22)
Thyroid Function Abnormalities	Rubella(22);
Tinnitis	Rub/Mumps(23);
Trachycardia	Hep B(20)
Transient Hypogammaglobulinemia	Tetanus(1,7)
Tiredness	Rubella(1,3)
Urticaria	Hep B(14,20);Rubella (22)
Uveitis	Varicella (18)
Vasculitis	Rubella(22)
Vertigo	Rubella(22)
Visual Disturbances	Hep B(20); MMR(24)
Vomitting	DTP(19); Hep B(20)
Wegener's Granulamatosis	MMR(24)
Weight Loss	Rubella (1,3)

REFERENCES:

The extensive list of references is available on request from VRAN. √

VACCINES IN THE NEWS— WORLD WIDE VACCINE PROMOTION INCREASES

A strong coalition of vaccine "partners" has formed to increase public acceptance and compliance with vaccine agendas. The July/August 1999 supplementary issue of *Paediatrics and Child Health* announces that the Canadian Immunization Awareness Program (CIAP) members have expanded to include, the Canadian Public Health Association, the Canadian Pediatric Society, the Canadian Medical Association, the Canadian Nurses Association, the Canadian Pharmacists Association, the college of Family Physicians of Canada, the Canadian Institute for Child Health, the Council of Chief Medical Officers of Health and Health Canada.

They pledge to mount an "ongoing campaign to raise awareness of the need for childhood immunization in Canada." They orchestrate events like Canadian National Immunization Week, held at the end of October when they saturate the media with urgent messages that children get their shots on time; they feature celebrities like Sharon, Lois and Bram to bring the message to English Canada, and Bibi for French Canadians. They send out over 10,000 National Immunization Week Kits to daycare centres, community health centres and public health units across the country. They have set up a web site where an online children's colouring book tells "the story of a young girl who gets her booster shot and feels good about it."

http://www.nald.ca/ciap.htm

They have produced a video promoting vaccinations that airs on the Parent Channel in hospitals across Canada where new mothers are a captive audience. They say that Canadians who do not vaccinate their children as a choice is "CIAP's greatest challenge." And that they intend to become proactive "in response to the various challenges to immunization programs."

Chairman of the Canadian Immunization Awareness Program, Roy West PhD expresses gratitude to the corporate partners, "None of what CIAP has accomplished to date would be possible without the generous support of our sponsors, Pasteur Merieux Connaught, Merck Frosst Canada Inc, Smith Kline Beecham Inc, Biochem Vaccines Inc, and Berna Products Corporation."

And the U.S. a new umbrella group calling itself the National Immunization Information Network (previously known as the Vaccine Initiative) names as its supporters the Infectious Diseases Society of American, the Pediatric Infectious Diseases Society, the American

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Academy of Pediatrics, and the American Nurses Association, and is supported by a grant from the Robert Wood Johnson Foundation.

Their "mission" is to serve as an "independent voice on vaccines and immunization issues" and intends to provide its members and the public with "up-to-date, scientifically-valid information on the ever-changing issues surrounding vaccines and immunization policy and practice". They will provide the public with the "information they need to make immunization decisions. Additional partners are expected to soon become part of the network."

Unless the "partners" can divorce themselves from "incestuous ties" with the pharmaceutical industry, it is difficult to imagine how "independent" or honest their voice will be about vaccine issues. Without any serious "independent" research to evaluate true background rates of vaccine associated neurological/immunological injuries, the information they offer will be suspect. *Immunization Newsbriefs* is their internet service at:

http://www.infoinc.com/limnews2

And in support of the enormous focus to increase and improve vaccination rates world wide, Microsoft head Bill Gates has reportedly made an "informal commitment to provide $750 million during the next five years to purchase vaccines for over 25 million children in almost 70 developing countries". Other organizations are expected to match Gates' contribution to the Children's Vaccine Trust Fund, resulting in projected funding of at least $1.5 billion. The trust fund is expected to start its work by providing existing vaccines for diseases like hepatitis B and haemophilus influenzae type B. In addition, the trust fund could guarantee the sale of millions of doses of vaccines against malaria, tuberculosis, and HIV when they become available. The foundation also announced that it will donate $25 million to the Maryland-based Sequella Global Tuberculosis Foundation to further development on a vaccine for adult tuberculosis.

