

VRAN Newsletter

July–Oct. double issue 2000

Vaccination Risk Awareness Network Inc.

NVIC CONFERENCE REPORT—PART 1 September, 2000

By Edda West

Editor's Note: Due to the large volume of material presented at the conference, we are presenting this report in two parts. Part two will be continued in the next issue of the VRAN newsletter.

On Sept 8–10, the National Vaccine Information Center hosted the second international public conference on vaccination in Arlington, Virginia. Attended by nearly 500 parents, grandparents, doctors, nurses, lawyers, research scientists, legislative staff members and journalists from 37 states, Puerto Rico, Canada, England, Ireland, France, the Netherlands, Belgium, Germany and Australia, the conference was convened to provide a forum for open discussion and debate about the science, policies and ethics of vaccination—its purpose being education, and its overall theme being “Science for Health and Healing—Challenging the Status Quo.”

Since its founding in 1982, the National Vaccine Information Center has worked to prevent vaccine injuries and death through public education. They have a long public record of working to institute safety and informed consent reforms in the mass vaccination system.

In her opening statement, NVIC President Barbara Loe Fisher said - “We believe that a child who is injured or dies from a vaccination is just as important as a child who is injured or dies from an infectious disease, and we

believe that a humane society will place equal emphasis on preventing both kinds of deaths and injuries. We support the right of all health care consumers to access full information about what is and is not known about the risks and complications of both infectious diseases and vaccines, and the right to make informed, voluntary vaccination decisions for themselves and the children they love in the same way we have the right to make informed voluntary decisions about any other medical procedure that carries a risk of injury or death.

We are not anti vaccine—we are pro-education. We believe an educated public is one that is best prepared to intelligently participate in making decisions which affect both individual and public health. Parents of vaccine injured children have been calling on industry and government for the past two decades to make vaccine safety research a high priority. We know that unless the basic science research is done to understand the biological mechanisms of vaccine induced neuroimmune dysfunction, there will be no screening techniques developed to identify and screen out individuals at high risk of suffering vaccine reactions, and it will take much longer to develop healing therapies to repair vaccine induced brain and immune system dysfunctions.”

Undoubtedly, the most sobering

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Editorial: Looking at the Bigger Picture

Parents brace yourselves! Another vaccine is about to be added to the infant and young child schedule—a vaccine that is being heralded with unprecedented fanfare in a high profile media and advertising campaign to be the miracle drug that will prevent ear infections, pneumonia, bacteremia and meningitis in children under the age of two. It has already been licensed in the U.S. under the trade name Prevnar. Health Canada however, is keeping a tight lid on it, saying all information about the vaccine is “proprietary” and refuses to say whether the Prevnar trade name

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VRAN NEWSLETTER

VRAN BC

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Mary James, Leona Rew, Edda West, Frank Luschak.

Advisors and Core Members: Catherine Diodati, Rita Hoffman, Andreas Schuld, Julie Shams. 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 when considering vaccines for their children.
 - To educate and inform parents about the risks, adverse reactions, and contraindications of vaccinations.
 - To respect parental choice in deciding whether or not to vaccinate their child.
 - To provide support to parents whose children have suffered adverse reactions and health injuries as a result of childhood vaccinations.
 - To promote a multi-disciplinary approach to child and family health utilizing the following modalities: herbalist, chiropractor, naturopath, homeopath, reflexologist, allopath (regular doctor), etc.
 - To empower women to reclaim their position as primary healers in the family.
 - To maintain links with consumer groups similar to ours around the world through an exchange of information, research and analysis, thereby enabling parents to reclaim health care choices for their families.
 - To support people in their fight for health freedom and to maintain and further the individual's freedom from enforced medication.
 - VRAN publishes a newsletter 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 website: www.vran.org

DISCLAIMER

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

VRAN NEWS

FUNDRAISING APPEAL

Once again, we are appealing to the generosity of our members to renew their commitment to this work of informing the public of the destructive impact of mass vaccination programs on children's health. The epidemic of chronic degenerative neuro/immune diseases afflicting children is a health disaster of immense proportions, unprecedented in the annals of modern medicine. The underlying common denominator in this explosion of chronic degenerative diseases is the intensification of mass vaccination programs since the 1960's.

During this 40 year period of intensification, the number of vaccines that are 'presumed' safe to inject a child with can be as many as 9 in one day. During these four decades of 'presumed safety', there have been no studies to determine what actually is happening to children's immune/neurological systems in the wake of this biochemical crossfire, these 'atypical exposures' to foreign antigens, foreign DNA and toxic carcinogenic chemicals contained in vaccines.

As biomedical science slowly unravels the mysteries of the human immune system so intimately intertwined with the neurological and endocrine systems, we are beginning to realize that the simplistic goal of suppressing infectious disease with crude and toxic vaccines has backfired in terrifying ways. Dr. Howard Urnovitz gives us a glimpse of the destructive possibilities when he describes his findings in Gulf War Vets who were subjected to multi-

ple vaccines and toxic chemical exposures which literally shattered and rearranged a part of their DNA, the process which he feels is at the root of all chronic disease.

The intensifying vaccine schedules our children are expected to endure is a profound departure from natural exposure to micro-organisms which millions of years of evolution has enabled us to co-exist with. The out of control vaccine agendas have pushed our children past the limits of what the human organism can tolerate or process.

NVIC Conference presenter, Dr. Erdem Cantekin, Professor of Otolaryngology at the University of Pittsburgh School of Medicine warns about the unknown effects of the new pneumococcal vaccine now being aggressively marketed. "Pneumococcus has been with us for many millions of years and if we put selective pressure on the organism, what could happen in the next decade is a scary thought."

Incredibly though, the global vaccine machine fueled by the unlimited resources of the Bill Gates Foundation, The World Bank, The Rockefeller Foundation, and the entire pharmaceutical industry relentlessly pushes on with the battle cry to vaccinate every child on the planet. And as reported in previous VRAN newsletters, these global vaccine policy makers intend to hoist vaccinations onto the human rights bandwagon, to make vaccination a fundamental "right of every child", equivalent to adequate food and clean water and to insure that parents will have no choice but to comply with vaccine policies.

Money is no object—they have bil-

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lions to spend. And if they are fleetingly aware of the massive breakdown of children's health, what concern is it of theirs, when every new disease, generates more research funds, and more drug and vaccine development. The more sick we become, the greater the potential for profits.

The unfolding health disaster we are witnessing in the widespread epidemic of chronic degenerative diseases afflicting children today is a testament to a medical system run amuck. This is a call to everyone who is aware and concerned about this disaster to support our efforts. At what point do we say—NO—we will no longer allow our children's health and lives to be sacrificed for pharmaceutical gain, and medical negligence that chooses to remain in denial about vaccine associated health injuries.

We are pleased to offer Catherine Diodati's wonderful book as this year's special fundraising bonus for donations of \$150 or more. Catherine's brilliant book *Immunization: History, Ethics, Law and Health*, challenges the status quo that disregards fundamental ethical standards and scientific integrity. It is a must read for all parents who have agonized over the vaccine decision. We thank you for your continued generosity and support which enables this work to continue.

MANITOBA NEWS

Mary James has written a comprehensive report of the Manitoba Law Reform Commission's recommendation that child victims of vaccine injury be compensated under a provincial "no fault" plan. Her report is printed in this issue of the VRAN newsletter and explores the potential benefits and cautions of the proposed plan. Canada has a lot of catching up to do in acknowledging and compensating families whose children have suffered vaccine injuries. Mary and Leona Rew have worked tirelessly for many years repre-

senting the plight of the vaccine injured to government policy makers, and lobbying for compensation, and for mandatory reporting of vaccine adverse reactions. At long last, their years of dedication to the plight of vaccine injured families is being acknowledged by provincial legislators. Let us hope that the good intentions expressed in the Law Reform Commission's recommendations are actualized in fair compensation for vaccine victims, and that a precedent will be set for other Canadian provinces to follow suit.

The citizens of Manitoba were privileged to have a true Olympian from Australia, one who champions the rights of children and parents for informed choice in the vaccination decision. On September 17, 2000, Maureen Hickman, former president of the Australian Council for Immunization Information, vaccine researcher and para-legal for Carter's legal firm in Australia, was the guest speaker at a seminar entitled INFORMED CHOICES AND MEDICAL JUSTICE in Winnipeg.

Recent first time author of the book, "*Vaccination, The Right Choice?*" Maureen spoke about her experience, the past eight years working on successful litigation on behalf of vaccine injured children and their families. On a more personal note, Maureen shared the experience of her own grandchild suffering from a serious adverse reaction to a routine childhood vaccine.

While in Winnipeg, Maureen was interviewed on CBC radio, CJOB and the University of Manitoba radio station. Maureen also spoke at a seminar in Gimli, MB with, Dr. Leelamma Nielsen, Dr. Of Homeopathy.

Maureen and her husband John plan on traveling in Canada for several weeks following their Winnipeg engagement and we wish them well.

Sincere thanks to Rose Stevens who orchestrated Maureen Hickman's visit,

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DID YOU KNOW ?

There is no law that can force you to vaccinate your children. The only laws relating to vaccination govern school pupils, not infants, and these can be waived through available exemptions. If your child has exhibited any of the following adverse reactions or conditions, you may wish to defer from continuing the course of vaccinations.

- If your child is ill or running a fever.
- If the child collapses or goes into a shock-like state following a vaccine.
- If the child has high pitched screaming for several hours; and cannot be comforted
- If the child has a temperature of 38° C or higher after vaccination.
- If the child develops pain, redness, swelling, lump at the needle site
- If the child develops severe diarrhea and/or vomiting
- If the child has one or more convulsions or has a family history of convulsive disorders (eg. epilepsy); if the child has an evolving neurological condition.
- If there is a family history of severe allergies and/or history of vaccine reactions.
- If the child has signs of brain injury such as a bulge in the soft spots of the head or a severe change of consciousness.
- If the child is receiving treatments that suppress the immune system
- If the child has a widespread allergic reaction, rashes, hives, wheezing, trouble breathing.
- If the child develops swollen joints/arthritis like symptoms
- If the child has an irregular heartbeat within several hours after vaccination.
- If the child is excessively sleepy following vaccination.
- If the child has an episode of sleep apnoea (stops breathing during sleep)

and looked after all the many details re: transportation, media, billeting the Hickmans and advertising for the seminars in Winnipeg and Gimli.

APPEAL TO PARENTS TO OPEN VACCINE RISK DIALOGUE WITH LOCAL SCHOOLS AND OTHER PARENTS

At the beginning of every school year, health officials across Canada gear up to vaccinate children with hepatitis B vaccine. Hepatitis B vaccine is aggressively promoted from grades 3 to 7, depending on the province and has prompted a deluge of calls to our VRAN office from concerned parents whose children are being frightened by public health nurses into believing they will contract the disease and die if they don't get the vaccine.

Is there an epidemic happening? Hardly. A recent inquiry to Health Canada reveals a steady decline in the disease. Most recent statistics in 1998 reveal there were only 25 reported cases of hepatitis B in children under the age of 14 in this country.

And 43 cases of the disease were reported between the ages of 15-19. Concerned parents across Canada must become pro-active, and plan ways to get accurate risk information about both the disease and the vaccine into their local schools, by calling parent meetings and challenging the runaway fear campaign that is being waged by health officials.

VRAN has developed an excellent hepatitis B information package that can be ordered, photocopied and distributed to parents and teachers to challenge the misinformation and propaganda that our children are being bombarded with in the school setting. Cost including postage is \$8.00. And for immediate access to two excellent websites that offer well researched information on hepatitis B disease and the vaccine, go to: www.ias.org.nz and look for Dr. Bonnie Dunbar's research

proposal, and NVIC at: www.909shot.com where you will find an excellent report entitled: *Hepatitis B —The Untold Story*. Both of these sources provide well researched information that you can print up and unhesitatingly share with other parents and school officials to encourage open dialogue about the health risks associated with this vaccine.

Only a year ago, Dr. Jane Orient, executive director of the Association of American Physicians and Surgeons called for an immediate moratorium on mandatory hepatitis B vaccine for schoolchildren pending further research about dangerous side effects, and accused school districts of practicing medicine without a license. "Children younger than 14 are three times more likely to die or suffer adverse reactions after receiving hepatitis B vaccines than to catch the disease," Won't you please consider becoming active in your community and help other parents protect their children from this unacceptable risk?

VRAN MEMBERS SPEAK AT CONFERENCES

Co-founder of the Eagle Foundation, an organization dedicated to vaccine risk education, informed voluntary consent, and helping vaccine injury victims, Winnipeg chiropractor Dr. Gerry Bohemier contributed his insight and long term experience on the vaccine issue to The Politics of Health Panel at that Healthy Living Expo in Edmonton. Both Gerry Bohemier and Rose Stevens participated with Edda West at the Festival of the Ages conference in Salmon Arm in August, and spoke of the multifaceted health threat vaccines impose on children, and the decline of children's health in the wake of intensified vaccine agendas. In the Toronto area, Dr. Jason Whittaker has devoted many hours to vaccine risk education, holding numerous seminars and donating the proceeds to VRAN— Thank you Dr. Whittaker for your

commitment and generous support.

NEW VRAN WEB SITE

We are pleased to announce the new VRAN website at: www.vran.org Currently the site offers links to other sites and some basic information. Over the next few months we will be developing it into a comprehensive site with international links as well as offering a distinctly Canadian perspective. We look forward to feedback and input from VRAN members in developing the site. Suggestions, critiques, and vaccine related information would be greatly appreciated, as well as any technical help VRAN members can offer.

VRAN ANNUAL GENERAL MEETING

On January 31, 2001, VRAN will have concluded it's first year of operation as a non-profit society. We are planning our first Annual General Meeting and fundraising event to be held in Winnipeg, Manitoba on March 3, 2001. The annual general meeting welcome's all VRAN members to participate in planning and strategies for the coming year, as well as solidifying some long term goals. With the global push to vaccinate every child on the planet, our mandate is to protect every family's right to make voluntary informed decisions for their children and to develop ways to insure that these rights are not threatened by vaccine policy makers. For more information about the Annual General Meeting, please contact Edda West at 250-355-2525 or Mary James at 204-895-9192. We hope to see many of you in Winnipeg!

A SALUTE TO RITA HOFFMAN

For some time now, Rita Hoffman has been writing letters to every level of health officialdom in pursuit of answers to pressing questions about the epidemic of anaphylaxis in young

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children. The startling rise of life threatening food allergies (anaphylaxis) started at the time that Hib vaccine was added to the infant schedule. The large question that looms is—where are the studies showing that it is safe to inject infants and young children with multiple vaccines simultaneously? Kathy Lapointe of the Canadian Paediatric Society provided her with one study from the *Annals of Internal Medicine*, vol. 81, pp 594–600, 1974 authored by Charles S. White and entitled “Repeated Immunization, Possible Adverse Effects.”

Rita Hoffman’s response:

“I have read the study that is used on the CPS website to indicate that multiple vaccination is safe. This study is 30 years old, average age of the subjects was 46.3 years and the vaccines given are not the same vaccinations that infants are given today. IgE levels of the participants was not measured. Would you please provide me with an up to date study using the vaccinations that infants and children receive today (DaPTP-Hib and MMR)? Also, please provide safety studies showing the safety of live viral vaccines given at the same time as bacterial vaccines.

“Please provide me with information of other studies which show the safety of giving multiple vaccinations to infants. The study mentioned tested multiple vaccines on adults.”

To date the Canadian Paediatric Society has failed to respond to her request. It seems that what we learned at the recent NVIC conference is really true—that there is no valid science proving the safety of injecting infants and young children with multiple vaccines.

Rita Hoffman is also VRAN’s media watch person in Ontario. She faithfully clips everything she finds relating to vaccines and human health. Recent clippings reveal that the media articles urging vaccination for school children still regularly fail to mention the avail-

ability of exemptions under the Immunization of School Pupils Act, leaving people in the dark about their right to refuse vaccination for their school age children, and misleading them to believe they have no choice but to comply with vaccine mandates. Thank you Rita for all the time, energy and devoted commitment you put into researching the vaccine issue and your single minded determination to not leave a stone unturned until the truth is revealed.

APPEAL TO VRAN MEMBERS IN ONTARIO

We are requesting that VRAN members in Ontario try to obtain for us ‘vaccination demand’ letters issued to parents of school age children by local health departments. We are anxious to file a complaint with the Ontario Ombudsman about the failure of the Ontario Ministry of Health and the Medical Officer of Health to insure that all parents are clearly informed of their right to exemptions from vaccination. Please send us copies of any letters demanding vaccine compliance you receive from your children’s school, or contact your health department for a copy of their standard vaccine compliance letter that is circulated in the school system in your area. These letters will enable us to keep up the pressure on the Ministry of Health to comply with informed consent and exemption laws. We would also greatly appreciate hearing from anyone who wishes to volunteer time to coordinate this project.

DR. VIERA SCHEIBNER—WEST COAST TOUR

VRAN member Cecile Frey-Mclean really deserves a resounding THANK YOU for all the hard work and dedication she put into organizing Dr. Viera Scheibner’s recent tour. Viera presented her lecture in cities in British Columbia—Vancouver, Penticton, Duncan and Castlegar, as well as in Edmonton and

Calgary Alberta, and Saskatoon, Saskatchewan. In the U.S., the North Idaho chapter of Vaccination Liberation sponsored her lecture in the Coeu d’Alene area. Viera’s lecture tour was highly successful, drawing audiences of hundreds of people everywhere she went. A very special THANK YOU to all the individual sponsors who planned the events in their areas, doing media outreach, posting, advertising and attended to all the details involved in hosting this high caliber event. And with deep appreciation to Dr. Viera Scheibner for the many years of inspired and skilled work she has devoted to sifting through and analyzing the thousands of medical studies and published papers on vaccine research which qualifies her to critique and comment on the problems of efficacy and safety that shroud the vaccine issue. Viera Scheibner is a one woman crusade who brings the truth about vaccines to parents around the world.

Compensation of Vaccine-Damaged Children

Mary James

On August 17, 2000, The Manitoba Law Reform Commission released a 90 page report, entitled *Compensation of Vaccine-Damaged Children*. The purpose of the report was to urge the Manitoba government to establish a no fault compensation program for children injured from routine childhood vaccinations.

The Report outlines the current structure of vaccinations in Manitoba., refers to compensation programs in other jurisdictions, offers a proposed compensation system for Manitobans and makes recommendations for the Manitoba government. The hope and the intent is that the government will legislate compensation for vaccine-injured children.

The Report states, "In spite of the efforts of medical science, manufacturers and physicians, vaccines sometimes have side effects. Adverse consequences may be suffered by the recipients of vaccines... In exceptional circumstances, the consequences may be serious, such as high fever, systemic joint or muscle pain, seizures or anaphylactic shock. In rare situations, a child may suffer permanent disability such as neurological damage or may even die."

Until now, the only avenue for parents of children who were severely injured or died from vaccination was to sue the physician, the province or the vaccine manufacturer.

However, litigation is not an easy route to pursue in Canada. The cost is so prohibitive, that it is almost impossible for the average Canadian to sue. Other problems faced by the plaintiff is that the link between neurological or immunological injuries or death is difficult to prove and the length of time these lawsuits remain in the courts is arduous and extremely stressful for the families.

According to The Law Reform Commission, "Vaccine-damaged chil-

dren face such difficulties in establishing the negligence of a defendant and the causal link between the negligence of the defendant and the plaintiff's losses that we are not aware of any case in Canada where a vaccine-damaged child has sued successfully."

Rothwell vs Raes, in 1985 was one of the few vaccine injury cases to go to court in Canada. Patrick Rothwell suffered catastrophic injuries following the whooping cough portion of the DPT vaccine that he received as an infant in Ontario in 1979. The case was dismissed by Mr. Justice John Osler of the Supreme Court of Ontario, since he felt that the Rothwells could not prove causation. The costs were estimated to be in the range of \$1,000,000.

