VRANewsletter

Vaccination Risk Awareness Network Inc.

Fall 2008

Fever: When Will They Ever Learn?

By Hilary Butler

> *"Fever is generally considered harmful by physicians and is treated with antipyretics as it may lead to febrile seizures, stupor, dehydration, increased breathing, discomfort and tachycardia. It is a common practice to treat even low-grade fevers of 101° to 102°F with antipyretics. Home use of antipyretics upon the first signs of fever is also common. These behaviors have lead to the ubiquitous use of aspirin, acetaminophen, nimesulide, and ibuprofen which control temperature by inhibiting prostaglandin synthesis in the hypothalamus."* [1]

Paracetamol (or, acetaminophen, or Tylenol to Americans) was first used in medicine in 1893, but only became a commonly used drug in 1949.[2] Until 1971, no one had a clue how it worked, but that didn't matter. Doctors didn't seem to think that was important. Fever was "dangerous" so you stamped it out at all costs. Since 1972, scientists have been gradually starting to unravel some of the ways paracetamol suppresses various pathways in the brain and in the body, but as of 2007, their knowledge is incomplete, and part of the reason for that is that these same researchers still don't understand all the gears the body goes through to produce a fever, or why each gear is important, or the reason for the body getting into immune-system cruise as a result of fever. Most of these researchers just don't understand that fever is there as a beneficial adaptive response. When you don't know something as basic as that, but are intent on simply suppressing it because it can be done, you can be sure you are asking for trouble somewhere down the line.

In the late 1990s I was invited to participate in an afternoon's presentation at an Auckland medical education facility, ostensibly to speak about vaccination. My talk was sandwiched in between those of two other speakers, so to reduce any disruption of student concentration I was invited to attend the whole afternoon. The room had chairs and tables in a horseshoe shape, and I was seated near the rounded top of the Ω hump, so to speak. The tutor was next to a whiteboard, by the two "heels". Within 15 minutes I decided I wasn't going to speak about vaccination only, because as the tutor's presentation progressed, I got angrier and angrier. How could paediatric staff be taught unscientific opinion?!

Come my turn, I said that I had some grave concerns about the accuracy of some of the "opinions" expressed by the previous speaker. The word opinion was used since I saw no references or "facts" put up on the whiteboard. This person was purely talking off the top of their head. Without sparing anyone's feelings or reputation, I launched into a literary review of the FACTS indicating that FEVER has a crucial role in fighting infections, and then into another literary review, showing paracetamol to be dangerous when suppressing a temperature. The article I started with was a 1995 medical article[3], the conclusion of which says:

> *There is little evidence to support the use of paracetamol to treat fever in patients without heart or lung disease, or to prevent febrile convulsions. Indeed, paracetamol may decrease the antibody response to infection, and increase morbidity and mortality in severe infection. It should be explained to parents that fever is usually a helpful response to infection, and that paracetamol should be used to reduce discomfort, but not to treat fever.*

The whiteboard rapidly filled with facts from this article, and other articles, showing that the use of paracetamol as an infection temperature reducer was not only unscientific, but highly dangerous, because, as intensive care unit specialist, Dr Shann, said:

Immunity: Too many parents and

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INSIDE THIS ISSUE

Breaking the Spell of Mass-Mindedness

By Edda West

The most rewarding aspect of my work with VRAN is the contact with parents who phone and email us with their vaccine concerns. The most challenging aspect is communicating with a heartbroken mother whose child has suffered a catastrophic vaccine injury, knowing there may be very little concrete information with which to help her. Sometimes all there is to offer is a compassionate heart that has also absorbed the devastating pain of countless mothers who have suffered before her—to acknowledge the enormity of the unspeakable pain and grief she endures.

Mostly it's the mothers who are worried about the vaccines their babies are about to get who are looking for a voice to either reassure them "it'll all be okay", or

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VRAN NEWSLETTER
Vaccination Risk Awareness Network Inc.
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Statement of Purpose:

- VRAN was formed in October of 1992 in response to growing parental concern regarding the safety of current vaccination programs in use in Canada.
- VRAN continues the work of the Committee Against Compulsory Vaccination, who in 1982, challenged Ontario's compulsory "Immunization of School Pupils Act", which resulted in amendment of the Act, and guarantees an exemption of conscience from any 'required' vaccine.
- VRAN forwards the belief that all people have the right to draw on a broad information base when deciding on drugs offered themselves and/or their children and in particular drugs associated with potentially serious health risks, injury and death. VACCINES ARE SUCH DRUGS.
- VRAN is committed to gathering and distributing information and resources that contribute to the creation of health and well being in our families and communities.

VRAN's Mandate is:

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

VRAN publishes a newsletter 2 to 3 times a year as a means of distributing information to members and the community. Suggested annual membership fees, including quarterly newsletter and your on-going support to the Vaccination Risk Awareness Network: **$35.00—Individual $75.00—Professional**

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

VRAN website: www.vran.org √

VRANews

New VRAN Website

It is with pleasure and pride that we announce the creation of a new VRAN website which we anticipate will be launched by the end of November. With a generous grant from the Captiva Foundation, we finally had enough resources to undertake this challenging project. The new website is a major re-structuring of content and a brand new beautiful design intended to make the site much easier to use. The hundreds of pages which comprise the site are being updated with new material being added. Susan Fletcher is to be commended for her dedication and skill in revising the large volume of material on our website. It was an enormous undertaking!! Thank you Susan!!

Our appreciation for the planning, design and technical construction goes to Juniper Webcraft run by two brilliant people, Julian Hall and Paul Novitsky. Paul and Julian have done an outstanding job. They worked above and beyond the call of duty, recognizing that VRAN's work and imprint on society is crucial in raising awareness of the increasing risks vaccines pose to children's health. They have taken immense pride in creating a new website that will provide parents with a valuable educational tool to serve as an alternative to the mainstream medicine's pro-vaccine dogma.

We recommend the quality of their work highly to anyone in our VRAN community who might also wish to use their skills.

Fundraising & Book Bonus

For this coming year and new fundraising initiative, we're excited to offer you two selections – Neil Z. Miller's new book, *Vaccine Safety Manual* which takes you through the A to Z of vaccine risk information. Dr. Russell Blaylock MD in his forward to the book writes, "This book will go a long way toward helping people make critical vaccine decisions…. absolutely fantastic.!"

And we are so excited that Canadian author Catherine Diodati, has announced the reprinting of her highly acclaimed book, which we now offer again as a fundraising bonus. *Immunization; History, Ethics, Law and Health* is a must have classic. The book is unique because it questions whether mass vaccination is ethically justifiable. She shows how the accepted standard of biomedical ethics is not applied to the vaccine paradigm. Additionally, many other aspects of vaccination are discussed, including the history of vaccination, differences between natural and artificial immunity, biological and chemical components and compensation of vaccine injury victims.

Your selection of ***one*** of these two bonus books will be sent to you when you donate $150 or more to this year's fundraising drive. When sending us your donation, please let us know which one of the books you are choosing. **Please send your donations to: VRAN Fundraising, P.O. Box 169, Winlaw, BC, V0G 2J0**

An additional fundraising opportunity presents itself through Watkins products. Watkins has a 140 year track record in North America. Their Natural Gourmet, including organic non-irradiated spices, Natural Apothecary and Natural Home Care products are known for their quality and all products are backed by a 100% money back satisfaction guarantee. 16% to 30% of your order will be directed back to VRAN to help fund our work.

Online and phone ordering is available and Watkins ships orders directly to your home. You can order online at VRAN's order page, http://www.watkinsonline.com/vran/ or call 1-800-WATKINS (928-5467) for a catalogue and please state you are ordering through VRAN #381833 . Watch the VRAN website for a direct link to our Watkins order page!

Annual General Meeting

VRAN'S annual general meeting was held by teleconference on April 26th.

The meeting was attended by Mary James, Rita Hoffman, Edda West, Susan Fletcher and Deborah Jones. Susan Fletcher was nominated to the VRAN Board of Directors. Susan's ongoing brilliant contributions to VRAN are deeply appreciated. Welcome Susan!

Elections were held and Mary James remains as President, Rita Hoffman as Vice President and Edda West as Secretary Treasurer. Fundraising ideas were discussed, including a suggestion to appeal to our chiropractor members to reach out to colleagues who might be interested in joining VRAN. As well, Deborah Jones offered insight into ways to modify and modernize our website over the next

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few months. The Board voted on a salary increase of $50 a week for the VRAN coordinator, Edda West who runs our daily business which includes responding to phone calls, emails, media inquiries, newsletter production and supervision of our website. Until we receive more funding, VRAN is unable at this time to honour the salary increase.

Edda presented details of our current finances. Any member who wishes to receive the financial statement can do so by requesting it.

Lucia Morgan – Vaccine Damage Trial

On September 3, The Ontario Court of Appeal heard Lucia Morgan's hepatitis B vaccine damage case that had been lost in the lower court (see Winter 2006 newsletter for details). Lucia sustained irreversible brain damage from the vaccine which was required for her job as a social worker for the City of Toronto.

VRAN member Susan Harris sent us the following report:

Susan writes: In addition to Lucia and her husband, my husband Jim and I attended the appeal. Also present were Dr Byron Hyde, the physician who has done so much to help victims of hepatitis B vaccine injury and Kyle another young hepB injury victim. The rest were clerks, judges and lawyers, including Richard Anka, Lucia's lawyer.

The appeal was denied after Mr. Anka gave his "Factum", about 45 minutes long. The lawyers for the city did not have to speak at all. The judges gave three basic reasons for the denial:

1. At the discovery, no statement had been given by Lucia that she reported her reaction to her employer following her first shot of hepatitis B vaccine. She did of course do that, but had forgotten to mention it at the time of pre-trial discovery. Neither the nurse nor city staff had any recollection of this person or the situation!

2. The judges determined that the city had done all that was necessary to inform Lucia of risks from this vaccine, and that the nurse administering the shot had been properly trained about side effects. Mr. Anka referred to a 1994 medical website that provided a more detailed list of side effect than what Lucia had been told, "redness, soreness and swelling at the site". Additionally, informed consent in writing had not been obtained.

3. The judges determined that any reports of adverse events were insufficient to cause any concern in 1994.

Mr. Anka referred to the previous three judges in the last 28 years, who had presided over vaccine injury cases, and who had stated that vaccine injured persons need to be compensated.

The judges recessed a second time and returned to state that Lucia had to pay the $8,000 for the city's cost of the appeal. Mr. Anka hopes that he may be able to get this cost waived. Lucia's financial means have been wiped out by this trial and because of her brain injury is unable to work again.

Some of us felt that the two female judges were rather curt and abrupt. It was not just what they said, but how they said it. I felt so badly for Lucia, however she was as gracious and brave as I have always seen her. We all had braced ourselves for this outcome, but still hoped otherwise. It sure hurt when it actually happened and the court ruled against Lucia.

Mr. Anka is urging Lucia to consider an appeal to the Supreme Court of Canada. Lucia has been left exhausted, ill and financially drained after the first trial and this recent appeal. She is undecided about taking her case to the highest court.

Susan's own son Paul sustained severe damage from the hepatitis B vaccine as a young boy of 12 when he was vaccinated in grade 7. On a personal note she writes:

We have been busy with Paul who continues to have his ups and downs. He was quite upset about the outcome of Lucia's case. He has been off work since last Dec. 1 and we hope that after Dr. Hyde's and neurologist appointment Sept. 24, we will have some better direction. Our MPP has mentioned that perhaps we could apply to the Trillium Foundation for one time funding to help us with costs for Paul. We continue to look for support for Paul – an ongoing challenge. It is tragic that Canadian vaccine victims cannot expect justice from the courts, nor obtain compensation when they suffer severe and debilitating injuries caused by government mandated vaccine programs. √

Fever... continued from page 1

health workers think that infection is bad, infection causes fever, and that therefore fever is bad. In fact, fever is often a beneficial host response to infection, and moderate fever improves immunity.

Shann had discussed mammalian studies which showed increased death rates for both virus and bacterial infections, increased viral shedding in flu patients, and reduced antibody levels when antipyretics were used. He then said that:

Therefore, it may not be a good idea to give drugs that reduce temperature to patients with severe infection. This evidence suggests that aspirin and paracetamol increase mortality in severe infection, and that they may prolong the infection and reduce the antibody response in mild disease.

By the time I'd finished, the board was covered with medical references, but as I looked around the room, it seemed as if the audience had shut off, in some mind-numbing, glazed-eyes "default" mode, which presumably said, "Listen to the teacher, not to some numbskull mother." So I quickly asked for questions. The first one was, *"What medical school did you go to?"* My reply was instant. *"Which medical articles on fever and infection have you read?"*

Looking through my 2007 telephone logbook, I have had about 12 conversations with people during the year, who were in hospital, and who were treated like scum by staff who thought they were criminally negligent because they didn't want their children treated with paracetamol for fever.

I had one conversation with an overseas mother whose child had been exposed to chickenpox and was taken to the doctor with a fever. The doctor thought it would be chickenpox, given the known exposure and time frame, and told the mother to treat with paracetamol. The doctor then had a brainwave, and gave this child an MMR shot because it would "save" the mother coming back in three weeks' time. The mother did as told, and for several days, the child's fever was treated as specified by the doctor. Not only did the child get chickenpox, but got measles as well, had seizures, and died.