Their web site announces that "The Bill and Melinda Gates Children's Vaccine Program is creating a collection of the best immunization and education and training materials in the world. Your materials could be part of the collection!" They want you to send them your "Brochures, Flyers, Stickers, Posters, Booklets, Training Manuals, Cassettes, Videos, Interactive software. They are looking for materials designed to:

- Convince parents to immunize their children
- Convince policymakers to support immunization programs
- Alert the public to the dangers of unsafe injections
- Train health care workers in any aspect of immunization
- Educate audiences in the industrialized world about the importance of global immunization or
- Educate people about hepatitis B, Hib, pneumococcus, rotavirus, diarrheal disease, pneumonia, or meningitis.

Send materials to:

info@ChildrensVaccine.org

We wish to thank Gloria Lemay in Vancouver for sending us the following item published in the July 1999 issue of *RN Magazine*—pp 91–2:

"A large epidemiologic study of Finnish children suggests that the Haemophilus influenzae type b vaccine may cause Type 1 diabetes in children. Researchers have found that, among children who were immunized after 2 months of age with four doses of Hib vaccine, the rate of diabetes was 26% higher than in children who were not vaccciinated. That would translate into 58 additional cases of diabetes per 100,000 children. By contrast, the vaccine itself is only expected to prevent 7–20 cases of severe disability from Hib-induced meningitis and related diseases." Classen, J.B. & Classen D.C. (1999). The public should be told that vaccine may have long term adverse effects. *British Medical Journal 318(7177), 193.*

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NEW DPT VACCINE FOR TEENS AND ADULTS

In June of this year, the Health Protection Branch of Health Canada approved the first acellular pertussis vaccine for adolexcents and adults aged 12 to 54. The following is excerpted from a recent news item on the internet. "Pasteur Merieux Connaught's Adacel(TM) is a combination product containing vaccines against tetanus, diphtheria in addition to pertussis, commonly known as whooping cough.

This is the first vaccine in the world to be approved for use in the prevention of whooping cough in adolescents and adults. Pertussis vaccine previously given only to infants and children up to age 7, declines in its "protective" effects 3–5 years after vaccination. Developed over a five-year period by Pasteur Merieux Connaught Canada, the form of acellular pertussis vaccine used in Adacel(TM) was designed and tested in Canada. "This is an important advance in the fight against pertussis," says Dr. Scott Halperin, Professor of Pediatrics and Associate Professor of Microbiology and Immunology at Dalhousie University and Head of Infectious Disease at I.W.K. Grace Health Centre in Halifax. "Routine immunization of adults with the acellular pertussis vaccine may finally lead to better control of the disease in both children and adults."

The resurgence of pertussis is thought to originate from adults in whom immunity has worn off, and who are considered to be a "reservoir" for

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infecting infants. The incidence of whooping cough in Canada in 1996, the last year for which Statistics Canada has available data, is 50 per cent higher than in 1992, with the peak for the five year period standing at more than 10,000 reported cases.

