

VWAN Newsletter

Vaccination Risk Awareness Network Inc.

National Vaccine Information Centre Conference

**Truth in Science: The Right to Know & the Freedom to Decide
Arlington, Virginia, November, 2002**

By Catherine Diodati

The third international NVIC Conference again brought experts in the field of vaccination from all over the world to share their professional and personal experiences. Some of the topics covered were the neurotoxic effects of mercury based preservatives in vaccines, the carcinogenic effects of monkey viruses that have contaminated vaccines, the negative effects of persistent vaccine strain measles virus infection on bowel and brain function, technology and the law and informed consent to vaccination, shifting paradigms and concerns about the impact of more than 200 vaccines in the development pipeline on the biological integrity of the human race.

Major Sonnie Bates (Ret.) started off the conference by discussing how growing evidence of anthrax vaccine risks unfolded at Dover Air Force Base. Many at Dover were experiencing serious adverse events. Sonnie brought his concerns to his Commander and the investigations started. Air and water were tested, and ultimately ruled out, as causative factors in the sudden illnesses. Questions to authorities went unanswered until the Commander halted the vaccination program. This act was met with the sudden appearance of many officials who claimed that the vaccine was completely safe. Of course, Sonnie's research said otherwise and he, as well as other military personnel,

were discharged with various disciplinary actions, because they chose to retain the right to choose which substances should be administered into their bodies.

A new film was aired on Gulf War Syndrome and the anthrax vaccine. This film, entitled *Direct Order*, which is soon to be released, is a must-see. Directed by the talented Scott Miller, who directed hits such as *Superman* and *9-to-5*, etc., presents the real-life saga of individuals living with the devastating effects of GWS. For those of you who have worked on this issue, you will recognize many of the people interviewed because they have been in the forefront fighting for veterans' rights.

Uganda's Kihura Nkuba was a definite highlight. His name means "one who handcuffs lightning and throws thunder in jail". In 1997, Kihura and his wife, Washind Abonera raised several thousand dollars to launch Greater Afrikan Radio, a community radio station based in western Uganda and heard in 5 African countries. Its broadcasts focused on stories of interest to ordinary people, such as growing nutritious food, storing grain and clean drinking water.

His experience is a clear example of the power of one person who asks a simple, logical, question of health

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Editorial

Edda West

VACCINES, DRUG COMPANIES AND DIRTY POLITICS

Power, like a desolating pestilence, pollutes whate'er it touches.

Shelley, "Queen Mab" (1813),3

Some Canadian readers might wonder about the relevance of reporting details of the new antiterrorist "Homeland Security" bill recently voted into law by the U.S. Congress. The new legislation grants sweeping powers to federal health officials to forcibly "administer" the highly reactive and potentially lethal smallpox vaccine and other "substances" on the public, while removing all accountability and liability from the pharmaceutical industry and health officials for the injuries and deaths which will result. Nor would they have to demonstrate an actual threat of a smallpox attack, but merely a theoretical "potential of a bioterrorist incident" or other potential public health emergency. The spill-over effect

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VRAN NEWSLETTER

Vaccination Risk Awareness Network Inc.

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With thanks to Lisa Farr 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. The authors are not licensed to practice medicine, nor are the opinions in any way to be construed or intended as medical information. This publication is for informational purposes only and should not be construed as medical advice. The particulars of any person's concerns and circumstances should be discussed with a medical doctor prior to making any decision which may affect the health and welfare of that individual or anyone under his or her care.

VRAN NEWS

VRAN Fund-raising Appeal 2003

Dynamic New Video – This Year's Fundraising Bonus:

On September 14, Edda had the privilege of attending Dr. Sherri Tenpenny's dynamic vaccine information seminar. Hosted by Vaccination Liberation in Idaho, Dr. Tenpenny shared with us her synthesis of the thousands of hours of research she has devoted to vaccine risk research. A physician from Cleveland Ohio who specialized in emergency medicine for 14 years, she now has a complimentary medicine practice treating vaccine injured & autistic children. Dr. Tenpenny has developed a powerful presentation which exposes the myth of vaccine safety and effectiveness. Citing the same documents that the CDC, and the Advisory Committee on Immunization Practices use to elicit public compliance with vaccine agendas, Dr. Tenpenny reveals that what their documents say and what the public is told are two different things. Some of the key questions Dr. Tenpenny addresses and answers with evidence from medical citations are:

- ◆ Have vaccines ever been proven to be safe?
- ◆ Have there ever been trial studies done comparing the fully vaccinated with the fully unvaccinated in terms of overall health, immune system strength, AND susceptibility to diseases from which the vaccinated were "protected"?
- ◆ How do we REALLY know if vaccines work?

- ◆What studies have been done to prove vaccine safety and efficacy?
- ◆ Is antibody response a true measure of immunity?
- ◆ Do people really die of the disease, or do they die of other complications and inappropriate treatments?

Without a doubt, Dr. Tenpenny's presentation is one of the most informative seminars I have ever attended. The seminar, has appeal to people at all levels of knowledge of the vaccine issue and is organized in a dynamic "Power-Point" presentation, now available as a two hour video tape. This is a video you will want to share with everyone you know, especially diehard pro-vaccinators like doctors, health officials, and others who are steeped in vaccine agendas.

We are privileged to have Dr. Tenpenny's video seminar available as VRAN's fundraising bonus offer this year. Members who donate \$150 or more will receive their FREE bonus copy of the video, retail value is \$39 U.S.

New Fundraising Opportunity to Benefit the VRAN Network of Families

VRAN has an opportunity to embark on an exciting fundraising venture that all members can participate in and benefit from, and in so doing help VRAN's fundraising goals be realized. We know that you, our VRAN members are committed to furthering our work of informing the public of vaccine risks, of helping protect children from adverse vaccine reactions, of providing counsel and support to vaccine injury victims, the continued publication of our internationally

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acclaimed newsletter and enabling us to develop the most comprehensive vaccine information website. To continue doing all this, we need to be creative and partner up in keeping our network viable and financially healthy.

We are asking VRAN members to consider trying Excel Canada which offers highly competitive long distance rates in North America and is branching into Europe as well. Please see enclosed flyer for rate schedule. At the same time that you benefit from great long distance rates, you will also benefit VRAN, as a percentage of your long distance bill will be designated to VRAN Fundraising. And even better, anyone who wishes to sign on as an Excel Representative has an opportunity to also develop a lucrative home based business.

This is a WIN-WIN opportunity!! Everyone on our mailing list will be called by a VRAN member who has already signed on as an Excel Representative. Please see the enclosed fundraising letter for details about Excel rates. If you don't want to wait until someone calls you, please call Edda West at 250-355-2525 or email eddawest@netidea.com

VRAN EMAIL LISTS

In reviewing the VRAN membership contact list, we discovered that fewer than half of our members have given us their email address. We are initiating regular news bulletins via email to VRAN members as a means of providing you with vaccine updates between newsletters. Emailing our membership regular will greatly enhance our grass roots outreach. Please send us a confirming email as soon as possible to insure you are added to our list – send your contact info to info@vran.org or eddawest@netidea.com

MANITOBA REPORT

The Manitoba government is looking into the possibility of compensat-

ing children and their families who have been injured or died from routine childhood vaccinations.

On October 23/02, Leona Rew and myself represented the members of The Association For Vaccine Damaged Children at a meeting held in the offices of Manitoba Health to discuss compensation. Representatives from the Ministry of Health, Manitoba Health and Federal and Provincial Affaires were present. Discussions revolved around implementation of the program, how far back it would be retroactive, the fact that initially it would only involve children and at a later date could involve adults injured from vaccines.

Other features discussed was that the administrative structure would be modeled on a no fault compensation scheme similar to the provincial Personal Injury Protection Plan of Autopac. Our position was based on the excellent report presented by the Law Reform Commission in 2000, entitled Compensation of Vaccine-Damaged Children. Families would maintain the right to sue the vaccine manufacturer, the doctor administering the vaccine if they chose to do so.

We were informed at the meeting that the next step was that the committee would write a proposal to the Minister of Health, the Honourable Dave Chomiak listing all the recommendations. It would then be up to the Health Minister to accept, reject or eliminate some of the proposals. When I asked when Leona and I would review the proposals we were informed that we would not be able to read the proposals that would be sent to the Health Minister and would only be informed of the contents if the proposals were legislated.

This was not acceptable to us and thus a letter was sent to the Health Minister, the Justice Minister, the Law Reform Commission and Manitoba Health informing them that as repre-

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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)

representatives of the children and families of vaccine injured children it is imperative that we continue to be part of the process. We requested an immediate meeting with the health Minister. To date we have an acknowledgment from the Health Minister that our letter was received but no date as to a meeting has been set. We will continue to pursue the matter.

The fall session of the legislature convenes this week. We were informed last spring that the Bill regarding mandatory reporting of all vaccine adverse reactions and informed consent would be introduced this session. I have since been informed that the Bill may be postponed until next spring.

ONTARIO

With deep appreciation to VRAN volunteers who so generously gave of their time and enthusiasm to tend our booth at the recent Pickering "Babies-Toddlers-Kids" show. Special thanks go to Cindy Klinger, Santo D'Agostino, Kristina Schmidt, Dr. Jason Whittaker, and Rita Hoffman. Attendance at the show was disappointingly sparse, perhaps due to the Santa Claus Parade in Toronto and one in Pickering, and a major snow storm on Sunday, November 17. But feedback from VRAN members attending was positive in that "You never know - perhaps we saved one child by being there - it would have been worth it."

CATHERINE DIODATI SEMINAR

With many thanks to VRAN members, Keith and Linda Loder in Blyth, Ontario who invited Catherine Diodati to present her wonderful vaccine education seminar in their area. "We had an excellent Vaccination Awareness meeting with guest speaker Catherine Diodati here in Wingham Ont. Approximately 225 people attended. Catherine delivered a very informing message and did not leave the stage

until the last questions were asked. We really appreciated her devotion and enthusiasm for the people that wanted to get as much information as they could on vaccinations.

There were nurses, ambulance drivers, school teachers, concerned parents and grandparents etc. in attendance. The Mennonite community was also well represented. Many people didn't know where to get or that there even are school vaccination exemption forms, so we were glad that we had them available. The local TV station had a clip from the meeting on their late night news.

Many people thanked us for bringing them the information that they previously didn't have access to. The VRAN table was very busy and provided everyone with videos, news letters, brochures, addresses and places to go on the web to get more information. People traveled up to 4 hours to hear Catherine and some were interested in having a meeting in their own area. We are willing to help anyone else interested in having a similar meeting.

Thanks for all the support from VRAN - It really helped us to have a very timely, educational and successful meeting."

Keith & Linda Loder
(519) 523-4718 Home
(519) 523-4777 Office

Ontario Support Group

You are invited to discuss informed choice on vaccination every last Tuesday evening of the month at the YMCA Resource Center - Mayfair Ave. Oshawa, from 7:30 - 9 p.m. Join Parents and health professionals talk about vaccinations and alternative health care. The cost is \$1 per adult (for the use of the center) Feel free to bring your children.

Organized by Ontario VRAN member Elaine Tracz. For more details call 905-728-2609

BRITISH COLUMBIA REPORT

Continuing from our last report.....

In July we wrote our first reminder to BCCDC's Dr. Skowronski of the second letter we sent to her in March (following the first letter, which she lost), concerning BCCDC flu stats, asking that she at least send references for these. By October we still had received no word from Dr. Skow... but learned of a CMAJ study concerning the 2001 oculorespiratory syndrome (ORS) in at least 1800 flu vaccine recipients across Canada. This study, with herself lead author, apparently did not identify the nature of the problem, yet Dr. Skow was very certain the ORS sufferers should feel safe in getting a flu shot in future. She also thought those who reacted a second time in the 2001 trial would likely have no qualms in having a third crack at ORS in 2002... and, judging from my experience at the 'Seniors' Fair' (see further on), she is probably right. Our October letter to Dr. Skow suggested our questions are of higher priority than mitigating the dampening effect of ORS.

The La Leche organizer of the Suncoast Baby Fair turned down our request for a table, a denial which particularly flummoxed Edda since Dr. Robert Mendelsohn had been a La Leche advisor. A call to one of the national executive confirmed that yes, indeed, La Leche had "turned its coat". On the day of the fair I paced outside wearing a sign that read "Quarantined Vaccine Info here."

I left 'Flu Shot - For What?' posters at the Seniors Centre, the public health flu-shooting-gallery-to-be, but some staunch vaccinators there quickly whipped them away. The seniors had decided to hold a 'Seniors' Health Fair' in conjunction with the 'shoot-'em-up', a fair which, judging by the wording and coiled snake logo on its advertisement, was to be a thoroughly medical one. Once again, I asked to have a

table; the organizer was very reluctant, so much so that she couldn't even bring herself to admit that she was the organizer. I went as a mobile display. The 'fair' consisted of a sparse collection of tables facing row upon row of the jabbed-and-waiting and the jabbed-in-waiting. I wore a fabric sandwich board which paraphrased Public Health's "An apple a day..." slogan for this year's flu jab. It featured poems and illustrations about healthful living - my audience was impressed. Well....not everyone, the incoming president of the seniors' association (of which I am a member) told me I was not to hand out my vaccine info there

and when I indicated non-compliance, attempted to wrestle it away. Not wanting to fluster the elderly ladies nearby I followed him away from the throng, he bolted the door to the shooting gallery and I walked outside to the back of the building where more jabbed-in-waiting were slowly toiling their way into the auditorium. Within a short time, all my info was distributed and at that point a dour woman with a name tag appeared wanting to see my handout. Had someone had the temerity to ask questions?

During October I wrote school principals asking to give out Hep B brochures to their grade 6's. They

replied that such action must be cleared with school district administration (which, in turn, must obey provincial law). I explained this to our local election candidates and asked if they would lobby for access to all plausible vaccine info in the schools. A candidate who didn't reply was in the flu shot line-up; when I reminded him of my email, he launched into a speech on the grandeur of smallpox and polio vaccines. Another, whose daughter and friend have autistic children, will take it to the Provincial Council of Women so they can present a brief to government. Others suggested we go to the Ombudsman. This we might do.



**Wishing everyone a joyous holiday season,
and health and happiness for the coming new year !**



authorities and the price one pays for doing so. In 1996, the government began National Immunization Days in which vaccinations were to become an annual event regardless of when the last vaccine was administered. In 1997, a preacher told Kihura that huge numbers of children died after vaccination. He stated that he had attended so many funerals that his cassock quickly became old. Similar stories kept pouring forth from people who had fled into the bush to save their children from forced vaccinations.