In the child's post-mortem, neither the role of paracetamol, nor of MMR was considered relevant to the cause of death,

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which was specified as "chickenpox". I believe the role of both paracetamol and the MMR were very relevant as factors in this child's death, and that such a post mortem reveals the ignorance and contempt that many doctors have to this day, to the immunosuppressive role of fever reducers, or to any suggestion that a sick child should never be vaccinated.

When I settled down to read a 2007 article in Pediatrics[4], these two parts of sentences leapt off the page:

> *"Understanding the role of fever, if any …" and later, "… the functional significance of fever remains uncertain."*

In 2007, no one in the department of Neurology and Developmental Medicine in Maryland, or any of the people in the Department of Epidemiology and Biostatistics, Pennsylvania, had a clue about the role of fever in infection? Why is that?

Okay, they were looking at it in the context of autistic children. This study was undertaken because, *"In the past few decades, parents and clinicians have reported that behaviors of children with ASD[5]s tend to improve, sometimes dramatically, during febrile episodes."* The children's improvement subsided afterwards, but the question remains to be answered, "WHY?"

Here again, we have a wonderful example of what "proof" is. Proof is whatever the doctor says it is, until they are proven incorrect. When a parent says, *"My autistic child improved dramatically during fever"*, it is anecdote. Even when clinicians agree, that knowledge is still "anecdote", and it takes *decades* before a study of individuals is done, to confirm what parents have known for a very long time.

When the same parent says, "My child had absolutely no problems before any vaccines, had this reaction, was never the same again, and here's the proof," the eyes of the medical profession glaze over.

The only useful response from this study was that, *"more research is needed to prove conclusively fever-specific effects and elucidate their underlying biological mechanisms…"*

However, I'm wondering if there's more to the 2007 article than meets the eye.

The premise of another autism study[6], conducted in 2003, was that: *"The blockage of fever with antipyretics interferes with normal immunological development in the brain, leading to neurodevelopment disorders such as autism in certain genetically and immunologically disposed individuals."*

The article then goes on to say that, *"The effects may occur in utero or at a very young age when the immune system is rapidly developing."* Antipyretics might lead to neurodevelopment disorders if given when the immune system is rapidly developing? What about vaccines?

Such statements allow blame to be placed back on the mother to take the focus off all the talk about autism and vaccines. What these studies should show people, is how little doctors actually know.

There is another interesting point in the discussion, and that's the fact that for once, someone has taken "anecdote" seriously, albeit just about a generation after the anecdotes were first told. Let me tell you some "anecdotes" from the days when parents were not paranoid about measles, and when some young wives and mothers knew how to dose measles with vitamin A, vitamin C and other treatments which doctors said didn't exist. We knew that contrary to vaccination-spin pamphlets, complications and deaths were very unlikely in healthy children treated correctly.

Like-minded parents used to get together and comment how, after measles, or even moderate fevers from other infections, children would make developmental milestone leaps, and it was not trickery of the imagination. This happened twice in our house. I have a habit of writing everything down, during and after infections, because I know it won't be remembered in days or years to come. Also, I liked Plunket nurses[7] and doctors to know what I'd written before they filled in the next gap, even if they did sigh and roll their eyes before writing in their own words of wisdom!

After our older son's bout of measles, he made leaps and bounds in language. His already good vocabulary suddenly increased in both numbers of words, and the fluency with which he strung them together. With our younger son, his development improvement was in a totally different area. He had been very clumsy and used to fall forwards a lot. After measles, not only did he stop falling over at all, but his overall co-ordination, including eye-hand co-ordination, was a lot less "random".

Our friends noticed similar things, but all of them shrugged and said, "That's just normal. All kids make strides of some sort after measles."

Our GP, on hearing this, laughed somewhat like a donkey's bray. Ten years later, I listened with interest, as an anthroposophical doctor talked about this phenomenon, and noted articles from anthroposophical medical journals on his table.

Is there something valid to these anecdotes from parents who saw their children's overall health improve after a decent fever?

What say it's not "just" autistic children who show temporary improvement during a fever? What if fever is a very powerful, positive neurodevelopmental tool required for all young children, which is needed to burn out (for the lack of a better term) "glitches" in the cranial system, or perhaps unknown epigenetic influences?

What say depriving children of infectious diseases, by using vaccines and using paracetamol for every other fever, is doing exactly the opposite to what the body needs, and is designed to do?

Why do doctors and hospitals make parents treat fever as if it's something bad, to be brought down immediately, and to be feared?

Looking through clear files full of medical articles on (ab)use of paracetamol for infectious fever, I am amazed to see the number of times, and in such a broad variety of clinical situations, that this phrase comes up:

> *"Routine antipyretic therapy in children with infectious diseases has long been the source of controversy."*

Controversy? Where? I know of no mother who frequents a doctor's surgery who realizes there is any *controversy* around the use of paracetamol for infection. For decades now, a few medical people have had doubts, and made rumbling noises, but does their discontent achieve anything in reality? Is anyone researching what fever does in the body, not just in terms of infection outcome, but in the context of the overall health of children?

No. So, why is paracetamol even suggested?

The answer lies in some of the advertisements we have seen, and still see. For instance, the McNell Motrin advertisement used in American Newsweek in 2000[9], told us that Motrin, *"never sur-*

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renders" and is, *"For Moms who don't fool around with fever."*

In other words, to do nothing is fooling around, and fooling around equates to being a bad parent.

A recent advertisement[10] in New Zealand for paracetamol is a lot more subtle and takes the "intellectual pride" route. It says:

> *"I wouldn't put just anything in my body. That's why I always think twice about what I do. Some decisions are hard to make. But in the end, you've got to do what's right for you. Panadol. It's my choice."*

Which tells you nothing about Panadol®, but is pitched to make you think that if clever people who think twice, make the "choice" to take Panadol®, that would be the right thing for you to do as well. It's the old 'go with the (alleged) crowd' trick. Do readers think about the fact that they aren't told what those supposedly clever people even thought about in the first place?

Studies conducted overseas[11] and in New Zealand[12] have shown that children who were given paracetamol early in life have a 25% higher risk[13], of having asthma symptoms. Antibiotic use in infancy has been found to have the same association. It would seem logical to assume that both paracetamol and antibiotics have a negative impact on the immune system in the long term. What does paracetamol do in the immune system, during fever, or to the immune system afterwards? I can't find any answers in the medical literature.

It's vital that the fever/paracetamol/immune system issues are resolved, for the sake of both parents' and children's health.

No doubt until then, I will continue to be sent stories like this one from an overseas blogger who had finished reading Chapter 39 in our first book[14], *Just a little Prick*, and felt compelled to tell their story. He gave permission for me to publish their experience with fever.

> *One morning when Savannah was barely one, while playing around with us in bed, she suddenly went slack and inert. Controlled panic ensued. I drove, in pyjamas and stockinged feet, at breakneck speed to get her to the hospital, about 8 minutes away. Several white-clad professionals immediately went to work on her. She was given some kind of fever-reducing injection (I probably don't want to know what it was). I think her fever had spiked to 105°F or so. When I asked if this might cause brain damage, I was told that only an EEG could tell. So we subjected Savannah to the machine, with wires stuck to her scalp. She "turned out" to be just fine, for which "intelligence" we had to fork out aplenty. We were advised to bathe Savannah in water as cold as she could stand. We did. Next day, we took her to a pediatrician someone recommended.*
>
> *He diagnosed Roseola.*
>
> *He became visibly angry when we told him what we had been sprung for the EEG. Then he told us the truth. "Children are capable of withstanding temperature spikes like that with no damage. My hardest job is to convince parents to DO NOTHING when their children develop high fevers. They can handle it."*

How many doctors do you know, who would have told the parents that children can handle fever?

Editor's Note: We wish to express our appreciation to Hilary & Peter Butler for their kindness in allowing us to reprint chapters 46 & 48 of their wonderful new book, From 1 Prick to Another. The book is a culmination of decades of research – a work of crucial import to anyone wishing to further their knowledge of the hidden world of vaccine deception. Hilary combs through and brilliantly interprets the shaky research (or lack of it) with which vaccine agendas are flogged on an unsuspecting public. Hilary Butler is known and respected world wide for her dedicated and meticulous research with which she broadcasts a powerful beacon of truth.

Notes:

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2. Davies N.M. 2004. "CYCLOOXYGENASE-3: AXIOM, DOGMA, ANOMALY, ENIGMA OR SPLICE ERROR? - NOT AS EASY AS 1, 2, 3." *J Pharm Pharmaceut Sci* (www.ualberta.ca/~csps) 7(2): 217–26. http://www.ualberta.ca/~csps/JPPS7(2)/N.Davies/cyclooxygenase-3.htm. Accessed 5 December 2007.
3. Shann F. 1995. "Paracetamol: use in children" *Australian Prescriber,* 18: 233–4. http://www.australianprescriber.com/magazine/18/2/33/5/
4. Curran, L.K. 2007. "Behaviors Associated With Fever in Children With Autism Spectrum Disorders" Pediatrics, 6: 120: e1386–e1392, December (doi:10.1542/peds.2007-0360). Published online 2007, November 30. http://pediatrics.aappublications.org/cgi/content/full/120/6/e1386
5. ASDs = Autism Spectrum Disorders.
6. Torres, A.R. 2003 "Is fever suppression involved in the etiology of autism and neurodevelopmental disorders?" *BMC Pediatr,* 3: 9, September2. Epub 2003, September 2. Review. PMID: 12952554.
7. Plunket nurses in those days, came to the homes of babies for many weeks, and then after a few month, parents would take their babies to the Plunket rooms every month.
8. Brandts C.H. 1997. "Effect of paracetamol on parasite clearance time in Plasmodium falciparum malaria." *Lancet*, 350(9079): 704–9, September 6. PMID: 9291905.
9. *Newsweek* pullout, sent to me from America. McNell ©McN-PPC, Inc. 2000.
10. Paracetamol advertisement by GlaxoSmithKline, *Sunday Star Times Magazine*, 2007, April 8.
11. Riece, K. et al. A matched patient-sibling study on the usage of paracetamol and the subsequent development of allergy and asthma. *Pediatr Allergy Immunol*, 18(2): 128–34, March. PMID: 17338785.
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13. Massey University. 2004. "Paracetamol or antibiotic use early in life may increase the subsequent risk of asthma." September 16. http://masseynews.massey.ac.nz/2004/Press_Releases/09_16_04.htm. Accessed 6 December 2007.
14. *Just a Little Prick*. "The Fever-Pitch Bandwagon," p. 259. √

Bringing Chickenpox to the Boil

by Hilary Butler

Avid readers of dramatic novels from yesteryear will recall stories from the days when fevered patients were watched over by family, and the oldies in the group just "knew" that a proper fever would "break" with a sweat. When that happened, they knew that the prognosis would be good. Of course, such sentiments today would be greeted with alarm, or scepticism, by those who consider illness should never be endured.

Isn't that why acetaminophen (in all their different brand names) is reached for, at the first sign of a fever?

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In 2001, a headline[1] made me look twice. *"Sweat has the power to fight off disease."* We were told that sweat contains a versatile antibiotic that may be on the front line against disease-causing bacteria and that: "The researchers said dermcidin probably plays a key role in the innate immune responses of the skin". A news roundup from the *British Medical Journal* told us[2] that dermcidin killed *escherichia coli, enterococcus faecalis, staphylococcus aureus* and *Candida albicans*. It was active at high salt concentrations and the acidity range of human sweat. In concentrations of 1–10 μg/ml, it killed all of the *staph aureus* colonies in only four hours. Unsurprisingly, the scientists didn't know how dermcidin worked.

Up until the late 1990s the skin was simply thought to be a "barrier" with no active participation in the immune system. The original 2001 paper[3] said that during some inflammatory skin disorders and wound healing, skin cells functioning within a salty sweat with a pH of 4–6.8 , produced many effective pharmacologically active substances such as immunoglobulin A, interleukin 1, 6 and 8, tumour necrosis factor, transforming growth factor β receptor, epidermal growth factor, and a prolactin-inducible protein.

As time has gone on, other researchers have taken a closer look at skin, and have found that the neutrophil[4], which is the professional phagocyte of fundamental importance for defence against micro-organisms, provides instant help, not only in microbial infection[5], but to the growth factors when the skin is broken and there is a risk of infection. Another article says that mast cells, macrophages and skin cells produce antimicrobial peptides. These are called cathelicidin, which disrupts bacterial cell walls, modifies the host cells inflammation, and provides additional immune defence. At the heart of this all, is our friendly neutrophil:

"These studies clearly illuminate the importance of neutrophil recruitment in cutaneous defense against bacterial infection.…Recent advances in understanding of innate immune defense systems have suggested that these ancient evolutionary immune mechanisms may be important to human disease yet previously underappreciated."

The article looked at whether just skin and mast cells were involved, or whether neutrophils were also important. Using mice, they found that mice with few neutrophils developed much worse tissue death (necrosis) and had 3,000 times the amount of bacteria on the skin than mice with active neutrophils. The skin cells worked hard and could produce some cathelicidin on their own, but didn't have the killing power of the skin cells plus neutrophils. The article's conclusion said that life-threatening necrotizing skin and soft-tissue infections can develop in patients with depressed neutrophils, but that that numerous examples exist of patients with increased frequency of skin infections who have no *"demonstrable defect[7] in leukocyte recruitment or function."*

> "Sweat has the power to fight off disease."
> — The New Zealand Herald

Many countries have recently been bombarded with stories[8] about chickenpox resulting in death or serious bacterial infection.