Mr. Justice John Osler concluded, "That normal process of litigation is an utterly inappropriate procedure for dealing with claims of this nature."

Many judges concur with him. There has to be another way besides a complex, expensive, lengthy civil lawsuit to compensate victims of vaccination programs.

Osler went on to state, "Surely it would be worthwhile for our society to agree to a certain adequate though not lavish standard of compensation upon proof of prior good health following the administration of a vaccine and catastrophic damage within a limited period of time."

Presently, there are two cases before the Manitoba Court of Queen's Bench. In Dignazio vs Weizman the vaccine was given in 1992. The statement of claim was issued in 1995. The case has still not come to trial. In Graham vs Jamison, the vaccine was given in 1992 and the statement of claim was filed in 1999.

Assistance for the lawsuit expenses was provided by The Eagle

Foundation, a creative group of Winnipeg chiropractors who felt compelled to help families devastated by the serious adverse reactions that their once healthy children experienced following childhood vaccinations.

In a letter to chiropractors across Canada, a plea was made to help these families who had no other recourse and desperately wanted justice for their children. And the chiropractors did not disappoint. Enough money flowed in to get these lawsuits off the ground.

Clifford Edwards, president of the Manitoba Law Reform Commission notes that while families can file a lawsuit if their child experienced a serious adverse reaction, they often face protracted legal battles. The prospect of winning is remote since the onus is on the plaintiff to prove causality and negligence.

"Proof of negligence is as essential a component of tort liability in Quebec as it is in the common law provinces and there is little likelihood of negligence and causation being established against government, vaccine manufacturers or health care professional for vaccine injuries."

In a Toronto Star article dated December 10, 1988, Mr. Justice Allan Linden, at that time, the President of The Law Reform Commission of Canada, called civil litigation in medical negligence, "the forensic lottery." Some hit the jackpot and get five million dollars, others, the judge says, "sorry."

That leaves vaccine-injured children with a proposed compensation program. Like litigation, compensation has problems too, and it is far from a perfect solution. But it is a start and at very least, an acknowledgment that vaccine injury is a reality in this country and not a "myth" as many Canadian doctors still believe.

A compensation system supports the fact that victims of a mass vaccination program must be looked after, that their special needs require large amounts of money for medical expenses

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es, such as prosthetics, prescriptions.

The Law Reform Commission recognizes that vaccine injuries are unique and currently the accident compensation system in Manitoba is inadequate to meet the needs of these children.

“Vaccine-injured children are among the most vulnerable of Manitoba’s citizens and they will often carry the consequences of their disabilities through the full course of their lifetime.”

As the Commissioners state in the Report, “Justice has already been delayed unduly for vaccine-damaged children. Other jurisdictions responded much more quickly to their plight, beginning as early as 1961, (Germany) to initiate special compensatory plans.”

The following reasons are given for supporting a compensation program in this province. First, there is considerable governmental pressure and social pressure to vaccinate children. One should not forget that these were all healthy children prior to vaccination. They may have never encountered the particular childhood infectious disease they were vaccinated with in their lifetime, and indeed if they did chances are very high they would have overcome the illness and developed a life-long immunity to it. It is also very unlikely that these children would have suffered severe brain damage or death from that particular disease if they had acquired it naturally.

Second, parents are assured that vaccines are safe and effective. We trust our public health officials when they dismiss any concerns we may express about serious consequences of vaccination and falsely reassure us that 1:1,000,000 children will experience a severe reaction.

Third, the victims of childhood vaccination did not give their own personal consent to this invasive medical procedure, or more aptly phrased by the National Vaccine Information Centre

in Vienna Virginia, “These children had no voice, they had no choice.”

The report makes reference to the many jurisdictions, worldwide that have introduced compensation plans for vaccine related deaths and illness.

These include Germany, (1961), France, (1964), Japan, (1970), Switzerland, (1970), Denmark, (1972), New Zealand, (1974), Sweden, (1978), United Kingdom, (1979), Quebec, (1987), United States, (1988), Taiwan, (1988), Italy, (1992) and Norway, (1995).

It is evident that Canada is far behind most other western nations in providing justice for the children injured from vaccines in this country.

The Manitoba Law Reform Commission details four of these compensations plans, Quebec, the only province in Canada to support a vaccine compensation system, the United States and two other common law jurisdictions, New Zealand and the United Kingdom. I will briefly detail the Quebec Compensation Plan entitled, Indemnities for Victims of Immunizations, and the American Compensation Plan, entitled, National Childhood Vaccine Injury Act.

QUEBEC PLAN:

The Quebec Plan provides compensation to any person (adult or child) for adverse reactions that are causally linked to a vaccine. If causation is proved and the claimant meets other criteria, compensation is paid in accordance with the Automobile Insurance Act. The Act creates a no fault plan for the victims of automobile accidents similar to the Manitoba Personal Injury Protection Plan under Autopac.

The kinds of benefits payable include income replacement, compensation for physical disability, future care costs, rehabilitation expenses and death benefits to family members.

One of the problems with the Quebec Compensation Plan is that it is not widely known to its citizens

and it is difficult to obtain compensation. For example, out of 117 claims since 1987 only 20 individuals have been compensated. The average payment per person is \$135,000, not an adequate amount of money to care for a severely brain injured child through out their life time.

THE UNITED STATES PLAN:

The National Childhood Vaccine Injury Act was passed in 1986 by Congress which established a no-fault compensation scheme for those children injured by vaccines. The promise made to parents at this time was “Simple Justice to Children.” The purpose was “to provide for a non-adversarial, expeditious and informal process for the resolution of petitions filed under the Program.” The guiding spirit behind the law was to provide an alternative mechanism to a lawsuit that would even the playing field for vaccine victims in that there would be a presumption that the vaccine caused the child’s injury or death if no other cause could be found. The emphasis on presumption was integral of a no fault vaccine compensation scheme. Because there is a lack of scientific data and understanding of the biological mechanism for most vaccine-associated injuries and death, the vacuum of scientific knowledge demands that a no fault vaccine injury compensation plan err on the side of presumption.

The mechanism to provide presumption was a Table of Compensatory Events known as the Vaccine Injury Table. Its purpose was to remove much of the burden of proof of cause and effect that exists in a vaccine injury lawsuit.

To date the plan has awarded one billion dollars to vaccine injured children and their families. The majority of awards, 68% were given for the DPT vaccine and some of the first awards were given to families whose baby’s death had been mislabeled as

Sudden Infant Death Syndrome. (SIDS) and after investigation it was discovered that the cause of death was the DPT vaccine.

However in the past 14 years the National Childhood Vaccine Injury Act has become almost completely eroded and the original spirit and intent of the law as Congress and the public had envisioned it has become a farce. Presently, 4 out of 5 children from the federal vaccine injury compensation program are turned away despite the fact that there is over one billion dollars sitting stagnant in the Fund.

According To Kathi Williams, Co-founder and Director of The National Vaccine Information Centre, (NVIC) in Vienna, Virginia, "Many countries are using the American Childhood Vaccine Injury Act as a model. They should not. Our program has been completely weakened from what it once was. They have raised the burden of proof so high, that it is almost impossible to prove a probable association. Compound that with lack of studies, and good science and many deserving children are being turned away. When the program was initiated, compensation erred on the side of the victim, now the reverse is true and they err on the side of government."

Barbara Loe Fisher, Co-founder and President of NVIC points the finger of blame at the Department of Health and Human Services and the Department of Justice, who have all but eliminated a list of compensatory events in the Vaccine Injury Table. "It is unconscionable that residual seizure disorder following DPT vaccine, (which is a classic adverse reaction) has been removed from the National Childhood Injury Act, along with signs and symptoms of brain inflammation which would presume causation."

At the Hearing of the House Subcommittee on Criminal Justice, Drug Policy and Human Resources, entitled, "Compensating Vaccine

Injuries: Are Reforms Needed?" on September 28, 2000, Fisher stated, "US public health officials have endorsed a public policy of not only recommending but requiring by law that its youngest citizens use biological products which carry an inherent risk of injury or death. No matter how great or small that risk may be, there exists a moral imperative to care for those who may well have paid with their lives for that policy. To do any less is to fail as a society to be either just or humane."

In a last ditch effort to save the compensation plan, there are two Bills before Congress with the intent of restoring the Bill back to its original purpose, that of "Simple Justice for Children."

We in Manitoba and the rest of Canada must be diligent and aware as to what is happening with vaccine-injury compensation in other counties so that we can learn from their mistakes and prevent them from happening here.

Of course the priority in all of this is prevention, so that we eliminate vaccine damage in the first place. Litigation and compensation are after all, after the fact, and no amount of money will ever make up for the violence these children and their families have suffered.

The Manitoba Law Reform Commission tackles this problem too, by urging the government to support informed consent. In fact it is the duty of the physician to warn the client or parent of all material risks of vaccination, even if the parent doesn't ask. It is a form of 'battery' when a physician or public health nurse fails to do so.

Informed consent also entails advising the parent or client that vaccination is very much a choice in Canada and so whatever the decision is in respect to vaccination, a parents choice must always be accepted and respected. Mandatory reporting of all adverse reactions is also stressed as of the

utmost importance by the Commission.

The Manitoba Government has promised to legislate in the next session mandatory reporting of all adverse reactions to vaccination as well as the duty to inform parents of all risks, contra-indications and adverse reactions. Failure to do so could lead to a fine or prison term.

We urge parents in other provinces to pressure their governments to provide similar legislation and to push for a compensation program for their vaccine-injured children. Together we can all make a difference!

ANOTHER FLU SEASON REVS UP

October, 2000

By Edda West

Never in the history of flu season has there been a larger, more aggressive campaign to promote the flu vaccine than this year. Health workers in all hospitals, clinics, and long term care facilities in Ontario and British Columbia are being threatened with suspension from work without pay if they refuse the flu vaccine and if an outbreak occurs. In B.C. an outbreak is defined as two cases of flu. The Ontario government has approved \$38 million dollars to purchase flu vaccine, so that everyone in that province can be vaccinated—even children. VRAN is receiving letters of concern from parents about flu shots being promoted in schools.

“My 16 year old son came home from school yesterday all upset because he was told he had to get a flu shot because the flu was really bad this year and he would surely get very sick. He brought home a consent form, not for me to sign, but for him to sign. The form states that he has received and understood the information given to him and is sufficiently informed to consent to immunization. I asked him where this information was, and he said they didn’t give him anything yet—just the consent form.

“What is going on Edda? Why does a healthy 16 year old need a flu shot? Why does anyone for that matter? The scare tactics are unbelievable and peer pressure is so great on our children. No one seems to be speaking out against this. I would like to but I need information to support the risks of flu shots, the compromise they make to our immune systems, and the unnecessary expense to our health care system.

“Today, I received in the mail, a four-page glossy booklet from the Ontario government on why everyone needs a flu shot. And I am told that in

Thunder Bay alone, there is a campaign on to immunize 100,000 people from age 6 months and up with the flu shot. The population of Thunder Bay is 110,000—that’s quite a campaign—a frightening one at that. Do you have anything you can send me? I appreciate all of your efforts on our behalf and again thank you for responding to my previous e-mail so quickly.”

Warm regards, Lesley McClure

Long time VRAN member Julie Shams writes from Mississauga, and forwards a letter from her friend in Renfrew County, Ontario. “The Renfrew County and District Health Unit sent home a request for influenza immunization for parents of elementary school children in the town of Deep River, Ontario. It is only for people who want the vaccine. A fact sheet was sent home, explaining what strains of flu are contained in the vaccine (A/Moscow, A/New Caledonia, B/Beijing). It also states in the very first paragraph that the virus can cause serious illness and death. Of course it does not inform parents of any possible long-term side effects and only briefly discusses mild, moderate, and severe reactions that could occur.”

Says Julie, “Although a form was not sent home from my daughters school, I have over-heard many parents telling one another that they have already had their children immunized. I have read in the newspaper that several high schools will be set up with temporary flu clinics to serve people from the hours of 4pm–8pm. (this is within the city of Mississauga).”

What a ridiculous money-making madness!!!!!!”

The Canadian Paediatric Society is a ‘partner’ in the Canadian Coalition for

Influenza Immunization, and is committed to promoting flu vaccination as the best way for preventing influenza. “Get The Vaccine Not The Flu: Gearing Up for Influenza Vaccine Campaign 2000” is the title of a lead article in its September 2000 issue of *Paediatrics & Child Health*. Other partners in the CCII are pharmaceutical manufacturers of flu vaccines as well as numerous medical societies whose information is displayed on the internet at: www.influenza.cpha.ca. This site also allows access to the pharmaceutical companies that manufacture flu vaccines where detailed information on the vaccines is available.

The Canadian Paediatric Society forwards the guideline of the National Advisory Committee on Immunizations that “healthy adults and their children who wish to protect themselves from influenza should be encouraged to receive the vaccine”, but there is also an admission that it is difficult to estimate the impact of influenza infection on young children because “infections from respiratory syncytial virus and other respiratory viruses tend to occur at the same time as influenza”.

“The influenza virus undergoes genetic changes constantly and, as a result, vaccine has to be given to patients every year. Annual influenza injections that are given to children in addition to routine immunizations may be unacceptable to many parents”—but hark, new and better vaccines are coming that may avoid injections—live attenuated vaccines given as nasal sprays are in the works. Is the current massive campaign to vaccinate everyone and their children with flu vaccine a sort of a priming—getting everybody used to the idea that this is now going to be a yearly routine? And what about the viruses that keep mutating— isn’t that worrisome? We’ve already learned that increasing pressure on the microbial world is breeding deadlier varieties of pathogens. Could this kind

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of yearly mass vaccination campaign accelerate the emergence of ever more virulent organisms?

And just exactly what are the profit factors for the corporations here—if every year they can count on most people getting needled?

It was interesting to spend some time in Health Canada's webpage on influenza and get a perspective on the actual numbers of flu cases that occur. The majority of upper respiratory illnesses that go around during 'flu season' are NOT actually the flu at all. In a tally of laboratory confirmed reported cases during the 1998–99 flu season, of nearly 41,000 cases of respiratory illness, only 11% of cases were confirmed to be caused by influenza viruses. We're talking about the whole country here!!

Quoted from Health Canada— "The 1998–1999 influenza season was characterized by peaks in activity between early to mid-January and early March. From 28 August 1998 to 19 March 1999, the Laboratory Centre for Disease Control (LCDC) received reports on 40,489 laboratory tests for respiratory viruses: 4,449 (11%) were positive for influenza virus; 3,912 (88%) were influenza type A and 537 (12%) were influenza type B."

And reported so far this year by Health Canada: Since September to mid October, 2000, "the Centre for Infectious Disease Prevention & Control has received 4,035 reports of laboratory tests for influenza viruses of which 2 were positive; one each confirmed as influenza A and influenza B. For updates on influenza in Canada, please refer to the "Fluwatch" website, a service of Health Canada: <http://www.hc-sc.gc.ca/hpb/lcdc/bid/respdis/fluwatch/index.html>"

Considering the relatively low percentage of respiratory illnesses that are caused by flu virus, the feverish pitch and reckless commitment of scarce health care dollars to this mass

vaccination campaign is highly disturbing. What is even more disturbing is the air of obsessive intent with which health officials are forcing the flu vaccine on all health workers in Ontario and British Columbia, the threat of loss of work and wages being the stick with which they beat workers into submission.

People are running scared—caught between a rock and a hard place—scared of losing wages and possibly jobs if they don't submit to the strong arm of tyranny. And what about human rights, and medical ethics violations? For any government to mandate a vaccination policy that carries the threat of loss of employment as a means to force compliance amongst any group of people is blackmail and a violation of Canadian Medical Law. The legal principles that have arisen from Supreme Court decisions in case law grant that "Every individual has the right to information on material risks and the fundamental right of persons to be free from unwanted physical interference. Medical care is wrongful and a "battery" (as in assault and battery), unless the patient has given consent to it." Furthermore, the person must understand the risks and be willing to submit to a medical treatment for there to be express consent.¹

This comprises the foundation ethic of informed consent laws that are intended to protect the individual from force, coercion, intimidation and involuntary compliance with medical treatments and drugs. Mandatory vaccine policies of any kind, are in violation of basic human rights and the individual's right to protect themselves from any physical interference. Forcing health workers to submit to flu vaccination also violates the Canadian Charter of Rights and Freedoms by denying the individual his/her right to "security of the person."

It is unfortunate that many health care workers have little understanding of their rights under these legal and

ethical principals. This creates a dynamic of powerlessness amongst workers, a key factor that enables government policy makers to launch these abhorrent policies in flagrant violation of informed consent laws and constitutional guarantees.

The unions have also been complicit in the erosion of workers' rights. They have failed to uphold the most basic principals protecting the individual's right to autonomy and inviolability of the person, and have failed to protect their members from mandates that carry known health risks, and the potential for injury, both in the short term and long term. In British Columbia the Hospital Employees Union has a collective agreement with management that allows an employee's job to be terminated for refusal to accept required X-rays or vaccines. Nor have the unions addressed concerns about the health injuries workers may suffer from the vaccines, and how they would be compensated when injuries occur.

It appears that the definitive study they are basing these draconian measures on isn't even a study. It's a survey entitled *Influenza Vaccination of Health Care Workers in Long-Term-Care Hospitals Reduces the Mortality of Elderly Patients*—the lead author being J. Potter—it's out of the University of Glasgow, department of geriatric medicine. It was published in the *Journal of Infectious Diseases* 1997;175: 1–6. It looked at 12 geriatric hospitals. Of 1078 health care workers, 653 were vaccinated. They concluded that there was an associated reduction in total patient mortality from 17% to 10% from "influenza-like illnesses"—a 7% reduction (but not even specifically to the flu, but flu-like illness means the whole gamut of respiratory infections). They also concluded that the vaccination of "elderly patients was not associated with significant effects on mortality." They also

point out— **“However, there have been no controlled studies to show whether this approach is effective.”**

The cornerstone of medical freedom in so far as it protects individuals from unwanted, or risky medical procedures and drugs is the ethic known as voluntary informed consent. This ethic was developed following the Nuremberg trials after the second world war where the doctors and scientists who performed hideous experiments on their human captives were brought to trial and found guilty of violating the most basic human right—the right of the individual to reject medical procedures, or drugs or experiments and the right to self determination and inviolability of his/her person. What was laid to rest at Nuremberg was the presumption of scientific superiority over the right of the individual. In other words, no doctor, scientist, health department or government has the right to force anyone to accept a medical procedure or drug against their will and that the individual’s right to voluntary informed consent when considering any medical procedure is the baseline ethic that is operative in all so called free and democratic societies

For the Ontario and BC government to violate the right of any individual to determine what drug or treatment he/she must accept, or face severe penalties such as loss of wages or employment, is a flashback to nazi Germany where the interests of the pharmaceutical companies, their profiteering and collusion with government policy makers threatens the most inviolable right of every citizen in a free society—the right to self determination, without interference, threat, coercion, or “battery”.

There is an urgency to challenge the medical tyranny that intends to impose it’s will on a large segment of society in the name of “the greater good”. We cannot afford to be complacent in the face of an accelerating erosion of our

the right to determine on an individual basis what is done to us. The utilitarian principle, on which these forced vaccine mandates are based says, “for the greater good, everyone must take this vaccine or that drug.”

What was argued and put to rest at the Nuremberg trials, and it was determined once and for all, that the right of the individual to self determination is inviolable, and trumps the interests of science and medicine, even if it means that the advancement of science will be delayed. The basis of a free, democratic society begins with the protection of the individual’s right to self determination. This vaccine policy undermines and dismantles these principles, and cannot remain unchallenged if we are to salvage what is left of our democratic freedoms—our health freedoms.