Pasteur Merieux Connaught (Rhone-Poulenc Group) is the world's largest vaccine company with the broadest range of products. The company produces more than one billion doses every year. Rhone-Poulenc SA is a leading life sciences company, growing through innovations in human, plant and animal health and through its specialty chemicals subsidiary, Rhodia. With sales in 1998 of FF86, 8 billion, the company employs 65,000 people in 160 countries worldwide.

source: http://www.newspage.com/

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FDA PANEL BACKS NEW PNEUMOCOCCAL VACCINE FOR CHILDREN

Friday November 5,

American Home Products' new vaccine, Prevenar is being touted as "an important weapon against infections that kill more than a million children worldwide every year and are growing resistant to antibiotics." It aims to stop infection by pneumococcus, a common bacteria that can cause a variety of illnesses. A Centers for Disease Control and Prevention panel has recommended the vaccine be given to all healthy infants under age five. "This is a product that will zoom to several hundred million dollars in sales pretty quickly," said analyst Ira Loss of Washington Analysis.

The vaccine is purported to prevent 7 strains of of pneumococcus that cause more than 80 percent of pneumococcal infections, including serious bloodstream infections, pneumonia, meningitis and middle-ear infections known as otitis media. The vaccine has been tested on 38,000 children in northern California. "There's not enough evidence about the safety of this vaccine," said Barbara Loe Fisher, president of the National Vaccine Information Center.

Other panel members urged the company to watch closely for serious events that may occur after the vaccine hits the market, as with the rotavirus vaccine. Reactions as rare as one in 50,000 may not have appeared in clinical trials, they said.

Recommended administration is four doses of Prevenar given at two, four, six and 12–15 months.

source: http://biz.yahoo.com/rt/991105/wy.html

A recent bulletin from the Ontario Ministry of Health that was circulated to all physicians offers guidelines on how to help protect the "supply of publicly-funded vaccine during the Year 2000 rollover." It instructs doctors to reduce their vaccine inventory to a maximum two-week supply by December 31, 1999. It includes an expensive glossy poster highlighting the instructions. These are as follows:

- DO reduce your December 1999 vaccine orders as required to ensure that you do not have more than a two-week supply in the refrigerator by December 31, 1999.
- DO review your orders and current vaccine usage patterns to determine the required reductions in your December 1999 orders.
- DO NOT deplete your useable vaccine inventory by returning the supply to your ordering source (order less instead).

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GENETIC ENGINEERING & VACCINES

The following is excerpted from a press release made available to us through Dr. Wolfson who received it from Robert Anderson, member of Physicians & Scientists for Responsible Genetics, New Zealand:

July 7, 1999

ITHACA, N.Y. — The Boyce Thompson Institute for Plant Research Inc.

(BTI), an affiliate of Cornell University, announced that clinical trials will begin today (July 7) at Roswell Park Cancer Institute (RPCI) in Buffalo, N.Y., to test the safety and immunogenicity of the world's first potential oral vaccine against the hepatitis B virus. The vaccine will be delivered simply by eating potatoes genetically designed to contain the vaccine. This trial is the culmination of several years of collaborative preclinical work by Charles Arntzen, president and chief executive of BTI, and Hugh Mason, a BTI researcher, and by Yasmin Thanavala, Department of Immunology at RPCI. The program is funded by the National Institute of Allergy and Infectious Diseases, part of the National Institutes of Health (NIH).

"Alternatives to injectable vaccines are needed if we are to seriously consider global eradication of this disease. An oral vaccine would also increase its acceptance in this country." Thanavala noted, "We are very pleased to be taking the next logical step with this research. The continued support of my basic research by the NIH and the World Health Organization, along with the recent collaboration with Axis Genetics, offers us a novel way to impact public health and control hepatitis B worldwide." Said Mahoney, "This project is a wonderful example of moving research ideas from the laboratory bench to the bedside. We are pleased to participate in this trial to bring this vaccine into a clinical setting."

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MORE TINKERING WITH NATURE

In a recent article posted on the *New Scientist* web site (June 26, 1999), Dutch biologists are genetically engineering plants so that honey

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made from their nectar will contain vaccines or drugs.

Author of the article, Andy Coghlan writes that: "The honey could either be fed directly to patients, or drugs could be extracted from it." "It's a production system that would require very little purification," says Tineke Creemers of the Centre for Plant Breeding and Reproduction Research in Wageningen. "The protein is concentrated by the bees, so it's a very cheap production method!"