The *New Zealand Herald* article cited above talked about a 14-year-old student, Luchan Li, who *"died of heart failure as a result of a blood infection, also known as septic shock. The illness was possibly connected to a case of chickenpox Luchan had two weeks earlier, but no one knows for certain."*

Is it a coincidence that this article was published before the proposed introduction of the chickenpox vaccine in this country?

At the same time, the *Daily Mail* in England ran a very emotive article about a little girl called Isobel: *"Within days, the virus had taken hold of her body, leading to toxic shock syndrome – a rare type of blood poisoning caused by bacteria – and necrotising fasciitis, a bacterial infection that rapidly eats away at the flesh."*

The article went on to say that it is "thought" that dozens of other chickenpox children have the same complications.

Isobel's mother said that, *"if she'd had a big dose of antibiotics at the start, none of this would have happened."* Just maybe Isobel didn't have enough vitamin C to operate her leucocyte system to get rid of the bacteria. And did Isobel's mother use the English version of acetaminophen? The second child in the article, Christopher, who died from chickenpox, was given that drug.

Before antibiotics were used in medical practice, when rickets was still rife, and scurvy relatively common, chickenpox was known to have a much higher rate of Group A streptococcal (GAS) infection complications, than that seen today. Group A streptococcus also causes scarlet fever, and rheumatic fever, which in most developed countries, started declining in 1850[9] well before antibiotics were marketed. As a marker of Group A streptococcus severity, scarlet fever has exhibited at least four cycles of varying severity followed by remission, believed to have been due largely to virulence variation. A very good article[10] on the web states, *"…reports of fatal infection with invasive strep a bacteria have been increasingly recognized in the United States since 1987. Researchers do not know why the new strain of Strep A is on the increase or why it targets certain otherwise healthy people."* Older textbooks and papers all mention the need to be careful when gas infection follow chickenpox. For thirty years after the introduction of penicillin, there were no reports of serious GAS complications after chickenpox. But those years follow hard on the hells of the "conquest" of rickets, which up to the 1930's had affected nearly 50% of wealthy parents' children in London. There are still some alive who remember the blackstrap molasses and cod-liver oil morning routines of the times. Both "malnutrition" and "bad" nutrition can result in infections becoming far more serious.

After the depression era, in the 1930's, food was a lot more basic than it is today, with minimal additives, and very little "junk" food to be found. Nutrition was far better in a general sense than it is now. Because of the huge increase of empty calories in family diets today, many children may now be at a greater risk of secondary bacterial infections after chickenpox.

Properly fed, healthy children, whose parents know what to do, and what not to do, will rarely get any complications to chickenpox. As was the case for our children, well-managed chickenpox should not even lead to any scarring. So let's ask some questions here, with chickenpox in mind. *What is the function of fever?*

Here's a really simple statement[11] from twenty years ago: *"…elevated body temperature enhances the inflammatory response and function of the immune system at the same time that it reduces the replication of microbes and tumor cells."*

Not so simple is this sentence. *"Fever also appears to be a prominent component of cytokine therapy and attends the*

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use of several biologic response modifiers." Fever switches on the chemical messengers and processes which call on the body immune system to respond and "modify" or deal with the infection.

If fever is a key to an immune-system process, without a fever, how effective is the body going to be in fighting viruses, or bacteria? With viruses like chickenpox, which are known to have an affinity with *group A streptococcus,* which can infect the pox rash and so have access to the body, what do we want the immune system to do? It's pretty obvious isn't it?

We *want* to allow the body temperature to rise to the level it needs so that all the on-switches can be thrown.

We *want* the body to send out all those little chemical messengers which get the antiviral side of things going.

We *want* the messengers to call the neutrophils to join the skin cells in producing cathelicidin, and to work with the whole array of anti-viral and antibacterial components[12] in "sweat" to stop *group A streptococcus* in its tracks.

As a 1991 article[13] says: *"…temperature elevation … enhances the processes involved in initial antigen recognition and support for immunological specific response to challenge."*

We want the body to recognize the virus, ring the bell and sound the red alert (fever) to fight, don't we? Why, then, turn the fever off with acetaminophen products? Doesn't that defy logic?

Another article[14] of that era said: *"There is considerable in-vitro evidence that a variety of human immunological defences function better at febrile temperatures than at normal ones … Studies have clearly shown that fever helps laboratory animals to survive an infection whereas antipyresis[15] increases mortality."*

A 1998 article[16] said: *"The elevation of body temperature by a few degrees may improve the efficiency of macrophages in killing invading bacteria, whereas it impairs the replication of many microorganisms, giving the immune system an adaptive advantage. There is a simultaneous switch from the burning of glucose, an excellent substrate for bacterial growth, to metabolism based on proteolysis and lipolysis. The host organism is anorectic (doesn't want to eat) minimizing the availability of glucose, and somnolent, reducing the demand by muscles for energy substrate. During the febrile response, the liver produced proteins known as acute phase reactants … the net effect … is to give the host organism an adaptive advantage over the invader."*

I could bombard you with article after article that show not only that fever in infections is beneficial, but also that when you use paracetamol products, you *increase* the likelihood of dying; you *increase* the likelihood of complications. Pubmed is littered with articles from around the world saying this. The World Health Organization surprised me by having two articles on its website decrying the use of paracetamol for bringing down fevers.

Treating fevers is dicing with more severe infection, and a greater likelihood of death, because fever is a key immune response to get the immune system working properly.

You mess with fever, and you mess with lots of things. It stands to reason. Do you need to know what the medical profession does not *yet know about fever in its totality,* to see that?

Back to chickenpox. Tucked away in a small corner of the *New Zealand Herald* in 2001 was a warning[17]: *"GPs warned over chickenpox drug."* Doctors were warned about treating chickenpox with ibuprofen to reduce fever because of a higher rate of necrotizing fasciitis[18]. There was no mention of paracetamol in the warning, yet, since both perform the same function, there is reason to argue that paracetamol might do the same as ibuprofen. In USA, the link between the use of non-steroidal anti-inflammatories and chickenpox reached the ears of doctors[19, 20], but not, it seems, the public.

"Health" is not a one-pronged fork. Lots of things have to be working well, for the body to do what it is programmed to do.

There was a flurry of articles suggesting it was dangerous to use anti-febrile drugs with chickenpox; there was also an article by a group of doctors, who in defiance of all logic and known immunological impacts of drugs used to reduce fever, decided that there was no association. They[21] decreed that when parents used drugs to "treat high fever and severe illness", drug use was merely the identifying factor of who was at high risk for secondary bacterial infection! That interesting little word "coincidental" again.

Doctors[22] will say that the resurgence of streptococcal infections, "highlights the wisdom of recommending widespread use of the varicella vaccine to prevent this kind of infection". Why worry about GAS, when a vaccine will prevent both chickenpox and GAS. On the surface, this looks logical.

I see the increase in these infections as evidence of a total lack of common sense about how to prevent complications. I see the association between non-steroidal anti-febrile drugs and GAS as a predictable outcome of the loss of home nursing skills and handed-down generational wisdom. I see the increase in secondary bacterial infections as something which can stem from parental lack of understanding that messing around with fever, and using symptom-suppressing/immune-suppressing drugs can restrict the ability of the immune system to fight the virus. It also reduces the ability of the leucocyte system of neutrophils, macrophages and phagocytes to fight bacterial toxins from secondary bacterial infections.

As pointed out in Chapter 70, if you don't have enough vitamin C in your system, then the neutrophils won't be recognized by the macrophages, and you might be in big trouble, because if that happens, the result could be toxic shock/sepsis taking hold very quickly. Even if you have enough vitamin C, if the amount of GAS toxin is such that the glucose transporters (which are part of the vitamin C shuttle service which takes ascorbate from A to B) are blocked, that can result in a GAS infection which threatens to run out of control. The quickest way to restore the immune function in a case of sepsis is by giving vitamin C intravenously. The body can fight sepsis by itself, but it's a bit more of a lottery as to whether it will succeed if it doesn't have the tools to do the job.

"Health" is not a one-pronged fork. Lots of things have to be working well, for the body to do what it is programmed to do.

Get smart with your computer, and the whole thing can crash. That analogy applies to the processes of fighting infections. So the next time you read a historical novel where the family is relieved to see the break out of a fevered sweat, you will have an idea why. The anecdote of the old wives wins out yet again. Everyone knew that to beat the sickness lottery, a big sweat was usually a plus. Now we know why. A big sweat is part of the beneficial natural defence your skin immune system uses to fight

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any bacterial flora on/in the skin, such as group A *streptococcus*.

A big sweat shows that the immune system is working properly. A fever and a sweat in any infection, if you do not have heart or lung disease[23], is the right thing[24] to allow to happen.

In the "olden days", they didn't clean a patient during an infectious sweat, and after the sweat broke, they let them sleep. My grandma would change the sheets, but she knew that there would be no shower until after the patient had recovered. She just "knew" that was the right way to treat infections.

TLC[25], drinks, maybe cool cloths to the wrists and face, and a gentle breeze from a slow fan is all that is needed.

Editor's Note: With appreciation to Hilary & Peter Butler for their kind permission in allowing us to reprint this article from chapter 48 of their new book, From 1 Prick to Another. The book can be ordered through VRAN and shipped directly from New Zealand. Please contact us for cost.

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25. TLC = Tender loving care. √

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to tell them honestly, "there's definitely a risk involved – if you're unsure, it may be better to wait, to gather more information on which to base an informed decision." Some have done a bit of reading, but most have no idea which vaccines their child is scheduled for, or the quantity of vaccines in the schedule. Many of these mothers find themselves between a rock and a hard place and often sound panic stricken, afraid to allow their child to be vaccinated, and afraid not to.

Even those who have done some reading and have decided to hold off vaccinating until their child is older, succumb to the fear generated by vaccine officials when outbreaks of a disease happen. A case in point is the recent mumps outbreak that has made its way across the country.

One mother, her voice filled with fear kept referring to "the one year shot" her daughter was scheduled for in a week, worried that she might develop autism. And if she didn't get the shot right away what if she got mumps? I asked her several times if the doctor had specified which vaccine she was due for? She kept repeating "the one year shot". I clarified that at one year, it's usually the MMR vaccine which includes the measles, mumps and rubella component with chickenpox vaccine also often included in that round of shots – 4 live viruses injected at the same time. I reassured her that healthy children will sail through a bout of mumps without a problem as long as you don't compromise the situation by using fever suppressing drugs that will prevent the immune system from doing its job. I also pointed out that in nature, a child would never be exposed to four viral diseases at the same time.

We had a long conversation about the benefits of fever which she'd not heard before. I encouraged her to send VRAN an email request so we could send her links to articles explaining the benefit of fever and the real risks associated with artificially reducing it during an infectious disease. She was also very concerned about her older child with kidney problems who had been on antibiotics for two years straight and whether she should she continue with the shots he was due for now or whether she should wait?

I thought to myself, and how many countless other mothers are out there worrying about how to make the best possible decisions for their children,

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without enough information enabling them to make a choice they are confident and comfortable with? And how many of those mothers are estranged from their intuitive faculties, unable to trust their inner signals calling them to pay close attention to potential danger to their child?

Another mother with a fully breastfed unvaccinated 9 month old baby emailed us fearful of "what if" her baby got mumps? I could sense that the medical and media fearmongering had oozed into her psyche creating a state of near panic worrying about her child, his vulnerability and what if he got mumps. Here was a mom, already well read on the issue with a vibrantly healthy child – but fear had become the main impulse permeating her reality, shutting down her intuitive intelligence and basic reasoning capacities.

I responded with a lengthy email reassuring her that the fear of mumps is completely exaggerated and blown out of all reasonable proportion, that before the vaccine was developed it wasn't even a reportable disease which cycled around every few years and the vast majority of children would get it and recover without incident, developing lifelong immunity in the process.

As with all the vaccines now marketed with such deceptive, forceful propaganda, monopoly medicine has demonized the disease(s), and disabled our powers of reason and intuition, all done efficiently and effectively with their favourite tool—FEAR!

Another mother called from Ontario, a member of an alternative religious school where a cluster of mumps cases had been diagnosed. People felt they were being persecuted for non-compliance with vaccination and a number of their children barred from school. I advised her to form a group with the affected families, to familiarize themselves with the fine print of Ontario's Immunization of School Pupils Act. I also suggested they might consider getting legal help since public health had informed them their children might be kept out of school for many months —possibly until after Christmas. Parents who at first were supportive turned on the group organizer who wrote:

"We have started a support group, but due to many angry outbursts from members in OUR OWN community, some of the parents have opted out. I received an angry phone call yesterday from a member of my own church accusing me of "playing God". Even after I explained to her that all we were trying to do was to create awareness and to provide some education as to why our community chooses not to vaccinate, she was still very outraged and told me I had "no Christian principles or morals."

This is an example of how effectively the medical machine wields its control over people's minds, to the degree that neighbour turns on neighbour irrationally and vindictively. This is how the vaccine propagandists exert mind control over the masses to turn hatefully on those who choose to protect their children from vaccines with accusations that they are putting everyone else's vaccinated children at risk. Never mind that a reasonable and logical mind would conclude that if vaccines are so effective, then surely your fully vaccinated child is well protected and my unvaccinated child cannot possibly be a threat to you.