On his regular evening broadcasts, Kihura began speaking out against the forced repeat mass vaccination of live oral polio vaccine which was causing high rates of injuries, paralysis and death. He had discovered that the oral polio vaccine was contraindicated for those who had a family history of HIV – which included many people there. Polio had not been a problem for rural Ugandans – only for those in the city who were vaccinated. Kihura was not on an anti-vaccine crusade but wanted to see health dollars spent on more prevalent and devastating diseases, such as malaria and cholera, and see the oral polio vaccine replaced with the injectable inactivated polio vaccine (IPV). Sound reasonable?

His actions were met with hostility, and soon Kihura and his radio station were under attack from the government, the World Health Organization and UNICEF which oversees the vaccine programs. He was threatened with the closure of his radio station, subjected to interrogations and was accused of giving false information, of being "anti-government" and a "child killer." He was told he hypnotized the public because they too had demanded the IPV or would refuse vaccination.

Kihura says that the more they harassed and threatened him, the more determined he became to uncover the truth. "By a stroke of good luck, someone brought me an insert that

comes with the polio vaccine, from Pasteur Merieux a french company that manufactured the vaccine, and that was the one that was used in 1997 when children started dying in large numbers. When I looked at the contraindications, it stated that inactivated polio vaccine, and all polio vaccines, shouldn't be used in situations where there was a history of HIV in the family."

"When I got this information, I was really shocked because since 1984 Uganda has had a very difficult HIV and AIDS problem. In fact it says if a child is given the oral polio vaccine, then the child should be quarantined for 4 to 7 weeks because oral polio vaccine is live, it keeps shedding during that period and could contaminate other people. So I am saying, here is the manufacturer writing for anyone who can read English and saying, please do NOT give this oral polio vaccine to a population that has HIV and here is the ministry of health in its own wisdom saying this has to be used here.

It should be mentioned that one of the charges, "giving false information" brings with it either a life sentence or death. Kihura held his ground. An army was mobilized and vaccinations were administered house-to-house by gunpoint. Kihura traveled to the U.S. to tell his story – a story which carries a warning for all people who love freedom and believe in freedom of choice in health care. His story is remarkable and his presentation style is simply delightful. A few paragraphs here cannot hope to do it justice. I would highly recommend ordering his tape from the NVIC. At the conference this year, NVIC awarded its first Humanitarian Award to Kihura Nkuba in honour of a man of great love, integrity and courage.

An addendum to Kihura's story is the rebellion in the northern Nigerian province of Kano, where in October, people en masse rejected the oral polio

vaccine. Many people said that "since it was clear that the western world is against the increase in population in African countries, they could use vaccines to indirectly check our population"....and.... "many believe that the immunization was a way of introducing more killer diseases to African countries, rather than one of preventing Africans from disease or disability."

- see reference and source for the Nigerian news release at the end of this article.

Paul Shattock mentioned something of great interest. The Novartis website says that the chickenpox vaccine should not be given within 4 weeks of the MMR due to immune suppression but that it is alright to administer the vaccines on the same day.

Boyd Haley presented compelling evidence on the toxicity of mercury. In fact, it was downright frightening. If you want to see a vivid example of what mercury can do to the brain, log on to the University of Calgary's website. There is a graphic display of the development of brain cells and how the introduction of mercury will cause them to shrivel by denuding the neurofibrils. Mercury also causes an important reduction in the enzyme glutamine synthetase which is required to convert glutamate to a non-toxic form glutamine. Haley also showed a slide taken of a very old dental amalgam that was clearly still very capable of emitting dense mercury vapours. Mothers who have mercury fillings will be exposing their babies to mercury before birth and when the child is vaccinated with a mercury-containing vaccine, the child is at an increased risk of an adverse event. He also stated that the mercury injected into our children will stop their development and suppress their immune systems. Haley stated that there is NO known safe level of mercury.

Another interesting aspect that Haley brought forth was the existence

of co-factors that enhance heavy-metal toxicity. Antibiotics and aluminum are particularly important in this regard. Surprisingly, he also found that testosterone was a factor. Even if a boy was capable of eliminating mercury more efficiently than a girl, he may be at a greater risk of mercury toxicity due to the presence of testosterone.

Dr. Andrew Wakefield was another highly entertaining and informative highlight, discussing specific factors associated with regressive autism. He discussed how treating the bowel problems in affected children will have a very positive effect on the behavioral problems. Of particular note, he mentioned how certain co-factors, such as atopic disease (especially milk allergy), mercury (which impairs the antiviral T-cell response), and vaccines keep arising in previously healthy children who suffer autism and inflammatory bowel disease. His suggestion for a proper warning on vaccine package inserts: "Let's do the science so we know what the hell is going on." The truth of these words resounded as many of us well understood the endless denials of vaccine risks while the science has not been done.

Stanley Kops, JD, discussed how his research confirmed that SV-40 contaminated vaccines were used until 1963. Recall the vaccines were known to be contaminated for a few years before a regulation was put in place to assure SV-40-free vaccines by 1961. The documents demonstrating that contaminated vaccines were knowingly sold after that time were obtained by Kops during litigation against Lederle. The company never tested to see whether the SV-40 neutralization process worked; they never tested for neurovirulence or extraneous organisms. Kops stated that the seed stocks used were contaminated and that all subsequent stocks stemming from these were similarly contaminated. The result, of course, is that people were unwittingly,

and unnecessarily exposed to this slow virus that can result in brain, bone and lung cancers and non-Hodgkins lymphoma. Time and again people ask me whether I really think that pharmaceutical companies would really knowingly do something that is harmful, or whether health authorities would recommend something harmful. This is not a matter of my opinion, or anyone else's, the evidence speaks for itself.

Barbara Loe Fisher, in her keynote address, presented one of the best, most thorough, speeches on vaccination I have heard. She discussed the personal tragedy of her son's adverse vaccine reaction and subsequent brain injury that introduced her to vaccine damage issues and she also presented compelling arguments against the utilitarian (greatest good) ethic that stands behind mass vaccination mandates and denies the right of the individual to protect his or her health. One statement that had everyone in the room vigorously applauding was that "Doctors who do not report adverse events should lose their right to administer vaccines." As it stands, even where mandatory adverse event reporting exists, there are no repercussions if an adverse event is not reported. What good are such regulations if they are not enforced?

Following is extrapolated from Barbara Loe Fisher's presentation:

Barbara's plea has been heard for many years now – a plea for basic science research on the cellular and molecular level into the biological mechanisms of vaccine induced injury without which it is impossible to prove what is and is not vaccine induced. This absence of rigorous, honest scientific evaluation, allows the "coincidence" assumption to continue to be used whenever children suffer adverse reactions and are injured or killed by vaccines. This absence of basic science research enables doctors, health officials and government to maintain the status quo which holds, that the bene-

fits of vaccines always outweigh the risks and that vaccine injuries are a myth. "Without these fundamental, basic studies, claims of vaccine safety are fraudulent and dangerous" says Fisher.

For many years, Barbara Loe Fisher and others in the vaccine risk awareness risk movement have said that, "The only way to scientifically prove that the use of multiple vaccines does not significantly contribute to the incidence of chronic disease such as autism, asthma, learning disabilities, diabetes, is to conduct methodologically sound, rigorously controlled large, long term studies comparing groups of highly vaccinated, lesser vaccinated, and completely unvaccinated children, and measure for all morbidity and mortality outcomes, including pathological changes in immune and brain function in the individual children participating during the entire course of the study, and I think measuring for genetic change is also important, especially as a third generation of highly vaccinated populations is about to be born. "

Barbara Loe Fisher emphasized the enormous struggle we face in grappling with the impact of mass vaccination policies on children's health, given the ruthless power politics that dominate science and medicine today. Fundamentally, we need to ask what the future holds, given the explosion of neuroimmune diseases unfolding concurrently with ever expanding vaccine agendas?

There is a possibility that eliminating all infection in childhood may make us more vulnerable to sickness later on in life. This idea is challenging the centuries old assumption by medical science, that the benefits of vaccines always outweigh their risks. Mass vaccination programs remove permanent cell-mediated immunity to many infectious diseases from the human population, and replace it with temporary vaccine induced immunity.

She asks “are we creating super bugs capable of evading that temporary, vaccine induced immunity? This is a possibility well worth considering in conjunction with the mounting evidence that the Hygiene Hypothesis is correct, and that the elimination of all infection in childhood is contributing to autoimmune allergic disease later in life.”

Unknown is the extent of the real and theoretical risks of multiple vaccination on both individual and public health, both in the short and long term. This unknown includes the potential for vaccines to damage and alter the human gene pool, and the possibility that pressure being placed on infectious microorganisms by vaccines, are causing them to evolve into more virulent forms. A large part of the struggle is getting honest scientific research done to answer the most pressing questions about vaccine safety and to find ways to protect basic human rights and ethical values that are currently violated by the medico/political systems that imperiously view the sacrifice of a few as necessary to maintain the sanctity of mass vaccination policies.

Throughout her keynote speech, Barbara Fisher referred to the danger of “apriori assumptions” in science and specifically as it applies to vaccination. Webster’s dictionary defines “a priori” as something that is “based on theory, instead of experience”, an idea or concept that is “presumptive without, or before examination.” Without the rigorous science in place to prove that mass vaccination programs are safe and not contributing to the explosion of neuroimmune and autoimmune disorders, the much touted reassurances of safety are theoretical, and NOT factual. One could take this to mean that mass vaccination is actually mass medical experimentation with potentially disastrous consequences for the human race.

Barbara Fisher discussed the damage control doctors are being urged to engage in with parents who are becoming increasingly anxious about vaccine safety. “Yes, parents are anxious about vaccines, but not because pediatricians don’t spin the “benefits outweigh the risks for every child” line well enough. Parents are anxious about vaccines today, because everybody either has a child, or knows somebody with a

will afflict more than 130 million Americans.”.

“What is happening to us?” asked Barbara. “That is nearly half our population! We are the most highly vaccinated population in the world. Why are so many vaccinated people not leading healthier lives, but instead trying to cope with crippled immune systems that leave them in constant pain, or attempting to navigate through life

.....
“our children have become the walking wounded”
.....

child, relative or friend, who got really sick after being vaccinated and was left with learning disabilities or ADHD, autism or asthma, convulsions or Guillain Barre syndrome, irritable bowel disease or arthritis, thrombocytopenia or thyroid disease, or some other kind of chronic immune system or brain problem.”

“Parents are anxious because they have done what their doctors told them to do, and have given their children all these vaccines, and now many of these same children are stuck on sick.....our children have become the walking wounded, filling up special education classrooms in schools around this country, in numbers that are so staggering, there is no way to estimate the price that will be paid by generations to come.”

Giving an example of the proverbial ‘writing on the wall’ as we witness the collapse of children’s health today, Barbara quoted a well known senator from New York who recently wrote a letter to the New York Times, “Today chronic diseases, including autism, cancer, asthma, Parkinsons disease, Alzheimers, and diabetes strike more than a third of our population and cost citizens in our country more than \$325 billion dollars a year, and by 2020, these cost will climb to almost \$1 trillion dollars and these diseases

with brains that cannot respond the way the human brain should?”

Said Fisher, “The larger scientific question hanging over the head of every drug company executive, public health official and doctor doggedly touting the benefits of our children using more and more vaccines is this. Is the atypical introduction of lab altered viruses and bacteria and repeated manipulation of the developing immune system in early childhood with multiple vaccines, causing more and more children to become chronically ill, disabled adults?” Concurrent with the doubling of vaccine doses children received two decades ago, children have experienced a doubling of learning disabilities, ADHA and asthma, a tripling of diabetes, and a 200-600% increase in autism in every state.

Barbara Fisher discussed the role of genetic vulnerability in the explosion of neurodevelopmental disorders. “Many biological responses are at least partially under genetic control. If for example, average responses to vaccination are tied to the genes responsible for predisposition to autoimmunity and immune mediated neurological dysfunction, then it is possible that the addition of more and more doses of vaccine to the routine schedule of

the past two decades have affected more and more children with that genetic predisposition. With simultaneous injection of multiple vaccines, there may be a cumulative risk for vaccine induced immune and brain dysfunction in genetically vulnerable children. The pool of genetically susceptible children has not changed, but the environmental triggers have increased.”

Health officials argue that for the “greater good”, all individuals must share equally in the risk taking to protect the community at large.

“However, the as yet largely unidentified genetic factors involved in vaccine injury and death, means that vaccine risks are not being shared equally by all. Therefore, forced vaccination, and the achievement of a 100% vaccination rate is a defacto selection and sacrifice of the genetically vulnerable.” Without assessment and identification of the genetically vulnerable members of society, mass multiple vaccinations is a deadly game of Russian roulette.

Fisher points out that the “greater good” argument demands that parents should be willing to risk their children’s lives on the “alter of one size fits all national vaccine policy”, and can be traced back to a 19th century philosophical rationale known as ‘utilitarianism’, “which maintains that an action is ethical if it results in the greatest happiness for the greatest number of people, and so the wellbeing of a minority of individuals can be sacrificed for the wellbeing of the majority.”

This idea of sacrificing a minority of people to benefit the majority was finally discredited as “inherently immoral” during the Nuremberg trials after world war two which exposed the hideous medical experiments, including vaccine experiments that maimed and killed hundreds of thousands of people, using the utilitarian rationale as justification.

Barbara quoted Yale Law Professor, physician and ethicist, J. Katz who said of the Nuremberg trials, “If not explicitly, then at least implicitly, commanded that the protection of the advancement of science bow to a higher principle - **protection of individual inviolability. The rights of individuals to thoroughgoing self determination and autonomy must come first. Scientific advances may be impeded, perhaps even become impossible at times, but this is a price worth paying.**”

Barbara spoke about a new modernized version of the old utilitarian argument known as the “Tragedy of the Commons” which is being used to force vaccination and the suspension of Informed Consent rights of individuals, and is attacking individual’s right to religious exemptions. It’s core idea is that “traditional western moral values and monotheistic religious beliefs must be discarded in order to subjugate the happiness or wellbeing of individual human beings to the well being of the earth’s biosystem.”

She explains, “For those elitists who have appropriated for themselves the power to force other people to take vaccine risks without their informed consent, the argument that individuals who choose not to get vaccinated are selfish, unpatriotic and dangerous because they contribute to causing a “tragedy of the commons”, is a powerful argument” which no one is questioning.

“The “greater good” or “tragedy of the commons” argument which defines moral truth and ethical behavior in biological, statistical and economic terms is fatally compromised by religious beliefs, which define moral truth and ethical behavior in spiritual terms, as a matter of individual conscience, guided by a higher authority.”

“What we have here is the centuries old power struggle between those who believe that science, math and the human intellect can quantify moral

truth, and should define and dictate ethical behavior, and those who believe that moral truth and ethical behavior is defined and dictated to individuals by a higher authority through scripture, spiritual revelation and free exercise of conscience.”