Concerns about Vaccine Safety (excerpted from a Brief written by Catherine Diodati and presented to Members of Parliament in Ontario— **please view full text of the Brief on VRAN’s new website at: www.vran.org in the “Breaking News” section**).

“The safety of the influenza vaccine presents serious questions. Dr. Hugh Fudenberg, who is perhaps the most published and quoted immunogeneticist in the world, presented findings which indicated that those who receive 5 consecutive influenza vaccines, increase their chances of developing Alzheimers by ten times in comparison with individuals who have 1, 2, or no influenza vaccinations due to the vaccine’s aluminum and thimerosal (mercury) content.² This leads to 3 important questions: how many of our LTCF workers will necessarily lose their quality of life and become LTCF residents due to enforced vaccination and the subsequent onset of Alzheimers; who will be left to care for them; and, can our health care budget support the additional expenditures required for their care?

“The influenza vaccine, like most

other vaccines, has not been tested for its effect on reproduction. Are there factors affecting fertility; are there teratogenic effects? Some studies (and vaccine package inserts) indicate that the vaccine increases HIV viral replication, indicating that the vaccine has a significant suppressive effect on the immune system. The vaccine has also caused a significant number of side effects and adverse reactions. At least 30% of recipients can expect some sort of reaction. These reactions range from mild, e.g. fever, malaise, tenderness at the injection site, and influenza-like symptoms, to more serious events such as Guillain Barré Syndrome, Transverse Myelitis, facial paralysis, encephalitis, encephalopathy, demyelinating diseases, fatalities, and et cetera. These significant health risks have not been disclosed to the health care workers prior to vaccination. It must be noted, however, that their consent forms included a release of responsibility should adverse events occur. Enforced vaccination, lack of disclosure and this general abandonment of culpability is, to be sure, a severe violation of the Constitution and the Health Care Consent Act (Ontario).”

References:

1. "Canadian Medical Law – Introduction for Physicians, Nurses and other Health Care Professionals", by Barney Sneiderman, Professor John O Irvine, Philip H. Osborne – Second Edition, 1995, Carswell Thompson Professional Publishing.
2. Dr. Hugh Fudenberg’s study will be published in the International Journal of Clinical Investigation in the near future.

SCIENTIST 'KILLED AMAZON INDIANS TO TEST RACE THEORY'

GENETICIST ACCUSED OF LETTING THOUSANDS DIE IN RAINFOREST

By Paul Brown, Environment correspondent to the Guardian
Saturday September 23, 2000

Thousands of South American Indians were infected with measles, killing hundreds, in order to for US scientists to study the effects on primitive societies of natural selection, according to a book out next month.

The astonishing story of genetic research on humans, which took 10 years to uncover, is likely to shake the world of anthropology to its core, according to Professor Terry Turner of Cornell University, who has read the proofs.

"In its scale, ramifications, and sheer criminality and corruption it is unparalleled in the history of anthropology," Prof Turner says in a warning letter to Louise Lamphere, the president of the American Anthropology Association (AAA).

The book accuses James Neel, the geneticist who headed a long-term project to study the Yanomami people of Venezuela in the mid-60s, of using a virulent measles vaccine to spark off an epidemic which killed hundreds and probably thousands.

Once the epidemic was under way, according to the book, the research team "refused to provide any medical assistance to the sick and dying Yanomami, on explicit order from Neel. He insisted to his colleagues that they were only there to observe and record the epidemic, and that they must stick strictly to their roles as scientists, not provide medical help".

The book, *Darkness in El Dorado* by the investigative journalist Patrick Tierney, is due to be published on October 1. Prof Turner, whose letter was co-signed by fellow anthropologist Leslie Sponsel of the University of Hawaii, was trying to warn the AAA

of the impending scandal so the profession could defend itself.

Although Neel died last February, many of his associates, some of them authors of classic anthropology texts, are still alive.

The accusations will be the main focus of the AAA's AGM in November, when the surviving scientists have been invited to defend their work. None have commented publicly, but they are asking colleagues to come to their defence.

One of the most controversial aspects of the research which allegedly culminated in the epidemic is that it was funded by the US atomic energy commission, which was anxious to discover what might happen to communities when large numbers were wiped out by nuclear war.

While there is no "smoking gun" in the form of texts or recorded speeches by Neel explaining his conduct, Prof Turner believes the only explanation is that he was trying to test controversial eugenic theories like the Nazi scientist Josef Mengele.

He quotes another anthropologist who read the manuscript as saying: "Mr. Tierney's analysis is a case study of the dangers in science of the uncontrolled ego, of lack of respect for life, and of greed and self-indulgence. It is a further extraordinary revelation of malicious and perverted work conducted under the aegis of the atomic energy commission."

Prof Turner says Neel and his group used a virulent vaccine called Edmonson B on the Yanomami, which was known to produce symptoms virtually indistinguishable from cases of measles.

"Medical experts, when informed that Neel and his group used the vaccine in question on the Yanomami, typically refuse to believe it at first, then say that it is incredible that they could have done it, and are at a loss to explain why they would have chosen such an inappropriate and dangerous vaccine," he writes.

"There is no record that Neel sought any medical advice before applying the vaccine. He never informed the appropriate organs of the Venezuelan government that his group was planning to carry out a vaccination campaign, as he was legally required to do."

FATALITIES

"Neither he nor any other member of the expedition has ever explained why that vaccine was used, despite the evidence that it actually caused or, at a minimum, greatly exacerbated the fatal epidemic."

Prof Turner says that Neel held the view that "natural" human society, as seen before the advent of large-scale agriculture, consists of small, genetically isolated groups in which dominant genes—specifically a gene he believed existed for "leadership" or "innate ability"—have a selective advantage.

In such an environment, male carriers of this gene would gain access to a disproportionate number of females, reproducing their genes more frequently than less "innately able" males. The result would supposedly be a continual upgrading of the human genetic stock.

He says Neel believed that in modern societies "superior leadership genes would be swamped by mass genetic mediocrity". "The political implication of this fascistic eugenics is clearly that society should be reorganised into small breeding isolates in which genetically superior males could emerge into dominance, eliminating or subordinating the male losers in the competition for leadership and women,

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and amassing harems of brood females,” Prof Turner adds.

In the memo he says: “One of Tierney’s more startling revelations is that the whole Yanomami project was an outgrowth and continuation of the atomic energy commission’s secret programme of experiments on human subjects.”

“Neel, the originator of the project, was part of the medical and genetic research team attached to the atomic energy commission since the days of the Manhattan Project.”

James Neel was well-known for his research into the effects of radiation on human subjects and personally headed the team that investigated the effects of the Hiroshima and Nagasaki bombs on survivors and their children.

According to Prof Turner, the same group also secretly carried out experiments on human subjects in the US. These included injecting people with radioactive plutonium without their knowledge or permission.

NIGHTMARISH

“This nightmarish story—a real anthropological heart of darkness beyond the imagining of even a Joseph Conrad (though not, perhaps, a Josef Mengele)—will be seen (rightly in our view) by the public, as well as most anthropologists, as putting the whole discipline on trial,” he says.

“This book should... cause the field to understand how the corrupt and depraved protagonists could have spread their poison for so long while they were accorded great respect throughout the western world... This should never be allowed to happen again.”

Yesterday Professor Turner told the Guardian it was unfortunate that the confidential memo had been leaked, but it had accomplished its original purpose in getting a full response from the AAA.

A public forum would be held at its

AGM in November to discuss the book its revelations and courses of action.

In a statement yesterday the association said “The AAA is extremely concerned about these allegations. If proven true they would constitute a serious violation of Yanomami human rights and our code of ethics. Until there is a full and impartial review and discussion of the issues raised in the book, it would be unfair to express a judgment about the specific allegations against individuals that are contained in it.

“The association is anticipating conducting an open forum during our annual meeting to provide an opportunity for our members to review and discuss the issues and allegations raised in the book.”

Editor’s note: Aggressive strains of the Edmonston measles vaccine have also been used experimentally in Africa with disastrous results causing the death of untold numbers of babies. We appreciate the kind permission of the British publication The Guardian in allowing us to reprint Paul Brown’s article in this issue of the VRAN newsletter, and special thanks to VRAN member Judy Kubrak for alerting us to this article.

<http://www.guardianunlimited.co.uk/Archive/Article/0,4273,4067128,00.html>

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will apply to the Canadian market, nor will it confirm a pending date of licensure. But Dr. Victor Marchessault, chair of the National Advisory Committee on Immunization, when interviewed recently by the Toronto Star, predicts his committee will endorse the vaccine by the end of the year. “This is a vaccine you have to recommend” he said.

But Dr. Erdem Cantekin, Ph.D. Professor of Otolaryngology and internationally recognized authority on otitis media (ear infections), disagrees with this enthusiastic endorsement and has serious concerns about the effectiveness and safety of the new 7 valent pneumococcal vaccine. It is another example of the current climate of profit driven health care, absent of checks and balances, where public health and safety is forfeited for corporate interests.

Dr. Cantekin’s independent expert analysis of the vaccine has uncovered a quagmire of very disturbing information that was presented at the recent National Vaccine Information Center Conference in Virginia. “The alleged benefits are greatly exaggerated and the risks are significant.” In examining the raw data and study methodology, Dr. Cantekin found that the vaccine is not effective for ear infections, or pneumonia and the data on meningitis prevention are inconclusive. Furthermore the FDA did not approve Prevnar for pneumonia or for otitis media. Dr. Cantekin asks, “why does the American Academy of Pediatrics want our children to be immunized using Prevnar? Why are all those experts excited? I am afraid the answer is not in the scientific domain.”

The vaccine trial had no placebo group, rather it had a control group of children who were given an experimental meningococcus C vaccine. Prevnar administered children had 4 times more seizures and they had 4 times more gastritis than the control group.

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Significantly, more children who received Prevnar developed asthma.

Says Dr. Cantekin: "The big push for Prevnar marketing comes from its alleged benefits in otitis media although the FDA had clearly not approved it for this use." Consider these facts about ear infections: About 60 percent of the cases are viral, less than 40 percent are bacterial, and perhaps 25 percent of ear infections are due to pneumococcus bacteria. Otitis media is a self-limiting disease and 90 percent of cases resolve within a few days, without treatment. With 7 million cases of ear infections occurring each year in the U.S. it has grown into a big business. For two decades the experts have treated ear infections with aggressive interventions, such as long duration antibiotic therapy with designer drugs, antibiotic prophylaxis, followed by aggressive surgery which "fuels our 5 billion dollar a year otitis medico-economics."

Pneumococcus is a common respiratory bacteria with more than 90 serotypes and causes various diseases. How it transmutes itself into a pathogen is not known, nor is the carriage rate and the serotype distribution in various population groups known. Of great concern explained Dr. Cantekin is that "the role of pneumococcus in the microecological balance is yet to be determined... and that vaccination of all newborns with 7 pneumococcal serotypes and possible eradication of those serotypes (assumed to be the common pathogenic types) is an uninformed experiment at best."

The seven strains of pneumococcal bacteria this vaccine purports to ward off, are some of the antibiotic resistant strains that now account for the majority of bacterial infections in young children, an example of how the indiscriminate overuse of antibiotics has put pressure on pathogenic microbes to mutate and develop into highly aggressive bacterial strains

impervious to antibiotic therapies. Says vaccine activist Dawn Richardson—"This situation begs for the question to be answered—that can't the indiscriminate widespread use of vaccines put the same kind of pressure on these bugs to mutate? We are already seeing evidence of this as there are already 8 different genotypes of wild strain measles identified."

Continuing with this line of thinking, Dr. Cantekin is worried about what will happen to the other 80 serotypes when selective pressure is put on these few. "Pneumococcus is an aggressive organism that caused approximately 90,000 deaths last year because of antibiotic resistant pneumococcal pneumonia in older people. It is a deadly bacteria that killed many people before the invention of antibiotics in the 1940's... we also need to know the environmental pressure due to Prevnar because it is not going to be a vaccination program where a given pathogen like small pox will be eradicated. It is going to be more like antibiotic use. Prevnar by changing serotype natural balance will exert selective pressure on microbial ecology."

Dawn Richardson founder of PROVE (Parents For Open Vaccine Education), shared these thoughts, "One study that has not been done that I'm sure we all have a good hypothesis as to what the results are—who are the majority of children who are getting severe invasive infections with the pneumococcal bacteria? Our experience is showing that it is the kids who are massively vaccinated and medicated with antibiotics. It is the poor children whose immune systems are being systematically destroyed by the medical profession but they do have a nice marketing gimmick going to create a constant widespread demand for their products and services."

In 1996 New Zealand researcher Hilary Butler wrote a fascinating paper entitled "The Perilous Haemophilus, or is it... Pneumonia"¹

where she reported a disturbing trend following the widespread use of the combined haemophilus Influenza B conjugate vaccine and DPTP vaccine. Within a year of the introduction of this new combo, a dramatic and unexpected increase in hospital admissions of young children was observed. And although Hib disease had "fallen to rock bottom", doctors were noticing that "the proportion of very young children admitted is getting higher and that generally, children seem to be sicker when they arrive." This despite the public having been told that the new vaccine would ease the work load of paediatric staff, they were now seeing more, and sicker children than ever before.

Her attention was first drawn to this new trend when the New Zealand media began reporting the dramatic increase in hospitalization of young children presenting with severe cases of pneumonia, asthma, meningococcal diseases, fevers and bronchiolitis. On searching the medical literature, she found that the rise in pneumococcal disease had already been associated with the Hib vaccine.

Butler's search kept turning up associations between increases in pneumonia and meningitis, not only in the wake of the Hib vaccine but other vaccines as well. She refers to the "first Swedish study of the Japanese acellular pertussis vaccine which was abruptly stopped because a larger number of serious infections and deaths were occurring in the vaccinated group than the unvaccinated. The raw data repeatedly came up with PNEUMONIA and MENINGOCOCCAL MENINGITIS."

Then the June, 1992 issue of Newsletter from the *Journal of Pediatric Infectious Disease* stated: "The Perilous Pneumococcus. We have great concern for the increasing prevalence of relatively or absolutely penicillin resistant pneumococci coupled with the increased relative frequency of

pneumococcal diseases as a result of universal Haemophilus vaccination.”

Hilary Butler and Dr. J. Anthony Morris wrote a letter to the Pediatric Infectious Disease Journal newsletter and pointed out that a solution to one problem can give rise to another, perhaps more difficult problem. They expressed concern that the increase of pneumococcal disease as a result of universal Hib vaccination could result in greater difficulty in treating antibiotic resistant pneumococcal organisms.

“This apparent one step forward – one step backward situation is reminiscent of similar problems that accompanied early use in the 1960’s of inactivated adenovirus vaccines to prevent respiratory diseases caused by adenovirus types 3, 4, and 7. The vaccines were highly effective in preventing disease caused by these types, but not effective in preventing respiratory diseases caused by the other 40 or more adenoviruses that moved in to replace types 3, 4 and 7. Soon after this situation was recognized, use of adenovirus vaccines, was abandoned, except for use in military personnel.”

Then a Finnish study reported in the Lancet, 11 March, 1995, Volume 345, p.661 titled “Increase in Bacteraemic Pneumococcal Infections in Children” reported that “following the disappearance of invasive Hib disease in children bacteraemic pneumococcal infections have increased. A similar, although less striking increase has been reported in Philadelphia.” They also speculated that while Hib vaccinations have reduced the carriage of the Hib organism, that “pneumococci may have found a new niche in colonising children.”

In her concluding remarks Hilary Butler forwards the idea that the “introduction of the vaccine (Hib conjugate) is the prime suspect for the increased number of sick children, either by suppressing the immune system allowing carriage of pneumococcal

bacteria to become clinical disease, or by providing a new niche for the bacteria to increase its loading dose in children, resulting in disease. Either way, the result is undesirable.”

Have we traded Hib disease for pneumococcal disease (which is far less treatable), and which now has taken up a predominant place in an increasing disease cycle? With over 90 pneumococcal organisms hovering, numbers of which are already intractable and antibiotic resistant, what new environmental pressure will be exerted on the microbial world when this new pneumococcal vaccine is unleashed into the community? What new and deadly organisms will evolve in retaliation to this reckless tampering with microbial ecology?

The haemophilus influenza B (Hib) vaccine has also been linked to increased rates of juvenile onset diabetes by Dr. Barthelow Classen who calculates it causes a 25% rise in the rate of diabetes. The incidence of diabetes in young children has been steadily rising since the mid 1960’s. It is a disease that shortens life expectancy, is the largest cause of blindness in the U.S. and the largest cause of non-traumatic amputations. The economic toll of diabetes is in the tens of billions of dollars.

In her search of the medical literature to find answers as to why her son developed life threatening anaphylaxis to every day foods, Rita Hoffman lays it squarely on Hib vaccine. About a decade ago, a sudden increase in children suffering from life threatening food allergies was first noticed and started precisely when Hib vaccine was first added to the early infancy shots. Hib, along with additional boosters of MMR has increased the number of doses of vaccines given to children from 23 prior to 1987 to 30.

We start with healthy babies who are then bombarded with an arsenal of vaccines without any credence given to the natural ecology of the infant’s

immune system, or the time frame that is needed for it to unfold, strengthen and mature, or the natural non invasive, non-violent ways we have within our means to support this process. It is crucial that parents be enabled to evaluate the impact of vaccines on their children’s health and future. It is not just a matter of suppressing this or that disease. It is a matter of understanding the much larger picture of microbial ecology—and grasping the concept that when one organism, or group of organisms is thrown off kilter by powerful biological weapons like vaccines, that the fallout can create untold havoc—a cascade of events that in the long run will exert a far greater toll on health than the original disease it was meant to prevent.

Every mother has within her means the ability to protect her baby from Hib disease, ear infections, allergies, pneumonia, meningitis, and gastrointestinal illnesses—a protection that reduces the risk for her baby 10 to 15 fold. By breastfeeding she enables her child to develop true and lasting health while providing the most critical foundation on which a strong neuro/immune system can form. When we reclaim our trust in nature, and embrace the big picture of health from the physical, emotional, nutritional, environmental and spiritual perspective, we become empowered to move beyond fear of disease that holds us captive to the vaccine paradigm—and move into harmony as co-creators with the greater evolutionary imperative.

References:

1. Hilary Butler - The Perilous Haemophilus, or is it... Pneumonia—Full text accessible at the Immunisation Awareness website: www.ias.org.nz

WISDOM FROM OUR ELDERS

A TRIBUTE TO DR. PAUL-EMILE CHEVREFILS

By Edda West

I recently had the extraordinary privilege of meeting Dr. Chevrefils, a venerable old gentleman who has dedicated his life to empowering his patients to embrace health creating modalities. First trained as a medical doctor in 1947, Dr. Chevrefils also holds a diploma in pediatrics from Ste. Justine Hospital in Montreal. In response to a deep calling to work in complimentary ways with natural healing, and upon a suggestion from his father who was, at the time, under natural medicine care, he went south of the border to study Chiropractic the same year after graduating from medical school in 1947.

He also acquired a degree in Naturopathy some years later, in 1971.

Dr. Chevrefils was thrust into the glare of publicity in 1963 when, in defiance of a school entry law, he refused to allow his last child (of a family of 6) to be vaccinated. Health officials were outraged that a medical doctor would speak out against vaccines, and he was duly prosecuted and persecuted by the Quebec College of Physicians and Surgeons.

Harassed by school boards, health departments and even threatened with fines and prison for refusing to submit to the vaccine dogma, he responded by pointing out the folly of medical dogma that would criminalize parents of unvaccinated children for posing a threat to the vaccinated—calling it “Grande logique medicale”.