The traveling mumps outbreak is a flash point bringing into focus the extent of mind control leveraged through fear that permeates all corners of society. The voices and experience of the previous generations, who knew that infectious diseases in childhood were a positive thing conferring life long immunity and gift of a robust immune system have been lost and with it an intrinsic understanding of how to deal with sickness by natural, non-invasive, and non-toxic means.

With the disappearance of this common knowledge, so has the confidence in our own abilities to nurse our children through ordinary sicknesses leaving us captive to the fearmongering and drugs with which monopoly medicine plies its trade. Frightened and disempowered parents panic at every small fever without a clue that fever is a crucial aspect of a well functioning immune system, not to be killed with fever suppressants, but to bless the fever knowing that the child's immune system is doing exactly what it needs to effectively deal with the sickness.

That young intelligent moms don't know mumps is NOT something to panic over in a healthy child is a wake-up call to what has been lost. That young parents have lost confidence in their own ability to deal with ordinary sicknesses is emblematic of what has been given up to the rule of the "experts", who exert their control through fear and coercive propaganda.

In one generation we've lost the basic tools with which to safely and effectively support our children through illness. In one generation we have allowed our powers of discernment, our critical faculties and intuitive knowledge to be dismantled and disempowered, replaced by mistrust in our own fundamental abilities to make the best possible choices for our children.

A few years ago Walene James wrote a ground breaking article for the VRAN newsletter in which she discussed vaccination as THE strategic tool used by the dominant allopathic system to exert mind control over the population. The article entitled *Vaccination and the Making of Mass Mind* is extrapolated from her book of the same title and awaits publication.

"Mass acceptance of mass vaccinations is the product of mass-mindedness, this latter being a greater threat to our birthright as free, sovereign, and whole human beings than any other danger facing our society. Authoritarian governments depend upon creating mass-mindedness."

Here is how mass-mindedness is created. "First, create blind belief. Blind obedience will follow. This is The Formula":

1. **Ideational Underexposure:** People must be persistently and consistently exposed to only one point-of-view, one way of thinking about a subject. Other ways of thinking—or interpreting data—must be ignored or denigrated. Thus, the art of questioning, which is central to the development of the critical faculty, is stunted. Why? Because the critical or discriminating faculty is an aspect of the intellect and the intellect learns by comparison.
2. **Fear and guilt:** People must be programmed to believe in some threatening external agent from which they can be saved only by the intervention of a product, person or collective movement. In the case of vaccinations, transform non-transmissible diseases into transmissible ones. Transform relatively benign—for a healthy child—self-limiting diseases of childhood such as mumps, measles, rubella and even whooping cough, into something "dread," "devastating," or "dangerous," which places a child "at risk." Make parents feel guilty by accusing them of medical or even child neglect for failing to vaccinate their children. Get legislation passed that will enforce this policy. If this succeeds, up the ante and have parents accused of child abuse.
3. **From private to public:** Transform

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a private issue into a public health problem. Claim that the old 'scary' diseases of yesteryear like smallpox and diphtheria--and more recently polio--were "conquered" by vaccinations and that enough unvaccinated persons could leave the community open to the old plagues and diseases that nearly decimated earlier populations. Point the finger at the unvaccinated for not doing their civic duty and exposing the community to danger. Call vaccinations "immunizations" and unvaccinated persons "unimmunized," thus implying that natural immunity is non-existent and that only vaccinations produce immunity.

4. **Bandwagons:** People love to belong, to march together for some 'righteous' cause. Give awards to those who are most compliant—good soldiers. Becoming creative with statistics and even events is frequently necessary. Exclude skeptics and non-conformists from policy making processes and public forums.
5. **Learn the tapes:** ***Tape 1: Trust vaccines:*** "The benefits outweigh the risks." This means, of course, that vaccines are a lot safer than the natural disease. ***Tape 2: Creative statistics:*** Vaccine side effects are extremely rare, while the side effects of natural diseases can be "devastating." ***Tape 3: Denial:*** It would have happened anyway." This is to be recited when a distraught parent claims her child was neurologically damaged by a vaccine. ***Tape 4: Good Soldier:*** "When your child died s/he saved the lives of 10,000 babies." (This tape along with the others have been used.)

Thus programmed, people can believe in absurdities. Some of these are:

- **The medicine I take to protect me won't work unless everyone takes the same medicine.**
- **If I don't take the medicine I could endanger those who do.**
- **The fox is the expert who should be in charge of the hen house.**
- **Ideas and events are context free.**
- **Assembly line treatments such as mass, compulsory vaccinations are sound policies because our b o d - ies are machines disconnected from mind, spirit, poetry, philosophy and all that makes us human.**

For over 30 years, I and others in this work have observed and understood the truth Walene writes about. We have borne witness and absorbed the grief of families devastated by their child's catastrophic vaccine injuries while the mantra "the vaccine didn't do it" drones on and on. So many of these children suffered a preliminary vaccine reaction, often a seizure(s) shortly after vaccination. But even if the parents had the normal intuitive response to suspend the next round of shots, they were urged on by their doctor to stay with the schedule, told that the seizures were not related to the vaccine, and not a reason to delay the next round of shots. And always hanging over their heads is the bogey man poised to attack the child with this or that disease if one deviates from the prescribed vaccine agenda. Shutting down their own reasoning and intuitive intelligence, parents are frightened into compliance and proceed on the disastrous course of more vaccines.

We just received the following tragic letter from a mother devastated by what has happened to her child. This mother's experience is representative of the countless mothers I and others in this work have encountered over the years. She is the archetypal disempowered mother, who, while tragically blocking out the signals of her intuitive wisdom, naively kept trusting the doctors, accepting the rationale that she must submit her child to more vaccinations.

She was unable to stop the medical machine from ruining her child!

I believe 100% that my daughter was damaged from the vaccines.

On Dec 2007 my 5 month old daughter was given the following shots – diphtheria, tetanus, pertussis, polio Hib, hepatitis B, Meningococcal C and Prevnar (8 vaccines at one time).

Two days later she had a grand mal seizure. By the time we got to the hospital it was over. I told the doctor and nurses that she just had her shots two days ago and they said well maybe she had a fever from the shot and that caused her seizure. She had no fever before or after the event; my concerns were ignored and brushed off. We were assured that everything was fine and it shouldn't happen again so we went ahead with our travel plans to Ontario the next day.

She had another seizure when we arrived in Ontario. She was hospitalized for days and again I told every doctor and nurse that I saw that this started two days after immunization - again brushed off and ignored. Probably fever seizures we were told again, except there was no fever.

She went a month or more with no seizures then when she got immunized in Feb 2008 (a possible repeat of the 8 vaccines) they got worse.

She was put on clobazam and she only had 1 seizure a month after that. July 2008 she received five vaccines—meningococcal C, measles, mumps, rubella and chickenpox. That one did her in. Within a week she was having 2 seizures a week then 3 and multiples in a day. She also stopped talking - she won't even babble, just moans different pitches. By the beginning of September she was hospitalized for a month. Test after test with no answers.

Three MRIs, spinal tap, dozens of blood tests, liver, muscle, skin biopsies - no answers. What makes me extremely upset is that I was never warned of these possible side effects. I found out through my own investigation. No one reported the first incident or even questioned the fact that maybe further immunizations should be withheld until further investigation.

The second vaccine incident I first brushed off because I was reassured by many healthcare professionals that they can't possibly be linked together. The third immunization incident the same thing, I thought must be something else. I've racked my brain daily for hours on end. What changed, what happened in July to cause this? I am convinced 100% that these shots have damaged my daughter forever.

She is now 15 1/2 months old she has grand mal cluster seizures every 4-7 days. No meds are working enough to stop them just enough to calm them. She used to say mama, dada and bubba (for bottle) now I can't even get her to make a sound other than moans and growls. She can't wave, clap or mimic anything at all. She used to dance to music now she won't. She used to smile and laugh all the time now it's a struggle to get her to laugh. She can barely pull herself to stand. Walking anytime soon does not look promising.

My child does not deserve this; she just came into this world and it has been horrible to her. She has suf-

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fered countless IV pokes and blood test. Her little arms were so bruised from needles that no veins could be found for IV so she had one put into her neck and stitches were put in her neck to hold it in. Then she had an IO (an IV drilled into her leg bone) resulting in a possible bone infection. It swelled so much she wouldn't stand on it for a week. Then surgery and the EEG gave her blisters all over her head - you name it she has gone through it.

I cry every day for my child and those responsible must be held accountable for doing this to our children, I don't want even one more mother and child to go through what we're going through, it's preventable and avoidable.

This child's suffering, this family's grief is the profound tragedy of countless families of vaccine injured children, the silent victims of overt violence inflicted on them by a medical system run amuck in its blind fanaticism. It is a call for us to awaken from the trance that has disempowered us, spun by the fear imposed on us. It is directing us to abandon the blind trust we've had in doctors and understand that allegiance to medical dogma can hurt our children. It means never allowing a child to be subjected to a medical procedure that you sense might be harmful - to listen to your heart and soul when those internal warning bells start to ring loud and clear. It's a wake up call for us to learn to recognize the powerful signals telling us that our child is at imminent risk and that we have to muster the courage to stop the process that is placing our child in mortal danger. In the case of vaccination, it is knowing when to say NO, loud and clear to the doctors—to say, **"stop, enough - no more vaccines".**

On a deeper, universal level, mothers everywhere are called now to reclaim our position as primary healer in the family —to understand that making discerning and truly wise decisions for our children is only possible when we trust our intuition and our intelligence first – not the dogmatic 'say-so' of some expert.

From the beginning of time we have nurtured and nursed our children through sickness and in health. We know our children better than any "expert", and **we do know what is best for them.** And if we have forgotten how, there are plenty of teachers and sources that will again teach us the ways of natural healing and simple tools to help our children through ordinary sicknesses – to help them build the strongest immune systems possible.

When we learn to trust our intuitive senses and to embrace the gift of our higher wisdom, we will know how to protect our children. Ancient wisdom teachings have echoed this message through the ages—that real intuition is always in alignment with truth, that we must protect ourselves from societal training that turns us into conditioned robots, unquestioningly, obediently following orders—that the mind must become liberated so that self-knowledge becomes our guide to truth and right living. In alignment with this truth, we can break the spell of mass-mindedness.

Philosopher Jean Vanier so beautifully articulates how we achieve true wisdom in our lives. He says, **" Intelligence is only intelligence if experience and heart is part of it." "The danger is the head separated from the heart. Head and heart is being in relationship with reality"**, which he also describes as a profound admiration of nature - of all of creation. **When head and heart come together, we achieve true wisdom.**

When we are in right relationship with "reality", and appreciate the profound intelligence of nature, we come into alignment with our own higher wisdom and are able to recognize that which is deviant and of potential harm to our children. Mother's intuition is a powerful survival tool we are all endowed with that enables us to identify danger and directs us to protect our children from harm. Awakening to vaccine dangers is a potent example of this. Our natural intelligence and intuition warns us about it fundamentally because the artificial manipulation of our children's immune systems by chemical & viral substances is so deviant from nature.

"When head and heart come together, you have something special – you have wisdom." Let us carry Jean Vanier's wonderful message in our hearts. When we act from this place of wisdom, we succeed in the mandate entrusted to us as mothers and can be confident that we will raise the healthiest children possible.

Notes:

1,CBC Radio, Ideas, December 6, 2006. The Gift of Love: The Two Worlds, interview of Jean Vanier

2. Walene James, Vaccination and the Making of Mass Mind. Book awaiting publication. √

Saying No to Vaccines

Re: additives in vaccines

Dr. Sherri Tenpenny

This is an excerpt from pages 58-59 of Dr. Tenpenny's new book Saying No to Vaccines

"The stray viruses sometimes found in vaccines are harmless"

TRUTH: Vaccines contain bovine cells and viruses (from cow serum), avian cells and viruses (from chickens), immortalized cells (from aborted fetal tissue), viruses from monkey kidneys, and stray bacteria that enter due to lax sterility standards. The following is specific information about animal tissues and the stray viruses they contain.

Bovine (cow) serum: Polio, hepatitis A, rubella, mumps, rotavirus, chickenpox and the shingles vaccines are made using bovine serum. The most common contaminant virus found in bovine serum is a member of the pestivirus family called bovine diarrhea virus (BVDV). All commercially available bovine serum is thought to be contaminated with this virus. Vaccines grown on contaminated cells may, in turn, have viral contaminants in the final product. The animal viruses can combine with viruses in the vaccine and become an active, unique disease. (1)

In spite of reassurances from manufacturers and regulatory agencies, a study published in 2001 found that 13 percent of MMR, polio or streptococcus pneumonia vaccines were contaminated with pestivirus.