The researchers also hope that the sugars in honey will act as a preservative, and are investigating whether proteins in honey retain their activity even if it is not refrigerated. If so, this would be a boon for vaccination programmes in poor tropical countries, which are often hampered by shortages of cooling equipment.

Two discoveries came together to spawn the project. First, to their surprise, Creemers and her colleagues discovered antifungal proteins in nectar from common heather, Caluna vulgaris. They wondered if bees pass the proteins undigested into honey—and tests of commercial brands showed that they do.

The researchers also fed bees a sugar solution laced with a protein called bovine serum albumin. "The proteins remained intact in the honey and were concentrated twofold compared with the original solution," says Creemers.

Secondly, she and her colleagues discovered a genetic switch, or promoter, which activates genes in the nectary, the organ in plants where nectar is made. So they decided to try to add genes for various drugs to plants in such a way that the genes would be activated by the nectary promoter. Because the promoter is specific to the nectary, these drugs should be produced only in the nectar, where bees could eat them.

They are in the process of genetical-

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NEW CLINICAL STUDY VALIDATES HOMEOPATHIC FLU REMEDY

Editor's note: Every year the aggressive promotion of flu vaccine increases. It is even being suggested that children get it. Health care workers who refuse the shot are threatened with job loss and suspension without pay during outbreaks in nursing homes.

In an excellent review of flu vaccine studies, Dr. Kristine Severyn of the Vaccine Policy Institute quotes CDC officials confessing that "influenza vaccines are still among the least effective imunizing agents available, and this seems particularly true for elderly recipients." She concludes that "no adequate controlled studies exist which prove that influenza vaccine reduces the incidence of influenza in "at risk groups". True freedom of choice in health care would mean that the public would have informed access to alternative healing modalities such as homeopathy.

We appreciate the opportunity of reprinting the following article that was published in Waves Vol. 11 No. 4 —the journal of the Immunisation Awareness Society in New Zealand.

Are you sick of seeing the advertisements for flu vaccines? Can doctors do nothing for you once you have caught the flu? Take heart from the following report—maybe your doctor would appreciate a copy to read.

A new study shows that the flu, which accounts for more U.S. work-loss days in the winter than any other acute illness (1), may be short circuited with a safe, low-cost over-the-counter homeopathic medicine called Oscillococcinum. Researchers found that recovery within 48 hours of treatment was 63% greater in the Oscillo group than among those given a placebo. (2)

This study, done at the University of Erlangen-Nuremberg in Germany and published in the April 1998 issue of the British Homeopathic Journal, lends support to the results of an earlier study published in the prestigious British Journal of Clinical Pharmacology in 1989 (3). Both studies were clinical trials, using standard double blind, placebo-control methodology.

"Oscillococcinum is the only homeopathic flu medicine that has been shown, in multiple clinical trials, to have an effect greater than a placebo", says Jennifer Jacobs, an MD in Edmonds, Washington, who also holds a MPH in epidemiology and does research at the University of Washington.

In France, where Oscillo is the top selling, over-the-counter flu mediicne, it is common for it to be kept on hand during the flu season so that it can be taken at the first sign of fever, chills, aches and pains.

"It is best to take Oscillococcinum at the onset of flu symptoms, although it can help to alleviate symptoms at any stage of the illness," says Dr. Jacobs, adding, "Oscillo is extremely safe and appropriate for use by both adults and children."

The active ingredient in Oscillococcinum —Anas barbariae hepatitis et cordis extractum HPUS 200CK— was discovered in France in 1919 by Dr. Joseph Roy. Oscillo is marketed by Boiron, a publicly traded company founded in France 65 years ago.