As people heard of his refusal to comply with vaccine laws in the province of Quebec (in this case, the one and only compulsory vaccina-

tion of the smallpox vaccine dating back to 1901 and mandatory for Grade 1), many sought his advice and help in avoiding compulsory vaccination. A strong and active group was formed, and officially incorporated as “La Ligue Pour Le Vaccin Libre”. Dr. Chevrefils shared with us some fascinating historical documents from the archives of La Ligue, derived from an earlier active Quebec group in 1885 that defied compulsory vaccination laws. This 19th century group published a newspaper entitled “*L’Anti-Vaccinateur*” and began documenting the ever increasing numbers of deaths from smallpox following the intensification of vaccination campaigns at the time, and listed the names of families whose children were vaccinated, where the vaccination “took well”, but within a short period of time, sometimes within days, many children developed smallpox and some died.

Even as late as 1970, the Ligue (in operation from 1963 to 1980) documented cases of fatal reactions to smallpox vaccine, citing a case of a young nurse who lost her eyesight the same day she was given a smallpox vaccination, was hospitalized, became entirely paralyzed and died within a few weeks. A footnote from this case uses a now familiar phrase to the readers of vaccine risk literature: “In the annals of medicine, these accidents are always a ‘coincidence’”.

Dr. Chevrefils generously shared his healing philosophy of working with nature and supporting the individual’s innate capacity for healing, and his affirmation of the core principal—the culmination of decades as

a doctor, a healer, a humanitarian, a vaccine activist is that—“Mothers, in their hearts, know what is best for their children... it is up to the mothers to protect their children. The only ones who can break the cycle are the mothers, who must therefore teach other mothers of the dangers their children face from vaccination.” And further he said, “It should be written in large letters when women talk to each other – this knowledge must be shared if we are to have any hope of raising healthy children.”

Dr. Chevrefils is talking about the critical need to reclaim women’s culture—maternal wisdom, honouring our intuition—sharing our experience and healing knowledge with other mothers and all women and that on the most fundamental level, we need to understand that when we take charge of our children’s health, our families’ health, and re-empower ourselves as the primary healer in the family, we will not be so easily misled by this or that medical dogma that arises from untrustworthy corporate powers in the pharmaceutical industry whose bottom line is profit, not human health.

Thank you Dr. Paul-Emile Chevrefils for being a bright light of truth and integrity, and for sharing with us the wisdom of the elders.

Editor’s note: With many thanks to dear friends Suzane Vallee Cauchon and her sister Cecile for arranging this historic meeting with Dr. Chevrefils, on Sept. 12, 2000.

Dr. Chevrefils may be contacted via e-mail through his son Jean Pierre at kirojp@hotmail.com

NATIONAL VACCINE INFORMATION CENTER CHALLENGES CONCLUSIONS OF PUBLISHED REPORT ON CHICKEN POX VACCINE VAERS DATA

for immediate release: September 13, 2000

Calling the FDA report on adverse events associated with varicella zoster (chicken pox) vaccine published in today's Journal of the American Medical Association a "breakthrough" in the follow-up and public disclosure of reports made by doctors and parents to the Vaccine Adverse Event Reporting System (VAERS), the National Vaccine Information Center (NVIC) applauded public release of the VAERS data but challenged the authors' conclusions that the vaccine's risks are minimal.

"We have been getting reports from parents that their children are suffering high fevers, chicken pox lesions, shingles (herpes zoster), brain damage and dying after chicken pox vaccination, especially when the vaccine is given at the same time with MMR and other vaccines. This FDA report confirms our concern that the chicken pox vaccine may be more reactive than anticipated in individuals with both known and unknown biological high risk factors," Barbara Loe Fisher, president of NVIC.

In the VAERS data made public today, it was reported that VAERS had received 67.5 adverse event reports per 100,000 doses of chicken pox vaccine sold between March 1995 and July 1998 for a total of 6,574 reports. 82 percent of the adverse event cases occurred in individuals who received chicken pox vaccine only. Admitting that under-reporting made the figures "highly variable fractions of actual event numbers," the authors revealed that approximately 4 percent of cases (about 1 in 33,000 doses) were serious, including shock, convulsions,

encephalitis, thrombocytopenia and 14 deaths. The VAERS data has led to the addition of 17 adverse events to the manufacturer's product label since the vaccine was licensed for use in 1995, including secondary bacterial infections (cellulitis), secondary transmission (infection of close contacts), transverse myelitis, Guillain Barre syndrome and herpes zoster (shingles).

"We have been waiting for the FDA to follow-up on VAERS reports and then disclose and utilize the VAERS data to increase our knowledge about vaccine reactions and possible high risk factors. This is how parents and Congress expected the vaccine adverse event reporting system to be utilized when it was centralized under the National Childhood Vaccine Injury Act of 1986. However, the conclusions drawn by the authors do not match the substance of the data presented," said Fisher.

Based on today's published report on chicken pox vaccine, the National Vaccine Information Center is calling for a halt to simultaneous administration of chicken pox vaccine in combination with other vaccines, particularly MMR, until the vaccine can be further evaluated for short and long term reactivity, particularly in immune compromised individuals such as asthmatics and those sick at the time of vaccination.

"This vaccine should not be mandated," said Fisher. "There are too many questions about the true adverse event and efficacy profile of this relatively new live virus vaccine and it is up to the manufacturer marketing the vaccine and the feder-

al agencies regulating the vaccine to conduct further follow-up of this important VAERS report," said Fisher.

The National Vaccine Information Center, a non-profit, educational organization founded in 1982 by parents of vaccine injured children, hosted the Second International Public Conference on Vaccination in Washington, D.C. last weekend. Leading pediatric neurologists, immunologists, epidemiologists, microbiologists, molecular and cell biologists, gastroenterologists, internists, and pediatricians from the U.S., Canada and Europe called for in-depth basic science and epidemiological research into vaccine reactions to better identify and screen out high risk individuals.

National Vaccine Information Center
512 W. Maple Ave., #206
Vienna, VA 22180
<http://www.909shot.com>

'Milk moms' give so that boy can live

By Cathy Free

Deseret News columnist

Deseret News, Thursday, September 16, 1999

It was such a simple thing, Robin Goffe couldn't believe it. Modern medicine couldn't save her autistic 4-year-old son from life-threatening sinus infections but perhaps a natural remedy could: breast milk.

Last year, when doctors told her that nothing more could be done for her son Ty, Robin rushed from the hospital and drove directly to the University of Utah Medical School library. Remember the movie, "Lorenzo's Oil," about a mother who finds a cure for her son's disease on her own? That could be Robin's story.

She and her husband, Brad, spent days poring over medical textbooks and journals, looking for a reason behind Ty's illness and a possible cure. When Robin came across a small story about the healing effects of breast milk on the body's immune system, she knew she had the answer:

Her son needed breast milk. Lots of it. But where would she get it? Meet Kim Bracken and Brenda Mercer, two of Robin's 34 "milk moms." At Robin's request, they're sharing a Free Lunch of hoagie sandwiches and chips in her family room, laughing and comparing child-rearing stories as though they've known each other since high school.

Nine months ago, the women were strangers, but now they're great friends, brought together in the hope of saving a sick child's life.

"How could I not help?" asks Kim, a mother of three, including 4-month-old Jacob, who she bounces in her arms while eating her sandwich. "I have an abundant supply of milk—more than enough for Jacob. Why not help Ty?"

"What they're doing is overwhelming—they're doing the most loving thing I can think of," says Robin, 37, who has two other children and works as a flight attendant. "It's unbelievable how many women have sacrificed for one little boy."

After Robin hung up signs at church and at her Delta Airlines office, asking for donations of breast milk, she wondered whether anybody

would bother to call. "I was worried that people might think it was kind of freaky," she says. "But I had such a strong hunch that (breast milk) would work, I had to take that chance."

That same afternoon, she received her first call, and within days, more than a dozen nursing mothers were dropping by with little jars of breast milk, pumped especially for Ty.

"It was around Christmas when we handed Ty that first glass of beautiful yellow mother's milk," says Robin. "Now he's drinking about a half gallon a day and has never had to go a single day without. I honestly believe he wouldn't be here today if not for my milk moms."

Although there is no medical proof, Robin believes her son's autism and health problems started after he had a severe reaction to his vaccination for measles, mumps and rubella at 13 months old.

"He slowly stopped talking over a two-year period and developed sinus infections that got worse and worse," she says. "Through my research, I came up with what I feel is a link to his vaccination. But just try getting the medical community to back me up on that."

The good news is that Ty is now speaking in sentences, is no longer sick and will soon be starting preschool. "Within days of drinking the milk, his skin was pink and glowing instead of translucent," says Robin. "He no longer had seizures and started sleeping through the night. He was a different person."

"There is no greater gift anyone can give me or my son," she adds, hugging Brenda and Kim. "There are women getting up in the middle of the night to pump milk for Ty. I've even had flight attendants from other states hop on a plane on their day off to bring my son milk."

"It's a miracle," she says quietly. "That's really all you can call it. A miracle."

Editor's note: We wish to express our sincere thanks to Deseret News for allowing us to reprint their Cathy Free's article about Ty Goffe.

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www.desnews.com/dn/print/1,1442,115009257,00.html

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Editor's note: The following letter was sent to Alan Rees, Magnus' dad, whose story also appears in this issue of the VRAN newsletter. Alan kindly forwarded it on to VRAN, which is how we found Robin Goffe's success story in helping cure her son Ty through breastmilk – an example of the international grassroots grapevine that is helping link parents to healing therapies for their children after vaccine injury.

Hi,

Kathi Williams from the NVIC just forwarded your letter to me. I was particularly interested in the healing of your son Magnus and his vaccine injury. My name is Robin Goffe and I live in Salt Lake City, Utah USA. My son Ty was also injured by HIS vaccines and we have been able to heal him through breast milk as well. In fact I have written a book about our experience. The book is entitled "I Don't Want To Be Ty: A True Story Of Vaccine Injury". Currently I have 5 families here in Utah with vaccine injured children who are all on breast milk and they are all getting BETTER!! Many have balked at this therapy but we have had my son on breast milk for over 21 months and he has had between a quart and one half gallon every day. (He has also drank the milk of over 100 ladies). I also spoke before the National Institutes of Health in April 2000 and told them of our breast milk story. The News Program 20/20 filmed our story in October 1999. Our son's immune system has tediously being healed and he is doing great. As are the other children. I will be attending the conference in Virginia in September. I hope to see you there.

Warm Regards,
Robin Goffe
goffe5@micron.net>

THE MAGNUS PROJECT

September, 2000

By Alan Rees, Magnus' dad

Magnus was born on April 16, 1992, after a normal birth. We have videos of him a few minutes old. Beautiful. I should add that he is a very beautiful child. He was given a vitamin K jab on the day of birth. I didn't know then what I know now – the jab is carcinogenic and very like a vaccine in many ways, components and so forth. At 3 months of age he got diphtheria, tetanus and polio. I was already suspicious and felt ill at ease with the shots, but didn't know then what I know now. At 18 months, although I had refused the rest of the shots, they persuaded me saying “well... but at least the polio.” Had I only known then what I know now. At the end of the summer of 94 we first began noticing that something was wrong with Magnus.

There has never been an official acknowledgement from doctors that my son's plunge into regressive autism and many health problems are linked to vaccines. I have been obstructed at every turn and threatened as well. However, one or two docs have confided to me their concerns, but strictly off the record. They would deny the conversations ever took place.

As many of you know, my younger son, Magnus, was severely injured by vaccines. Our home videos show how a normal, happy, healthy, sociable child who could laugh and talk was rendered autistic, unreachable and speechless: humming, screaming, flapping his hands and banging his head. It was horrific!! Even worse: we were told the condition was incurable and that nothing could be done. I could not accept this and in 1995 I launched an appeal to help him. Many of you contributed. I would like to thank you all, including all the people who contributed anonymously and sent me

unsigned notes asking not to be thanked. Thank you anyway, whoever you are and wherever you may be.

You must be wondering how things are going. It was my original intention to issue a regular newsletter to keep you all informed, but the cost and time involved made this impractical. However, now that so many people have e-mail I can at least keep those who are on line up to date.

The Magnus Project has grown in scope and may yet be instrumental in bringing an end to the entire vaccine scandal. There are now several aspects to the project. These include: curing Magnus (and others); warning people about vaccines and the appalling injuries they cause; and getting compensation from insurance companies and vaccine manufacturers.

“A doctor can bury his mistakes, an architect can only plant vines.”
~ Frank Lloyd Wright

CURING MAGNUS AND OTHERS

Thanks to everyone who has helped, I was able to get a series of state-of-the-art laboratory tests done. These showed that Magnus had severe dysbiosis and suffered from leaky gut syndrome. He was riddled with fungus and parasites and their toxins were lodged in his body. The laboratory commented that the levels of microbial metabolites were among the highest ever recorded. He was in a bad way. The vaccines had damaged his gut wall, his digestive system was not working properly, proteins were being broken down into peptides instead of amino-acids and these and other semi-digested foods were leaking through his damaged gut and causing havoc.

It was all terrible news, but at least it gave us something to go on.

Moreover, some children who had been cured of their dysbiosis had also been cured of their autism. Our strategy has therefore been to antidote the vaccines, improve his digestion, get rid of the micro-organisms, restore gut ecology, repair the gut wall, detoxify Magnus and (hopefully) bring back the little boy we lost.

Sounds simple. It is actually quite tricky. It is easy to destroy someone's life with a jab. It is the work of a moment. Repairing that damage requires skill, persistence and ingenuity. We decided to remove gluten, dairy products, flour products, sugar and other foodstuffs that caused adverse reactions from Magnus's diet, while judiciously adding supplements that would encourage normal gut flora and discourage the interlopers.

This proved frustratingly difficult: we would get rid of one micro-organism, such as clostridia, only to find that another, such as candida, had taken its place. After a number of setbacks we finally managed to achieve a major breakthrough this year when we re-examined our videos. It was clear that Magnus's decline became precipitous when he was weaned. Breast milk had protected him. Breast milk contains lactoferrin. Lactoferrin makes iron unavailable to fungus and parasites in the gut, which they thrive on. Within weeks of using lactoferrin we started making progress. The microbes are now under control, their poisons are being eliminated, the gut is healing and the improvement in Magnus's condition has been remarkable. The next few months should prove interesting, to say the least. If all goes well our pioneering approach may yet become the standard method for treating autism in the future.

WARNING PEOPLE ABOUT VACCINES

It is plain from the medical and scientific literature that there is no evi-

Magnus Project continued on page 20

dence that vaccines confer immunity against anything. No double-blind placebo-controlled trials have ever been conducted. No long-term safety trials have ever been carried out. Even if such evidence did exist, scientific studies show that vaccines cause death, cancer, acute encephalopathy, anaphylaxis, febrile seizures, brachial neuritis, Guillane Barre syndrome, arthritis, multiple sclerosis, cancer, poliomyelitis, asthma and allergies, among other things. When Japan raised the vaccination age to two years, cot death ceased to exist and infant mortality from sudden infant death plummeted.

Vaccines contain known carcinogens such as formaldehyde, aluminum phosphate, thiomersal (a mercury compound) foreign proteins (antigens) and contaminating animal proteins and viruses from the tissues used to grow them. We have vaccines to thank for the AIDS epidemic (monkey viruses from the monkey meat used to grow the vaccine were injected into unsuspecting Africans) and the impending CJD epidemic (vaccines cultured on the brains of cows that may have been incubating mad cow disease have been injected into an unknown number of people). Monkey virus SV40 (a vaccine contaminant) has been injected into hundreds of millions of people. Not only is it carcinogenic, it can also manipulate the human genetic code. New viruses are being discovered all the time. Vaccines are inherently dangerous.

What this all means is that healthy children (and adults) are being deliberately killed and mutilated. This is wrong. People are not being told and even doctors are woefully ignorant about vaccines. Appended to this letter is a list of links and sources. You can help me to warn others by reading the material and disseminating it to as many people as possible.

*(Please refer to the VRAN web links page in this newsletter, which is almost identical to Alan's links)

COMPENSATION

A number of lawsuits are pending. The first one is against our insurance company and is the main reason for writing to you now. They have refused to pay out on Magnus's insurance policy, saying that it excludes congenital conditions and that Magnus was born autistic. This is in spite of the testimony of friends and relatives that he was a normal infant and our own video recordings that confirm this. There is also the epidemiological evidence, which is convincing, to say the least: autism has increased from the first 11 cases in 1942, to nearly a million in the USA alone and is now reaching epidemic proportions. A government official has admitted that there are no unvaccinated autistic children. Only the vaccinated are affected. Autism has increased by 500% in three years in some states (a computerized vaccination tracking system was introduced in 1997 to catch those that had been missed).

The incidence of autism is now 1 in 250 children in some states and rising. Congenital diseases cannot possibly increase in this fashion. Autism cannot therefore be congenital. This is a man-made catastrophe and yet the insurance company is refusing to pay us what they owe us. This is not uncommon. Insurance companies cynically calculate that a family with a handicapped child cannot afford to sue them and they use delaying tactics, inflated costs and endless appeals to break those with the temerity to try anyway. This tactic usually works, but in the age of the internet and the case of Magnus, they may have miscalculated. I am therefore launching an appeal to raise 25,000 pounds, or more than 300,000 Kronor by October 2000 (we have to commence proceedings by November 2000 at the latest).

The last few years have been extremely difficult for our family, and I would not wish this misfortune on

anybody. Let us bring the autism epidemic to an end, so that nobody else has to suffer as we have. The strain has been appalling, but your support and encouragement have made things a lot easier. Thank you all once again.

Would you like to help Magnus to get what he is owed so we can continue to treat him? Think of your contribution as an investment: if we win I shall offer all our benefactors their money back with interest. When you examine the evidence and when I tell you that some of the world's leading experts on autism and vaccine damage have agreed to testify on our behalf, I hope you will agree that our chances are excellent and worth investing in. Our case is of great importance, since it is likely to create a precedent for thousands of families hitherto wrongfully denied compensation.

Alan Rees

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Editor's note: To get involved in the Magnus Project, and for more information and updates on the Rees' family progress, please contact Alan Rees at:
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Lara's Story

My story starts back on August 23, 1999 when I received a tetanus, diphtheria & polio shot (3 in one) which I was told I needed for a 10 year booster. I was never informed of any risks associated with the vaccine, told only that the benefits outweigh the risks. After receiving this vaccine, I first developed a local reaction of a severe burning sensation, fever, swelling and pain at the injection site. I was told this was normal and after about 3–4 days my upper left arm started to get better. I had been working as a social worker and had been employed at the same place for 10 years and really enjoyed my job. I am married with one son. I have always maintained the family home, child care, school and work, but my life changed dramatically two weeks after the vaccination.

I first developed an upper respiratory infection which I was told may be pneumonia or bronchitis and was put on antibiotics and inhaler. My breathing difficulties became worse and I made quite a few trips to emergency and was put on a ventilator mask and given more antibiotics and inhalers and was told it was a 'virus'. I started to develop severe weakness in my arms and legs and severe dizziness which was, according to the doctors, a 'virus'.

I started to feel even more unwell and had severe breathing difficulty and extreme weakness and a strange burning pain sensation in my neck and head. In November of 1999, all my symptoms had intensified to the degree that I felt afraid for my life. I returned to emergency, was treated very casually and told maybe I was just suffering anxiety and depression and put on medication for such, and discharged. By that night I could hardly move as I lay in bed terrified of what was happening and feeling in my desperation like I might actually not make it.

My own doctor also wouldn't believe that something was seriously wrong with me, still insisting that it was depression and continued wanting me to take anti-depressants and recommended I see a psychiatrist. I

knew in my heart there was something seriously wrong and began to really think about the course of my illness, and realized I had become so ill after the vaccination. When I brought this up with my doctor, she dismissed the idea, and refused to even discuss the possibility that all my frightening symptoms had started within a few weeks of getting the shot.