The medical literature indicates BVDV can cause diarrhea in humans. One revealing study states, "…feces from children under two years of age who had gastroenteritis (diarrhea) that could not be attributed to a recognized (normal) pathogen were examined for pestivirus antigens. These antigens were detected in 30 of 128 stool samples. The children who excreted pestivirus also had respiratory inflammation (asthma)." The most probable source for the pestiviruses is from vaccines. (2)

How much BVDV has trickled into

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humans? In spite of reassurances from manufacturers and regulatory agencies, a study published in 2001 found that 13 percent of MMR, polio or streptococcus pneumonia vaccines (Prevnar and adult pneumonia shot) were contaminated with pestivirus. One researcher observed, "Antibodies identifying BVDV have been detected in approximately 30 percent of the human population who have had no contact with potentially infected animals," meaning that the only possible way animal viruses could have gotten into the blood of these people was through a vaccine. Many other references confirm that bovine viruses are entering the human genome through vaccines. (3)

Bovine viruses grow rapidly in the human cell cultures WI-38 and MRC-5, cells originating from aborted fetal tissue. These cells, in turn, are used to manufacture the rubella and chickenpox vaccines. Rapid replication of BVDV increases the amount of animal virus that ends up in the final vaccine product. (4) (5)

Avian (chicken) cells: The influenza, measles, rabies and yellow fever vaccines are produced using chicken cells and eggs. The vaccine industry has known since the 1960s that human vaccines have been contaminated with avian leukemia virus (ALV), a retrovirus that infects most commercially raised poultry. Vaccines made using eggs repeatedly expose humans to an avian virus that can easily activate the human cancer-causing genes called erbB and myc. Once these genes are "turned on", erbB and myc have been associated with the development of human breast cancer. It seems the issue of ALV vaccine contamination deserves an extremely high level of attention – not the passive oversight it has been given by the Center for Biologics Evaluation and Research (CBER) and the FDA. (6)

VERO (monkey kidney) cells: Monkey kidney cells, similar to WI-38 and MRC-5 cells, are called "immortal cell lines" because they have no limit to the number of times they can divide. A cell that divides indefinitely is, by definition, a cancer cell. The FDA is concerned about the number of adventitious (extra, outside) viruses that contaminate the monkey cells and are then passed on through polio vaccines. Scientists have determined that it takes only one "functional unit" of viral DNA to be incorporated into the DNA of a human cell to transform the cell into cancer. The current standards within vaccine manufacturing allow up to 100 million "functional units" of viral DNA in each dose of vaccine. The risk of developing cancer from a vaccine contaminated with animal viruses is apparently real. (7)

In 1999, a workshop co-sponsored by the FDA and CBER titled "evolving Scientific and Regulatory Perspectives on Cell Substrates for Vaccine Development," gathered experts from government and industry to discuss the problems of animal viral contaminants found in vaccines. Dr. Walid Heneine, a CDC virologist, voiced the importance of not assuming that viral contaminants are harmless. She mentioned research conducted in 1997 that demonstrated viral contaminants from animal tissues are capable of replicating and, therefore, are capable of causing disease in humans. Dr. Heneine suggested that simply ignoring rogue animal viruses in vaccines may be "imprudent." She warned that while the presence of some viruses is known, the disease-causing capability of viruses that have yet to be detected is unknown. In other words, we may be causing diseases, including cancer, from viral contaminants in vaccines that have not yet been identified. (8)

Dr. Heneine suggested that simply ignoring rogue animal viruses in vaccines may be "imprudent".

She warned that while the presence of some viruses is known, the disease-causing capability of viruses that have yet to be detected is unknown.

In other words, we may be causing diseases, including cancer, from viral contaminants in vaccines that have not yet been identified.

Bacterial contaminants: In 2004, Chiron, a vaccine manufacturer headquartered near San Francisco, was warned by the FDA that its plant had failed to follow production procedures and had produced a contaminated influenza vaccine. The citations included bacteria found in sterile rooms, failure to maintain proper storage temperatures for its vaccines, improper cleaning and equipment maintenance, inaccurate production records, and lack of corrective actions after warnings about contamination. Ultimately, the bacteria *Serratia maracescens* was found in nine of its 100 flu vaccine lots. Because the plant had failed to keep adequate records of each vaccine batch, it could not trace where the problem started, nor determine if the other 91 lots were contaminated. As a result, none of the batches were safe for use and Chiron's flu vaccine production was suspended for the season. (9)

In December, 2007, more than 1 million doses of the HiB vaccine were recalled due to the discovery of bacterial contaminate in the vaccine. Merck & Co. and the FDA informed health care professionals and consumers of a voluntary recall of 13 lots of PedvaxHIB and two lots of COMVAX vaccines.

The vaccines were recalled because the manufacturer could not guarantee the sterility of the lots. Routine testing of manufacturing equipment used to produce PedvaxHIB and COMVAX identified the presence of the bacteria, *Bacillus cereus*. Sterility tests on recalled lots did not find any contamination. However, vials have been distributed since April, 2007. Health care professionals were instructed to immediately discontinue use of any of the affected lots and follow the manufacturer's instructions for returning recalled vaccines.

Bacillus cereus is most commonly associated with food poisoning. However, in 2005, three neonates were confirmed to have hemorrhagic meningitis caused by B. cereus. All three had the same clinical course that started with an uncomplicated delivery and an uneventful first few days of life. Within an average of nine days, infants developed signs and symptoms of meningitis and had downhill clinical courses: All died within five days after the onset of full-blown infection. Injecting a vaccine contaminated with this bacteria has the potential of causing a blood infection, local abcess or deadly meningitis. (10)

"The traces of additives found in vaccines are inconsequential and non-toxic"

TRUTH: All of the vaccines together contain measurable amounts of more than 100 different additives, preservatives, chemicals, medications and antibiotics added during the manufacturing process. One vaccine does not contain all of these, but every vaccine contains at least several. For example, DTaP vaccine is produced using formaldehyde, aluminum hydroxide, aluminum phosphate, polysorbate 80 and gelatin. Another example, the polio vaccine, is produced using three different viruses and can contain measurable amounts of formaldehyde or phenoxy-

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ethanol; sucrose (table sugar); and the antibiotics neomycin, streptomycin and polymyxin B. Every one of these chemicals has a toxicity profile. **The combined effects when these substances are injected into infants is unknown.** Manufacturers claim that giving the DTaP and the polio vaccines together is acceptable and causes little damage, but the long-term health consequences of the injected chemicals is unknown.

Note: In Canada, infants at two months are routinely injected with up to 8 vaccines at one time. These are DTaP, Polio, Hib, Pneumococcal, Meningococcal-C and Hepatitis B.

We wish to express our thanks to Dr. Sherri Tenpenny for her kindness in allowing us to reprint pages 58-63 of her excellent new book, Saying No to Vaccines; A Resource Guide for All Ages. The book includes a DVD vaccine lecture presented by Dr. Tenpenny.

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EARLIER VACCINATION CAUSES ASTHMA

By Mark F. Blaxill

Lost amidst all the furor over the role of vaccines in autism has been the role that vaccine administration plays in causing other chronic childhood diseases like asthma and juvenile diabetes. But the evidence that vaccine administration, especially early administration of DPT vaccine, increases the risk of developing asthma (for the purposes of simplicity, let's shorten that phrase to causes asthma for what follows) is compelling. If you look at the totality of the published evidence the picture is admittedly somewhat mixed, but for anyone with an open mind and a critical eye, the argument for a strong role for vaccines as a cause of asthma is persuasive.

And for any parent trying to figure out whether or not to comply with the aggressive and crowded vaccine schedules, the message from this evidence is simple. Don't comply. Go slower than they want you to. Take responsibility for your own child's health. Because recent research shows not simply that vaccines cause asthma, but that the sooner you give your child some vaccines the higher the odds that your child will develop asthma. These are obviously critical and controversial points, so let's take a some time to review some of this research.

In a study published earlier this year, a group of Canadian researchers from the University of Manitoba examined the connection between asthma and vaccines in one of the largest studies ever to address the question. What they found was clear and striking. The earlier children received their DPT shots, the higher their odds of developing asthma by their seventh year of age. To be more precise, among children born in Manitoba in 1995 who received their first shot on time (on or before two months of age), nearly 14% subsequently developed asthma. By comparison, among children who received their first shot late (six months or later), less than 6% developed asthma. That's a "crude odds ratio" (before statistical adjustments for "confounders" that might bias the result) of 2.6, meaning that a child vaccinated on schedule is over two and half times more likely to develop asthma than a child vaccinated late.

(Note: the author has created a bi-coloured graph which we cannot reprint here showing details of this study, along with detailed explanation of how to interpret the graph. The graph can be retrieved at http://www.ageofautism.com/2008/07/earlier-vaccina.html)

The sooner families in Manitoba lined up to give their children their first DPT shot, the more they raised their child's odds of developing asthma - by my estimate may rise as much as 3-4 times higher once the full range of vaccination timing is considered. One thing I found interesting, when reading the fine print in the paper was a more targeted analysis that the authors did for the on-schedule group. This special analysis compared the "adjusted odds ratio: for the ahead-of-schedule group and estimated that the asthma risk for this group was 60% higher than the right-on-schedule group. Looking at the data this way suggests that the odds of getting asthma rise even higher when a child receives the DPT vaccine earlier: this earliest group appear to have had nearly 4 times higher odds of developing asthma than the group vaccinated on time.

In other words, earlier vaccination causes asthma.

[Full disclosure note: I had a pleasant email exchange with the corresponding author, Anita Kozyrskyj. She declined to provide the data that would permit a more direct calculation of the crude odds ratio for the ahead-of-schedule sub-groups.]

I think two things are critical when reviewing studies like these: 1) respecting the evidence and the underlying data, not forcing it to be something it's not, which is why I've complicated the matter with the red and the black lines; and 2) cutting through the fog of political correctness and fear that surrounds the management of vaccine safety, which is why I've displayed the two trends together. The simplest interpretation of this data set, however, is clear and bears repeating: **earlier DPT vaccination causes asthma. And the current vaccine schedule, which promotes more and more vaccines earlier and earlier, is demonstrably unsafe.**

It's also important to recognize that this Canadian study isn't covering virgin territory. Although it's the first to examine the specific question of vaccination timing so carefully (as opposed to a simpler vax/unvax study design), it's not the first to address the question of vaccination and asthma. Far from it. Indeed there's a long parade of studies, covering many different countries, many different vaccines and using many different study designs. At the

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highest level, these studies come in two flavors.

The first are the less formal vax/unvax surveys, the kind conducted by outsiders to the medical establishment who are worried that the insiders are out of control and not paying attention to the epidemic of chronic disease. Without large resources, prestigious institutions and large research budgets behind them, these efforts pursue the simplest path with the least complexity: they go out and find two populations—one vaccinated and one not—and compare their health outcomes. Time after time, studies like these, whether from our own sponsor Generation Rescue, the Dutch Association for Conscientious Vaccination, or the Immunization Awareness Society in New Zealand, yield similar findings when it comes to asthma. **Vaccinated children always have sharply higher risk of developing asthma than unvaccinated children, anywhere from two to six times higher.**

There is, of course, another class of study, the kind that makes its way into an indexed medical journal. And although the evidence from this body of work is less consistent than the grass-roots efforts, the weight of evidence among this group of studies is remarkably similar as well. I've read through a large number of them myself (I have provided a list of the most relevant published studies below) and I will summarize them here only briefly. Suffice it to say, there are a number of recognizable patterns in these studies, most of which (like the Manitoba study) focus on the DPT shot. A few (most notably two German studies) actually have shown a protective effect of vaccination.. But the majority of them report some kind of elevated asthma risk with vaccination: anywhere from 20% higher to 14 times higher. These studies often draw on smaller samples than the Manitoba study(following hundreds rather than thousands of infants), which is why the Manitoba analysis, with a study population of over 11,000 was so informative.

In fact, every study with a sample population larger than 10,000 shows a significant link between vaccines and asthma: every study, that is, except one performed by the CDC under the guise of the Vaccine Safety Datalink (VSD) program. The CDC has conducted a number of studies on vaccines and asthma. In every case, after deploying elaborate statistical gyrations not at all unlike the infamous Verstraeten study, the authors conclude that vaccines have nothing to do with asthma. The CDC never met a vaccine that made a child sick, so not surprisingly, these studies unfailingly deliver the party line: "do what we tell you to do".

It's important to recognize, however, that the VSD findings go against the weight of evidence. When reading the bulk of the literature, after you cut through the fog of public health propaganda (no one ever says "vaccines cause asthma" in a mainstream medical journal) one cannot help but be persuaded by the weight of evidence. **Vaccines cause asthma.** So, just like the autism epidemic, the expansion of the vaccine program is likely to have sparked another epidemic of childhood disease. This one, unlike autism, can cause fatal medical complications.

So as evidence mounts for the rising health consequences of the massive human experiment of intensive vaccination launched on this latest generation of children, it has become clear that the debate as it has evolved has become less about the evidence than about belief systems. In a very real way, the proponents of the intensive vaccination experiment want to avoid the usual constraints of health monitoring and safety management because they believe in the project of intensive vaccination as a kind of crusade.

The crusaders in the vaccine development complex view opposition to their programs based on evidence as heresy. Faced with mounting contrary evidence, not only in asthma, but in autism and other neurological conditions, these true believers don't believe in rational dialogue. Instead, as we have seen in recent moves by the AAP, they respond to challenge by intensifying their demands for adherence to their orthodox doctrine. They issue professional fatwas against apostates like Andrew Wakefield. They summon their inner councils to demand that their members take a hard line against rank and file patients who dare to question the sacred programs. And in case there be any inclination for independence of mind within the membership community, the hard liners, zealots like Ayatollah Offit, are deployed in an ongoing propaganda blitz to put bright lines of disambiguation out there for any skeptic inclined to stray.