“The viability of the “greater good”, or “tragedy of the commons” argument which depends on belief in, and obedience to a social structure and system of ethics created by man, is threatened by those individuals who choose to obey their conscience and the guidance they receive from God, rather than obey a secular law that conflicts with their conscientiously and deeply held spiritual beliefs.” In the U.S., the great legal threat inherent in eliminating religious exemption to vaccines is that the free exercise of religion is protected under the Constitution, whereas personal or parental choice is not.”

“Interestingly, if it is ever eventually revealed that mass vaccination policies have resulted in a compromising of the long term biological integrity of significant segments within the human population, or have pressured infectious microorganisms to evolve into more virulent forms, then those who use the “greater good”, and “tragedy of the commons” argument to force vaccinations, have violated their own moral premise. Perhaps it is fear of that possibility that makes them so devoted to the “coincidence” argument, and unwilling to do meaningful research into the biological mechanisms of vaccine injury and death. The truth you don’t know, whether scientific or moral, is the truth you don’t have to face.”

Reference:

This Day (Lagos)

Polio: Kano Residents Shun Immunization
<http://allafrica.com/stories/200210110048.html>

to other jurisdictions beyond American borders in the wake of broad liability immunities granted the pharmaceutical industry is not difficult to imagine.

It sends out a signal that these elite multinational entities are untouchable, that they are above and beyond any reasonable human law, regardless of the destruction they wreak in their insatiable quest for profits and power. There is great relevance in recognizing that the death knell being sounded to basic human rights and freedoms in America today, is a "desolating pestilence" that threatens to pollute the rest of the world, and impose unchecked corporate power wielding its domination over all aspects of society.

The new legislation forebodes a frightening stampede over democratic principles, creating the third largest agency in the U.S. government with unchecked surveillance powers over citizens, warrantless arrests and detentions. Says NVIC President, Barbara Loe Fisher, "This bill is a violation of freedom in the name of protecting freedom.....the language in this bill hands over unprecedented power to federal employees and does not preclude allowing them to use the military to strip citizens of informed consent rights and force them to risk their lives with highly reactive vaccines, such as the smallpox vaccine, that will injure or kill thousands of Americans if used on a mass basis," There are no guarantees for religious, medical or conscientious exemptions from forced vaccination and no provisions for humane quarantine laws in the event of smallpox outbreaks.

Riding along on legislation to create the new federal Department of Homeland Security is a White House-backed provision that could head off huge numbers of lawsuits against Eli Lilly and other pharmaceutical giants, setting precedents that will impact on vaccine litigation elsewhere, beyond U.S. borders. The provision diverts a

potential tidal wave of vaccine injury claims that could rival lawsuits filed over asbestos. It forces thimerosal lawsuits, into a special "vaccine court", and may result in the dismissal of thousands of cases filed by parents who contend that mercury containing preservative has poisoned their children, causing autism and other neurological ailments. Says California Congressional Representative, Henry Waxman, "It now seems apparent the administration's priority has been legislation that protects manufacturers but not injured people."

As the Senate prepared to cast its final vote, American vaccine awareness activists worked feverishly urging their Senators to delete the clauses that would literally "immunize" pharmaceutical companies from law suits being launched by vaccine injured families. It was a courageous effort that captured international attention, but at the end of the day when the Senate narrowly approved the new legislation, there was a sickening realization that we may be witnessing the final nail being driven into the coffin of American democratic freedoms.

In an unprecedented move to protect toxic ingredients in drugs & biological products such as vaccines, the bill redefines the meaning of the word "adulterated" and under this change, no vaccine could be considered adulterated or contaminated if an ingredient has been approved by the FDA and is listed on the product label, **even if that ingredient is dangerous and the manufacturer is willfully negligent in using it**, as in the case of Eli Lilly, who for many decades, marketed thimerosal, the mercury containing neurotoxic vaccine preservative, which has now been identified as a plausible cause of thousands of cases of brain injury causing autism in children.

"It is a sad state of affairs when the Congress and the White House conspire to benefit a pharmaceutical giant at the expense of injured children and

families whose lives have been shattered by corporate wrongdoing," said Lyn Redwood, RN, president of Safe Minds and the parent of a child who developed multiple disabilities after receiving 125 times the government-recommended exposure to mercury in vaccines. "Eli Lilly has been allowed to exploit a national threat to America to further their own agenda."

Furthermore, says Redwood, "Instead of providing immunity, Congress should be passing legislation investigating why the Food & Drug Administration and American public were misled by Eli Lilly into believing that their product was safe--when company documents paint a completely different picture," www.safeminds.org

In a radio interview broadcast after the Senate vote, Dr. Len Horowitz, a leading voices for increased public scrutiny of the pharmaceutical sector, warned: "This legislation not only impacts the victims of mercury poisoning, but equally guarantees that other ongoing class action lawsuits, such as those waged on behalf of polio vaccine recipients who developed cancer from monkey virus contaminations, will have no legal recourse."

The enormity of the Homeland Security legislation, and impact on its citizens imposes mechanisms which threaten to dismantle the normal democratic freedoms and Constitutional rights Americans have enjoyed for more than two hundred years. In his scathing article 'Vaccine Nation', journalist Stephen Marshall says, "What emerges is the troubling scenario of a federal government which has deliberately and callously chosen to propel the interests of a potentially criminally negligent corporate sector onto the very people it has been elected to protect. Leaving us, it seems, with the now ubiquitous question: for whose interests are they securing the homeland and at what cost to

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the freedom of its citizenry?" (1)

Reporter Randolph T. Holhut puts it even more grimly - "The American Police State is now complete - quite simply, put the Patriot Act together with the Homeland Security Act and what you get is the foundation for the creation of the modern equivalent of the Gestapo or KGB." (2)

Political analysts are pointing to the financial ties between the Bush administration and the pharma industry. The most generous campaign donor is Eli Lilly, who contributed \$1.6 million would have had the most to lose without the new liability protections--having developed and generously profited from the sales of thimerosal for over 40 years, during which time it marketed the mercury based vaccine preservative as a 'safe, non-toxic' ingredient. Dozens of law suits and class actions have been filed against Eli Lilly alleging that it covered up knowledge of the highly toxic nerve poison they sold as a vaccine ingredient which was injected into millions of infants for decades

While the pharmaceutical and health products industry gave about \$20 million to this year's political campaigns - top donors include Eli Lilly, Bristol-Myers Squibb, Pfizer and GlaxoSmithKline, the totals actually understate the pharma industry's influence in Washington. In the last six years, according to Public Citizen, the group founded by Ralph Nader, the industry has spent close to \$500 million on lobbying, including 600 lobbyists of whom about two dozen are former members of Congress.

"The industry has seized the opportunity presented by a Republican House and Senate to immediately pass legislation to get the industry off the hook," said Dallas lawyer Andrew Waters, whose law firm uncovered Eli Lilly's coverup of thimerosal toxicity. "To me, it looks like payback for the fact that the industry spent millions

bankrolling Republican campaigns."

A cursory look at revolving door policies and incestuous interlocking directorships entangling the Bush administration with the pharma industry reveals that Mitch Daniels, the White House budget director, is a former Eli Lilly top executive, and astoundingly, just last June President Bush appointed Eli Lilly's chairman, president and C.E.O., Sidney Taurel, to a coveted seat on the president's Homeland Security Advisory Council, an elite group who advise the President on homeland security matters. In 1977, George Bush Sr. was made a director of Eli Lilly, a position that was offered to him by former Vice President Dan Quayle's father, who then owned a controlling interest in the company.

Stephen Marshal, journalist and founder of Guerilla Network News, observes that "The legacy of the Bush family's ties to U.S. pharmaceutical interests and, specifically, Eli Lilly, is an exhaustive subject of research itself. Suffice it to say, there is ample evidence for us to understand the current Bush Administration's desire to provide sanctuary for the company from its ever increasing number of alleged victims." (1)

Lawyers for the Bush Administration are now requesting that all vaccination records be "sealed" so that damaging evidence can't be revealed to the public, making it even harder for families to prove cases against thimerosal damage and will protect the drug companies even further. Jeff Kim, an attorney representing about 400 families of autistic children, accuses the government of trying to lower "a shroud of secrecy over these documents" in order to protect vaccine manufacturers, who he said are "the only entities" that would benefit if the documents are sealed.

The sweeping immunities granted Eli Lilly and the drug industry by Homeland goes deeper and broader

than the thimerosal/autism issue, and encompasses a much larger pool of "alleged victims" affected in terrifying ways by the popular mood/mind altering class of drugs known as 'serotonin re-uptake inhibitors' (SSRI), and prescribed for depression to millions of people, including children and teens. Prozac, also manufactured by Eli Lilly, and the first to be marketed in this class of drugs is linked to aggressive and violent behaviours, and a high rate of suicide, especially in women.

In her article, 'The Aftermath Of Prozac, Zoloft, Luvox, Fen-Phen, & Many Other Serotonergic Drugs', Dr. Ann Blake Tracy warns, "We have a high rate of use of these drugs nationwide. Raising serotonin and lowering the metabolism of serotonin in such a large number of people can produce very serious, widespread and long term problems for all of society." (3)

"The world needs to be educated as fast as possible about the adverse effects of these drugs", says Dr. Tracy, a specialist in adverse reactions to serotonergic medications. She is also the Executive Director of International Coalition for Drug Awareness and author of the book, 'Prozac: Panacea or Pandora? - Our Serotonin Nightmare'. She has catalogued a mindboggling list of violent crimes committed by people on SSRI drugs. The death toll has continued to climb drastically since she wrote her book. "The latest figures show Prozac has about 44,000 adverse reports filed with the FDA. Out of those reports there are about 2,500 deaths with the large majority of them linked to suicide or violence."

Investigative journalist Phyllis Schalfly reports that "Many high school shootings have been linked to prescribed mind-altering drugs. Oregon high school killer Kip Kinkel had been given Ritalin and Prozac, Columbine killer Eric Harris had taken another psychotropic drug, Georgia

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high school student T.J. Solomon had been on Ritalin prior to his alleged shooting spree, and Oklahoma middle school student Seth Trickey was on two drugs described to have psychotic effects when he allegedly shot at four students. (4)

“We have witnessed no decrease in suicide, but increases in murder/suicide, suicide, domestic violence, manic-depression, MS, hypoglycemia, diabetes, bankruptcies, divorce, mothers (parents) killing children, road rage, school shootings, cancer, chronic fatigue syndrome, and fibromyalgia since these serotonergic drugs have become so popular and I relate it directly to the effects of these drugs” says Dr. Tracy.

After making \$2.9 billion on the drug, Eli Lilly's patent on Prozac expired this past summer, and it is now being marketed under a new trade name, Sarafem, which the FDA has approved for the treatment of PMDD (premenstrual distress disorder) known to most women as PMS. Despite bitter opposition by feminist groups, the drug giant has launched a deceitful campaign, positioning itself as the company that really listens to the needs of women and is there to help you be more like the woman you really are. How many women will take Sarafem (Prozac) - renamed, repackaged and now recommended for PMS related problems only to find themselves joining the ever increasing numbers of SSRI victims?

And how does this all tie in with vaccines you might be thinking? By entrusting the so called health care of our babies from birth to a medical system dominated and controlled by ruthless and unethical drug companies, our children become sacrificial lambs at the altar of modern disease oriented medicine. Dr. Robert Mendelsohn, MD, warned parents about the so called “well baby” visits, calling them nothing more than the opportunity to

hook the child into a “cradle to grave” dependency on drug oriented medicine, **that starts with vaccinations.**

There is no rigorous science proving it is safe to inject multiple vaccines into newborns and two month old infants. It's just something they started doing many years ago because it was convenient. And because of the absence of studies proving it is safe, it is easy for the medical profession to maintain its vigorous denial that the myriad of health problems following vaccination, from ear infections to allergies, autoimmune diseases, nervous system disorders, and the whole range of autism spectrum disorders, including learning disabilities, behaviour disorders and ADHD, estimated to afflict 1 in 150 North American children today, is rooted in this unproven, unsafe, and reckless practice.

The solution? More drugs - be it repeat courses of antibiotics or the various steroid based drugs to treat asthma, allergies immune disorders, or the psychotropic drugs like Ritalin and SSRI's to alter and control undesirable behaviours.

Millions of children and young people on this continent are on psychotropic drugs and the number is increasing alarmingly. A 1995 Drug Enforcement Administration report, reveals that “methylphenidate [the key ingredient in Ritalin] is a central nervous system stimulant and shares many of the pharmacological effects of amphetamine, methamphetamine, and cocaine.” In an informal investigation, Dr. Eric Heiligenstein found that “one in five college students on Ritalin are upping their doses or otherwise misusing their prescriptions. Some even crush and snort Ritalin as a substitute for cocaine.” (4)

According to Dr. Harris Coulter, PhD, the multiple vaccines being injected into the vast majority of children today is THE major cause of encephalitis (brain inflammation),

which leads to brain damage of varying degrees. He maintains that this “post encephalitic syndrome” damages the central nervous system and is at the root of the terrible dysfunction that grips the young child population today. “Every day this program (vaccinations) continues, hundreds of normal healthy babies are turned into defective goods: mentally retarded, blind, deaf, autistic, epileptic, learning disabled, emotionally unstable.....poor victims unable to reason, integrate perceptions or interpret their experiences in a normal way.” (6)

Vaccines can trick the child's immune system into launching an autoimmune attack on its own nervous system, described by Dr. Vijendra Singh (Utah State University) who has found a strong association between the MMR vaccine and an auto-immune reaction thought to play a role in autism. He has argued for years that autism can be traced to an autoimmune reaction centred on the brain, and found that more than 90% of the autistic samples which showed an immune response to MMR were also positive for antibodies thought to be involved in autism. **These antibodies attack the brain by targeting the basic building blocks of myelin, the insulating sheath that covers and protects nerve fibres.** (5)

And herein lies the underlying thread of association which begs to be understood - and which urgently needs to be revealed to society at large, so that the big picture of what has happened to our collective health and is a primary cause of the precipitous decline in child health, can be understood and acted upon..

Almost every child in our society is repeatedly vaccinated with more and more vaccines, with a willful blindness by the medical establishment to the horrendous damage being caused. And our children are collapsing under the

assault. We then try to patch up their varying degrees of brain and immune system damage with yet more drugs – and so the downward spiral continues. Any hope for recovery will hinge on us having the fortitude and the courage to shake off and to reject this dominant vaccine/drug paradigm.