I continued to lose weight and had terrible electrical like sensations shoot through my body, muscle weakness, dizziness, breathing difficulty, numbness and loss of appetite. My weight started to drop. After five months of intensifying symptoms, my doctor referred me to a neurologist who believed I had had encephalitis as a result of the vaccine and wondered why he was seeing me now and not months before. I had an MRI done right away which confirmed this diagnosis—and showed that I had areas of scar tissue in my brain. My vision also changed and an eye doctor confirmed this. I went to a Toronto hospital for a second opinion, but as soon as I mentioned that my health had started to deteriorate after the booster shot, they didn't really want to get involved—they suggested that some of it was "in my head".

I finally found a doctor, referred by a friend who agreed to do blood titre (antibody) tests which showed that my levels were 5–6 times higher than normal five months post vaccination and even the lab was surprised. I inquired about the lot number of the vaccine and was alarmed to find out that there were about 16 other reported reactions to the same lot number. I showed all this to my family doctor who maintained a cautious and distant attitude and would not discuss the possibility that both the MRI showing scar tissue on my brain and the exceedingly high vaccine titre levels were implicated in my health problems. The neurologist however, finally wrote me a letter stating that I was suffering from a possible adverse reaction to the vaccine and recommended I never be immunized again. I then went to see another neurologist for a second opinion and he agreed with the first. As well, the psychiatrist finally agreed that I had probably suffered a vaccine reaction.

By then it was June, 2000. I was still very ill, had lost over 40 pounds, was suffering weakness, dizziness and general unwellness. I have finally found a different doctor as well who is a little more supportive, but doesn't really know what to do for me. Some days I feel like I am slowly dying and get very scared. My new doctor has been a bit more helpful but is unsure about what to do.

It is now August, 2000. A year has passed since I took the vaccine and my life is nowhere near the same. I have tried my best to look after my son, and have a lot of sadness that I'm not able to be the active mother I was with him prior to my vaccine injury, but I do my best along with my husband's help. I ended up losing my position at work and am still unable to return to work. Last March, my husband left his job to help care for me and our son. No doctor has really been able to help. Luckily, I have my son and husband, and we are still a family.

After reading other people's stories, I realized how similar my experience has been to theirs, not only with the reaction, but how doctors treated them. I pray everyday to have my health back and after speaking with a few involved in VRAN such as Edda, I realize I'm not crazy nor the only one who has gone through such an awful experience. I pray that all others affected will soon be better. My life has changed in ways I could never have imagined, but every day I struggle as best as I can. The most difficult part is not being the mother to my son that I want to be and used to be, but I keep trying. My health comes first and then I will deal with all our financial debts as a result of this. We have been through hell due to my illness and the way things were handled and covered up. My husband and child are my best friends, and I want them to know how much I appreciate their love and support. I know I have to carry on and not let my world come crashing down. I hope my strong will helps.

Lara Fitzgerald

ALAN YURKO APPEALS TO VRAN

September 13, 2000

In our last newsletter, April-June, 2000 issue, we printed the tragic story of baby Alan, who at the age of 10 weeks died and whose father Alan Yurko was convicted of having shaken his baby to death. He is now serving a sentence of life imprisonment in the U.S. Dr. Harold Buttram and Dr. Edward Yazbak undertook a detailed analysis of the events leading to baby Alan's death. They reviewed pre and postnatal events, medical records, autopsy reports, and court transcripts and found many flaws in diagnosis and analysis of the facts. They concluded that: "We have previously observed that the train of events in the present case, culminating in death, could be explained by the presence of pneumonia together with a viral meningitis and/or a vaccine induced encephalitis. Shaken Baby syndrome has never caused pneumonia and meningitis. Baby Alan died of a vaccine reaction." Following is the correspondence we have received from Alan Yurko incarcerated at Washington Correctional Institution in Chipley, Florida.

Greetings,

My name is Alan Yurko. I am sentenced to life in prison without parole for a heinous crime which I did not commit, nor do I believe ever occurred. In effect, I am sentenced to die in prison. My case is quite startling in that I was wrongly convicted of killing my infant son. Enclosed is a medical report from a distinguished pathologist, which outlines and shows my innocence. My son died of natural causes. He was born prematurely and in respiratory distress. My wife had serious problems with her pregnancy. Gestational diabetes and group B streptococcal sepsis contributed to the severe perinatal disease, which was instrumental in our son's death. Her labor was induced due to severe complications which threatened their lives.

My son did not fall, wasn't dropped,

nor was he shook to death. One day he stopped breathing, I rushed him to the hospital and 75 hours later, he died. We had no explanation until we received this medical evidence. Because we could not explain it, we were assumed to have been responsible. From that point we were labeled and not even stringent, methodological, histopathological evidence was enough to stop the tide of injustice.

Circumstantial evidence and our inability to pay tens of thousands of dollars for competent lawyers contributed to this injustice. A recent statistic shows that five people out of 100 convicted of Shaken Baby Syndrome are innocent. Five people per hundred will die in prison wrongfully. I am one of those five. I refuse to accept that. My family refuses to accept that.

We are appealing to your support by exposure in VRAN. We believe that our case offers a unique vehicle to promote awareness and to show why compromised children should not be vaccinated, as well as showing adverse reactions not seen in the literature and occurring in non-vaccinees. What has happened to me could happen to anyone.

Our surviving daughter was taken by 'children's protective services', where she was molested and sexually battered while in their custody. We did get her back. She and my wife are struggling to cope and fighting for justice. Our plan is to use our endeavors to promote awareness.

Numerous vaccine risk groups are helping us by publishing our story and we hope that you will help us show parents as well. My wife and I have no money, otherwise we would probably not be here. We couldn't afford seasoned lawyers and our home, vehicles and savings have been liquidated. My wife and daughter were taken in by our parents. I humbly request some back issues of VRAN News and if possible, please consider me for a gratis subscription. I have thousands of reprints, studies and an armada of books and litera-

ture which I've accumulated – some of it rare. I'd be willing to possibly trade, or provide a list. My data base of paper stands over 7 feet high.

Some of the doctors and researchers working on our behalf are: Dr. Archie Kalokerinos, Dr. Mary Megson, Hilary Butler, Dr. Viera Scheibner, Dr. Phillip Incao, Dr. Douglas Shanklin, Dr. Horace Gardner, Dr. Yazbak and Dr. Buttram. Dr. Buttram actively pursues justice and encourages inquiries and has posted our story on his website at: <http://www.woodmed.com/VaccinationImmunization.htm> He is also willing to receive email on our behalf at: woodmed@comcat.com

We are in need of legal, medical, informational and philanthropic persons to assist us in networking and resolving this injustice. We are specifically in need of any information relating to Shaken Baby Syndrome as well as help from competent professionals—pathologists, neonatologists, immunologists, pediatricians, medical doctors, lawyers, etc. to help us in our endeavors. Surely you or someone within your organization will be impassioned to assist us in networking and resolving this injustice.

Only the tip of the iceberg is revealed here. We are desperately reaching out, and anxiously await your response and pray you become involved.

In earnest,

Alan R. Yurko

Please address mail to Alan Yurko at: AX13917C1112UP, Washington Correctional Institution, 4455 Sam Mitchell Drive, Chipley, Florida, 32428-3501. Toll free voice mail is: 1-800-388-8035 ext. 8470

Editor's note: We will include Alan Yurko as a VRAN member and send him this current issue and back issues of the VRAN newsletter. We hope that the ever widening circle of people and organizations willing to carry this family's tragic story will enable this case to be reopened and Alan Yurko's innocence proven.

Anaphylaxis Action letter

WORLD ALLERGY AWARENESS DAY

October 16, 2000

Via Registered Mail

The Right Honorable Mr. Jean Chretien
Prime Minister of Canada
80 Wellington Street
Ottawa, Ontario K1A 0A2

Dear Prime Minister,

Re: Epidemic of Young Children in Canada with Anaphylaxis

Today marks the first-ever World Allergy Awareness Day with the World Allergy Organization (www.worldallergy.org) reporting that allergic disease affects nearly 50% of the population in many countries. It's not all hay fever—various estimates are 2–5% of the population in Canada, mostly children, are affected by anaphylaxis—potentially life threatening allergic disease.

Asthma afflicts some 2 million Canadians and 10 die every week from complications.

On February 24, 2000 correspondence was sent to Health Minister Allan Rock and Chief of Immunization at Health Canada that included medical journal reports linking allergic responses, including anaphylaxis, to vaccination. A copy of that correspondence, which was sent via registered mail, is attached. Although a swift response to such an important health issue was requested, no response has been received to date, October 16, 2000.

The Honorable Reed Elley, M.P., who as Canadian Alliance Health Critic received a copy of the correspondence, attempted to bring the anaphylaxis issue before the Standing Committee on Health in April, 2000. It is clear from reading the Minutes of Proceedings from the April 4 meeting where the Chair of the Committee only mentioned the "ailment noted" that this was not an issue the Chair had any intention of investigating.

The numbers of children affected by

anaphylaxis continues to rise.

In addition to parents of anaphylactic children who are continually on high alert for allergens that can cause death, teachers, principals, custodians and school bus drivers have been diligent in protecting the thousands of anaphylactic children attending schools throughout this country.

The cover story in the September 2000 issue of *Professionally Speaking*, the magazine of the Ontario College of Teachers is "An Abnormal Response to Normal Things." The article begins with "Teachers have to be aware that allergies can kill. A growing number of children are at risk—and a well-prepared teacher can make all the difference." The article explains that "About a decade ago, the sudden surge in highly allergic children entering school systems across the province caught many educators off guard."

Why the "surge" in highly allergic children entering school? Children entering school a decade ago were the first to receive an additional vaccination (Hib meningitis) which was introduced in April of 1987 (Ontario) and was licensed for children 2 to 5 years of age. In September of 1992 an infant Hib vaccine was licensed, which along with the additional boosters of measles, mumps and rubella required increased the number of doses of vaccines most children receive from 23 prior to 1987 to 30.

Coincidence? The evidence shows us that it is not. Numerous articles in peer-reviewed medical journals from around the world indicate that vaccines increase the risk of allergy. Until such time that the medical community is able to pinpoint an exact cause of anaphylaxis then the current vaccination schedule must be the prime suspect.

Annals of Asthma, Allergy and Immunology, Vol. 85, Number 1, July

2000 article T-cell subsets (Th1 versus Th2) includes Figure 7 on page 15: "Factors responsible for the imbalance of the Th1/Th2 responses which is partly responsible for the increased prevalence of allergy in Western countries. Risk for atopy—Th2, increased exposure to some allergens and Th2-biasing vaccines (alum as adjuvant)."

Immunology Today, March 1998, Volume 19, p. 113–116 states, "Modern vaccinations, fear of germs and obsession with hygiene are depriving the immune system of information input upon which it is dependent. This fails to maintain the correct cytokine balance and fine-tune T-cell regulation, and may lead to increased incidences of allergies and autoimmune diseases."

From the journal *Allergy* 1999, 54, 398–399, Multiple Vaccination effects on atopy, "An increase in the incidence of childhood atopic diseases may be expected as a result of concurrent vaccination strategies that induce a Th2-biased immune response. What should be discussed is whether the prize of a reduction of common infectious diseases through a policy of mass vaccination from birth is worth the price of a higher prevalence of atopy."

Journal of Manipulative and Physiological Therapeutics, Feb. 2000; 23(2):81–90, Effects of diphtheria-tetanus-pertussis or tetanus vaccination on allergies and allergy-related respiratory symptoms among children and adolescents in the United States, "The odds of having a history of asthma was twice as great among vaccinated subjects than among unvaccinated subjects. The odds of having any allergy-related respiratory symptom in the past 12 months was 63% greater among vaccinated subjects than unvaccinated subjects."

Other studies indicating a vaccine/allergy link obtained since the original correspondence to the Health Minister are as follows, with the abstracts attached.

Anaphylaxis Action continued on page 24

1) The Effect of DPT and BCG vaccinations on atopic disorders.

2) Aluminum compounds as vaccine adjuvants.

3) Immunoglobulin E responses to diphtheria and tetanus toxoids after booster with aluminum-adsorbed and fluid DT-vaccines.

4) Immunoglobulin E and G antibodies two years after a booster dose of an aluminum-adsorbed or a fluid DT vaccine in relation to atopy.

5) Adoptive transfer of experimental allergic encephalomyelitis in mice with the aid of pertussigen from *Bordetella pertussis*. (whooping cough)

6) Early childhood infection and atopic disorder.

7) Murine responses to immunization with pertussis toxin and bovine serum albumin: I. Mortality observed after bovine albumin challenge is due to an anaphylactic reaction.

8) Elicitation of experimental allergic encephalomyelitis (EAE) in mice with the aid of pertussigen.

9) Genetic and environmental factors contributing to the onset of allergic disorders.

10) Antigen-induced bronchial anaphylaxis in actively sensitized guinea-pigs. Pattern of response in relation to immunization regimen.

11) Production of IgE antibodies to mite in guinea pigs by nasal immunization.

12) Aluminum phosphate but not calcium phosphate stimulates the specific IgE response in guinea pigs to tetanus toxoid.

13) GP study links whooping cough vaccine to asthma.

When copies of studies that indicate the safety of giving multiple vaccinations to infants were requested there were no responses from the Health Minister, Health Canada, Chief of Immunization, Medical Officers of Health or the Ontario Minister of Health.

When the Canadian Paediatric Society was asked for references to back up the claim on their web site

(www.cps.ca) that vaccines cannot “wear out” the immune system they provided details of a study almost 30 years old in the *Annals of Internal Medicine*, Vol. 81, pp 594–6000, 1974. Military personnel were given multiple vaccines, the average age of the participants was 46.3 years and the vaccines that were given are not the same vaccinations that infants receive today (DaPTP-Hib and MMR). The subjects were not given the pertussis or Hib vaccine, which according to the journal information attached are the most likely to cause allergic responses. This information does nothing to promote confidence in the minds of parents regarding the monitoring of possible adverse effects to vaccination. The silence from health officials causes questions to arise as to whether anaphylaxis and asthma are considered acceptable side effects of the current vaccination schedule’s risk/benefit ratio.

Surely the future of our country—our children—and the parents of anaphylactic children deserve better than this.

If the Health Minister—or anyone else—has scientific proof that vaccines do not cause anaphylaxis they should provide the details immediately.

We need to immediately heed the advice given by Utah State biologist Vijendra Singh, a leading researcher on autism. He states, “Right on the manufacturer’s information sheet packed with the dosage vial is a warning that says do not give the vaccine to immune-compromised or immune-suppressed individuals yet the vaccines are now given without any testing or thought of it. We should be doing immune system testing before all vaccinations. It would only cost a few million dollars, and we could identify the individuals who should not be given shots.”

Mr. Prime Minister, we trust that you will launch an immediate investigation and provide the following information:

1) Your comments and Canada’s plan of action with regards to the enclosed studies and how they relate to anaphy-

laxis. Clearly the medical literature shows a link between allergy, asthma, anaphylaxis and vaccination. How will you address this issue?

2) Details as to whether an increase in anaphylaxis is considered an acceptable risk in the current vaccination schedule’s risk/benefit ratio.

3) Copies or details of studies that prove the safety and efficacy of the Hib and Pertussis (whooping cough) vaccines injected concurrently with diphtheria, polio, and tetanus.

4) Copies or details of studies that show the safety and efficacy of the DaPT, Polio and MMR vaccines injected at the same time at age 4–7. Please provide details of the safety of giving viral and bacterial vaccines concurrently.

5) Written acknowledgement from you that you have seen or have been briefed on the enclosed information.

We anxiously await your response. Thank you.

Sincerely,

Rita Hoffman

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C.C.: Dr. Arlene King, Acting Chief, Division of Immunization, Health Canada—VIA REGISTERED MAIL; Dr. Paul Munk, President, Canadian Paediatric Society—VIA REGISTERED MAIL; Val Meredith, M.P., Alliance Health Critic

Editor’s Note: In addition to the above cc’s, a copy of this letter has been sent to all Provincial Premiers, Health Critics and Ontario Medical Officer of Health. Many of the medical study abstracts that are referred to can be accessed at Sebastiana’s web site at: www.bigfoot.com/~spienaar. Please contact Rita or VRAN by phone or e-mail for the full set of references of medical articles.

New Study Shows Vaccinated Children Twice as Likely to Get Asthma and Other Allergy-Related Symptoms

From *Vaccinations Onelist* – Mar 21, 2000

Mom2Q@home.com

A new study in the *Journal of Manipulative and Physiological Therapeutics*(1) supports the findings of three previous studies that children who receive diphtheria-tetanus-pertussis (DTP) or tetanus vaccines are more likely to have a "history of asthma" or other "allergy-related respiratory symptoms." The study reviewed data from the Third National Health and Nutrition Examination Survey, which was conducted by the National Center for Health Statistics from 1988 to 1994. The survey data included interviews (by proxy with parents) of 13,944 infants, children and adolescents (2 months through 16 years old). The JMPT study addresses an issue that has much supporting evidence:

- The prevalence of allergic disorders has doubled over the last 20 years.^{2,5}
- In the U.S., there are currently 30–50 million asthma and allergy sufferers,^{6,7} with an estimated cost of \$6.21 billion in 1990.⁸
- The Institute of Medicine, which convened two committees (the Committee to Review the Adverse Consequences of Pertussis and Rubella Vaccines and the Vaccine Safety Committee) concluded that there is a causal relation between the DTP vaccine and anaphylaxis,⁹ and tetanus toxoid and anaphylaxis.¹⁰

The results of the JMPT study demonstrated that those children who had been given DTP and tetanus vaccination had significantly greater odds of asthma and allergy-related symptoms than those who had remained unvaccinated. The specific odds ratios (for vaccinated children vs. unvaccinated) are as follows:

Condition	Odds Ratio
Asthma	2.00
Severe allergic reaction	1.50
Any allergy or allergic reaction	1.66
Sinusitis or sinus problems	1.81
Wheezing or whistling	1.23
Nose and eye symptoms	2.22
Any allergy-related respiratory symptom (past 12 months)	1.68
Any lifetime allergy history or 12-month symptoms	1.69

According to these odds ratios, a child who had the DTP and tetanus vaccination is 50% more likely to experience severe allergic reactions, over 80% more likely to experience sinusitis, and twice as likely (100% more likely) to experience asthma.

In addition to these findings, the authors commented:

"Evidence was also presented showing that vaccination may be associated with different types of allergies at different ages. The vaccination may be associated with severe allergic reactions and sinusitis or sinus problems among younger children, and with asthma, wheezing and whistling, and nose and eye symptoms among adolescents.

"Six studies have recently addressed the association between pertussis or DTP immunizations and allergy-related disease. Our results are similar to findings reported from three retrospective cohort studies.

"Asthma and other allergic hypersensitivity reactions and related symptoms may be caused, in part, by the delayed effects of DTP or tetanus vaccination. One or more vaccine components may be responsible for a portion of the increased prevalence of asthma and allergies in U.S. children.

"Because the proportion of U.S. chil-

dren who have received at least 1 dose of DTP vaccine approaches 100%, the number of allergies and allergy-related conditions attributable to DTP or tetanus vaccination in the United States may be very high. For example, assuming that the estimated vaccination effect is unbiased, 50% of diagnosed asthma cases (2.93 million) in U.S. children and adolescents would be prevented if the DTP or tetanus vaccination was not administered. Similarly, 45% of sinusitis cases (4.94 million) and 54% of allergy-related episodes of nose and eye symptoms (10.54 million) in a 12-month period would be prevented after discontinuation of the vaccine. The well-documented public health benefits of the DTP and tetanus vaccines must be considered in light of these potential long-term risks, which should be addressed in future studies."