We need to move beyond the religious wars and make it safe again to discuss evidence about vaccine safety, frankly and openly. And a study like the Manitoba effort, if halting in its conclusions is unambiguous in its result. Vaccines cause asthma. It's not a complicated problem, folks, it's what the data are telling us.

The only responsible response to data like this is to act on it. Change the way we administer vaccines. Slow down the schedule. Stop harming children with products and policies that have received insufficient scrutiny. Most of all, we need to recognize that, as a society, promoting the health of today's children and the generations that follow is our highest purpose. At one level, these are rational discussions that rely on data and evidence, but after a time, and at another level, they become altogether different. And more clear.

The choices we face on children's health are moral choices. Children are being harmed and we must choose to stop it. We must be prepared to face the true believers, rationally and professionally, but with resolve. Our children deserve nothing less.

Mark Blaxill is Editor-at-Large for Age of Autism. The complete article (July 9/08) can be retrieved from the Age of Autism website at: http://www.ageofautism.com/2008/07/earlier-vaccina.html

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From Age of Autism website, July 9, 2008: http://www.ageofautism.com/2008/07/earlier-vaccina.html √

A Beautiful Boy Named Elias

by Gina Tembenis

My husband Harry and I brought our son Elias in for his four-month wellness appointment. It was December 26, the day after Christmas. My husband was holding him when he got the shots. When the nurse stuck him with the needle my son just stiffened up like a board and screamed. My husband asked, "What did you give him?" and they ran down the list, four shots for nine different diseases. My husband said, halfheartedly joking, "You know what? That would kill an elephant, let alone an infant." Boy, did he hit the nail on the head because when we brought him home, the beginning of the worst had begun.

They gave us the precautionary, "He might run a fever…a little swelling," the usual "blah blah blah" spiel they give. So the fact that he was fussy when we put him to bed didn't seem so out of the ordinary. He kept waking up. So I kept going in, and checking on him but he was fine. My husband had to go to work in the morning and asked me if we could turn the monitor off. I said, "No, no, no, don't turn it off. Let's just turn it down low so at least I can still hear him." So, Elias finally fell asleep but then I heard him make this weird noise so I got up and started walking towards his room. When I walked in, I saw my boy convulsing in his crib. He was having a full-blown seizure.

I started screaming to my husband and he jumped out of bed and we put a blanket around him and ran out of the house. There was an ice storm happening but we lived really close to a hospital so we didn't even think to call an ambulance. We just grabbed him and jumped into the car. But when we got into the car, it was frozen. This whole time he was still seizing in my arms. I started freaking out and both of us ran to our other car and were desperately trying to get into it.

We finally got in, and foam was coming out of his mouth. I just kept saying to him, "stay with me, stay with me, stay with me." When we pulled up to the hospital there was a police officer standing outside. We opened the car door and started screaming "Our baby's seizing!" The police officer took him, and we ran in.

I shouted to them, "I think he's having a reaction to the shots, to the vaccines. He got them today." So they brought me over to the nurse and she asked me what the situation was and I said again, "I think he's having a reaction to the vaccines. He got them today."

He had now been seizing 40 minutes.

My husband and I were just freaking out. We were like, "oh my god, can't you get him to stop?" There was a wall of people around him working on him. Harry and I were so scared. They kept saying, "His heart's doing ok, though, he's fine. His heart's doing ok." And we're like, "Make the seizures stop!"

They finally got it to stop, but then he had partial paralysis. Half of his face looked like he had a stroke; his eye, mouth, and whole muscle structure of his face were drooped and the other half was fine. I thought at this point he was dead, I hate to say it. Because everyone just kind of stepped back, walking away, and I'm thinking, "this is not good," especially seeing him in that condition. Then this one nurse went over and moved his thumb, and it's almost as if it pulled the life back into him because all of a sudden his face corrected itself from the paralysis.

I've never been that scared in my life. We were in the ICU for 2 or 3 days and when we finally left what I stated to the police officer, to the people registering, to the emergency room staff about the vaccine injury, never showed up in any paperwork.

Nowhere was it noted that it was a vaccine reaction. When we went back to his pediatrician and told him that we believed it was because of the shots Elias received that same day he told us there was in no way a correlation at all between the seizures and his vaccines.

Nowhere was it noted that it was a vaccine reaction. When we went back to his pediatrician and told him that we believed it was because of the shots Elias received that same day he told us there was in no way a correlation at all between the seizures and his vaccines. He went on and on and told us not to worry and he did such a good job convincing us that we actually believed him. Then it happened again. We vaccinated and he seized and seized. He seized forty five times within this first year. It was during this time my husband stared researching

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on The University of Google.

We hadn't gotten to the autism point yet but my husband Harry was coming across things such as B vitamin deficiencies and diet and we wanted to present this to our pediatrician because all that is happening at this point is more seizures and all they're doing was either adding in drugs or bumping up the dosages of drugs he's already on.

Elias at this point was reaching certain milestones. He could sit up when he was supposed to, he could walk when he was supposed to but then around this time he couldn't point, couldn't wave, and he was non verbal. He looked right through us as if we were ghosts. He wouldn't respond to his name being called so we started questioning, could this be autism? With the research we started on Google the signs started pointing in that direction.

We kept saying to each other please don't let it be the "A" word. That's what we called it. The "A" word. We were so scared of it because at that point, everything we read made it seem like it was over. If it was autism, then it's over and done. So we called the children's hospital in Boston because it's one of the leading hospitals. They picked a neurologist for us and we went out there. She examined him and I watched him fail tests and kept doing what we moms do which is defend our children, "Oh, he's just having a bad day today. Maybe that's what it is…because you know, he'll say moo, square, rectangle. He knows all his colors."

The neurologist candy coated her results until my husband asked her to just spill it. "PDDNOS," she said. We were confused for a second and then Harry asked, "Is PDD autism?" She said, "yes, it is. Here's a folder with info that you might want to read."

We went back to the car and I took the folder and I said, "I'm not looking at that. She's nuts. No way." I went into denial.

A month later Elias had five more seizures, one of which required an ambulance because he kept having seizure after seizure. So we decided to concentrate on getting the seizures to stop rather than deal with the whole "A" word right away. He ended up with a lot of seizure medication. He was taking four at one time, and could barely walk. He stopped seizing but he was a train wreck. He got to the point where he couldn't move.

I felt so helpless. The whole thing was just so stressful all the time. If he got sick, I would freak out because if he got a fever, boom, he would have a seizure [fevers can induce seizures]. He now moved past PDDNOS into the full autism diagnosis.

We started to question everything because nothing they were doing was working. There was only so much we could take watching our son suffer so much. So, we started to take matters into our own hands.

January 2004 was when we found our DAN! doctor, Dr. Lacava. He said to start the diet. The gluten-free, casein-free diet. Then, he ran the battery of tests that we always wanted but were told no by our pediatrician. The heavy metals test, the food allergies, yeast, nutritional, everything, the whole nine yards.

It turned out he had yeast, his zinc level was extremely low and he was deficient in B vitamins and minerals such as magnesium, manganese, chromium. So, we started Super Nu Thera and cod liver oil, eventually an anti fungal to kill yeast, Methyl B12 shots and glutathione.

The first improvement we saw was sleep. I went through hell for almost four years with him being up every night. Then his focus got better and the best part of it all was his seizure count went down. He went from forty-five seizures a year to maybe one or two now.

Then we started him on an anti-viral, Valtrex. When we started him on Valtrex, speech started pouring out of him. We were blown away. Even his teacher at school asked us what we did to him, because he was totally different. He still had processing problems but the improvement with speech was amazing. He was also becoming a real ham. It was this really great comedic charm that he had, a sense of humor. Things were looking up but five months later a mother's worst nightmare unfolded.

He woke up on Thursday morning and he had a sore throat and his voice was hoarse. He didn't have a fever but he sounded hoarse. But then later on in the day, he started to get a fever. And of course I went into panic mode, and jumped on the Motrin. Then his breathing was starting to sound funny. So the next day, I called Harry to tell him to come home because I want to take Elias to the hospital just to make sure he's not getting an infection or anything.

So we went to the hospital and checked in. We went into the waiting room, and he was having a blast, banging on the tables, running around, watching cartoons, playing with stuff. Harry showed up just as we were going into the examining room. They wanted to swab his throat to do a culture so Harry had to hold him to restrain him a bit. After they swabbed him the nurse walked out of the room and Elias started having a seizure in Harry's arms.

So I'm like, "oh shit" and ran out to tell them he's seizing. He seized for thirty seconds and stops. Then he had another one for thirty seconds and stops. Now he kicked into this full-blown thing. They're pulling him off the table and people were all going crazy and swarming the room trying to get the seizure to stop. Fifteen minutes of seizing had gone by and they are pumping in a kitchen sink full of drugs and I'm watching this, shaking, terrified. Then someone called the grief counselors for us and I start freaking out.

They had the respiratory guys in there bagging him, assisting his breathing. He was breathing on his own but he had a lot of the foam and they were suctioning it. And they just kept giving him all of these things.

I leaned down and kept talking to him. I tried my best to hold it together and kept saying to him, "Ok honey, stop, Mommy's here, stop." And they kept giving him stuff and it just wasn't working.

I'm looking at the clock thinking, "ok, it's been 45 minutes," and I'm screaming, "Do something! Come on! What's next?" They're saying, "Okay we're doing this, we're doing that." Then they hooked him up with Phenobarbital and if this didn't work they were going to have to put him in a coma. So, they gave him the Phenobarbital, and his heart rate continued to be really, really, really high the whole time. Really high.

So they gave him the second Phenobarbital to induce coma and you could see his seizures start to slow down. Then all of a sudden they look at his heart rate and it comes flying down. The nurse shouted at my husband and me to get out! They literally kicked us out of the room. As we staggered out, we saw the crash cart being wheeled in. I went numb. We could hear what they're saying about his blood pressure and everything else because we were standing right outside of the room. At that moment I had a feeling he wasn't going to make it.

We then heard them shout, "He went into cardiac arrest." Everyone began to frantically work on him to resuscitate him. I couldn't believe this was happening. Then they got him back, but then he crashed again, and they got him back,

A Beautiful Boy continued on page 17

A Beautiful Boy continued from page 16
and he crashed again.

My husband and I stood outside the room in shock at what was unfolding in front of us. People were walking by staring at the room as they passed us like they were all stopping to watch a car accident on the side of the road. It bothered me so much. I was in so much pain.

I closed my eyes and thought, "He's gone now." I brought him in for a stupid sore throat, and here he is, having cardiac arrest, major cardiac arrest. As I looked into the room I saw crush of people and you could read the body language and the facial expressions. I looked at my husband and we both stood there numb. Then, they got him back. They stabilized him. But by the time they rushed him up to ICU they said that he was no longer stabilized. They walked over to us and said, "Do you want to call anyone? We think it's time you started to call your family." The worst thing a mother could hear. I stood at his bedside and looked at my boy. He was on a respirator and tubes were everywhere. All I could think was, "This can't be happening. This can't be happening."

The EEG results came back and they said he was almost brain dead. They said the only hope was that the Phenobarbital, which puts someone in a temporary coma, could cause almost a flat line so to wait and see.

And so we waited and waited and just waited and he never moved. He couldn't hold his own blood pressure anymore so they started giving him all these blood pressure meds and had to keep upping the doses because every time he'd start to fail they would have to up the amount a little more, and a little more every time. Then he couldn't hold his own body temperature and had to have a heat blanket.

He didn't open his eyes, he didn't move, he couldn't pee. He wasn't outputting any urine, which was bad because it means your kidneys are going. So, they called a family conference, and said let's give it twenty-four hours and watch.

Then the other most painful words a mother could ever hear… the nurse said, "And you might want to consider a do not resuscitate." The world stopped. I didn't know what to do with myself. I couldn't take this much pain.

They said within twenty-four hours they were going to do a second EEG and see where he was, but if nothing changed, they were considering him brain dead.

So my husband made them bring in a TV so we could play all of his favorite videos, his favorite music, any books, just to try to stimulate anything.

One of the residents in the neurology department came in the next morning, and she's talking to him like, "Hi, little guy," and he never moved. Then the nurse came in an hour later and checked him out and looked at me and said, "I wish we could do more."

That was when, if we had any hope at all, we lost all hope. She then said, "They don't ever come out of this."

I looked at my boy with a million wires and tubes coming out of him and had them move them all so I could crawl up next to him. I held him for eight hours and I stayed with him until he died. I felt an energy pass through me that made my heart skip a beat. It was an orange energy. I knew it was him.

He was pronounced dead at 12:26. My husband Harry had pointed out to me the significance of that time. We believe all of this happened because of the vaccinations he received at his four-month wellness check up. That date was the day after Christmas... 12/26. Elias died at 12:26.

He was pronounced dead at 12:26. My husband Harry had pointed out to me the significance of that time. We believe all of this happened because of the vaccinations he received at his four-month wellness check up. That date was the day after Christmas… 12/26. Elias died at 12:26. On that vaccination day my husband joked to the doctor that Elias was given enough shots to kill an elephant. Instead it killed a beautiful boy named Elias.

He will forever be in our hearts.