Stephen Marshall's words urge us to rally to the defense our most basic human rights - "If this Administration is allowed to progress, unchallenged, with this new assault on the human right to consensual medical treatment, we will have fallen to the status of guinea pigs... defenseless before the poking and prodding by State practitioners with all manner of biological technologies. If ever there was an issue that should congeal the masses around the protestation of this ever-advancing assault on our civil liberties, it should form as the last barrier to that last border - Our skin." (1)

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OUR FAMILY'S NIGHTMARE

This is an account of how the Massachusetts Department of Social Services, with the support of certain physicians, took away our two children without good reason, creating a nightmare that has grown worse for over five months. My husband, John, and I, are both saddened and outraged that "the system" has brought about such excruciating injustice and injury upon our family.

Our son Jordan was born August 14, 1998, and our first daughter, Madison, was born November 7, 2000. From the start, Madison had health problems: she seemed not to thrive, manifested on-going diarrhea, and had other puzzling symptoms. About a month after her birth, she was diagnosed with a hereditary type of anemia in which the red blood cell is mis-shaped due to a defect in one of the proteins which makes up the outer surface of the red blood cell. As a result, these cells are destroyed more rapidly than usual in the blood-filtering organ, the spleen.)

Despite the diagnosis of anemia, Madison was given her routine vaccinations at her 2-month check-up. Following the shots, her condition continued to weaken. I called the pediatrician and asked if this was normal. I was told that it was. But within about a week of her shots she stopped breathing and was unable to be revived due to severe brain trauma. She was taken off life support after organ transplant surgery in January 2001. In retrospect, I wonder: Why would Madison's doctors vaccinate a child that was so obviously ill?

Upon finding out I was pregnant in August 2001, John and I began to worry as we thought about a possible genetic problem within our family. In addition to what had happened to Madison, another child in our family was diagnosed with aplastic anemia

requiring bone marrow transplant. As well, other family members also have immune system issues.

I therefore began genetic counseling and had a level two ultrasound three separate times to observe the baby and we mapped out our family's genetic history on both sides. As well, we were told that there was indeed a risk of this baby getting hereditary spherocytosis. To our relief, all the pre-natal tests appeared to be fine to that point, and we looked forward to the birth of our daughter.

Emma was born by planned C-Section on March 11, 2002, around 12 days before her due date. She weighed 7 pounds 10 ounces and appeared in great health. I adamantly declined the routine Hep B vaccination in my concern for her safety. I did not plan to allow her to be vaccinated at all until I felt that she was completely healthy and normal.

She was given a complete blood work up to check specifically for any signs of anemia or blood cell disorders and the results were normal. I also had the doctor run a 24-hour apnea test which indeed showed a problem: her breathing paused several times and her heart rate declined. Emma was hooked up to a breathing monitor and stayed in the special care nursery a few more days.

After Emma was home with us, the monitor went off several times for high heartbeat due to her crying. At her first visit to the pediatrician for her check up, I again declined the vaccinations. I was told that she would get behind and have to make them up later. I was informed of the "risks" of not vaccinating and given brochures to read.

When Emma was about two months old, she developed a slight cold. Her nose was congested and she had a hard time breathing through it. I called the

pediatrician's office to make an appointment for her, and it was decided to move up her "Two Month Check-Up" to May 16 and combine that with her sick visit. At her check-up I was told that she was in perfect health, thriving wonderfully. Not to worry about the cold symptoms.

Again I was told she needed to have her vaccinations and that I had nothing to worry about because she was so healthy, unlike the condition of Madison at that age who was very pale and constantly tired. My maternal instincts were still tugging at me and I felt strongly against vaccinating her – feeling it was a danger to my child. The doctor insisted though, saying I was putting her at risk by not vaccinating her. Reluctantly I agreed but felt I was pushed into trusting the doctor's expertise over my own instincts.

Against my better judgment, Emma received 4 vaccinations containing 6 vaccines - DTP, HIB, pneumococcal, and polio. One of the shots on her leg was aggravated; she cried and didn't eat as much for the next two days, and seemed fussier than usual.

On Saturday evening May 18, three family members came for dinner, and we noticed that her arms were twitching and I became very troubled. I called the doctor's office immediately and was told to bring her to the hospital right away. We rushed her to the ER and her twitching became increasingly worse when they laid her on a table. She was given a dose of Adivan and blood work was done, which showed that she was more anemic than usual for a baby her age. They also did a brain scan, which we were told was normal - no signs of brain damage. She was given another dose of Adivan and they unsuccessfully attempted a spinal tap. She was then rushed to a major medical center by ambulance.

We arrived there around 11 PM

where the on-call neurologist met us. Emma was given another dose of Adivan but her seizures were becoming more and more severe. Over the course of the next few days the seizures worsened and change from twitching to a full seizure event with the pattern of her staring blankly for moments and then starting to seize.

Over the next several days we anxiously waited for the doctors to find the right medicine to control the seizures. They finally put her on Phenobarbital, which controlled the seizures long enough for her to have an MRI which now showed brain damage but they could not explain where or how severe, except that she had apparently lost her vision. We were told that there was no hemorrhaging behind her eyes (a sign of oxygen loss or shaken baby syndrome) but at this point she was blind. They could not tell us what kind of recovery to expect. After going through the ordeal with losing Madison I felt as though I were sleep walking through another nightmare

Several times my husband and I expressed our concerns that the vaccinations caused her injuries. We were basically ignored by the doctors and told that her injury in their opinion was a result from loss of oxygen. To us this seemed impossible since she was with us constantly from when she had the shots to the day she started having seizures. Her monitor never went off and we would have known if our daughter had turned blue or lost consciousness.

We were questioned by the doctors of the events leading up to the night we brought her to the ER. They increasingly seemed to be pushing us to state a time that she lost oxygen at home, but we did not because we both knew she did not lose oxygen or consciousness at home. Family members who were present that night when she started the seizures can verify that she never appeared to be at a loss for oxy-

gen or pale or blue. She was attentive and awake but it was very noticeable that she was having a twitching problem.

The head neurologist for Emma was Dr. R and it wasn't until she came onto the rotation a week later that things fell apart. Where previously the staff had been sympathetic and supportive, they now became noticeably cold and formal. Unsatisfied with the medical team's conclusions, Dr. R had the hospital social worker contact the Department of Social Services..

On the evening of May 29, as we prepared to go home with Jordan for our first night home as a family, a DSS investigator came into the hospital with 2 state police workers and explained that a 51-A had been filed and they were going to take immediate custody of both our children. I watched in a state of shock, confusion and horror as they took Jordan away from me and out of the hospital, not even letting him take his blankie or say goodbye. They told us that they could not reveal where they were taking Jordan to spend the night or with whom. It was terrifying for our 3 year old son to be taken away from us by strangers and suddenly placed with complete strangers to sleep in a strange place with none of his things from home. Equally shocking was that they hid Emma in another room and did not allow us to say goodbye to her while we collected our things from the hospital room.

The 51-A filed against us states that there is an allegation of abuse or neglect by either John or myself, or an unknown perpetrator that caused loss of oxygen in Emma. There were additional allegations that we had left our son Jordan alone in the hospital bathtub which was a total lie as my husband had brought a chair and book into the bathroom to be with him. These false accusations are also in the report against us.

We were told to report to the DSS main office the next morning, and that we would have a chance to see Jordan. We arrived there, exhausted and heartbroken, only to be interrogated by the police again. We were hardly prepared nor were we notified that this would happen. At that point we had not been appointed lawyers and the interrogation took place at the time we had expected to be seeing Jordan. The police questioned John and me separately, trying to coax us into admitting neglect or into blaming our spouse for somehow killing Madison and attempting to smother Emma.

We were humiliated to find out that the grief counselor we had been seeing since Madison's death had also disclosed our most private thoughts and issues, which were now publicly being shared while these people worked to find something to use against us. The police continued to question us about the details of our life history, looking for statements to somehow build their phony case. Adding this interrogation to the eleven days of watching Emma in the hospital was emotionally exhausting in the extreme.

In another meeting with DSS, the police and doctors on May 31, I confronted Dr. R and asked her to tell me if there was even a 1% chance that Emma's injuries were caused by something else such as the seizures. She avoided my question and answered that in her opinion Emma "lost oxygen and that caused the seizures". I told her I was asking because I wanted to know if there was ANY chance that she was mistaken and she once again avoided answering my question and replied with the same answer. I asked her a third time the same question and she got offended and told me she was not the one being interrogated here. I told her that I was simply asking her to answer if there was any chance that Emma did not lose oxygen and that the vaccinations could have been

responsible. Again evaded the question and repeated her first answer.

At this same meeting, we were told by the doctors, police, and DSS that they did not believe "Lightening Strikes Twice", indicating that because we lost one child we must have deliberately harmed our children. They even said they were looking into Jordan's Sensory Integration Dysfunction to see if that could have been caused by loss of oxygen.

Nevertheless, some time after May 31, my own doctor, Dr. YZ told me that lightening does strike twice and he strongly disagreed with the doctors at the hospital. I also spoke to a vaccination specialist in New York who has testified in court on vaccine injuries. From the medical information I gave him, he strongly agreed that Emma's injuries were a classic DTP reaction and that even if she lost oxygen that doesn't mean we did anything wrong. **He stated that seizures quite commonly cause loss of oxygen.** He was personally outraged when I told him our story. He is waiting to see the medical records from the hospital when he returns from sabbatical.

Our first appearance before a judge was scheduled for June 5. We were assigned court appointed lawyers but were not given their names or phone numbers until late in THE DAY BEFORE the court date. As they had no time to prepare our defense, we were forced to sign a stipulation allowing the Massachusetts DSS to retain custody until our lawyers could properly prepare. For whatever reason, the judge adjourned the case until September! A summer without our children and no real hearing!

DSS has stated to our state appointed lawyers that they have no evidence of neglect or abuse. All they have are their own suspicions which by law gives them the right to take custody of our children regardless of how much it is deeply affecting the children to be away from their parents.

We went to court on September 5 for the preliminary date, which was continued to the following week. It was then that it was revealed that DSS had gone ahead and vaccinated Emma on July 16th for her second round of shots and had kept the information from us. Meanwhile, our continued preliminary court date was again set further ahead to November 21st! And our lawyers tell us not to expect to get our children back at that this hearing!

After the initial June 5 court date, we were allowed to visit Emma in the hospital for only about 30 minutes at a time. On a number of occasions we, and other family members found Emma unattended, without the apnea monitor on. This seemed very odd since the doctors were so adamant in saying that her injuries were from lack of oxygen.

Jordan spent the night of May 29 in a foster home, unknown to us. The next day, my mother was given foster care responsibility for him. While I am grateful that he is not in a stranger's home, the enforced separation from his mother, father, and sister—away from his own home—over these last five months, has caused him great suffering and has been damaging to his emotional and mental health.

We are allowed to see him supervised 12 hours a week and he only sees his sister one-hour a week. He does not understand what has happened and why he can't come home. In this time he has gone from a happy outgoing child to an angry depressed little boy. Jordan has anxiety attacks whenever we say goodbye to him to the point of vomiting and hyperventilating. He cannot comprehend that Mama and Dada have no control over him living apart from us. I have no say in his medical care or any involvement in his education or the decisions that are made about his well-being. He was recently brought to Salem Hospital by

DSS to be tested for all different problems, mainly ADHD, and no one from my family, not even my mother, was allowed to go with him.

Emma was released from the hospital into foster care mid June. Since then, she has been placed in at least two foster homes that we know about. Much to my horror, I found out that Emma was vaccinated on July 16, under DSS orders and while in the care of a foster home. After that there were 4 different episodes in which her breathing stopped for 20 seconds. We were never informed that our daughter stopped breathing; we found out from reading the investigator's report. Despite this report, apparently DSS workers told our attorneys that Emma suffered no adverse effects from these shots. But how can they say that? They certainly did not do any before and after brain studies. And what more behavior change would one expect from an already brain damaged child?

The state again vaccinated her on October 3 for her third set of shots! Obviously, neither DSS nor their medical people believed in following a conservative and prudent course, but rather proceeded recklessly, endangering her further. Emma is now over 7 months old and is still blind. We don't know the extent of the brain damage and how she will ever recover. I am very distraught that she was vaccinated on two occasions in the few months under DSS custody, and that I was not even informed.

Emma now has acid reflux and is seeing a GI specialist. I found this out months after she was diagnosed with it, only after I read it in the court investigator's report. I was very upset that I was not even informed that she was being medicated for that problem. We believe strongly that Emma's health and safety is continually in jeopardy. We are powerless to change what we see happening under DSS

rules, and we are subtly threatened not to make waves about what we do see and hear.

In early August, my mother took Jordan for a sick visit to the pediatrician (same one who vaccinated Emma). At that time she offered to show him some information on vaccination reactions that we had researched. His response was to decline and indicate that he knew all he needed to about vaccinations. And then, while Jordan stood right there listening, he added that Emma's brain damage was caused by lack of oxygen due to other causes. He said this while placing his hand over his own mouth and nose to demonstrate his point: she was smothered.

My husband is angry to think that a pediatrician would basically tell a child that his mother or father are killers. Is it any wonder that my mother can document the growing darkness that Jordan feels?

We are allowed to see Emma for 3-5 hours a month while supervised by a DSS worker. Our brief visits have been cancelled numerous times, because of an inconvenience on the part of DSS. One missed visit makes all the difference in the world when you only see your child 60-90 minutes a week.

Around the end of the summer, Emma was once again transferred to a different foster home because the existing family did not want to continue "long term" and the new home was medically approved by DSS. We are still confused by that; it implies that the first family was not medically approved. During our first three visits with Emma, after she was transferred to this new foster home of CM, she cried non-stop as if in pain. It has been very stressful to not be able to comfort her in the short time we have with her. She was also crying when CM brought Emma to the district DSS office for the family visit on September 18. She told my mother that Emma

cries all the time, "the little witch." [Did she think our family would think that humorous?]

As a mother, I cannot describe how tragic and heart breaking it is to lose a child. Madison was so special that no words can tell how much we long to have her back. Since the loss of Madison I became hypersensitive about Jordan's safety, holding his hand tighter when we walked down the street, and double checking the lock on his car door. My heightened concern about my children's safety is why I insisted on the genetic testing while I was pregnant with Emma and why I declined the vaccinations. After you lose someone as precious as your child, you go to great lengths to make sure it never happens again.

During this time of grief, my biggest comfort was my son Jordan and the new baby girl God blessed us with. Life started to begin again. Yet as soon as it did, it became gravely dark, when the most precious things in my life were stripped from me. I sit by with no control, watching my son sink into a world of despair because he cannot come home. My heart sobs without ever stopping as I cannot help and comfort my own children. My daughter does not know who I am because we have been starved of the bonding we so desperately need. When she cries I cannot console her as I could if she knew me. It rips the fibers of my soul apart to bear this time of loss with my children and to witness the devastating damage it has done to my family.