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SETTING THE RECORD STRAIGHT ON SMALLPOX VACCINE

By Edda West

They say that those who win the war get to write the history. Having giving itself full credit for conquering infectious disease through the use of vaccines and antibiotics, the dominant allopathic medical hierarchy never misses an opportunity to perpetuate the myth that the eradication of smallpox was accomplished by smallpox vaccine. Yet anyone who cares to delve into the recorded history of smallpox will find a lot of disturbing reports and official statistics that don't support the myth created by the spin doctors.

In a study of medical reports, government statistics, court documents, testimonies of numerous scientific and medical experts and various archives in Britain and the United States, medical historian and journalist, Annie Riley Hale traced the history of smallpox. Her book, *The Medical Voodoo*, written in 1935 documents the history of smallpox and the role of smallpox vaccine in fueling epidemics, and seeding populations with diseases like syphilis, tuberculosis, influenza, infantile paralysis, and cancer.

The more the vaccine was used, the more the epidemics spread, the more people died. She writes "The heavy disease and death toll from vaccination—culminating in the disastrous smallpox epidemic of 1871–1873, finally led to the appointment of the Royal Commission (1889) for a thorough investigation of the whole history of vaccination in the United Kingdom." The Royal Commission sat for 7 years gathering evidence embodying the "ghastly record of vaccination at work" for a hundred years in England and Wales under the most ruthless compulsory regime, and resulted in the repeal of the hated law.

From the many prominent medical witnesses against vaccination in England that testified at the Royal Commission: Dr. Edward Ballard, one of her Majesty's Vaccine Inspectors said, "It is in very truth implanting the seeds of disease", Dr. Charles T. Pearce, for many years Registrar-General of England called it "the infliction of a disease transferred from the brute". Dr. Edward Haughton pronounced vaccination "quackery by Act of Parliament", and Dr. Walter Adwen called it "the most gigantic piece of quackery ever exploited among civilized people". Dr. W.J.C. Ward who saw "vaccinated persons get smallpox, and persons who have been revaccinated get smallpox, and I have seen those who had had smallpox get it a second time and die of it."

An impassioned plea from the clergy by the venerable Archdeacon Colley laid this at the feet of the Royal Commission: "Vaccination mingles in a hideous communion of blood all the disease taints of the community. Every hereditary sewer is made to open in the nursery. It pours every disease and sifts every lust and ventilates every uncleannes through the fragile bodies of our little children. How can we keep silent in the presence of this terrible evil forced upon us by law?"

And Sir William Collins, a member of the Commission and who prepared the Minority Report of the dissenting members told them: "If I had the desire to describe one third of the victims I have seen ruined by vaccination, the blood would stand still in your veins."

In a 10 year period prior to the repeal of the law, 11,408 people were fined for refusing to vaccinate, and 115 were imprisoned. Prisoners were treated like common criminals and put to hard labour. One father who tried to protect his children from the vaccinators said: "I have been imprisoned nine times. Five times for once child, twice for another, and once each for two others. While I was in prison, my wife and children were sent to the workhouse."

The prevailing mood of the day had one London doctor declare that "a person had no more right to keep an unvaccinated child than to keep a mad dog", and another said he "would take a child by force from its parents to vaccinate it!!"

It had been observed for years that the spread of syphilis was associated with smallpox vaccine, and even the Royal Commission on Vaccination (although overwhelmingly pro-vaccinist) incorporated into its Sixth Report (pg. 617) a list of 1000 'vaccino-syphilis' cases submitted to them in evidence of a character they could not deny." Dr. Charles Creighton, professor of 'Microscopic Anatomy' at Cambridge and author of Epidemics of Great Britain was commissioned by Encyclopedia Britannica to assemble information on the disease, (9th ed.Vol.XX1V, p.23) reported that in the first year of compulsory vaccination (1854), deaths from syphilis among infants under one year of age suddenly increased by one half, and the increase has gone on steadily ever since." During the period of compulsory vaccination in Britain, it has been calculated from the Registrar-General's figures, that vaccination related illnesses killed 14,000 infants a year and probably permanently injured 140,00 a year.