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BIG BROTHER THREATENS PARENTS OF UNVACCINATED CHILDREN

Editor's note: The following news item has sent shock waves through parents and groups who advocate for the right of all individuals and families to make voluntary, informed decisions about all medical procedures, including vaccines. When families lose the right to decide which medical treatments or drugs their children must submit to, and are forced to obey state mandated dictates or lose their children, we know we are up against the kind of tyranny that reigns in a totalitarian regime. The following are comments from outraged parents:

From Diane Murray in Ottawa—"If it is happening in the US it will happen here. Are we willing to hand our children over to the state or watch as others are? This could change the future of Canada and the control governments and medicine have over our rights. **MEDICAL FREEDOM MUST BE ADDED TO THE CONSTITUTION OF CANADA BEFORE IT IS TOO LATE. WHAT BETTER TIME THAN BEFORE AN ELECTION!!!**"

From Raymond Gallup in the U.S.—"Death of the United States democracy—The US Constitution is being trampled underfoot by the Gestapo on the loose... are book burnings, and search and seizures far behind? Very Likely."

Reprinted from: Healthmail.com—October 24, 2000

Today, 77 middle-schoolers will be yanked from home and taken into custody by New York state unless their parents agree to vaccinate them for a disease usually caught by drug abusers or the sexually promiscuous. On October 10, students in Utica were sent home for failing to get hepatitis B vaccines by the state deadline. Parents were warned the children would be turned over to Child Protective Services for neglect if they were still without vaccination in 2 weeks.

"This is Hillary-Care coming home to roost in NY," said Jane M. Orient, MD, Executive Director of the Association of

American Physicians and Surgeons (AAPS). President and Mrs. Clinton's 1992 campaign pledge to create the Vaccines for Children Program (VFC) was to become the first domestic policy initiative of the administration. It was designed as their first shot to pass the Health Security Act. "Their campaign to pass VFC was based on creating a false crisis by claiming that millions of children would be exposed to risk of disease without a government program."

"This vaccine is a potential death sentence for some children," said Dr. Orient. "Government studies show that children under the age of 14 are three times more likely to die or suffer adverse reactions after receiving hepatitis B vaccines than to catch the disease itself." Hepatitis B is primarily an adult disease, usually spread by multiple sex partners, drug abuse or an occupation with exposure to blood. Children are at a very low risk of exposure, unless the pregnant mother is infected. The school district will lose a substantial amount of state funding if students do not comply with the vaccine mandate. "We refuse to let that happen," said school district physician, Mark Zongrone. "Apparently, Dr. Zongrone is more interested in protecting his employer's budget than protecting the children under his care, and Mrs. Clinton cares more about her vision of socialized medicine," said Dr. Orient.

"It's obscene to seize a child and force him to the custody of strangers just because his parents refuse medical treatment they think is unnecessary or even dangerous," said Dr. Orient. "Parents, not Mrs. Clinton's village government bureaucrats, should make decisions about their children's medical care. We urge an immediate repeal of all vaccine mandates."

This news item can be viewed on line at the following site:
<http://www.healthmail.com/mailarticle.cfm?type=article&id=649>

PARENTS 'RISK LOSING CHILDREN' OVER MMR COMPLAINTS

By ALAN MacDERMID

October 20, 2000—Published in Scotland's *The Herald* newspaper, this story reveals the extent to which medical authorities will go to persecute families who believe their children have developed autism after MMR vaccination.

Parents who claim their children have developed autism as a result of being given the controversial MMR vaccine risk having them taken away by social workers, MSPs will be told next week.

A leading autism expert said yesterday that an estimated 200 such families in the UK, including Scotland, had lost their children after being accused of Munchausen's syndrome by proxy.

Dr Paul Shattock, director of the Autism Research Unit at Sunderland University, said the court orders had been carried out under cover of draconian gagging orders framed ostensibly to safeguard the identity of the children.

He will lay his allegations before MSPs on Wednesday, at the launch of the Scottish Parliament Cross-Party Group on Autistic Spectrum Disorders.

"There have been cases where people say their children are autistic and blame the vaccine. Then social services come and say the child is not autistic, you have made him that way because of Munchausen's, and they take the children away," he said.

The term Munchausen's syndrome by proxy was coined to describe parents who subject their children to unnecessary medical care on the pretext of a bogus illness, in extreme cases injuring the children or making them ill in order to fit their fantasies. It is often seen as an attention-seeking device.

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CDC SUPPORTS CAUSAL RELATIONSHIP BETWEEN VACCINES AND DIABETES

DIABETICS BEGIN SEEKING LEGAL COUNSEL BEFORE THEIR RIGHT TO COMPENSATION EXPIRES. VACCINES PROVEN TO BE LARGEST CAUSE OF INSULIN DEPENDENT DIABETES IN CHILDREN.

Toronto, Canada, September 19, 2000

The US Centers for Disease Control (CDC) presented data at the Interscience Conference on Antimicrobial Agents and Chemotherapy (ICAAC) that supports data presented earlier by Dr. Bart Classen, an immunologist at Classen Immunotherapies, proving vaccines cause insulin dependent diabetes.

Earlier this month, Dr. Bart Classen presented data at the International Public Conference on Vaccination which proved vaccines are the largest cause of insulin dependent diabetes in children. This data included data from a prospective randomized clinical trial in Finland showing vaccinated groups had a statistically significant, 17%, increased risk of diabetes after 10 years follow up. Further analysis of people receiving newer, more potent, hemophilus vaccine indicated that these hemophilus vaccines increased the risk of diabetes by about 25%. The CDC's study indicated that 247 of 260 diabetics received the hemophilus vaccine compared to 733 of 780 controls. This indicates the hemophilus vaccines associated with an odds ratio of 1.22 or an approximately 22% increased risk of diabetes, almost identical to what Classen found.

Dr. Classen has published both animal and human data with several different vaccines that immunization starting in the first month of life was associated with an decreased risk of diabetes while immunization starting after the second month of life is associated with an increased risk of diabetes. Classen has published data from both New Zealand and Italy that the Hepatitis B vaccine, when given after 2 months of life, is associated with an

approximately 50% increased risk of diabetes. The CDC only published part of their data on the hepatitis B vaccine. The CDC found the hepatitis B vaccine was associated with an overall decreased risk of diabetes (relative risk 0.92) which is consistent with an large per cent of those vaccinated receiving the vaccine at birth. The CDC however found that those immunized starting after 2 month of life were at a 60% increased risk of developing diabetes than those immunized starting in the first month of life (.88/.52). The CDC's hepatitis B vaccine data is thus also consistent with Classen's finding.

The CDC's study and analysis suffered from some obvious limitations and flaws. The CDC studied only 260 diabetics and 780 controls while Dr. Classen's studies typically have involved 100,000 people or more. The CDC's study did not compensate for the interaction between the two different vaccines since people received both the hepatitis B vaccine and the hemophilus vaccine while Classen studied these vaccines separately. The CDC study was also limited because over 94% of controls were vaccinated with the hemophilus vaccine while Classen performed studies where almost none of the controls were vaccinated. The net effect is the CDC's study did not have the power of Classen's studies. More importantly the CDC's analysis was flawed because the results were altered, after they were calculated, to compensate for a family history of diabetes. This practice that is considered unorthodox in part because the CDC had many different "fudge" factors by which it can manipulate the results . Last year the CDC presented data

from the same data HMO data source but manipulated their results using a different variable to compensate for breast feeding. In 1997 the CDC also presented an analysis on the hepatitis B vaccine, also from the same HMO data source, but did not use either "fudge" factor. In this study the hepatitis B vaccine, when given after 8 weeks of life, was associated with a 90% increased risk of diabetes. The fact that the CDC manipulates similar data in different years using different "fudge" factors has raised suspicion that their analysis is severely flawed and their interpretations of the data should be viewed with caution.

Dr. Bart Classen presented data at the International Public Conference on Vaccination on September 10 that vaccines cause approximately 80% of cases of insulin dependent diabetes in children who have received multiple vaccines starting after 2 month of life. Children receive 10 or more vaccines and many of these are associated with an increased risk of diabetes. Classen's data and other published data indicates the following vaccines are associated with an increased risk of diabetes (increased risk): hepatitis B (50%), hemophilus (25%), tetanus (20%), diphtheria (9%), pertussis (25%), mumps-rubella (23%). These findings are supported by a case control study performed in Europe. The cumulative effect of all these vaccines on diabetes is tremendous. Highly immunized sailors in the US navy have been found to develop insulin dependent diabetes at a rate of 5.5 times that of controls even though

CDC Supports continued on page 28

their rate of diabetes on entering the navy was equal to that of controls.

The US and other governments provide compensation for vaccine induced injuries however there is a statute of limitations. Insulin dependent diabetes cost the patient about \$1 million over their life time. Many diabetics have contacted Dr. Classen about receiving compensation from the US government. Information on this subject can be found on the Vaccine Safety Website (<http://vaccines.net>).

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.....

MORE DIABETES/VACCINE ASSOCIATIONS

An excerpt from a recent WebMD Medical News item (June 13, 2000) reported that:

An Italian study presented at the annual meeting of the American Diabetes Association suggests that children who get the hepatitis B vaccine are at greater risk for developing type 1 disease than those who have never been vaccinated. Dr. Paolo Pozzilli, MD, and colleagues say doctors should exercise caution in giving the vaccine to children who have close relatives with type 1 diabetes.

“The hepatitis B vaccine is now required in Italy”, says Pozzilli, a professor of pediatrics at the University of Rome. Further, there is a low, relatively stable rate of type 1 diabetes there. These conditions allowed the researchers to compare the rate of diabetes in vaccinated children with that in unvaccinated groups.

Investigators compared 150,000 children who had been vaccinated at age 3 months to an equal number of

unvaccinated children. To assess the risk of developing type 1 diabetes in children who got the vaccine later, after vaccination became mandatory in Italy, 400,000 children who were vaccinated at age 12 were compared with children who had not been vaccinated.

In the group as a whole, the rates of type 1 diabetes were 46 per 100,000 for children who had been vaccinated and 34 per 100,000 for children who had not. For those vaccinated at age 12, the rates were 17.8 per 100,000 for vaccinated children and 6.9 per 100,000 for unvaccinated children.”

In the same article, WebMD also reported that The National Institutes of Health and the CDC are jointly establishing a system known as “sentinel monitoring areas” and the agencies will track the rate of type 1 diabetes in these areas—consisting of selected counties in the U.S.—and will determine whether the rate is related to things like immunizations, recommended infant feeding schedules, and outbreaks of infection.

Dr Shattock said it was now being used as a cover-up over the suspected link between the combined Measles, Mumps and Rubella vaccine, introduced in 1988, and a distinctive combination of autism and intestinal disorder described nearly three years ago by Dr Andrew Wakefield at the Royal Free Hospital in London, and which he attributed to excess strain on the immune system caused by giving all three vaccines in one jab.

It has precipitated demands by parents to have each vaccine administered singly with an interlude between each, a move resisted by the Government.

“It is down to pride. The medical establishment can’t admit to being wrong,” said Dr Shattock.

“Something is going on, whether it is vaccines, pesticides, plasticisers in food, or whatever. The research the Government has provided in defense of MMR is flawed.”

The Scottish Society for Autism, which will provide the professional secretariat for the all-party group, accepts that the evidence against MMR so far is anecdotal, but they want more research and, in the meantime, the option of single vaccines to be available for parents.

Spokesman Bruce Tait said: “It is available elsewhere in Europe. Presumably there is a cost implication for the Government.”

This story can also be accessed on line at:

<http://www.theherald.co.uk/news/archive/20-10-19100-0-4-45.html>

affirmation shared by many of the conference presenters was the glaring lack of good science behind vaccine safety claims—the absence of rigorously designed, controlled, long term safety studies proving vaccine safety—hence the challenge issued to vaccine policy makers—“Show Us The Science”.

A continuous thread at the conference called for more research into the biological mechanisms of vaccine associated neuroimmune dysfunction. An important focus was the “Gut-Brain Connection”, which examines the ways in which injuries to the infant/young child gut can set up pathways that allow toxic substances to reach the brain, resulting in simultaneous neurological injury and immune dysfunction in children.

Pharmacologist Paul Shattock, Director of the Autism Research Unit at the University of Sunderland in Britain spoke about “genetic fragility”, which can predispose people to certain diseases, however if environmental factors change, more people would be afflicted. In explaining the Gut-Brain connection he spoke of the breakdown of proteins into peptides, some of which have “morphine-like” activity and act as “opiates”. Some of these peptides are derived from foods containing casein and gluten and where digestion is incomplete, can cross over from the intestines to the blood stream and enter the brain. In the normal situation, a small amount would reach the brain not posing a problem. These peptides affect neurotransmissions in all the systems of the brain, affect the way we see, hear, smell, taste, behave, and brain development.

But if the intestines are not doing their job properly, and the peptides are not being broken down properly, there will be more produced in the intestines, and if the intestinal wall is leaking, many more will get into the blood stream. The intestines could be leaky for any number of reasons, one

possibility being when a child is between a year and 15 months old, he is injected with a mixture of attenuated strains of mild childhood disease, and if one of these diseases becomes established in the intestines, suddenly the intestines can become permeable, large amounts of the peptides get through, and the child changes dramatically.

In a comparative breakdown of human milk and cow’s milk, he spoke of this “morphine-like” activity in cow’s milk which is much more difficult to break down, and which contains 8 times more casein than human milk. “Alternatively, the blood/brain barrier can become leaky. You can have a different kind of infection making the blood/brain barrier leaky, or you could have a similar mechanism happening to adults who, instead of becoming autistic, instead develop ME or chronic fatigue syndrome. “The same sorts of principals, we believe apply in all these situations. Gluten and casein free diets are a starting point for helping to resolve some of these problems.”

A dominant conference theme focused on the autism epidemic. The concurrent exposure of children to measles, mumps and rubella, in the form of MMR vaccine and other vaccines, all of which have been shown to interact with each other represents an “atypical pattern of exposure” and shows a strong association with the new and devastating disease of regressive autism, said British gastroenterologist Dr. Andrew Wakefield.

Both Dr. Vijendra Singh and Dr. Wakefield presented their findings of association to measles virus in children suffering late onset autism after exposure to MMR vaccine. Dr. Singh discussed his findings of antibodies to myelin basic protein being exclusive to autistic children, and found that MMR antibodies and autoantibodies to MBP show an 85% association to autism, which suggests the presence of a viral infection. While there is currently no

immune testing done prior to vaccination to determine if a child would be vulnerable to a vaccine, he feels strongly that such testing protocols should be developed, and indicated that these tests would be relatively easy to develop.

A key phrase that came up many times at the conference was “atypical patterns of exposure” and was spoken of in the context of our evolutionary experience, and what our immune systems have evolved to be able to cope with. What are the effects of multiple viral antigens given in the form of as many as 9 vaccines at one time on the child’s immune system, on the organisms ability to cope with this burden, and on patterns of newly emerging diseases? “We have changed the pattern of exposure of children to common childhood pathogens, and we might therefore expect an altered outcome” said Dr. Wakefield.

Dr. Andrew Wakefield M.D. is internationally recognized for having discovered this new disease in the inflammatory bowel disease group. He has named it autistic enterocolitis and has consistently found measles virus in the gut of children suffering this unique and severe bowel syndrome and who developed regressive autism after the MMR vaccine.

Dr. Wakefield’s group has been looking at inflammatory bowel disease at the Royal Free Hospital in England for about 12 years. He presented his views from the perspective of fundamental principles of clinical medicine in that “you take a history from the patient, you actually lay a hand on the patient, and you take the clues from that starting point.” In taking the problem back to the simplest elements, Dr. Wakefield started with the clues in the clinical history. They started with a cohort of children that started presenting in 1996, and based on parental reports, they found a very consistent history of a normally developing child who then regressed into autism.

Autism was a new experience for Dr. Wakefield's group who had been dealing with inflammatory bowel disease in adults and in children for many years. This was a new and devastating finding—particularly for the parents. The three basic elements that characterize this very widespread problem, citing reports from other areas of the world, are the regression of a normally developing child into autism, the MMR vaccination, and the gut. Symptoms of gastrointestinal disturbances are remarkably common in children, particularly in this regressive forms of autism and have been largely overlooked.

"Many of these children are in a lot of pain, but it is impossible for them to articulate the pain—it has to be inferred by the parents. Alternating constipation and diarrhea which is often actually fecal impaction with overflow diarrhea." He showed x-ray slides where one child had a mass in his bowel the size of a cantaloupe, and other abnormalities in the bowel and colon of affected children—including features seen in ulcerative colitis.

Many suffer from loss of continence, picky eating habits—craving certain foods while rejecting others, and night time disturbances. Tests for intestinal permeability show that often these children have leakiness of the gut that occurs in the presence of inflammation. Gut permeability allows substances to get through to the brain, that can alter behaviour.

Dr. Wakefield spoke of the backlash from the medical establishment when his findings were first published which included parental reports of an association with MMR vaccine. "We are not in the business of censoring the patient's story for anyone else's convenience." His group has now published their findings in the *American Journal of Gastroenterology* of the first 60 children—they have "scoped", and have another 160 of these children

where "the findings are remarkably consistent". They are collecting images and biopsies from children from many areas of the world. He reported that other researchers have found similar findings in children who are suffering from attention deficit disorders (ADD).

In exploring the question of whether they are looking at a new disease, they have been able to show that in the colon, there is a "unique, idiosyncratic lesion in this disease which distinguishes it from other inflammatory bowel diseases." Another unique feature they found were blood antibodies that are binding to something in the gut—one of the first elements researchers look for in an autoimmune disease. The question remains whether this antibody is producing damage.

"This virus (measles) needs to be accorded a great deal of respect, because biology and evolution will determine that this virus, given its life form, will do something different when given in a different way, a different strain, a different route and a different dose." Referring to a study done with airforce personnel, comparing those who had received single rubella or measles vaccine, or a combined vaccine, "there is this synergistic, or compound interaction, and the focus of activity is the gut."

In summation, Dr. Wakefield said "we have an enterocolitis—an inflammatory disease of the small and large intestine, with autoimmune features where the lining of the bowel seems to be the target, and there is no obvious pathogen." The key features of this condition are developmental regression, lymphoid nodular hyperplasia (swelling of lymph glands in response to exogenous antigen such as infection), inflammation in the small and large bowel, and these children are also immunodeficient. They have an excess of upper respiratory tract and ear infections, they have low lymphocyte counts, and they do not respond

appropriately to common antigens such as tetanus and diphtheria. It is a real syndrome. **"The take home message to the medical profession—and in their infinite arrogance it is a bitter pill for them to swallow" said Dr. Wakefield, "You listen to the patients—the parents were right."**

At the question period following his lecture, Dr. Wakefield speculated that "As we increase the load of antigen exposure in the form of these atypical exposures to infection, we may be skewing the immune system further and further in a way that renders the child susceptible, and interestingly thimerosal does similar things to the immune system, so it may precondition the immune system to behave aberrantly to a subsequent viral exposure."

Dr. Scott Montgomery, Ph.D. is a colleague of Dr. Wakefield and is directing epidemiological research into the history of disease patterns and is examining how environmental insults encountered during critical periods of development increase the risk of disease, including inflammatory bowel disease, asthma, and hay fever. His research has shown that the risk of inflammatory bowel diseases increases in affluent societies where living standards are higher, and conversely, is rare in developing countries. Measles virus is an important influence, as is the relationship between age of measles exposure, material circumstances, social factors and interaction with other viruses and infections.

He spoke of the evolution of the polio virus as an example of "patterns of infection". Prior to the end of the 19th century, exposure to the polio virus was ubiquitous—virtually everyone was exposed to it, and very few people developed paralysis. "Before conditions improved, everyone was exposed to the virus very early in life, and that's what our immune system had evolved to cope with, and so early exposure usual resulted in mild fever,

and life long immunity—whereas early in the 20th century, the pattern of exposure changed, and the more affluent children who were protected from infection, and didn't encounter the virus until 7 or 8 or older, were the ones who developed the terrible paralysis, because their immune systems didn't expect to meet the virus later on. So changing the pattern of exposure can lead to some unpleasant surprises."