The suffering is heart wrenching and at times unbearable. Following Madison's death, we agreed to donate her organs because we hoped to prevent other parents from going through what we had gone through. Being accused of harming our children is a huge slap in the face, to say the least, because of how much time we had devoted to make sure that they were

entirely safe.

Neither my husband nor I sleep well at night as we deal with overwhelming anxiety and sorrow. The quietness in our home is at times so lonesome it is unbearable. Each day we face Jordan's empty room with all his toys and Emma's empty crib, which is still in our room, and are scornfully reminded of what we have lost.

Meanwhile, we live in continual fear that our baby is not safe living in the foster homes in which she has been placed. We fear she will have further reaction to the vaccinations they are giving her. We fear we will lose her. It has been 5 months since our children were kidnapped from us. It feels like an eternity. What keeps us going is our hope that our children will be home someday and our belief that God will somehow turn this travesty into something good.

Editor's note: Child protection authorities both in the U.S. and Canada are stepping up the persecution and false accusation of families whose babies have suffered injuries or death following vaccination. It has become the standard ploy – the cover for vaccine inflicted injuries. Parents seeking medical help for children traumatized by vaccine reactions will increasingly face the risk of loss of custody of their children while facing prosecution for child abuse.

For those wishing to reach out to this family, please contact Ruth & Richard Goutal who have formed a support circle to help this family cope with this monumental tragedy. Telephone- 978-526-1348 Email- rhoutal@shore.net

LETTERS

The following letter was sent to us On November 4/02, by Margo Laing, a Calgary area mother feeling outrage at the blatant chicken pox vaccine propaganda in her child's school

Letter to Ethics Commissioner (Alberta):

Dear Mr. Robert Clark,

My name is Margo Laing and I am the mother of a 10 year old child attending grade five. Our family does not participate in the vaccine programs for several reasons and up until now this has never posed a problem - other than the obvious questions. However...this changed drastically last week. The 'Chicken?' poster came out in the schools and I have never been so disgusted at the lengths the Health Region will go.

It became worse when one of my daughter's friends inadvertently asked my daughter - why aren't you getting the shot? Chicken? Thank God my daughter is well educated and level headed enough not to be bothered. However, if she had been upset by this abusive term caused by your organization, I would have blamed you directly. (Our schools are working very hard at trying to stop bullying and these bullying phrases).

It is 'unethical' enough that the propaganda and literature is allowed to be circulated in the schools without an opposite and very necessary view...as though vaccinations are mandated programs with absolutely no risks and even appearing to mandate shots such as HEP B - an utterly useless and dangerous shot with many side affects.

Some parents are not aware of the risks of vaccinations...the chemical brew being dumped into their children's bodies, or of research and studies supporting a 'no vaccination' stance. And indeed there is a very compelling stance. The 'vaccination infor-

mation' that arrived home was obscure - there was no 'real' information in it at all...which is even more disturbing...such as what are the symptoms, who are the high risk groups what about the fact that people recover.

According to the Canadian Medical Association's 1998 edition of the Immunization Guide...

"physicians/providers need to be aware of the incidence and nature of adverse reactions...parents AND their children should be informed about the risks of same..." I believe it means here as well...present all the facts!

The public health nurse in my daughter's school was poorly informed, and clearly uncomfortable with the question 'what are the risks...?'. We of course, are referring to the 'real risks' - not the 'You will experience some pain a swelling for a few days' risk. My family and I will not tolerate a vaccine campaign that does not clearly and fairly provide all those facts that are crucial to making an informed decision. We will certainly not tolerate a campaign that is blatantly abusive - aimed at 'daring' children to go ahead. The other side needs to be - and indeed has the right to be, heard. It is the ethical thing to do.

The issue for us is two-fold. Even if we did participate in vaccination programs...this poster was way out of line. You need to know that I will be sending this letter out to other interested and concerned parties - the poster is unfair, unethical, abusive, and bullying. And if my daughter had been in any way hurt by this atrocious campaign - your organization would have been dealing with a very angry mother bear.

Someone there owes my daughter an apology. In fact - extend one to all the grade five students who have been exposed to this poster...

Margo Laing

Letters cont. on page 18

Dear Editor – (The Globe & Mail)

A WHO/UNICEF/World Bank report featured by A. Picard, Nov 21st, berates developed countries such as Canada for withholding funds it says are needed to vaccinate kids in developing countries. The #1 problem for these kids is not lack of drugs, but lack of basic nutrition and hygiene; jabs to malnourished kids will only cause more problems. Recent reports from villagers to radio broadcaster Kihura Nkuba tell of WHO/UNICEF & government teams accompanied by military police giving live oral polio vaccines to their kids. The result was sickness, paralysis and death, the latter especially swift in the children with HIV. Is this why vaccines are so "cost-effective": no kids, no disease?

Susan Fletcher
VRAN member – Sechelt, B.C.

November 19/02

Ray Gallup is the founder and director of the Autism Autoimmunity Project and shares is private anguish with people on his list – it must be hell to have watched the Homeland thing go down and crush the hopes of thousands of families desperate for justice.

I would like to say something. Our family lives in quiet desperation with Eric (who is 17, over 6 feet tall, 150 pounds and very strong). Over the last few months, Eric has bitten me on the arm and hand breaking the skin, scratching me to the point that it bleeds and kicked me several times on the knees and below. Helen has been bitten on the scalp. We live in our own private hell as do thousands of parents with children with autismdamaged by the vaccines.

Michael Belkin and Alan Yurko and their families also suffer....they lost children and in Alan's case he is in prison because the SOB's accused him

of killing his child (who was killed by the vaccines). There are thousands of Ray Gallups, Michael Belkins and Alan Yurkos (and families).

I'm also fighting regarding the National Alliance for Autism Research (NAAR) who took money from Merck and has a scientific board member who is with the CDC. Cure Autism Now (CAN) has gotten money from Pfizer and Schering and maybe Merck. NAAR funded that Danish Study and CAN endorsed. Will the politicians and media pay attention?.....I doubt it.

Not only do we have to fight politicians and the media but the tentacles of the octopus extend to autism organizations (from the vaccine companies).

Ray Gallup

Dear Edda, October, 2002

My apologies about late membership dues – I think I'm a few years behind. Leanne is so labour intensive, I find many things are lapsing – contact with friends, my housework, my life. I don't think the doctors or the general public have any idea how much Leanne's vaccine damage affects every single aspect of my life and that of my family. I have a life that does not at all resemble "what should have been". Still life goes on and despite all the hardship I still love that little girl. So here's my membership dues.

I would like to join VRA-NOVAC, if I'm not signed up already. I did get a wonderful phone call from Christine Colebeck last spring and we talked for long time. Her son Carter is so very similar to Leanne in many ways. I instantly recognized her as someone who truly understands the dynamics of my situation and I felt more at peace – that feeling that comes from feeling supported by someone who really knows.

I was truly disgusted this past year to receive from the school this slip "Why Your Kids Should Get the Flu

Shot". So school principals are into spreading this pressure to vaccinate? Unbelievable! And such garbage to boot!!

Leanne is nine years old now. She presents many difficulties and challenging behaviours. I do a lot of reading to try and get an edge on how best to handle her. Much of the time things are pure chaos.

We rescued two cats. They had kittens. Leanne wouldn't leave them alone, day or night. We installed a lock on the basement door. Leanne was up each night in search of keys to unlock the door to get down to the basement to get at the cats & kittens. She'd press the automatic buttons on the key remotes and set our car horn off - not pleasing to the neighbours. So, we found nice homes for all the kittens and cats. My first mistake - because the result was her running in the streets, stealing people's cats.

I found a cat I'd never met before in my linen closet one night. For Leanne's safety (she was going inside people's houses to obtain cats), I went out and adopted two more cats – LARGE ones who could hold their own. The stealing stopped – but on April Fool's Day of this year, I had a massive asthma attack.. I had no history of asthma so I was sent for allergy tests. I'm allergic to cats! I can't have cats – I can't not have cats. I can't live with Leanne – yet I can't live without her. So I'm keeping Leanne and the cats, and taking medication.

I've taken on an asleep night shift job at a group home for people whose lives have been hugely altered by brain injury. With our pay cheques came this notice of mandatory flu vaccines for all staff (the people we serve have them forced on them too, and they are incapable of informed consent, or waiving them). Also this pamphlet from Aventis Pasteur advertising the flu vaccine, makes it look like getting the vaccine will make you feel

Christmas-like (there's a snowglobe containing one close family). I was disgusted!

As part of my orientation training for this job at Brain Injury, they sent us a public health nurse to cover various topics, including the company policy on flu vaccine. When she said there was really no good reason not to get this vaccine, I was quick to mention my reasons and just what the vaccine contains. She was not happy - in fact, from that point she kept making digs at me by starting her sentences with, "And for those of you who say you have a right to choose what goes into your body, blah blah blah"the guilt trip line. She was annoyed with me - that's for sure! And wouldn't you know, the next thing we have another staff saying "My wife was ill for months and months after a flu vaccine."

I enjoyed having my say and was amused by her angry digs. She looked a little low on class. I've signed my vaccine waiver and I'm ready to be suspended if need be during a possible flu outbreak. I hope it has good timing --maybe close to Christmas because I'm too new to be eligible for vacation yet. And the nurse said "For those of you who ride on herd immunity..." Hey - that will be me and I won't be apologizing!!!

Judy Williams
VRAN member - St. Catherines,
Ontario

Dear Editor, re:
(The Globe & Mail & Canadian Press
November 19, 2002)

I just wanted to thank you for putting Brian Claman's story on the front page of your paper yesterday Re: (give title of the story) Thanks also to Andre Picard for writing it. Sadly, it took a Bay Street executive to suffer a horrible "adverse reaction" to a vac-

cine for it to become front page news. I'm very glad that he is recovering.

Sadly, children have been suffering from such adverse events without recovering, or even dying with Canadian health officials seeming to take little notice. When I received, through the Access to Information Act, the adverse events reported for the 8 vaccine lots that my youngest child received, I had to manually count the almost 1,000 reports that included seizures, dysopnoae, speech disorder, allergic reaction, adenopathy, hypotonic-hyporesponsive episode, severe pain, swelling, screaming episode, persistent crying, severe vomiting and/or diarrhea, lethargy, fever, cyanosis, rashes, pneumonia, lymphocytosis, sterile abcess/nodule/necrosis, tachycardia, sepsis, vaso-vagal reaction, tremor, arthritis, cellulitis, bradyapnoea, delirium, reduced consciousness, shaking, somnolence, and ANAPHYLAXIS.

I will never, ever, be the same. One of the 5 in 1 vaccines that my child received was not given a license in the U.S. My eight year investigation into my child's anaphylaxis, where his immune system reacts with hypersensitivity to everyday foods like peanuts, eggs and nuts, led me straight to vaccinations. You can see the research at the Anaphylaxis Action web page below. The official line on, say, peanut anaphylaxis, is that "we don't know why there is an increase." The scientific data indicates that we should know why there is an increase because scientists use vaccine ingredients and adjuvants to create anaphylactic rats, mice and guinea pigs for medical research. It should follow that these same ingredients injected into children would do the same - create anaphylactic children. I have provided health and government officials with this information. They have done nothing.

That said, you placing that story on your front page gives me hope that the media and the public will force health officials and pharmaceutical companies

to clean up these vaccines. If your reporter would like to see copies of my child's adverse event information I would be happy to send them. They are the most shocking documents I have ever seen. And I cannot get any response from any health or government official regarding them. Thanks again.

Sincerely and with great appreciation,
Rita Hoffman, R.R. #2, Stirling,
Ontario
Anaphylaxis Action
http://www.vran.org/vaccine/vaccine_a_na.asp

"Injustice anywhere, is a threat to justice everywhere"
- Doctor Martin Luther King Jr.

Dear VRAN,

In October, 2002, the Ambulance act of Ontario was revised yet once again. The Ontario Ministry of Health reinstated the right of all paramedics to exercise their freedom of informed consent to medical treatment, a freedom that we struggled to regain for almost two years and has culminated in the voluntary choice to accept or reject influenza vaccination. No more forced vaccines! Having been suspended from my work as a paramedic for refusing the flu vaccine, I was entrenched in this battle for an intensive and exhausting ten months. I have learned many valued lesson, which will remain with me forever.

First of all, we must admire the unity of all paramedics and other health care workers in remaining firm in their position of rejecting forced vaccinations. Determination of the workers was indeed the fuel of this protest. And it helped that we were supported by some of the strongest unions in Ontario. In the forefront were the Canadian Union of Public Employees, Ontario Council of Hospital Union, and Ontario Public

Service Employees Union. With these folks behind you, you cannot lose. It is an example of how people can work together and achieve a common goal.

The Canadian Union of Public employees had been preparing a court challenge for many months on the basis that the Ontario government was violating Informed Consent freedoms by singling out paramedics with forced flu vaccination. As the court date approached, Sid Ryan, President of C.U.P.E. Ontario met with Health Minister Tony Clement and an agreement was struck to revoke the "mandatory flu vaccination" clause in the Ambulance Act and replace it with a "voluntary" clause. It was an historic meeting which I had the privilege of attending. It was personally very inspiring to be a part of this negotiation, and to witness government respond to the people's call for democratic process.

I am proud to be included in this sector of our health care system and to have been a participant in this non-violent movement that won back our freedom of choice - inspired by those great teachers who have shown us the way: Martin Luther King, Gandhi, Leo Tolstoy, and many others.

In concluding, my deepest appreciation goes to everyone who kept my spirits alive throughout the ten months of struggle - the ones who were my "co-pilots and ground crew". They consisted of neighbours, friends, mom and dad, paramedics and dispatchers in North Bay, medics of Ontario, across Canada and U.S., supportive media people, citizens, VRAN, Brian, Joanne, Gordie, Roberta, and so many others that this page is too small to list. Bless you all!!

Sincerely, Bill Kotsopoulos
(active paramedic)
bkotsopoulos@sympatico.ca

IF YER HAPPY AND YOU KNOW IT SAY "ROT-A-RY!"

**By Don Harkins
The Idaho Observer
September, 2002**

THE PERFECT BUSINESS

"The perfect business would have an entire population as a marketplace for its government-mandated products. The perfect business would be free of all liability even if the products it sells causes injury or death. The perfect business would monopolize the release of information to promote its products and counter criticism; competing products would be dismissed as fakes and frauds.

"The perfect business, however, would have to be ever watchful that some enterprising entrepreneur may try to cut in on the action. To maintain its competitive edge, the perfect business would be wise to seed its marketplace with enough misinformation to create a climate of fear - panic driven people do not question. They will obey and consume the products the perfect business produces, grateful that the perfect business has saved them. Although many will sicken, become disabled or even die from consumption of these products, most will not get the connection because the perfect businessman is an expert and the government is here to help the businessman shift the blame to other causes.