Note: Elias' story is an excerpt from MOTHER WARRIORS: A Nation of Parents Healing Autism Against All Odds." by Jenny McCarthy © 2008 and was retrieved from http://abcnews.go.com/GMA/Books/Story?id=5878229&page=1 Jenny McCarthy's passionate and determined work on behalf of autistic children has inspired increasing awareness of the role of vaccines in today's autism epidemic. √

LETTERS

Re: Vaccinations Don't Cause Immorality (editorial, Sept. 29)

Calgary Herald, October 1, 2008

We should salute Bishop Henry and the Catholic trustees for their wisdom and courage in making the HPV vaccine program unavailable to Grade 5 students. They realized that, in addition to a moral problem, there is a more important medical issue. Gardasil will not be fully tested until 2009. There are serious concerns about its safety and efficacy. Yet for unclear reasons, some physicians push it as a routine, safe vaccine and berate those who oppose Gardasil programs. Their comments reflect personal opinion. Only a small group of vaccine specialists and epidemiologists hold expertise in this vaccine. These scientists remain cautious and divided on the issue. Most advise further evaluation and the collection of more clinical data, particularly in minors, before the introduction of massive vaccination programs.

One becomes concerned when physicians support an issue more for the purposes of political militancy, than because of proven science. Unfortunately, some readers may trust such misleading opinions, failing to realize they represent either embarrassing ignorance, or perhaps another opportunity for anti-Catholic bullying.

Enthusiasts of adolescent sex, their progressive parents, and educators would be wise to recognize that abstinence and later monogamy have never failed to prevent HPV infection.

Stanislaw Iwanicki, MD

Note: Bishop Henry's webpage features a good article about the ethical issues of giving HPV vaccine in catholic schools and refers to VRAN as a source for informationhttp://www.rcdiocese-calgary.ab.ca/

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Daughter Suffers Reaction to Gardasil & Hepatitis B Vaccines
Dear VRAN, Oct. 11, 2008

I was called numerous times by the health nurse reminding me it was time to get my daughter Taylor up to date in her vaccinations. I was sent an Information/Consent form about the Gardasil and Hepatitis B vaccines. I read it and was confident these were safe, so I signed giving my consent.

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Just under five minutes after receiving the vaccinations - (one in each arm), my daughter Taylor had a seizure, Since then She has been sick and we have been in the hospital emergency room due to her inability to breath. Her tonsils have swelled blocking her air way. She has blister like sores on her tongue. She can't concentrate at school since the vaccination. Previous to the vaccination Taylor had been an A student in every subject through out all her grades and in her current grade 6.

These are just some of the things that she has endured since receiving these vaccines.

I encourage EVERY parent to do their own research on vaccinations. If we as parents are going to sign consent forms allowing people to inject our children with ANYTHING, we owe it to them to carefully research the contents of the drug being injected, and its effects, both short and long term, on both their physical and mental health.

It's also very important to fight for the parent's right to say NO to these damaging vaccinations which have caused disease and death. Let's all join together in keeping our children safe.

Louise Laplante,
Saskatoon, Saskatechewan

Dear Louise,

Thank you for contacting VRAN with this report of your daughter's reaction to being injected simultaneously with Gardasil and the hepatitis B vaccine. It is always shocking to discover that our trust in the medical system is not warranted, especially when the fallout severely affects our children.

Have you filed a vaccine reaction form that goes to Health Canada? This is important to do because right now, Canadian vaccine officials are denying there's a problem with these vaccines. Everyone suffering a reaction should file a reaction report. Here's the link to download the vaccine adverse reaction reporting form. When you fill it out, remember to keep a copy for yourself as well. http://www.phac-aspc.gc.ca/dird-dimr/pdf/hc4229e.pdf

As well, we urge you to keep a clear record of the progression of your daughter's health, detailing everything she is experiencing which includes her trips to ER, what the doctors are saying, and details of how this whole thing progresses.

If you were not informed ahead of time that there are health risks associated with injection of these two vaccines, that means you were not informed adequately of health risks your daughter was being subjected to. If your daughter's health continues to decline, you may have grounds for a lawsuit against provincial health officials.

Please do keep us informed of how your daughter progresses. As well, we do have an excellent contact person in Saskatchewan who is very knowledgeable about the system there who I know would be pleased to speak with you. It's always good to get support from someone who is local. This person is a parent whose child was damaged by vaccines and knows what a difficult journey that is.

Best wishes, Edda West - VRAN

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Letter to the editor – Coast Report - The Local, Aug 30, 2008

Re: God's Gift to Women

HPV vaccine has been called a "cancer vaccine" and "God's gift to women". It contains aluminum, polysorbate 80 and man-made "virus-like particles". Starting this September, it will be injected into Grades six and nine girls whose families have accepted as fact its promotions by governments and Merck.

Whether it will prevent cancer is unknown and will likely remain so. Also unknown is its potential to cause cancer. Although it's been marketed in the US for only two years, hundreds of severe adverse events/deaths have been reported to a system which receives reports of only 1-10% of such events. I doubt families of the young women affected or dead consider the vaccine heavenly – more like a gift from Hell.

Susan Fletcher, Sechelt

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Re: Scared About Child's First Shot

Dear VRAN

You have the most informative website I have ever read. I have a question regarding my 2 month's old 1st shot & have no one to ask this question. I'm hoping I may get a response from you?

I have 3 children, ages 10, 5 & 2months. My 10 yr old received all her shots, she has eczema episodes & asthma; my 5 year old boy received his shots up to 18 months old, he is autistic with a rash of ear infections. I recently gave birth to my third, & due to my autistic son was not sure about vaccinating my 3rd child. So many other parents of autistic children did not have their other children vaccinated & they don't have autism.

For the first time since having children & thanks to the internet, I'm able to read about the ingredients in vaccines & all kinds of other important information regarding them. I find it scary, and appalling that neither of my physicians disclosed information to me about the vaccines & just said 'oh its fine'

I weighed in on having my 3rd baby get her shots but thought I'd omit the 18th month doses. July 31st she got her 2 month shot. The next night (last night) I couldn't sleep. I looked all over the internet trying to find information about the ingredients, and then found your website.

From what I've read I've been sick to my stomach & feel guilty about allowing the shot, until I found out all the information the next day I am kicking myself. My doctor was aware of my fears of autism in this child due to shots but he said 'there is no proof regarding autism & vaccinations'. I had a feeling he was wrong & now I know I was flat out lied to, especially being enlightened from your website.

My questions are:

Since my 2 month got her first set of shots I have now changed my mind about having them administered due to the toxins found in the vaccine. Will there be any problems if we don't have her immunized anymore? Or because she's had the 1st set do we have to continue? Also, would she be affected from the toxins with just the 1st round of shots or would there need to be more doses administered over the 1st year to cause a toxic poisonous effect?

I am scared to death & hope direly someone may be able to respond to this email. You are the only ones who will be able to answer these for me as I don't know anyone else.

Thank you so much! Kim Macdonald

Dear Kim,

Thank you for contacting VRAN with your vaccine concerns. We appreciate your kind words about our website and are happy that its content has been helpful to you.

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Letters continued from page 18

To begin with, there is no law that can force you to keep vaccinating your baby against your own better judgment.

When we speak to parents like yourself who already have a child with autism which developed following vaccination, we say, "you have every right to stop the injection of vaccines into your baby at any time. It's always better to wait, take the time to really read and research this issue so that you can make an informed decision, whether you decide not to vaccinate at all, or to give them selectively at some point when the child's immune system and nervous system are more mature."

If you want an excellent opinion from a medical doctor on holding off vaccines in young babies and an idea of a more intelligent and humane schedule, please read Dr. Miller's article at: http://www.lewrockwell.com/miller/miller15.html

And if you want to really understand how vaccines impact the infant immune system and brain development, then read Dr. Blaylock's excellent essay on the mechanisms of vaccine injury to the developing brain and immune system at: http://web.mac.com/rblaylock/Russell_Blaylock_M.D./Information/Entries/2008/3/12_Vaccines%2C_Neurodevelopment_and_Autism_Spectrum_Disorders.html

This is information your doctor won't have a clue about as this knowledge is just emerging and doctors are brainwashed to deny any information that points to vaccines being implicated in the autism epidemic and in the precipitous decline in children's health today.

If you are breastfeeding your baby, your baby is receiving the best and most important immune protection possible. Breastfeeding is designed by nature to protect the infant from a vast array of infectious diseases while insuring the baby develops the strongest immune system possible.

I can certainly sense the anguish in your letter and want to encourage you to listen carefully to your own maternal instinct which calls you to protect your baby. What I hear is both your intuition and your experience with your autistic child screaming at you to pay attention to your own higher wisdom which is trying to tell you how dangerous it is to inject tiny infants with the slew of vaccines now given to babies. In life, if one is unsure of how to proceed, it's always better to wait, gather information, learn more until you feel confident about the decision you're making.

If you wish to have a telephone counseling session, we invite you to call the VRAN office at 250-355-2525.

Best wishes, Edda West - VRAN

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Dr. Judy Sneider - Chiropractor & Homeopath, writes a follow up to a talk she gave to doctors at a Toronto area hospital, July 2008

Hi Edda,

The talk went well, nothing nasty said but the doctors are very set in their ways. They truly believe that vaccines cannot possibly do any harm no matter what evidence is put forward. The article by Dr. Blaylock was quickly glanced at by one doctor who said that they are told by their association that almost everything in journals can be torn apart and that his research is probably not believable.

They also mentioned a few times that when a child becomes autistic, develops MS or another chronic disease that the child was destined to have all of these diseases and perhaps the vaccination brought it on sooner (the fault of the child not the vaccine). They also brought up a study that came out of Japan that apparently showed autism rates going up drastically after vaccines had been withdrawn? Therefore there is no connection between the two.

Another point that was brought up strongly by a couple of doctors was how deadly Chicken pox is! That they have treated encephalitis brought on by wild Chicken pox therefore all kids must be protected with vaccines. They acknowledge that immunity wanes with time, so more boosters are required as the individual grows up. The main reason I was asked to speak was to find out what alternative practitioners are telling their patients so they can counter the claims and do a good 'sales pitch' to change the parents minds. I don't think the medical establishment is going to change anytime soon.
Judy

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Re: Forced School Vaccination Without Parental Consent
Dear VRAN

I've just had a rather unsettling occurrence as you see by my subject line. Despite the fact that I signed the refusal NOT the consent they have given him the tetanus vaccine. My fear is that not only was it not just a tetanus vaccine but actually the combination vaccine DTaP. I'm furious that this has occurred despite my wishes being otherwise.

They called me at work, I left 2 messages immediately after getting the message. 1 hr ago the school nurse called again to tell me that had in fact administered the shot. She further explained that with the 'Infant Act' a child older than 12 is able to give his/her consent. We had a rather long discussion that went in circles. The core point from my end being how on earth can this happen in a day and age when I must give my consent for my child to go on a field trip or they won't go, yet they can inject my child despite a signed form refusing this very thing?

I asked for as many details as possible so that I could document the situation and would like to know what action is available to me. I'm stunned and saddened. I'm also wondering if there are any natural supplements I can give my son to try to combat and potential side effects. I will be stopping by the health food store on my way home.

Thank you in advance for any help you may be able to offer.
Catherine

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Note re: Brainwashing our Children

More and more Canadian parents are discovering to their horror that their children, while in school are being told they can get vaccinated without their parents' consent and are urged to so. Loosely known as the "Mature Minor" ruling, it has been slipped into various pieces of legislation across the country. Public health nurses hold "educational" sessions impressing on children the value of vaccination while filling their heads with fear of the diseases that will strike if they don't get vaccinated. They know that children's lack of life experience and naivety makes them easy to manipulate. We've heard of children as young as 11 or 12 who have been coerced into accepting vaccines in the school setting. The "Mature Minor" ruling represents a major assault on parental values and autonomy and removes critical decision making power from families.

In British Columbia, the Infants Act can be accessed at: http://www.qp.gov.bc.ca/statreg/stat/i/96223_01.htm √

HPV Vaccine Adverse Events Worrisome

Despite company and regulatory assurances, some clinicians, who are also parents, say they are less confident about the safety of the vaccines.

After reviewing the information, Scott Ratner, MD, a cardiologist with a practice in Franklin Square, New York, and his wife, a rheumatologist, opted to have their 17-year-old daughter vaccinated. It is a decision they say they now regret.

Following vaccination, their teenage daughter began showing signs and symptoms of autoimmune disease. "She went from being a healthy, active teen running, playing lacrosse, and participating on swim team to becoming a chronically ill patient," Dr. Ratner said.

"I worry about the kids who may be having problems, are perhaps struggling with immune damage, and are feeling generally achy and unwell, but are probably going unreported and undiagnosed," he said. Dr. Ratner has 2 younger daughters and he says he definitely won't be encouraging either of them to be vaccinated.

Gynecologist Christiane Northrup, MD, told Medscape Oncology that she won't be advocating that her daughters be vaccinated either. Dr. Northrup appeared on a recent episode of the Oprah Winfrey Show, which has an estimated 20 million viewers per week, most of them women. She told viewers that healthcare dollars would be better invested elsewhere. Questioning the Safety Dr. Northrup recommended that the money going toward vaccines and related programs be allocated to general health and wellness initiatives and proper nutrition.