"Just as the brain develops through stimulation, so does the immune system. Inevitably, appropriate stimulation is required for appropriate development—i.e. appropriate stimulation for a healthy developing immune system. A lot of people are arguing now that inappropriate stimulation in the evolutionary sense of what the immune system doesn't expect to encounter, can result in immune dysregulation—an immune system which doesn't work properly, resulting in subsequent disease like asthma, hayfever and other immune dysregulation disease" said Dr. Montgomery.

Epidemiologist and Professor of public health and medicine from McGill University in Montreal, Dr. Walter Spitzer M.D. presented a powerful lecture on the criteria that determine if a scientific study meets credibility tests and has found that many studies do not meet appropriate standards; some make incorrect conclusions.

Based on the Bradford-Hill Criteria of Causality, Dr. Spitzer reiterated that first and foremost there must be an association before cause can be established. Efficacy and safety are two different issues, and proving one does not prove the other. A hypothesis must be set forth in advance. There must be controls—without controls you have very little. The study must be reproducible and/or verifiable. Comparison is essential. The higher the association, the greater the strength. As examples, he presented some well known associa-

tions where exposure to certain substances increased the risk of health injury, and compared these to the associated risk of autism when measles virus is found in the gut.

ODDS RATIO OF RELATIVE RISK

- 4.0—oral contraceptives & stroke (early doses with high estrogen content)
- 23—cigarette smoking & lung cancer
- 45—Beta-agonists & fatal asthma in children & young adults
- 336—measles virus in gut & regressive autism

Commenting on Dr. Wakefield and Dr. O'Leary's small double blind, controlled study which found the measles virus in the gut of 24 out of 25 (96%) children who developed autistic enterocolitis after MMR vaccination as compared to the controls of which 1 in 15 children (6.6%) was positive for measles virus, Dr. Spitzer indicated it to be one of the highest association he has seen, and called for proper long term safety studies to be done on a large population, this being the only way epidemiologically to clarify the question of whether MMR vaccine can cause autistic enterocolitis.

The Committee of Safety of Medicines in the U.K. last year affirmed it impossible to prove or refute the suggested associations between MMR vaccine and autism or inflammatory bowel disease because of the nature of the information, self selection of cases, and lack of comparators. A scientifically valid study, in Dr. Spitzer's estimation would require approximately \$50 million over 5-6 years which represents only a fraction of the hundreds of millions of dollars in profits earned by the manufacturers of the MMR vaccine.

Dr. Spitzer has serious concerns about the safety of multivalent MMR vaccine. He could not find any long term active, post marketing surveillance safety studies, nor any controlled studies with suitable long term follow ups focusing on safety. He feels that

until the MMR controversy is solved that single vaccines, e.g. just the measles component should be available to parents. He said passive surveillance is meaningless with underreporting of adverse reactions at 90%. "They keep fobbing 'good efficacy'—it's not enough. They also had good efficacy on Thalidomide."

Microbiologist Dr. Howard Urnovitz, Ph.D, Founder and Science Director of the Chronic Illness Research Foundation, specializes in experimental pathology. He has developed an FDA-licensed urine test for HIV-1 antibodies. He is conducting research into the association between the exposure to genotoxic events and chromosomal damage leading to chronic disease.

With 100 million Americans suffering from chronic diseases, he asked "Why are we chronically ill?" He compared the epidemic of chronic illness in the general population to the approximately 100,000 suffering from Gulf War Syndrome, where humans were subjected to toxic overload, sometimes given 17 vaccines at one time along with different chemicals, and exposure to nerve gas agents which resulted in central nervous system diseases, concentration problems, sleep disorders, chronic fatigue syndromes.

Dr. Urnovitz believes that the health disaster known as Gulf War Syndrome is the definitive experiment that has now been done to determine what the human body can endure as far as how many toxic exposures one can tolerate. In examining people suffering from Gulf War Syndrome, he found a fragmenting and reshuffling of genes, particularly chromosome 22Q11.2 which is the part of the body that makes antibodies. The main factor in this genetic reshuffling are cell stress and viral infections. "We have to understand the gene rearrangement processes. If we don't study how RNA & DNA reshuffle, we'll never understand chronic dis-

ease.” Every single chronic disease they have looked at has rearranged nucleic acids in the blood.

Dr. Urnovitz’s team is mapping the reshuffled genome. He predicts they will be able to create a technology by way of a simple blood test that will be able to determine what environmental factors have caused an illness. For example in the case of vaccine injured children, a drop of blood will show how genes have been reshuffled, and pinpoint whether the damage came from DPT vaccine, or MMR or combination of factors.

Dr. Urnovitz is calling for an immediate moratorium on HIV vaccines, until they figure out what this disease is, saying that “they have no idea how HIV works... my concern is simple. Public health policies cannot be based on unsatisfactory science.” And although HIV is strongly associated with AIDS, at this time, there is no conclusive evidence that it does or does not cause AIDS. He postulates that AIDS is probably two diseases—and that’s why it hasn’t been solved. “It’s a genomics disease where the body is attacking its own rearranged genome with a virus associated with it.”

He was incredulous that the Durban Declaration of 5000 scientists including 9 Nobel prize winners, have made a joint statement recently published in Nature which declares that HIV causes AIDS. Dr. Urnovitz says their proof relies on a few flimsy studies, one from Harvard titled *Viremia & AIDS in Rhesus Monkeys*, where purified SIV(simian immunodeficiency virus) was injected into 2 adult monkeys and 1 neonate. “There was not one control in this peer reviewed study, they never created the disease, and the monkeys didn’t die.”

HIV vaccine trials of 767 people a few years ago proved to be a disaster when 31 people developed HIV infection. He cautioned that “they are already talking about mandatory HIV

vaccines and planning to vaccinate the children with it.” He asked “When does this insanity stop... how much longer will children be human sacrifices for doctors behaving badly?”

Pediatric neurologist, Dr. Marcel Kinsbourne, M.D. is internationally recognized for his research on learning disabilities and attention deficit hyperactivity disorder.

“There is a war against infectious disease” said Dr. Kinsbourne “and it’s a righteous war, but even righteous wars have collateral damage, where innocent civilians are also killed by fire power, or by ‘friendly fire’ where we shoot our own people. The military authorities say that you can’t completely avoid collateral damage, but what you can do is try your damned hardest to avoid it to the extent possible, and that’s what’s not being done with vaccines.”

He spoke of the high level of concern aroused in regulatory bodies with the discovery that childhood exposure to lead can cause brain injury and reduced IQ. He pointed to the glaring absence of concern and follow up of children who have suffered vaccine reactions. Some of the common childhood disorders such as seizures, cerebral palsy, autism are said to have “multifactoral” causes, “Yet the role of vaccines has not been studied” said Dr. Kinsbourne. “It would be reasonable to follow children who have been vaccinated with DPT and compare those who had severe reactions and those who didn’t for subsequent outcome in language, in learning, in attention, and motor skills—this has not been done.”

“When the nervous system is acutely, severely damaged, you see the results right away—the person is unconscious, they’re paralyzed, they’re having seizures, they’re dead. If a young organism, a young child, or unborn child is damaged less severely, it may take weeks, or months or years before the evidence of the damage becomes apparent. The reason is sim-

ple. The newborn baby is not yet using most of its neurological equipment. Ninety percent of the brain is cerebrum/cerebral cortex. The new born baby isn’t using that yet—it’s using the brain stem. If anything damaged that baby’s cerebral cortex, you can’t yet tell in many cases. As time passes, the child is not sitting, not walking, not speaking, not reading, when he or she should. So the factors of immediate and obvious consequences does not exonerate the authorities from studying this. Any insult to the brain which can cause severe consequences, can logically cause milder ones. A severe head injury will cause severe damage—a milder concussion can still cause damage—this is well documented. I’ve given the example of lead. An enormous ingestion of lead will absolutely kill a child, a small one may have smaller consequences.”

“We know that DPT and MMR generate fever, and some children have brief seizures, and we are told these are febrile convulsions and febrile convulsions are benign. Well there’s a bit of a slip in there. Are they benign regardless of what caused them? WE DON’T KNOW THAT!! Here’s an obvious study. Compare children whose febrile convulsions are caused by DPT and MMR with other children who also have febrile convulsions caused from non-specific infections and compare the outcomes to verify that these are as harmless as we think they are.”

Barbara Loe Fisher, in her keynote speech zeroed in on the discrepancies between what is revealed in science, and what actually is told the public, and the deliberate cover up and perpetuation of the mythology of vaccine safety, despite the scientific evidence proving the contrary. When public pressure forced U.S. vaccine researchers to follow up on the babies in the 1979 UCLA/FDA study who had suffered from convulsions, col-

lapse and shock after DPT vaccination, they found almost a decade later, that almost every one of the children had low IQ, learning disabilities, ADHD, or developmental delay. Only four of the 16 children followed up tested as normal. But what was told to the public in their conclusion of the study? Unbelievably—they said—“There is no evidence that any of the 16 children suffered any serious neurologic damage as a result of either convulsions or hypotonic-hyporesponsive episodes. We conclude that it is unlikely that such reactions lead to significant neurologic impairment.”

In a scathing criticism of the “junk science” that predominates vaccine research, she called for the kind of science that comes out of the lab, that “gets down to the cellular and molecular level and is independently verifiable and reproducible in labs around the world.” She called for the kind of “scientific studies that lead to the development of pathological profiles to separate out what is and is not a vaccine induced health problem, the kind of studies that measure for all morbidity and mortality outcomes following vaccination over time in genetically diverse populations, using the most advanced technology to detect quantifiable, measurable changes in immune and brain function and chromosomal integrity following vaccination, without having the scientific investigation corrupted by an apriori assumption on the part of the investigators that if negative biological change does occur in a child following vaccination, it isn't JUST a coincidence—a mysterious, unexplainable twist of fate—an act of God. God isn't that stupid.”

Dr. Mary Megson M.D. in her current practice in Richmond Virginia is devoted to diagnosing and treating developmentally delayed children. We presented her Congressional testimony on autism in the April–June, 2000 issue of the *VRAN Newsletter*. She is

currently conducting a clinical study to investigate her hypothesis that G-alpha protein defect is a high risk factor for developing autism after vaccination. She called for the need to identify children at birth where certain associations will indicate vulnerability to injury by examining the family history for patterns that increase susceptibility such as night blindness, depth perception, photo-flash sensitivity, milk allergies, high cholesterol, irritable bowel disease, and others.

Dr. Megson stressed the importance of vitamin A throughout the body for normal growth and for maintenance of epithelial cells and the importance of vitamin A in immune functioning. “Since 1913, we've thought of vitamin A as the anti-infective factor. As I've treated children with autism with normal RDA vitamin A in the most lipid soluble form, cold water fish oil, I realized their ear infections stopped, their chronic sinusitis improved,—was that turning on T cells? Even more frightening—are children going into their measles, mumps, rubella vaccine vitamin A deficient and immunosuppressed? These are two absolute contraindications for measles vaccine. This is common knowledge in Harrison's text book of internal medicine.” Most children she found were exposed to the wrong kind of vitamin A.

She is very concerned that if children at age 15–18 months are immunodeficient when they get the MMR vaccine, they will over react, and end up with a leaky gut wall because of anti-intermediate filament antibodies. She asked “What's down the hatch at 15 months? Milk, wheat, a few vegetables, some mashed up chicken. Many, many of these children have antibodies from cow's milk and wheat, and we've already learned why this is a problem. They also have a common history of the onset of recurrent ear infections, either after previous vaccines, and especially after MMR. Many of these children end up

with tubes in place for ear infections. They are also then exposed on a recurring basis to antibiotics.”

Dr. Megson reiterated that it's really important to determine these children's immune functioning. To help turn on their T cells, a form of vitamin A called 14HRR is needed which also stimulates the pathway that allows them to take retinol and convert it to 14HRR—the only source of this, which was discovered in the 1930's is cold water fish oil—such as cold liver oil.

“Measles pneumonia is treated with intravenous vitamin A. The World Health Organization has known for years, and in Africa when the measles mortality rate in a country is more than 1%, they don't go in and give MMR vaccine, they give 200,000 units of vitamin A. Is it possible that we are taking our children into this lab attenuated viral measles vaccine in a vitamin A deficient state? We need to study this.”

The NVIC conference was heavily dominated by various scientific experts from various areas of research who, despite acknowledging that there are many problems with vaccines, remain committed to the vaccination paradigm. With the exception of Anthroposophic physician, Dr. Phillip Incao, the majority of speakers seemed to maintain a pro-vaccine stance, while calling for more studies, more science to develop safer vaccines, the development of screening techniques to identify at risk children, and new technologies to help children who are vaccine injured.

While these are all worthwhile endeavours, one could sense a longing in the audience to address the more radical perspective of the vaccine issue—a perspective that moves beyond the vaccine paradigm. There was no opportunity for open discussion in support of parents who are making an educated and conscious choice to reject

the vaccine paradigm, and who hunger to hear about the many health creating options and modalities parents can employ to raise healthy children. For these parents, the bottom line is protecting their children from vaccine assault, while pro-actively doing everything in their power to insure that their children's immune systems and neurological systems are allowed to develop and mature without chemical, vaccine, and drug compromise.

At one point during the conference I was in tears of outrage watching slides of beautiful baboon families caged, and being used in vaccine experiments. The speaker, Ronald Kennedy, a vaccine developer, and professor of Microbiology and Immunology and professor of Obstetrics and Gynecology at the University of Oklahoma Health Sciences Center, was proudly talking about his experiments that involve injecting the baboon fetuses with vaccines. I felt a deep sense of shame and despair at the suffering being inflicted on these helpless beings, all in the name of progress and research—in the name of developing 'safer' vaccines. Will our human babies be next in line for injection in utero because of this man's research?

Anthroposophic physician Dr. Phillip Incao is Founder and Director of Gilpin Street Holistic Center in Denver, Colorado, has been in practice as a family physician for 27 years, and lectures frequently on multi-disciplinary approach to health and healing. Dr. Incao's talk focused on the Hygiene Hypothesis, starting with a quote from Thomas Jefferson—"Follow the principle and the knot unties itself."

"I think the principle that we practicing doctors should be following is based on the obvious fact that the public health is the collective health of individuals, and for the practicing doctor, the health of the individual is clearly our highest priority. What is it that makes an individual child healthy?

What makes an individual adult healthy? It's certainly more than just the absence of illness. You bring your baby or toddler to the pediatrician, and he says 'you have a healthy child', and then sometime later, this child might come down with asthma or diabetes or an emotional problem or ADD. Could we have seen this coming? Were there warning signs? Could we have been more discerning?"

"This is the great challenge to doctors and parents alike. We doctors don't know what to look for, because we're not taught what health is. We only learn about all the different forms of illness—but this is where the Hygiene Hypothesis can help because the Hygiene hypothesis suggests that health is a balance between two polar opposite ways that the immune system can react. It can react in a TH1 (responding acutely to infections) way or it can react in a TH2 way (chronically reactive), and I believe what will untie the knot, is when we all—doctors, parents, therapists and teachers, learn to recognize and promote what health truly is—as a positive quality in our children, and not just as the absence of illness. Then we will be serving the individual health and the public health in a far better way than it's being served now."

"Our children's health is rapidly changing—it's astonishing how children are changing today. What worked for them in the past no longer works today. To paraphrase Einstein, "everything is changing today, except our way of thinking" and that means we're headed for more trouble. In 1999 a report on children's health was published by the Public Health Policy Advisory Board, which is a blue ribbon panel, led by the former head of Health and Human Services (USA), Dr. Lewis Sullivan, and this report showed quite dramatically that the factors adversely impacting children's health today are vastly different from what they were in the early 20th

century. The report found that in the U.S. 7 times more children die from cancer today than die from infection. Seven times more children die from suicide today than die from infection. And shockingly, 14 times more children die from homicide today than die from infection."

"So the bottom line question is—have all our successful measures against infection which include vaccinations and antibiotics really created a healthier population of children? And I would answer yes, and no. From 1900 to the mid 1950's, everyone agrees that American children became healthier—and there I would say that yes, that vaccinations and antibiotics contributed to the improvement of children's health. Of course we didn't have many antibiotics and vaccinations during that time. But from 1960 until now, the use of vaccinations and antibiotics has increased many, many, many times over. And infections have decreased further since 1960. But compared to how much infections decreased from 1900 to 1960, the decline since 1960 is slight. And if we factor in the tremendous increase in chronic diseases and disabilities and emotional problems in our children, then I would say no. All of the truly wonderful and life saving advances in medical science since 1960, including vaccinations and antibiotics have not seemed to make our children healthier today. I would say that our children were healthier in the 1950's than they are now."

Dr. Incao presented principles of the Hygiene Hypothesis as a biomedical model of what makes people healthy, and gives us a picture of what true health really is, and can help us "untie the knot." "The Hygiene Hypothesis says that experiencing acute, infectious, inflammatory illnesses has a beneficial effect on the developing immune system of a child. This is based on research that found that younger chil-

dren in large families had fewer allergies and less asthma than children with no older siblings. The idea is that the earlier, and more often the child is exposed to infectious, inflammatory illnesses, the less risk of asthma and allergies later on.” Infections exercise one arm of the immune system, the TH1 arm and enables a balance to be held with the TH2 arm. The repeated readjustment of the balance every time a child gets an infectious, inflammatory illness prevents the TH2 arm from overreacting and causing allergies and asthma, and most likely autoimmune diseases. “The Hygiene Hypothesis is very controversial because it dares to suggest that acute infectious, inflammatory diseases just might have some redeeming value.”

Dr. Incao explained that in every infectious illness, two polar opposite activities are going on - there’s an action and a reaction. The action is the rapid proliferation of a certain bacterium or virus in us, and the reaction is what the immune system does to clear the pathogen out of our system. The time of most rapid proliferation of the pathogen is the incubation period when we’re not sick and there are very few symptoms, then in the acute stage of the illness, when we experience fever, sore throat, vomiting, diarrhea, etc.—all of these are symptoms that belong more to the clearing and healing of the infection. These are symptoms created by a healthy, immune inflammatory response. The most important thing to make sure about the inflammatory response is that it is coming out of the body and externalizing and not going inward into the body and internalizing. When there is a discharge of mucous, or pus, rash, vomiting or diarrhea, these are signs that the immune system is externalizing and shedding the illness, and these have always been recognized as part of the healing process.

“This correlates with the TH1 activ-

ity of the immune system. What we all want to avoid is being in a weakened or over stressed condition, which is when the infectious inflammatory process may internalize and cause complications, rather than externalizing to bring about healing.” When a TH1 reaction is too weak to externalize the illness, complications can arise leading to conditions like arthritis, pneumonia, meningitis. Dr. Incao cited an example of how aggressive medical treatment can cause complications by driving the infectious inflammatory response inwards, and cited a clinical study of 56 children done during a measles epidemic in Ghana, Africa in 1967.

“It was standard practice to treat every case of measles with sedatives to prevent convulsions, antipyretics like aspirin and tylenol to lower fever and ease discomfort, and cough suppressants, and also as needed with antibiotics and antimalarial drugs, and even blood transfusions if they were getting too anemic. In the first half of the epidemic, 35% of the children died. Most of them died from the complication of pneumonia—but the treating doctors observed a remarkable thing. The children who survived were usually the ones who had higher fevers and more severe rashes than the ones who died. And the ones who died seemed less sick than the survivors at the beginning of the illness, but then later on they got pneumonia and died.” The doctors thought that maybe the higher fevers and rash are beneficial because they help to clear the measles virus from the body, so there was less virus remaining in the body to go into the lungs and cause pneumonia.