"Think about it. We have an industry that the government has released of all liability for injuries and death caused by their products - this is due to the Vaccine Injury Compensation Program - from federal legislation that passed in 1986. Before this Act passed in Congress, the vaccine producers were drowning in vaccine damage lawsuits, with a half dozen attorneys nationwide becoming quite wealthy specializing in vaccine damage cases. It

also was not until 1991 that a national, centralized reporting system for vaccine damage was set up. It is called the Vaccine Adverse Event Reporting System (VAERS). Before 1991 there was no central record keeping agency in the U.S. to which physicians or patients could report vaccine reactions so no one knows how many thousands have died or suffered adverse reactions from these vaccines."

Excerpted from Rotary speech, Sept., 2002

Boise, Idaho -Vaccination Liberation President Ingri Cassel was invited to speak to the Sunrise Rotarians who meet at 7 a.m. every Tuesday morning at the Owyhee Plaza Hotel here. She knew in advance of the Sept. 24, 2002 speaking engagement that the audience of some 70 judges, attorneys, physicians, nurses, social workers and businessmen was prepared for a discussion about vaccinations, but not necessarily one that argued the contrarian view. Ingri knew that the crowd, therefore, was potentially hostile.

The breakfast meeting began promptly at 7 a.m. with announcements and introductions. Then the attendees were directed to open their songbook to page 52. As if on cue, a man walked over to a piano in a corner of the room and played a couple of familiar notes. Then, as if attempting to reclaim a sense of youthfulness, the pillars of Boise society began singing, "If You're Happy and You Know It."

The Sunshine Rotarians were suddenly clapping their hands, stomping their feet and shouting, "Rot-a-ry," with childlike exuberance. Ingri and Don looked at each other in disbelief. Minutes later Ingri was called upon to begin her powerful, 20-minute presentation.

If Yer Happy cont. on page 21

"I prefaced my talk by thanking them for the opportunity to share with them this relatively unknown information on vaccines. I told them that Dr. Sherri Tenpenny, the guest speaker Vaccination Liberation sponsored this year, teaches a full two-day weekend seminar to doctors and health professionals all over the country. She found it the most difficult task of her career to condense two days of vaccine info into two hours. "Well, I am going to do my best to give you the essence of this information in 20 minutes."

She then began to describe "the perfect business" (See above). (If Ingri had interrupted her presentation after five minutes to ask the Rotarians to indicate if they were still happy and knew it with a show of hands not one hand would have been raised.)

"As I gave my talk I noticed that over half the room had their heads bowed while I spoke and were unable to look me in the eye. When I brought up the Joshua King case (a father accused of SBS (Shaken Baby Syndrome) in the middle of a jury trial while I was there), a social worker interrupted me to say that I was not qualified to have an opinion on this case and, being a social worker, she knew enough details that proved he was guilty."

Unshaken, Ingri explained that there are many factors, such as the baby's health and vaccine-induced encephalitis that were not being examined in this case. Ingri took that opportunity to point out that she had brought copies of medical journal articles and books to corroborate claims that vaccine damage was likely the cause of the baby's death and not the child's father.

As Ingri's presentation moved along, the bowed heads began to look up as if the Rotarians had decided to outwardly defy medical truth because the facts were forcing them to rethink the public health policy of vaccination. To illustrate an angle of her "perfect business"

theme, Ingri paraphrased comments from the Vaccine Adverse Event Reporting System (VAERS). "Vaccines are made in batches which are called lots. A lot may comprise anywhere from 20,000 to 700,000 doses. Certain lots cause an unusual number of reactions and deaths. These are called hot lots. A hot lot is defined as one which has more than 2 deaths and 10 serious adverse reactions requiring hospitalization.

"The way the VAERS system is set up, a doctor is required to report adverse reactions to the FDA and to record the vaccine and lot number. Manufacturers are also required to keep track of adverse reaction reports and record the lot numbers. But here's the real kicker: guess what follow up the FDA is required to do after compiling this information. Right - None! In this Orwellian system, it is up to the manufacturer to voluntarily pull a hot lot off the market! So guess how often since 1991 that has happened? Right again. None. No hot lot has ever been recalled."

Aside from showing how vaccine producers are not required to meet safety or quality standards, Ingri demonstrated how Centers for Disease Control and Prevention (CDC) documents and field experience reveal that vaccines help to spread rather than prevent disease. "All vaccines are licensed based on their ability to produce antibodies to a particular antigen. However, according to the CDC, antibody production for chickenpox, whooping cough, smallpox and Hib vaccines has never been proven in the field to equate to immunity from the disease," Ingri explained.

She then described the 1997 pertussis outbreak in North Idaho. "I happen to have copies of the Panhandle Health District and CDC reports covering this pertussis outbreak. Of the 253 cases reported in five counties - Shoshone, Benewah, Kootenai, Bonner and Boundary counties - 81.5% had 4 out

of 4 of their DTP shots. According to Dr. Alan Banks who was on the board of directors of the Panhandle Health District, in Bonner County alone, 85% had 4 out of 4 of their DTP shots and 15% had 3 out of 4 of their DTP shots. There were no reported cases among those who had 2 out of 4, 1 out of 4 OR zero DTP shots."

Ingri nailed home the point of vaccine efficacy by quoting the CDC report on the pertussis outbreak described above: "**The myth of vaccine refusal played no role in this outbreak.**"

Ingri's presentation, which can be read in its entirety at , www.vaclib.org exploded most of the vaccine myths we have been taught to accept as truth, and she used official sources and published science to accomplish this feat in 20 minutes.

By the time she concluded, three people had made sure everyone watched them walk out of the room in disgust. When she called for questions, one man, a physician, asked if Ingri was aware that Rotary traditionally gave generously to polio eradication [vaccination] programs.

There were no other questions. No one picked up any literature and no one so much as looked at Ingri as they left the room. One man, however, after almost everyone had left, furtively picked up a trifold, quietly said something about grandchildren, refused to take copies of other material and quickly left as if afraid to be seen talking to us.

Though the Rotarians were outwardly hostile and non-receptive, Ingri believes that she planted some very powerful seeds. "The entire experience was quite incredible and historic since very few anti-vaxers have had the opportunity to address such a 'status quo' group as the Rotary Club," she said.

FLU VACCINE FOR CHILDREN

THE NEW TARGET MARKET

Editor's note:

Flu vaccine is now pushed in public schools across Canada and health officials are recommending it be injected into infants starting at 6 months. Flu vaccines still contain the neurotoxic mercury preservative thimerosal. The question we must ask is why Canada is not concerned about the "lack of safety & efficacy data", which has recently prompted American officials to put the brakes on this recommendation? Are Canadian children being used as the 'guinea pig' test market to pave the way for universal use of flu vaccines elsewhere?

Some of the tricky language that's being used (note the semantics) - flu shots are "encouraged" for healthy infants, are "recommended" for those with underlying disease and "can be" given to any child older than 6 months, healthy or not. These word choices are intended to grab public attention before pushing for a major change. Says one doc pushing for universal flu shots for children, "I think the difference between 'encourage' and 'recommend' means, "We're phasing it in - get ready!"

Following are some articles, excerpts and sources on the topic of influenza vaccine for infants & children & pregnant women:

ACIP to delay considering universal pediatric flu vaccine recommendation: November, 2002 issue of Infectious Diseases in Children:

ATLANTA - The influenza vaccine is now strongly recommended for all children 6 to 23 months old, but the Advisory Committee on Immunization Practices (ACIP) appears ready to stall consideration of a universal recom-

mendation **due to a lack of safety and efficacy data.** As well, the U.S. vaccine injury compensation system (VICP) will not immediately cover the influenza vaccine, so physicians and providers who vaccinate children will not be protected against litigation. According to Geoffrey Evans, MD, director of the VICP. Congressional support is needed before the vaccine is added to the injury compensation table, a move that is likely in the next couple of years,

"The flu vaccine gets the most-useless-vaccine-of-all-time award. Now the CDC is recommending the vaccine for children under two years old and all adults over 50. Don't fall for it." Says Dr. Randal Neustaedter. The following is excerpted from a new edition of his book, **The Vaccine Guide** (North Atlantic Books 800 337-2665)

Writes Dr. Neustaedter - Everyone knows about the flu and the flu vaccine. What people do not know is that flu vaccines are nearly useless in preventing flu, they will cause the flu, and they often result in nervous system damage that can take years for the body to repair. Other nations chuckle at Americans' infatuation with the flu vaccine. The joke would indeed be funny, if it weren't for the damaging effects caused by the vaccine.

Children are the next frontier for the lucrative flu vaccine campaign. Vaccination is currently recommended for children over six months of age with high-risk medical conditions, but is not recommended for healthy children. Experts in the field suggest that parents of children age six months to two years "be informed that their children are at risk for serious complications of influenza, and allowed to make individual informed decisions regarding influenza immunization for their children" (Neuzil et al., 2001). This statement was made by Marie Griffin (and others), the same author who was implicated in the flawed

study that supposedly exonerated the pertussis vaccine of nervous system damage. She is also a paid consultant to one of the world's largest vaccine manufacturers, Burroughs Wellcome. The children's market is the next big hope for vaccine campaigners. A 1998 working group began investigations to not only support, but also to "recommend" flu vaccine for young children.

Pregnancy

One of the most bizarre twists on the flu vaccine saga is the CDC recommendation of 2001 that all pregnant women receive the vaccine in their second or third trimester. This recommendation even has doctors confused, since the vaccine remains a category C drug (unknown risk for pregnancy). No adequate studies have been conducted to monitor safety of the vaccine for mother and fetus. The only studies of adverse effects in pregnancy were conducted in the 1970s (Heinonen et al., 1973; Sumaya & Gibbs, 1979). Some flu vaccines still contain mercury as a preservative, despite a 1998 FDA instruction to remove mercury from all drugs. According to the CDC, two groups are most vulnerable to methylmercury, the fetus and children ages 14 and younger. An article published in the American Journal of Epidemiology in 1999 stated, "the greatest susceptibility to methylmercury neurotoxicity occurs during late gestation" (Grandjean et al., 1999). How did CDC committee members determine that flu vaccines were safe for pregnant women? They did not. The committee, despite its own recommendation, states, "additional data are needed to confirm the safety of vaccination during pregnancy" (CDC, 2001b).

The next big change in flu vaccines will be the introduction of a live intranasal flu vaccine, a dose that is actually sprayed into the nose. This vaccine has already been tested on young children. Live intranasal vaccine

Flu Vaccine cont. on page 23

was found 93 percent effective in preventing influenza in children age one to six years old (Belshe et al., 1998). Unanswered questions about the live vaccine include the possibility of transmitting other, more dangerous viruses through the vaccine, the possibility of enhanced replication of the attenuated virus in individuals with compromised immune systems, and the possibility of bacterial superinfection if the replicating live virus disrupts nasal membranes (Subbarao, 2000). This vaccine waits in the wings for its chance as the next big gun in the vaccine arsenal aimed at our children.

Dr. Randal Neustaedter OMD
www.cure-guide.com
email: randalln@concentric.net

Study of 793 children shows no decrease, says Dr. Alan Greene, MD. While earlier studies suggested that flu vaccine prevents ear infections in children, Dr. Greene points out that "An unpublished, yet news-making, study of 793 children aged 6 to 24 months, presented at the May 2002 meeting of the Pediatric Academic Societies, reports no decrease in ear infections, doctor's visits, ER visits, antibiotic prescriptions, ill family members, or missed work, school, or daycare in those that received the vaccine. However, all children in the study, whether they had the vaccine or the placebo, had doctor's visits every 2 weeks throughout the season. These visits may themselves have exposed kids to infections, decreased other doctor's visits, and skewed the results."

Dr. Alan Greene on flu shot:
July, 2002

http://www.drgreene.com/21_985.html

Flu Shot – No Better than Placebo in Preventing Asthma Attacks

Stockholm, Sweden,
September 16, 2002.

A new Swedish study has found that flu vaccine is "possibly no better than placebo in preventing exacerbations in asthmatic children." Reporter Cameron Johnston reports that "Asthmatic children and other groups are usually encouraged to receive the flu vaccine each year as winter approaches. However, according to one study, the flu vaccine may be no better than placebo for preventing influenza-induced asthma exacerbations among children.

The study by practitioners at Erasmus University Medical Center, in Rotterdam, the Netherlands was presented in a poster session here on September 15th."

The study involved enrolled 696 asthmatic children ages 6 to 18 years. The study was randomised, double blind, and placebo-controlled. One group of 347 subjects received a parenterally administered, inactivated influenza vaccine (flu shot), while 349 received a placebo throughout the winters of 1999-2000, and 2000-2001. Primary outcomes were number, duration and severity of asthma exacerbations associated with virologically proven influenza infection.

Average exacerbation lasted 3.9 days longer in the placebo group, although there were **no differences in the severity of the exacerbations recorded between the two groups.** According to Dr. Herman Bueving, of the Erasmus Department of Family Medicine, these findings suggest that while the flu shot does not reduce the number or severity of exacerbations in asthmatic patients, it can lead to exacerbations of a shorter duration. The data also suggests that extra care should be taken each year when winter approaches because not all asthmatics will have a favourable reaction to the flu shot, and **some might even be better off avoiding this form of prophylaxis altogether.**

Japan Abandons Flu Shots for Children

Large scale studies of compulsory flu

vaccination in Japan of school aged children showed the vaccine to be ineffective and conducive to lawsuits due to adverse side effects. Two large studies one in 1980 and the other in 1985, involving four cities with vaccination rates between 1% and 90% showed little difference in flu incidence. In 1987, the Japanese government changed the flu vaccine from compulsory to voluntary. By 1989, even though only 20% of the population took the flu vaccine, the incidence of influenza did not increase.

<http://www.whale.to/vaccines/flu7.html>

Homeopathic Treatment for Influenza
Excerpted from the Dolisos Research Letter – www.dolisos.ca

"Influenzinum and Thymuline, in infinitesimal dilutions, currently represent the most specific prophylactic homeopathic treatment of influenza. Through its immunostimulant effect and its informational role at the level of the entire immune system, Thymuline appears to promote the process of recognition of the organism with respect to viral or bacterial pathogenic agents. Its synergetic action with Influenzinum has been observed clinically in many patients.....and is especially recommended for children and for sensitive subjects. Clinical studies have shown evidence of a clear reduction of the incidence of rhinopharyngeal and bronchial infectious episodes after the repeated administration of Thymuline."

*Please remember through all the flu vaccine hype, only 10-15% of flu-like illnesses are actually Influenza – the rest are other pathogens that can cause identical symptoms. See the new VRAN Flu brochure in this newsletter and on our website: www.vran.org

Other sources:

<http://www.vaclib.org/basic/fluindex.htm>

http://www.biospace.com/news_story.cfm?StoryID=4117704&full=1

WEST NILE VIRUS - A MANUFACTURED CRISIS ?