The Royal Commission received statistical analysis from eminent scientists and medical doctors. According to official reports, the epidemics with appalling death tolls, increased dramatically after 1854, the year that compulsory vaccination law was put

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into effect. In the London epidemic of 1857–59, there were 14,244 deaths; in the 1863–65 outbreak there were 20,059 deaths; and in 1871–73 all of Europe was swept by the worst smallpox epidemic in its history. In England and Wales alone, 44,840 people died of smallpox, at a time when, according to official estimates, 97 percent of the population had been vaccinated. Dr. Creighton having compiled the European death statistics cites the fact that "notwithstanding Prussia was the best vaccinated and re-vaccinated country in Europe, its mortality in that 1871 epidemic was higher than that of any other Northern State"—69,839 deaths from smallpox being accredited to Prussia in the mortality returns for that period.

Dr. Carlo Ruata, Professor of Materia Medica at the University of Perugia, Italy compiled the following statistics from Japan: "Between 1886–1892, 25,474,370 vaccinations, re-vaccinations and re-re-vaccinations took place in Japan, which means that about two thirds of the entire Japanese population, already well-vaccinated by the law of 1872, were re-vaccinated. And during that 7 year period (1886–1892) of thorough revaccination in that country, there were reported 156,175 cases or smallpox with 38,979 deaths.

Perhaps the most revealing statistics showing how smallpox vaccine fueled the epidemics, are from the Philippines. American occupation in 1903 brought with it compulsory vaccination and revaccination that culminated in the 1918 epidemic that registered 163,044 cases with 71,170 deaths. Onto a population of approximately 10 million people, 24,436,889 vaccinations were performed in a ten year period between 1911–1920—and in that period 75,339 died of smallpox. Meanwhile, back in Britain, with a population four times that of the Philippines, the total smallpox fatalities for the same period was only 140. The difference between the two countries? The British people had ousted the government that imposed compulsory vaccination and had drastically reduced acceptance of smallpox vaccination, resulting in an equally dramatic decline in the disease.

Dr. Charles E. Page of Boston, pronounced vaccination "the supreme folly of the medical profession", and another Bostonian, Dr. Charles Nichols gave this indictment: "In India, according to an official return presented to the British House of Commons by Viscount Morley, there have been during 30 years—1877–1906, 3,344,325 deaths from smallpox of persons presumably vaccinated, for vaccination is universally enforced in India... **In each and every community where vaccination ceases and strict sanitation is substituted, smallpox disappears. There are no exceptions to this."**

And therein lies the truth about smallpox. Let us set the record straight!!!

Editor's note: The struggle to break free from medical tyranny has been ongoing for centuries. To understand the history of where we've come from validates and empowers us to seek and speak the truth. *The Medical Voodoo,* ***Annie Riley's fascinating historical account of the real smallpox vaccine story, will be available from VRAN. Please inquire about price and availability if interested in ordering this gem.*** √

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ly engineering petunias so that they produce a vaccine against a disease of dogs caused by a parvovirus. The active component is part of a surface protein made by the virus, which should trigger immunity in dogs. "The dogs would either eat the honey as an oral vaccine, or the vaccine would be purified and injected," says Creemers.

Once the plants are fully grown and begin producing nectar, bees will be unleashed on them to produce honey that the researchers hope will contain the vaccine. Creemers and her colleagues expect to harvest the first honey in a year's time. "It's an exciting variation on making vaccines in plants," says Charlie Arntzen of Cornell University in Ithaca, New York, who is producing bananas engineered to contain vaccines.

Creemers and her colleagues are doing their experiments in glass-houses, to ensure that their bees feed only on the modified plants and to minimise concerns of the vaccine genes being spread by pollen. Because of this they are using bumblebees, which are easier to manage in a contained environment than large colonies of honeybees.

source: http://www.newscientist.com/ √

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