And so half way through this measles epidemic, the doctors revised their treatment and gave no sedatives, no aspirin or tylenol, nor cough suppressants, but still gave antibiotics, antimalarials and blood transfusions if needed. In this group, also of 56 children, only 7% died compared to 35% in the previous group. “This is a dra-

matic demonstration, and there are many others, of the vitally important basic principle that it is dangerous to suppress an inflammatory discharge. Hippocrates recognized that over two thousand years ago. In any inflammatory infectious disease, what is discharged out of the body can be frightening to look at, but that’s not what kills us. What can kill us comes from the toxic effects of what’s left inside the body and what’s not being discharged.”

“What I read in this study twenty years ago confirmed what I experienced in my own practice, that the children who produced higher fevers and strong rashes, and good discharges of mucous and pus, were healthier and more robust and had stronger immune systems than the children who produced a low intensity of these symptoms. These robust children in my practice, who vigorously externalized and healed their infections spontaneously, often without antibiotics, had had little or no antibiotics, or antipyretics, or vaccinations in their lives. And the other children who had had all their vaccinations, and lots of antipyretics, and antibiotics—who had had a lot of suppressive, internalizing medical treatments, these children never got high fevers. And these children were the ones who were more likely to have allergies and autoimmune problems.”

“And that is the core idea of the Hygiene Hypothesis—that health is a balance between two polar opposite ways that the immune system can react... if we stay in balance, our chances of getting asthma, allergies and other chronic illnesses is less. It’s all a matter of balance. **And the message that I would like you all to take home is that no parent today needs to be afraid that you are putting your children at an unacceptable risk if you decide not to vaccinate them. In my experience of 27 years with hundreds**

of unvaccinated children in my practice, they fared better than their vaccinated peers by any measure of physical and emotional health that you would care to use. And I've had mothers with both vaccinated and unvaccinated children in the same family tell me the same thing."

In concluding his presentation, Dr. Incao emphasized that regardless of whether one's children were vaccinated or not, it is vitally important that all parents learn to understand the critical difference between externalizing and healing an infectious inflammatory illness (on the one hand), and internalizing or suppressing an infectious inflammatory illness on the other. And most helpful would be to find a health care practitioner who also understands this critical difference.

Barbara Loe Fisher's brilliant keynote speech, brought the entire conference room to its feet in a standing ovation as she cut to the very core of some of the most critical issues humanity faces in the wake of the biological manipulation of human populations by the scientific establishment.

"In the three decades that vaccination rates have climbed to nearly 100 percent for 5 year old children, there has also been a coinciding increase in human exposure to chemicals and environmental toxins. It is reasonable to question whether increased atypical exposure to viruses and bacteria through universal vaccination with multiple vaccines combined with increased exposure to environmental toxins is at least partially responsible for this unexplained explosion of chronic autoimmune and brain disease.

"Second outstanding question is—if the mass use of antibiotics in animals and humans has placed pressure on infectious microorganisms to mutate into more virulent antibiotic resistant strains, is the mass use of vaccines doing the same? Strains of B Pertussis with a mutated surface protein have

been implicated in whooping cough outbreaks in highly vaccinated European populations, and 8 distinct geno types of wild type measles virus also have been identified, perhaps contributing to measles outbreaks in children with one or more doses of measles vaccine, but even if these few signs were not there, the experience with indiscriminate antibiotic use should at least give health officials pause with multiple vaccine use, especially when considering microorganisms that can reside in animal as well as in human hosts.

"The third outstanding question is—is the artificial temporary immunity induced by vaccines in combination with broad based immune dysfunction, and the potential evolution of microorganisms into vaccine resistant strains, setting the stage for a future biological crisis in which highly vaccinated populations world wide will be unable to cope with the challenge from viruses and bacteria, especially new viruses and bacteria? You don't have to look further than the experience of the American indians in the 1680's, or the experience of American babies born to vaccinated mothers in the 1980's to understand the significance of this question.

"Virgin American Indian populations—virgin in the sense that they had no exposure to the wild measles before European immigrants exposed them to it, were decimated by measles epidemics three centuries ago. A decade ago it was discovered that young mothers vaccinated in the 1960's who had never naturally recovered from measles could not transfer the same kind of maternal antibodies to their babies to protect them in the first 15 months of life, like mothers in past generations did. These vaccinated mothers gave birth in the late 1980's to babies who were vulnerable to measles from the first day of life. The result, many of the infants under one year old who got measles died, and many vacci-

nated older children without disease induced cell mediated immunity got measles too, prompting the international call for a second dose of MMR vaccine.

"If we are in the process of creating virgin populations around the world with no true immunological memory with infectious diseases because of mass use of vaccines that only create temporary immunity, then we are becoming increasingly vaccine dependent. And this is another reason for the public to take a critical look at the numbers of vaccines drug companies and public health officials insist must be mandated, before we continue to allow them to demand that chickenpox be treated like smallpox and hepatitis B like polio. If it turns out that the answer is yes to one or more of these questions which is really a hypothesis, then a reassessment must take place at the highest levels at both the national and global public health infrastructures so that a more selective approach to vaccine use, and a more balanced, less intrusive and interdisciplinary approach to achieving health and wellness can be achieved.

"What is at stake is nothing less than the biological integrity of the human race, and man's ability to live in relative harmony with the many microorganisms that have been on this planet longer than we have."

VACCINE NEWS CLIPS FROM THE INTERNET

The 4th Canadian National Immunization Conference will be held in Halifax, Nova Scotia December 3–6, 2000 and is sponsored by the Laboratory Centre for Disease Control, Health Canada and the Canadian Paediatric Society with support from the private sector. We take it that ‘private sector’ means the pharmaceutical industry. One of the keynote speakers will be Stephen Lewis, former leader of the NDP party in Ontario (1970) who was later was appointed Canadian Ambassador to the United Nations and Special Advisor on Africa.

The conference participants will share knowledge on:

- Myths, truth and logic about immunization
- Global immunization initiatives and their relevance to protecting the health of Canadians
- What’s new in vaccines and vaccine programs
- Late breakers
- Educating professionals: the place of immunization in medical and nursing curricula
- Information sources on immunization

For a more detailed view of the conference agenda and conference proceedings once it has convened, please refer to the following website:

http://www.hc-sc.gc.ca/hpb/lcdc/bid/di/confsurv/00mail_e.html

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NURSES ARE VACCINATING KIDS WITH A BIG DOSE OF RELUCTANCE

by Anne Scheck

Washington, D.C.— “Canadian physicians who want to keep their patients up-to-date with immunizations are facing a threat some consider more serious than a virulent flu virus—hesitant nurses.

In growing numbers, nurses are questioning the value of vaccination, according to the results of a survey by the Institute of Public Health in Quebec. The findings were reported at the Third Annual Conference on Vaccine Research.

A study involving more than 2,000 doctors and nurses showed a substantial number of the nurses have serious reservations about vaccines. In a province known for its outstanding public health efforts, this is receiving the kind of attention usually reserved for developments like the West Nile virus.

“This is a serious problem that will need to be addressed—and solved — if we want immunization programs to remain highly effective,” said Marc Dionne MD, a physician at the institute.

In the survey, about 88% of physicians said they were in full agreement that vaccines are safe while only 57% of the nurses thought the same thing. The anonymous questionnaire in Canada was mailed to health care professionals most likely to be doing vaccinations routinely, including pediatricians, general practitioners and nurses.

Nearly 80% of the physicians thought vaccines were effective, but only 52% for the nurses agreed that they were. On the issue of vaccine usefulness, answers were again dramatically different: 93% and 68%.

From CBS HealthWatch—submitted by Rick Rollens Date: Sept. 27, 2000

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BRITAIN—ELEVEN DEATHS FOLLOWING MENINGITIS VACCINATION

August 27, 2000 Documents discovered by the Observer show that 11 people have died after vaccinations to prevent the disease. Despite

doctors reporting the deaths as part of routine monitoring of the scheme, which includes reports by GPs on 16,000 adverse reactions, the Government has not published the figures compiled by the Medicines Control Agency. The Department of Health estimates that only 10–15 per cent of adverse reactions are reported. Doctors have been told that the vaccination cannot cause meningitis. However, two of the deaths have been from ‘meningococcal septicaemia’ an infection of the blood resulting from the disease. Britain is the first European country to introduce the vaccine. Immunisation against meningitis C was rushed through when it was feared the number of cases would rise last winter. The Shadow Health Secretary, Liam Fox, is calling on the Government to begin an enquiry into the vaccine, claiming parents need all the facts to make an informed decision about immunising their children. (*The Observer*)

<http://www.netdoctor.co.uk/news/index.asp?y=2000&m=8&d=27#id12893>

Note: the British government said deaths after the vaccine weren’t vaccine deaths, but were crib death. However pathologists know there is no way to distinguish the two, there is no difference. Immediately below is the government’s knee jerk response:

GOVERNMENT REASSURANCES OF MENINGITIS JAB SAFETY

Department of Health officials have insisted that the meningitis C vaccine is safe after a Sunday newspaper reported that the immunisation programme had resulted in the death of 11 children.

<http://www.netdoctor.co.uk/news/index.asp?y=2000&m=8&d=28#id13101>

News Clips continued on page 38

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SHOT AGAINST BIOTERRORISM

New concerns over bioterrorist acts has led to increased attention to the development of vaccines against anthrax and smallpox. The U.S. military has increased vaccine development since learning that Russia, Iraq, and North Korea have supplies of the smallpox virus and other infectious agents. Bioreliance Corp. was recently awarded a contract to produce 300,000 doses of a new smallpox vaccine for the military. In addition, OraVax Inc. has a \$343 million contract with the Centers for Disease Control and Prevention to stockpile 40 million doses of smallpox vaccine. The OraVax vaccine is the only one set aside for the general population. Researchers at the Army Medical Research Institute of Infectious Diseases in Maryland are working on a new anthrax vaccine that requires only one dose instead of six. The institute is also developing vaccines for bubonic plague. Fort Detrick researchers, meanwhile, are studying a vaccine for botulism, as expert Michael Osterholm continues to warn of the devastation a bioterrorist attack would produce.

Boston Globe
(www.boston.com/globe) (10/04/00)
P. D4; Rosenberg, Ronald

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WHOOPING COUGH UP 67 PERCENT IN STATE

New statistics show that cases of whooping cough have soared 67 percent in Massachusetts this year. As of September 9, the state had recorded 577 cases of the disease--more than two times the 231 cases reported by the same week in 1999. Health officials attribute the increase to the disease's natural cycle and to improved detection and reporting. Nationwide, whooping

cough cases are down 6 percent, but the Centers for Disease Control and Prevention notes that Vermont and Connecticut have also seen significant increases in whooping cough. The 84 percent increase seen in New England from last year is contrasted by declines in other parts of the country, including a 44 percent drop in the Pacific region.

Boston Globe
(www.boston.com/globe) (10/04/00)
P. B2; Barnard, Anne

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ASTHMATICS SOUGHT FOR FLU-VACCINE STUDY

A new study in New England will investigate whether the flu vaccine has any unintentional side effects on asthma patients. Annual flu shots are advised for asthmatics; however, many patients do not receive the vaccine because of concerns about possible asthma flare-ups. The research—which is sponsored in part by the American Lung Association—will include patients from New Hampshire, Vermont, and Maine. Over 60,000 Maine residents have asthma, including approximately 20,000 children.

Portland Press Herald
(www.pressherald.com) (10/05/00)
P. 1B

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POLIO EFFORT IS PERSONAL FOR FARROW

Actress Mia Farrow's own battle with a mild case of polio when she was nine has led her to join a United Nations drive to eliminate the disease within five years. Her 11-year-old son, Thaddeus, who she adopted from India, is a paraplegic because of the disease. Farrow, a UNICEF special representative, says she hopes to go to Africa to help with the massive vaccination efforts that UNICEF, the World Health Organization, the Centers for Disease Control and Prevention, and Rotary International have planned.

USA Today (www.usatoday.com)
(10/05/00) P. 2D; Williams, Jeannie

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VACCINE BLUNDERS

Polio vaccine withdrawn after mad cow contamination fears—Oct. 21/00

“ELEVEN million doses of polio vaccine containing material from British cattle have been administered to children and adults since BSE vaccine guidelines banned its use in 1989, the Department of Health said yesterday. Hundreds of thousands of polio doses were withdrawn after the department decided that assurances given by Medeva, the supplier, had “proven inaccurate”. Professor Liam Donaldson, the Chief Medical Officer, said that the risk of being infected with vCJD, the human form of mad cow disease, was “incalculably small”.

.....
VACCINE FIASCO EXPOSES LOOPHOLES

Another crisis linked to the inquiry into BSE forces the medical industry to re-examine its guidelines on just what is safe—October 21, 2000

“As GPs set aside thousands of doses of Medeva oral polio vaccine, the government was battling once more to maintain confidence in its immunisation programmes. The latest in a series of fiascos leaves health officials conceding that voluntary measures agreed with the drug industry failed to keep bovine material from BSE-infected Britain out of vaccines. This follows controversy over the measles, mumps and rubella (MMR) jab, linked to autism and Crohn's disease, and the new meningitis C vaccine.

http://www.guardianunlimited.co.uk/uk_news/story/0,3604,385958,00.html

News Clips continued on page 39

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FDA SAYS BOVINE-BASED VACCINES CURRENTLY SAFE

“In March 2000, the FDA learned that its advice had gone unheeded. In a rather bland statement, the agency said that its ‘recommendation has not been universally followed.’ That is, some manufacturers of some biological products, specifically, viral and bacterial vaccines, had been using materials such as fetal calf serum obtained from countries reporting BSE... In any event, the real issue is not closing the stable door; it is what to do about the horses that are out in the field. Many vaccines currently in use were made from materials obtained from countries reporting BSE, and it will take at least a year before all vaccines that reach consumers are made using materials obtained elsewhere.”

<http://jama.ama-assn.org/issues/v284n10/ffull/jmn0913-3.html>

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US AUTHORITIES HORRIFIED BY CONDITIONS AT FACTORY IN BSE-TAINTED POLIO DRUG SCARE

...“This weekend, an investigation by *The Observer* can reveal that the problems surrounding the polio vaccine may prove to be the tip of the iceberg.

A week-long inspection by the FDA last summer into the production of the flu vaccine Fluvirin at the plant found Medeva had failed to:

- ‘clean, maintain and sanitise equipment at appropriate intervals to prevent malfunction or contamination’;
- maintain systems to prevent unacceptable levels of toxins and bacteria contaminating the production process;
- ensure batches of vaccines ‘conformed with all established stan-

dards, specifications and characteristics’; and

- prove that vaccines on doctors’ shelves would be free from ‘bacteria and fungi’.

Last October the FDA’s director of compliance, Steven Masiello, fired off an official warning letter to Medeva’s head of primary production, John O’Brian, telling him to sort out the problems or have its product banned from entering the US. Fluvirin is used by some 20 million Americans and more than a million British people, many of them elderly.

Although the extent of the excess levels of toxins and bacteria at the Speke factory is not known, in extreme cases, contaminated vaccines can lead to severe adverse reactions, including toxic shock and fever. In the old and fragile, the impact could be lethal.

The FDA letter, seen by *The Observer*, contains the disclosure that instead of dealing with the problems, managers at the plant wanted to raise the level of contamination deemed to be acceptable.

Sources familiar with the company’s operations claim that there were serious production problems running through the factory and abuses were routinely ignored.

Although it is not known what other contamination problems the factory had, it is known that production difficulties were not confined solely to the manufacture of the flu vaccine.”...

http://www.observer.co.uk/Distribution/Redirect_Artifact/0,4678,0-386177,00.

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PARLIAMENTARIAN TO BE INJECTED WITH AIDS VACCINE

“A British parliamentarian will on Thursday be the first human to be injected with a new prototype vaccine against AIDS. Dr Evan Harris, a Liberal Democrat member

of parliament, says he volunteered to take part in clinical trials because he believes an effective vaccination is the only way to combat the deadly disease.

Dr Andrew McMichael, the scientist leading the trials for Britain’s Medical Research Council (MRC), said the trials were “a vital part of an international effort to save lives.” If the vaccine proves safe it will then be tested in Nairobi, Kenya in three to six months time, the MRC said in a statement. A total of 18 people will take part in the first phase of the trials in Britain.”...

<http://www.nytimes.com/yr/mo/day/late/31cnd-aids-trial.html>

Please note that a number of the foregoing newsclips were obtained from Immunization Newsbriefs—a service of the National Network for Immunization (pro-vaccination site) and can be accessed at: <http://www.idsociety.org>

RESOURCE & INFORMATION LIST

Immunization: History, Ethics, Law & Health

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

Cost: \$35 + \$5 postage

Immunization—The Reality Behind The Myth

by Walene James.

What Every Parent Should Know About Childhood Immunization

by Jamie Murphy

Vaccinations: Are They Really Safe and Effective?

by Neil Z. Miller

How To Raise a Healthy Child In Spite of Your Doctor

by Robert Mendelsohn, M.D.

Universal Immunization — Medical Miracle or Masterful Mirage?

by Dr. Raymond Obomsawin available from Health Action Network

(604) 435-0512

A Shot in The Dark

by Dr. Harris L. Coulter & Barbara Loe Fisher

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

by Dr. Harris L. Coulter

Vaccination—Medical Assault on the Immune System

by Viera Scheibner Ph.D.
to order: (204) 895-9192

The Immune Trio

by Dr. Harold Buttram
To order call 215-536-5168

Every Second Child

by Dr. Archie Kalokerinos
(204) 895-9192

Vaccinations and Immunization: Dangers, Delusions and Alternatives

by Dr. Leon Chaitow.

What About Immunizations? Exposing the Vaccine Philosophy

by Cynthia Cournoyer Nelson's Books, Box 2302 Santa Cruz, CA, 95063

The Immunization Decision—A Guide for Parents

by Dr. Randal Neustaedter.

Vaccinations—The Rest of the Story

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

The Case Against Immunizations

by Richard Moscovitch M.D. available from American Institute of Homeopathy, 1500 Massachusetts Ave. N.W. Washington, D.C. 20005.

The Immunization Resource Guide

by Diane Rozario
1-800-431-1579

Natural Alternatives to Vaccination

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

Vaccination—The Hidden Truth

New Video. Five medical doctors speak out about vaccine risks. Order from VRAN
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Vaccination: The Hidden Truth

Powerful new video featuring five medical doctors on how vaccines are harming children's health.

Cost \$40.00 plus \$5.00 postage.

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SIX REASONS TO QUESTION VACCINATION

By Walene James

1. Vaccinations are forced. For example, there are compulsory vaccination laws in every state. If something is good it doesn't have to be forced*.
2. Vaccinations are toxins by definition.
3. Vaccinations are indigenous to only one model of healthcare—the allopathic medical model—and its practitioner's particular understanding of disease phenomena.
4. Vaccinations are promoted by fear, guilt, and 'creative' statistics.
5. Vaccinations are represented as safe and effective when evidence suggests they are neither.
6. Vaccinations are aggressively pushed by public health departments and other government agencies as though they were a public health issue when they are not. This is done to insure a high rate of compliance.

*Vaccination is not mandatory anywhere in Canada.

TEN REASONS TO JUST SAY 'NO' TO VACCINATIONS

By Walene James

1. Vaccinations are toxins by definition.
2. Vaccinations are aggressively promoted by those who have a financial stake in their consumption.
3. Vaccinations are promoted using fear, intimidation, and coercion.
4. Vaccinations are big business.
5. Vaccine manufacturers are nearly liability proof for their products.
6. Vaccinations are not only forced upon us, but those who deny us the exercise of our free will refuse to take responsibility for the consequences of their actions.
7. Evidence suggests that vaccinations damage the immune system, the nervous system and the spirit-mind-body connection.
8. 8.