Outbreaks of West Nile virus have been in the news since the city of New York started a massive mosquito spray campaign with the organophosphate pesticide malathion a few years ago, when dead birds were found with the virus. All hell broke loose in Winnipeg this past summer when city officials announced a mosquito spray program after finding a few dead birds, allegedly infected with West Nile virus. The neighbourhood of Wolseley turned into a battleground as residents set up roadblocks, placed dumpsters and parked their cars in front of city's fogging equipment to prevent the spraying of malathion.

Some observers who have been tracking the mounting West Nile virus hysteria, feel that it is a "manufactured crisis", and that "much of the news on West Nile is a disturbing combination of hype, confusion, distortion, and omission," says Lynn Landes, a freelance journalist specializing in environmental issues. "We're told that both children and the elderly are most at risk, when in fact **children are the least at risk for the disease, according to the CDC, but most at risk for the toxic effects of pesticides and mosquito repellents.**"⁽¹⁾

Only 20 percent of people who become infected with West Nile have even mild flu-like symptoms; one in 150 to 200 get seriously ill. Better, if you survive a West Nile infection - even if you had no symptoms - you're considered immune for life. So today's children and young adults probably will become immune by the time they reach 60, important because older people are most at risk of death from West Nile, says Dr. Anthony Fauci of the National Institutes of Health.⁽³⁾

The virus is characterized as new and dangerous, when it's not significantly different from viruses that have been in the United States for decades. Asks Lynne - "So what's unique about

West Nile? Not much, according to Dr. Raoult Ratarad of the Louisiana Department of Health. He says that, as it affects humans, West Nile is almost indistinguishable from the St. Louis virus, which has been in the U.S. since 1933. Dr. Ratarad says that there's no difference between the two viruses regarding their symptoms or rates of infection. Less than 1% of persons infected with the West Nile or St. Louis virus will develop severe illness."⁽²⁾

Researchers trying to obtain specific and detailed information about West Nile victims have not had much success. The CDC press office claims that they don't have information on the exact ages or medical conditions of the alleged fatalities of West Nile. According to the No Spray Coalition, New York City claimed 7 fatalities to West Nile in 1999, "Yet to date none of the names or medical histories of the deceased have been released. Independent research indicates that all 7 were over 75, one had a serious heart condition, two had cancer (and heavy chemotherapy), and all had bad immune systems. No death was histologically connected with WNV as the cause of death."⁽²⁾

You're probably wondering if there's a vaccine in the works. Of course!! The Associated Press reported that Dr. Fauci told a Senate hearing that Acambis, a biotech company plans to begin tests in a few dozen people soon to see if the experimental vaccine is safe, and if later testing proves its effectiveness, it could be available in three years.⁽³⁾

New York city researcher Jim West forwards a plausible theory that the high levels of air pollutants and toxic chemicals in the environment are the main contributors to the dead birds found with West Nile virus. His research points to toxic pollutants, petrochemical emissions, major air-

port take-off lanes over residential zones, congested automobile traffic, and gasoline with 15% MTBE, which is a poison and neurotoxic precursor that has triggered the deaths of birds already burdened with pesticides, mercury, and lead residues causing weakening bird immune systems and making them vulnerable and contributing to their deaths, rather than the WNV. Jim West's site provides critical reviews of data related to the phenomena called "The West Nile Virus Epidemics", and provides a base for understanding the environmental complexities involved.⁽⁴⁾

West's research is seconded by science reporter Nicholas Regush's well researched article "Virus or Environment". "The fact is, no one knows. The West Nile virus was never purified. I find no evidence anywhere in the scientific literature that the rules of virus purification and isolation were followed thoroughly. Add to this potentially serious omission the scientific indifference to the possible role of the environment in what is being called "West Nile" illness and death."⁽⁵⁾

One thing is clear though, the hazards of malathion outweigh the dangers of the WNV. A quick search of internet websites revealed the following:

From the Malathion Medical Research Website, we read the following: ⁽³⁾

Child Leukemia & Aplastic Anemia after Malathion Exposure

SOURCE: *The Lancet*, pg.300
August 8, 1981

Seven children with bone marrow disorders have been observed over the past 8 years by physicians at Travis Air Force Base Medical Center in California. The physicians believe the blood disorders, in all cases, were caused by organophosphate pesticides.. All blood disorders occurred shortly after exposure to the pesticides DDVP/propoxur and malathion. The

West Nile Virus cont. on page 25

West Nile Virus cont. from page 24

duration of inhaling insecticides ranged from 2 minutes in a patient enveloped in a thick insecticide fog in a small shed to 2 days in other patients whose homes were fumigated by their parents. Six patients had aplastic anemia and one had acute lymphoblastic leukemia. The physicians also cited research showing leukemia in farmers has significantly increased during the period of 1964 to 1976 (Mayo Clinic Proc, 53:714-18, 1978). Apple growers exposed to organophosphates had a higher incidence of leukopenia (very low white blood count) than a control population (*Canadian Medical Association Journal*, 92:597-602, 1965).

Chromosome Damage Occurs to Human Blood Cells

SOURCE: *Mutation Research* 301:13-17, 1993

Malathion was found to cause DNA abnormalities at all doses tested in human blood cells. Blood samples were drawn from three healthy non-smoking men, aged 23, 24 and 25. Four different concentrations of malathion (0.02, 0.2, 2 and 20 ug/ml) were added to the blood samples. Slides were then made of the blood samples and examined. Although all doses showed an increase in chromosome abnormalities, a significant increase was noted for doses of 2 ug/ml and 20 ug/ml. In conclusion, the researchers stated:

"The results show that malathion

causes a dose-dependent increase in chromosomal aberrations as well as Sister Chromatid Exchanges in human leukocyte cultures....A dose dependent decrease in mitotic index was observed at all concentrations. Hence, our results suggest that malathion is a mild mutagen and at higher concentrations it might cause genotoxicity in humans."

Immune System Weakens after Malathion Exposure

SOURCE: *The Journal of Immunology*, 140(2):564-570

Technical grade malathion contains chemical impurities which have been found to weaken immune system function, including a weakening of a type of white blood cell called "cytotoxic lymphocytes" (which attack cancer cells and virus infected cells). A photo shows six of these white cytotoxic lymphocytes (let's call them CTL's for short) successfully attacking a cancer cell (National Geographic). These lymphocytes can also attack viruses in the body. **Malathion has now been shown to significantly weaken the CTL's ability to perform their job effectively.**

Chem-Tox Comments:

This research addresses the paradox regarding the New York City malathion spraying. As encephalitis has been shown to only affect people with a weakened immune system who are unable to efficiently combat the disease (i.e. elderly and immune com-

promised individuals) it must be con-

sidered that malathion has the potential in itself to increase encephalitis cases as the spraying of the pesticide can weaken a person's immune system, thereby, making them more vulnerable to the disease.

References & Resources:

- 1.Lynn Landes: West Nile Virus - A Manufactured Crisis, Sept. 02, 2002 <http://www.commondreams.org/views02/0902-08.htm>
- 2.Associated Press, Washington, Sept. 25 2002
3. Malathion Medical Research Website <http://www.chemtox.com/malathion/research/index.htm> http://www.chemtox.com/pregnancy/learning_disabilities.htm
4. Jim West - West Nile Virus: The epidemiology of Air Pollution <http://www.geocities.com/noxot/TOC.htm>
5. Nicholas Regus: Virus or environment? <http://abcnews.go.com/sections/living/SecondOpinion/secondopinion010829.html>

More Sources:

- http://www.tetrahedron.org/articles/vaccine_awareness.html
- http://www.sunmedia.ca/CNEWS/Features0007/27_nile2.html
- <http://www.cdc.gov/ncidod/dvbid/west-nile/>
- West Nile as biowarfare? <http://www.newsmax.com/archives/articles/2002/9/23/213349.shtml>

FREE ALAN YURKO

Alan Yurko, like hundreds of other good parents, was falsely accused and convicted of shaking his baby to death as a cover for medical malpractice – the administration of contraindicated vaccines. At his pending appeal, the state of Florida and organized medicine will have to face dozens of the world's most respected scientific minds and a team of dedicated attorneys who are now poised to prove Alan's innocence. The Yurko Project will win Alan

Yurko's release and set a precedent for the release of other innocent parents. This will mark the beginning of the end of forced vaccinations that are causing epidemic deaths, brain damaged children, chronic diseases behavioral anomalies – and unjustly imprisoned parents. Go to the Yurko Project website, read the evidence for yourself and become part of the winning team. www.freeyurko.biz-land.com

REPORT CRITICIZES FRENCH HEPATITIS VACCINATION CAMPAIGN

PARIS (Reuters Health) Nov 20

A report on France's controversial hepatitis B vaccination campaign in the mid-nineties has slammed the government for failing to assess possible side effects properly beforehand.

The campaign was launched in 1994 and over the next 3 years, more than 70 million doses were used and an automatic vaccination programme was set up in schools. But it was dropped in 1998 after hundreds of reports of side effects had been logged, and has not yet been re-instated.

The report's author, Dr. Marc Girard, says his investigation "shows the public powers supported a massive vaccination campaign, costing an estimated 1.5 billion euros, without possessing a reliable enough drug monitoring system to assess the secondary effects of the medication," according to extracts printed in the French newspapers *Le Parisien* and *Le Figaro*.

Dr. Girard, who had access to numerous documents from the French health product safety agency and the drug-monitoring centre in Strasbourg, accuses the health authority of "distortion" and "dissimulation."

The report was ordered by Judge Marie-Odile Bertella-Geffroy, currently presiding over a negligence case brought by the families of eight people--four of whom have died--who claim they developed neurological problems as a result of participating in the hepatitis B vaccination campaign. In all, some 200 complaints have been lodged over the last few years, mainly from people with multiple sclerosis.

According to Dr. Girard, "health authorities worked to minimise the situation." He estimates the number of individuals with neurological problems as a result of the vaccine to be in the thousands. Officially, pharmacovigilance centres have reported 900 cases

of MS possibly arising from the vaccine.

Following anecdotal reports linking the hepatitis B vaccine with the onset of multiple sclerosis, the World Health Organization recently undertook a review of all data on the subject and determined there was not enough evidence to support a causal association between the vaccine and MS.

However, a memo from the French General Directorate for Health, dated February 15, 2002, stated that the hepatitis B campaign produced the "greatest series of side effects noted by pharmacovigilance since its creation in 1974."

Dr. Girard says the documents he has seen appear to show that crucial evidence on vaccine tolerance was withheld from doctors so as not to ruin the vaccination drive. He goes on to slam the health administration for "collaborating intensively with the vaccine manufacturers."

The pharmaceutical companies Pasteur-Merieux MSD (now Aventis Pasteur-MSD) and SmithKline Beecham (now GlaxoSmithKline) also are criticized for exaggerating the number of hepatitis B carriers and patients in France and of dramatizing the dangers of the virus to justify mass vaccination beyond high-risk groups.

Dr. Girard also alleges that there have been conflicts of interest. He points out that studies clearing the vaccines of links to neurological problems have been financed by the industry."

<http://www.medscape.com/viewarticle/444869>

THE FALLACY OF THE HEPATITIS A VACCINE

By Dawn Richardson

Hepatitis A viral infection is acquired primarily by the fecal-oral route by either person-to-person contact or ingestion of contaminated food or water. Proper sanitation and hand washing are widely recognized as the most effective and least expensive means of prevention of hepatitis A virus.

Hepatitis A vaccine proponents claim that giving the vaccine to children will break the cycle and prevent them from getting the infection as adults, but the most recent package insert for Smith Kline Beecham's Hepatitis A Vaccine, Inactivated Havrix claims no guarantees:

"At present, the duration of protection afforded by Havrix has not been established. Therefore it is unknown if the protection provided to immunized children will last until adulthood."

However, "while 67% of cases occur in children, over 70% of the deaths occur in those over the age of 49." Even with those risks for adults, complications are rare and infection from hepatitis A is generally followed by complete recovery.

There are only around 100 deaths per year in the entire United States from hepatitis A virus amongst all modes of transmission in all age groups. Hepatitis A infection is asymptomatic in 70% of young children and natural immunity acquired is often lifelong.

The concentrations of hepatitis A antibodies produced after vaccination are 10 to 100 times lower than those produced after natural infection.

The diagnostic assays to measure lower levels of antibody had not been reviewed by the FDA by the time Hepatitis A vaccination policies were

Hepatitis A Vaccine cont. on page 27

adopted by the CDC in October 1999. The absolute lower limit of antibodies required to prevent HAV has not even been defined. The manufacturer's package insert admits that the duration of protection from the vaccine is unknown.

The CDC's Advisory Committee on Immunization Practices (ACIP) recommendations on the prevention of hepatitis A through immunization focus "primarily on vaccinating persons in groups shown to be at high risk for infection (e.g., travelers to countries with high or intermediate disease endemicity, men who have sex with men, injecting-drug users, persons with clotting-factor disorders), persons with chronic liver disease because they are at increased risk for acute liver failure from hepatitis A, and children living in communities with high rates of disease." (1)

It is irresponsible of the CDC and TDH to recommend adding this vaccine the schedule because there have been NO long term studies on the cumulative effect on the child's developing immune system of combining this vaccine with all the required vaccines together, the biological mechanism for why some children react to this vaccine is not understood, and there are no genetic or other lab screening tests available to determine which children will react to this vaccine.

The disease incidence is highly disproportionate amongst different ethnic groups, and this one-size fits all policy makes all children take the risk of the vaccine when the risk of contracting the disease is much lower amongst some ethnic groups than others.

According to the vaccine manufacturers' own product inserts, the hepatitis A vaccine has NOT been "evaluated or tested for its carcinogenic potential, mutagenic potential, or for impairment of fertility" or "reproductive capacity".

More than 1,200 head of Texas cat-

tle are under quarantine because a small amount of ruminant meat and bone meal was accidentally mixed into 22 tons of feed, in violation of an FDA rule. The rule was implemented in 1997 as a precautionary measure to prevent mad cow disease (bovine spongiform encephalopathy or BSE).

The hepatitis A vaccine is manufactured using human diploid (fetal or embryonic derived from aborted fetuses) cells. The vaccine contains residual fetal DNA and protein. This proposed directive to a mandate ignore and disrespect the moral conflicts many families may have with the production of these vaccines and use in their children. The current religious exemption will not service these families.

14% of adults receiving this vaccine reported experiencing a headache after vaccination.

Other adverse events following vaccination indicated by the manufacturer are: Induration, redness, swelling, fatigue, fever (>37.5°C), malaise, anorexia, nausea, hematoma, pruritus, rash, urticaria, pharyngitis, other upper respiratory tract infections, abdominal pain, diarrhea, dysgeusia, vomiting, arthralgia, elevation of creatine phosphokinase, myalgia, lymphadenopathy, hypertonic episode, insomnia, photophobia, vertigo, anaphylaxis/anaphylactoid reactions, somnolence, syncope, jaundice, hepatitis, erythema multiforme, hyperhidrosis, angioedema, dyspnea, convulsions, encephalopathy, dizziness, neuropathy, myelitis, paresthesia, Guillain-Barre syndrome, multiple sclerosis, and congenital abnormality.

Vaccination is a medical procedure that carries the risk of injury and death and there have been hospitalizations, serious permanent injuries and death occurring in individuals after receiving the Hepatitis A vaccine reported to the FDA's Vaccine Adverse Events Reporting System. The current restrictive vaccine exemptions (in the U.S.) do not service parents with any of the above concerns.

Dawn Richardson
President and Co-founder, PROVE
(Parents Requesting Open Vaccine
Education)

<http://www.vaccineinfo.net/>

This article is also posted at Dr. Mercola's popular website "Optimal Wellness"

http://www.mercola.com/2001/jun/27/hepatitis_a.htm

Editor's note:

Canadian provinces with vaccine mandates also provide legal access to exemptions for reasons of religion/conscience. Hepatitis A vaccine is not a required vaccine for children in any province at this time. A recent broadcast by CBC's Marketplace on October 8, 2002 reported that in recent months more than 45,000 Canadians had lined up to get Hepatitis A shots - many of whom feared exposure after food handlers in a number of cities had been diagnosed with the virus. This website offers some interesting links to the issue.

http://www.cbc.ca/consumers/market/files/health/hep_a/

References:

1. (See MMWR, October 01, 1999 / 48(RR12);1-37: Prevention of Hepatitis A Through Active or Passive Immunization: Recommendations of the Advisory Committee on Immunization Practices (ACIP) at <http://www.cdc.gov/epo/mmwr/preview/mmwrhtml/rr4812al.htm>

NEWSCLIPS

Canada, Fearing Attack, to Buy Smallpox Vaccines

Excerpted from Reuters News release, Nov.28/02

"Canada, responding to an al Qaeda tape that names it as a possible target for attack, is to buy enough smallpox vaccine to inoculate all residents against the deadly disease, the health ministry said on Thursday. But officials at the ministry, and at the company that would probably supply the vaccine, admitted it could take 10 months before the requested 10 million doses of the vaccine were delivered -- enough, when diluted, for every Canadian.

"The view is that the possibility that smallpox could be used as biological weapon is low," said Health Canada spokeswoman Tara Madigan.

"However, Canada felt it was prudent to take all necessary steps to protect the health and safety and security of all Canadians." Magidan said Canada currently has enough vaccine to inoculate up to 1.5 million people, if there were a biological attack before that time. She was sure other countries would help if help was needed before then.

The cost will be negotiated once a supplier has been found. Based on prices paid by the United States, the vaccine could cost Ottawa some \$40 millionthe contract is likely to go to Ontario-based Aventis Pasteur Ltd., part of French pharmaceutical giant Aventis, and considered the only one capable of filling the order.

"Fortunately, our vaccine is so strong that it can be given within the first three to four days after a person has been exposed and is still effective in reducing mortality," said Luis Barreto, Aventis Pasteur's director of international health affairs.

Canada is considering vaccinating 500 high-risk personnel immediately --

mostly doctors and nurses who would have to deal with any outbreak -- and storing the rest of the vaccine. "It's not going to sweep through the Canadian population," he added, noting that victims only became contagious after the rash developed, at which time they were already very ill. People inoculated before 1972 will need to get vaccinated again in case of an attack, Health Canada said."

http://abcnews.go.com/wire/US/reuters/20021128_317.html

World still waiting for Ontario (on Flu Data)

Excerpted from the Medical Post Vol.38, issue 35, Oct.1, 2002

By Terry Murray

Since 2000, Ontario has spent over \$120 million to provide flu vaccine to all it's residents without any mechanism in place to evaluate its effectiveness.

"The effectiveness of Ontario's universal flu immunization program, which is now entering its third year, may never be known. That's because the Ontario program is not being adequately evaluated, according to information obtained by the Medical Post. And the first public presentation of the evaluations that exist will be made in late October—not in Ontario, not even in Canada, but at the First European Influenza Conference in Malta, where the province's chief medical officer, Dr. Colin D'Cunha, is slated to attend.

"Assessment of the multi-million-dollar program's success has been sought by health departments in Canada and around the world, including the U.S. Centres for Disease Control and Prevention (CDC) and the World Health Organization, because the Ontario project is the world's only universal flu immunization program.

"The lack of data have been particularly vexing for the research scientist who has been asked by the ministry to assess the program's impact on

Ontario's health-care system. "I've been quite frustrated because we have a program that's over \$30 million and we don't have enough information to evaluate it at all," said Dr. Doug Manuel, research scientist at the Institute for Clinical Evaluative Sciences in Toronto. "This is a new program, one of the first programs in the world. The whole world is looking at us to evaluate it, and we really don't have sufficient data to do that."

Fluoride, Gingivitis & Oral Cancer

Excerpted from Parents of Fluoride Poisoned Children (PFPC)

NEWSLETTER:

By Andreas Schuld

Summary

Gingivitis and periodontal disease are the oral diseases requiring most urgent intervention. Over 90% of the U.S. population over 13 is affected.strong links have been made to heart disease and low birth weight and infant mortality. For heart disease the association with gingivitis is stronger than the one for smoking or high cholesterol. As heart disease is the #1 killer in the US, many efforts are undertaken to reduce this alarming figure. In Canada large pictures of a diseased heart are placed on cigarette packs alerting to the fact that smoking causes heart disease.

It is of great importance that warning labels and pictures of periodontal disease, oral cancer, diseased hearts, pituitary and thyroid glands, as well as Alzheimer's brains - just to name a few - are placed on all oral care products containing fluoride.

Why?

Patents by the pharmaceutical company Sepracor disclose that concentrations of fluorides from fluoridated toothpastes and mouthwashes activate G proteins in the oral cavity, thereby promoting gingivitis and periodontitis, as well as oral cancer.

Incomprehensibly, this vital informa-

tion is being withheld from the public by all parties involved, including the company, at least two well-known Universities, and numerous oral disease 'experts'. This includes a much-decorated ADA scientist who was involved in setting the CDC recommendations for fluoride intake in children, served as head of a Food and Drug Administration subcommittee that decides which dental products to make available to the public, and who chaired the panel on safe use of fluoride for the Centers for Disease Control (2001).

An extensive section of this Newsletter deals with biochemical aspects Please refer to PFPC website for full details:

http://64.177.90.157/pfpc/html/newsletter_9.html

B.C. Court Rules in Favour of Autism Treatment

Excerpted from the Globe & Mail, October 18, 2002

“Universality is at the heart of Canada’s publicly funded health-care system. No one is denied the care he or she needs because of inability to pay. Regrettably, in the case of autistic children in British Columbia, what should have been a political matter became a legal one. The B.C. Court of Appeal insisted unanimously this week that the province pay for a specialized treatment for these children.”

“The court was unwise in this case to order the government to pay CAN\$20,000 in symbolic damages. The funding for the autism treatment is not cheap. The intensive program ordered by the court -- the only treatment known to be effective -- involves 40 hours a week of one-on-one behavioural therapy, and costs \$45,000 to \$60,000 a year for each child, for two to three years. Since roughly one child in 1,000 suffers from autism, that could mean about 200 B.C. preschool-

ers at a time could benefit -- a total cost of as much as \$12-million.”

Editor’s Note: Behavioural therapies do not address underlying biomedical problems that often afflict autistic children. Many Canadian parents are forced to seek medical help in the U.S. for lack of available molecular & cellular therapies in Canada.

Congressional Hearings on Mercury & Dental Amalgams

November 14, 2002

Mark Richardson: Mercury causes neurological effects and passes through the placenta effecting the fetus. It is found in breast milk in proportions to the number of amalgam dental fillings in the mother's teeth. Main source of exposure in humans is from dental amalgam fillings. **DENTAL AMALGAM MUST BE ELIMINATED!**

Richard Fisher: Amalgams contribute more mercury to the body than exceeds EPA's exposure. **Mercury from one large amalgam can contaminate a 10-acre lake.** Mercury amalgams cause the organs to malfunction. Mercury from amalgams effects the immune system. Mercury from amalgams cross through the placenta to the fetus. Mercury from amalgams is found in breast milk. 14% to 75% of mercury in wastewater is from dental offices. There is no scientific debate: mercury vapor is more toxic than lead and arsenic. It is absorbed 43% into the body. **Mercury amalgams are the largest insult to a child. Mercury is toxic waste before and after disposal.**

Japan - New measles strain strikes high school students

Forwarded by Australian Vaccine Network
Mainichi Shimbun, Oct. 28, 2002

MITO -- A group of mainly junior high school pupils have been confirmed as the first large-scale outbreak

of a lethal strain of measles, according to the National Center for Contagious Diseases.

Over 100 people were struck by the H-1 type measles in February and March this year. It is a rare strain of the disease that broke out in Hong Kong some three years ago.

Compounding fears about the strain, a large swathe of those afflicted this year had been immunized against the measles, but the vaccination's effects had weakened over time. Center officials said that Japan is usually afflicted by two types of measles, the D3 strain and D5 strain. However, they learned the strain that broke out in Kitaibaraki was of type H1.

Ibaraki Prefectural Government officials said that the new strain of measles was detected in 109 people aged from a few months to 62. The large majority of those afflicted, 78, were junior high school pupils. Of 86 pupils, a number that includes those only suspected of having contracted the disease, 61 had been vaccinated for the measles.

Ministry of Health, Labor and Welfare statistics show that of the 35,302 reported cases of measles in Japan last year, those over 18 accounted for 925 instances. Of the 21 people who died through the measles in 2001, 10 were 18 or over. (Mainichi Shimbun, Oct. 28, 2002)

Editor’s note: *The legacy of measles vaccination is outbreaks of the disease in older adult populations in whom artificial immunity has waned and in infants whose mothers lack natural immunity to protect them in the early months of life.*

New Measles Study Flawed

The MMR-Autism debate continues to rage in North America and Europe. Since 1998, when British gastroenterologist Dr. Andrew Wakefield discovered persistent measles virus particles in the gut of children who had

regressed into autism spectrum disorders shortly after injection with the MMR (measles, mumps & rubella) vaccine, mainstream medicine's damage control strategists have been desperately trying to shore up waning public trust in the vaccine. Numerous studies & surveys have been commissioned in recent years by U.S & British health authorities to prove that the MMR vaccine is not linked to the current disastrous autism epidemic which threatens to disable record numbers of children.

The most recent study, published in the New England Journal of Medicine (Nov.7/02) involving a half million Danish children, is hailed as the definitive last word proving MMR vaccine is not linked to autism. The study, a collaborative effort between the Danish Epidemiology Science Centre and the U.S. Centers for Disease Control & Prevention concludes that the risk of developing autism was similar for children whether they received the MMR vaccine or not.

"BUT", say independent researchers, there are some significant shortcomings in the conclusions drawn and the study results raise more questions than they answer and underscore the importance for more research.

Sally Bernard of Safe Minds, (www.safeminds.org) whose groundbreaking analysis of mercury in vaccines brought to light the parallel similarities between the manifest symptoms of mercury poisoning and autism, says it is unfortunate that "the study conclusions appear overreaching in claiming that this analysis is the final word on autism and vaccines and implying that more research on the topic is unnecessary. Safe Minds asserts that other vaccines besides MMR may be involved in autism, and that only biological research, not epidemiology, can answer the question of whether the MMR vaccine plays a role in autism."

"It is important to note that the study only focused on the MMR vac-

cine, and not vaccines also implicated in autism which contain the mercury preservative thimerosal," explains Sallie Bernard, executive director of Safe Minds. "The study also failed to investigate whether the MMR vaccine might be interacting with the thimerosal from other vaccines to increase the severity of symptoms in children who already have autism. Finally, the study did not differentiate between regressive autism, which is the type being linked to MMR vaccine, and the more prevalent early onset autism, which is the type being linked to thimerosal."

"The most important problem in the study is that it was unable to analyze separately the children with regressive autism from all other children with autism. As a result, the study's conclusion that it "provides strong evidence against the hypothesis that MMR vaccination causes autism" is most certainly overstated and likely to be wrong as it pertains to children with regressive autism."

Bernard points out that "Only psychiatric records were accessed, not medical records, so there were no data on gastrointestinal symptoms and no taking of CSF or GI samples to detect presence or absence of measles virus.

Vaccines Expert Warns Studies are Useless

By Lorraine Fraser, Medical Correspondent
Excerpted from the Sunday Telegraph
Oct. 10/02

Most safety studies on childhood vaccines have not been conducted thoroughly enough to tell whether the jabs cause side effects, a leading authority on vaccine research has warned. Dr Thomas Jefferson, who has been funded to investigate vaccine safety by the European Commission, said that the issue was the "Cinderella" of public health research and that Government officials had failed to make it a high priority.

Dr Jefferson is the head of the vaccine division of the Cochrane Collaboration, an organisation of sci-

entists that aims to make accurate information about the effects of treatments available worldwide and promotes high standards in research. He is also a board member of the European Programme for Improved Vaccine Safety Surveillance, set up by the commission.

He said: "There is some good research, but it is overwhelmed by the bad. The public has been let down because the proper studies have not been done." Dr. Jefferson said there was a "dearth" of sound studies on the risks and benefits. As a result, the information available on the safety of vaccines that are routinely given to babies and toddlers was "simply inadequate". Pilot schemes will start soon in Sweden and Finland which will electronically register children's vaccine exposure to investigate the risks and benefits of inoculations on thousands of participants.

"We need such a system urgently," he said. "Governments are reluctant to accept this but in my view they owe it to future generations to back this idea." He was especially concerned, he said, because future vaccination programmes were likely to involve giving children "five, six, even seven vaccines all at once". "For people like me, it is becoming more and more difficult to tease out what problems may be due to an individual vaccine," said Dr Jefferson. "It is almost becoming impossible to do this. We have to think very carefully about how we will monitor these vaccines.

"We have a responsibility to these children - they are our future. It is no use having a situation where someone suggests a possible harm and everyone runs around frantically trying to find bits of evidence. What is required is good-quality information that has been systematically collated and assessed." <http://www.telegraph.com.uk/news/main.jhtml?xml=/news/2002/10/27/nvacc27.xml&sSheet=/news/2002/10/27/ixhome.html>

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by Kathy Blanco

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