This harkens back to the age-old debate between Louis Pasteur and *Antoine Beauchamp, Dr. Northrup suggests. For most of his career, Pasteur subscribed to germ theory, while Beauchamp backed the more unpopular theory of biological terrain. The question : Is it the germs themselves that make people sick or a weakened state of immunity that allows germs to take root ? "Pasteur was widely supported, but on his death bed conceded that Beauchamp was right," Dr. Northrup said during an interview. She suggests that this is what experts should be concentrating on now. Instead of focusing on germ theory by pouring efforts into HPV vaccines, she says more resources should be dedicated to fostering the overall health of the host. Dr. Lippman makes a similar argument and points to the capacity of healthy, immunocompetent women to spontaneously clear up to 90% of HPV infections — infections, she says, almost everyone will one day acquire — within 1 to 2 years.

When Gardasil was approved in the United States in June 2006, it was hailed as an important day for public health and for women's health. Dr. Harper was quoted as saying that the vaccine is the biggest advance since the Pap smear. Dr. Harper told Medscape Oncology that she still thinks this is the case, but enthusiasm must be tempered with caution. Dr. Harper noted that we shouldn't be calling the new immunizations cervical cancer vaccines. "Even if everyone was vaccinated, we would still have cervical cancer," she said. "I don't want people to be lulled into thinking this will prevent cancer. If Pap screening rates decline, cervical cancer rates will rise," she emphasized. If Pap Screening Rates Decline, Cervical Cancer Rates Will Rise The decline in cervical cancer in developed countries has been largely attributed to regular Pap screening — something Dr. Harper believes has done a superb job. Women who haven't received an HPV vaccine, and even those who have, are still encouraged to undergo regular screening.

At the 2006 American Society of Clinical Oncology annual meeting, delegates were enthusiastic. One presenter showed a series of cervical cancer photos and told observers that "these types of pictures will soon disappear in clinical oncology." Unfortunately, that utopian prediction is unlikely. "Cervical cancer is not a vaccine-preventable disease," Dr. Lippman said during an interview.

And in her recent editorial, she points out that surrogate end points — not cervical cancer — were used to measure the efficacy in the clinical trials. "No one would want to wait to see cervical cancer develop in participants," she writes. "But the general failure to mention that the precancerous lesions chosen for study are not only potentially removable, most (those that are CIN 2) would probably have resolved on their own without any intervention, is arguable."

Many Questions Remain

As previously reported by Medscape Oncology, Sharmila Makhija, MD, from the University of Alabama School of Medicine, in Birmingham, pointed to other limitations of HPV vaccines. Dr. Makhija is the principal investigator on Merck's FUTURE III trial, looking at the vaccine's efficacy in women 24 to 45 years old, and is a coinvestigator on GlaxoSmithKline's vaccine trials. Dr. Makhija noted that the bulk of the work to date has focused on just 2 types of HPV — 16 and 18. She added that, going forward, more virulent cancer-causing strains could emerge, making it difficult to eliminate disease. And other important questions remain: * How long does the vaccine last ? *Will it require a booster?* Who should be vaccinated and at what age?"*

While vaccine proponents emphasize the many thousands of women who participated in clinical trials of the product, they gloss over how few young girls in the 9 to 13 year age range, targeted specifically for school-based immunizations, were included," Dr. Lippman argues. She said that only the very short-term immunogenicity and safety, and not the efficacy, of Gardasil was studied.

"It is a good vaccine," Dr. Harper said. "We are simply still in the early stages of investigation." The World Health Organization (WHO) has weighed in on the vaccines and is recommending that they be considered only 1 component of any successful strategy.

Andreas Ullrich, MD, medical officer at WHO's department of chronic diseases and health promotion, said in a news release. "There is no question that early detection will continue to be a key element."

Note: This article is an excerpt from a July 2008 Medscape article, which was then quickly removed from their web site. Presumably the 'powers that be' didn't appreciate the sobering real life commentary on Gardasil vaccine. Retrieved from Hilary Butler's website: http://www.beyondconformity.co.nz/_bpost_1598/Medscape_wave_the_magic_wand

27 deaths are currently associated with Gardasil on the VAERS data base. Details of this data is accessible from the VRAN website at: http://www.vran.org/vaccines/hpv/hpv.htm Scroll down to point # 3 & follow the VAERS prompt.

****Medscape has misspelled Antoine Bechamp's name – the greatest microbiologist of his time whose work was plagiarized by Pasteur. See history of Bechamp: http://www.whale.to/v/bechamp1.html*** √

Doubts Over Child Flu Vaccination

Pulse (U.K) – October 7, 2008

New research has questioned the benefits of expanding the flu vaccine campaign to include children. The Government's Joint Committee on Vaccination and Immunisation has looked at the evidence for vaccination of children several times, but never been convinced there was enough data.

And a new study looking at vaccination in the UK, where children are covered, has found no benefits for hospitalisations or doctor visits.

Among 414 children vaccinated against flu in the 2003/4 and 2004/5 flu seasons, there was no significant difference in hospitalisations or visits than in more than 5,000 unvaccinated controls in three countries.

The research conflicts with data released in August by the Health Protection Agency suggesting vaccinating children aged six months to six years could reduce incidence of influenza A by 38% and influenza B by 70%, and would 'bring benefits to both those vaccinated and the community'. Vaccine effectiveness in the study, in October's Archives of Pediatric and Adolescent Medicine, ranged from just 7% to 52% for children aged between six and 59 moths.

Dr Peter Szilagyi, a paediatrician at the Strong Memorial Hospital in Rochester, New York, said 'Significant influenza vaccine effectiveness could not be demonstrated for any season, age or setting.

A second study found vaccinating patients with asthma and COPD against the flu may not help prevent the exacerbations associated with infection with the virus. Researchers examined data from a 2003 Canadian health survey of more than 134,000 people and found patients with asthma vaccinated against flu were 80% more likely to experience exacerbations requiring use of inhalers or nebulizers than unvaccinated controls.

Despite growing concerns over the efficacy of vaccination, Professor David Salisbury, the Department of Health's director of immunisation, urged at-risk patients to attend GP clinics for the annual flu vaccine. 'There is a group with risk factors under 65 who ought to get vaccinated and only 46% do.''

http://www.theoneclickgroup.co.uk/news.php?start=2380&end=2400&view=yes&id=2933#newspost

Case-control Study Shows Flaw in Flu Shot Efficacy Assumption

A University of Alberta case-control study published Sept 2008 in the 'American Journal of Respiratory and Critical Care Medicine', examined the efficacy of influenza vaccine against deaths that occur outside the flu season. In analyses which didn't adjust for confounders, vaccinated pneumonia patients were found to be significantly less likely to die than those unvaccinated. However, when adjustments were made using all available data including that for socioeconomic status and frailty, the difference was insignificant.

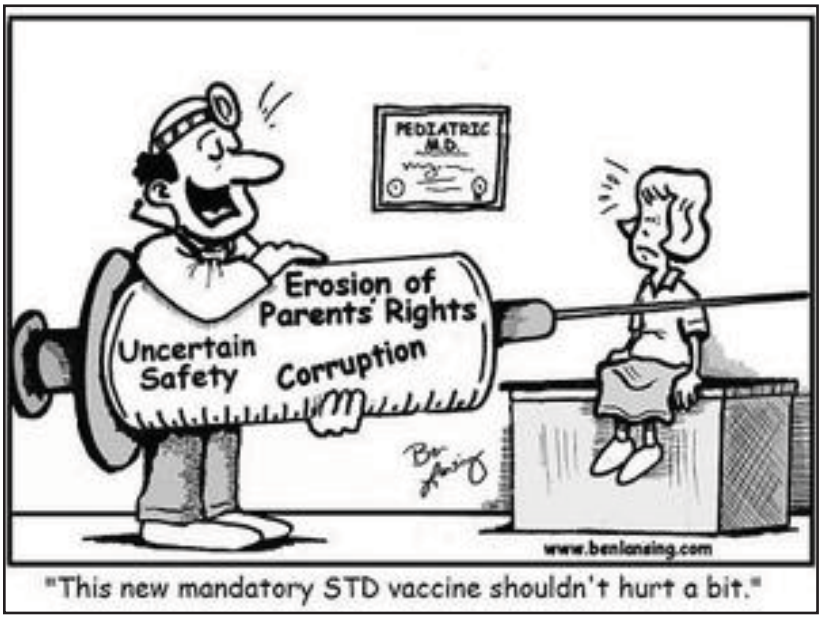
Since, in a non-flu-season, the pneumonia cases examined couldn't have been preceded by influenza, the researchers explained that the difference may have been due to a "healthy-user effect", meaning that those who accept vaccinations are likely to be more health conscious than those who don't. To equate acceptance of a flu shot with health consciousness is questionable; a flu shot may be seen by some as an easy way to avoid illness while continuing to live unhealthily. A more likely reason for the loss of significance when socioeconomic status and frailty were accounted for is that it is mainly these factors, not lack of vaccination, that lead to death. To his credit, co-investigator, Dean Eurich, PhD, admitted, "only about 10 percent of winter-time deaths in the United States are attributable to influenza, thus to suggest the vaccine can reduce 50% of deaths from all causes is implausible in our opinion."

In an analysis and comment in the Oct 28, 2006 'British Medical Journal', Dr Tom Jefferson stated: "A metaanalysis of inactivated vaccines in elderly people showed a gradient from no effect against influenza or influenza-like illness to a large effect (up to 60%) in preventing all-cause mortality. These findings are both counterintuitive and implausible, as other causes of death are far more prevalent in elderly people even in the winter months. It is impossible for a vaccine that does not prevent influenza to prevent its complications, including admission to hospital.

A more likely explanation for such a finding is selection bias, where one half of the study population (hemi-cohort) systematically differs from the other in one or more key characteristics. In this case, the vaccinated hemi-cohort may have been more mobile, healthy, and wealthy than the control hemi-cohort, thus explaining the differences in all-cause mortality.The same effect is seen in stronger study designs (such as cluster randomised trials) that are badly executed, which introduces bias. Its presence seems to be a marker of confounders that persist even after adjusting for known ones, and it makes accurate interpretation of the data difficult. Caution in interpretation should thus be the rule, not the exception. This problem (in the opposite direction—with frailer people more likely to be vaccinated) has been identified before but not heeded. The only way that all known and unknown confounders can be adequately controlled for is by randomisation."

http://www.medpagetoday.com/InfectiousDisease/URItheFlu/tb/10731

http://www.bmj.com/cgi/content/full/333/7574/912 √



"This new mandatory STD vaccine shouldn't hurt a bit."

NEWSCLIPS

CDC Gardasil Risk Report Is A Cover-up

by Barbara Loe Fisher - Oct. 24, 2008

This week the Centers for Disease Control (CDC) in association with the Food and Drug Administration (FDA) in the U.S. Department of Health and Human Services (DHHS) issued a report on Gardasil vaccine safety that amounts to a cover-up of serious reactions, including paralysis and deaths, that have been reported to the government's Vaccine Adverse Events Reporting System (VAERS).

Today (October 24, 2008), the National Vaccine Information Center issued a press release that calls on the CDC and FDA to release to the public the study design, data and names of principal investigators involved in the report maintaining that Gardasil vaccine is safe with no serious side effects. NVIC will also be calling on the newly elected President and members of Congress to remove the nation's vaccine safety monitoring system from DHHS and place it in a separate entity reporting directly to Congress.

Sadly, U.S. government officials have learned nothing in the past 26 years from parents asking for investigation of vaccination side effects and identification of individuals at higher risk for having vaccine reactions so their lives can be spared. Now, a callous disregard for human life, which has been tragically demonstrated for decades, is once again illustrated in this latest refusal to properly evaluate the risks of the newly licensed Gardasil vaccine. Why should anyone have confidence in government and drug company officials who do not bother to scientifically investigate the biological mechanisms contributing to serious reactions, injuries and deaths and why some individuals may be more vulnerable than others for suffering Gardasil reactions?

Conflicts of interest are rampant in a mass vaccination infrastructure that has the same people, who are regulating and promoting vaccines, also evaluating vaccine safety. This kind of conflict of interest cannot be tolerated. The people - and only the people being told and often forced to buy and use vaccines - can reform the system by getting involved in the democratic process and appealing to their elected officials and demanding change. Because 26 years is long enough to wait for those in government responsible for ensuring vaccine safety to do the right thing.

> The right to informed consent to vaccination or any medical intervention which carries a risk of injury or death is a human right.

At the end of the day, the only way we can have the ability to place economic and political pressure on the public health system to change is to have the right to make informed, voluntary decisions about which vaccines we and our children use. The right to informed consent to vaccination or any medical intervention which carries a risk of injury or death is a human right. Anything less, as we can see from the latest whitewash of Gardasil vaccine risks by government health officials we are supposed to trust, is a threat to both individual and public health.

Note: This article contains a number of hyperlinks leading to other relevant articles – to access all links, please go to: http://www.vaccineawakening.blogspot.com/

Link to CDC Report: http://www.cdc.gov/vaccinesafety/vaers/gardasil.htm

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CDC data links vaccine mercury to autism

Research led by epidemiologist, Heather Young, PhD, with the Geier father and son team has shown a correlation between Thimerosal exposure and faulty neurodevelopment. Using the US CDC Vaccine Safety Datalink, the study compared vaccine mercury exposure in 278,624 infants born from 1990 through 1996 with incidence of neurodevelopmental disorders in each birth year.

Results published May 14, 2008 in the Journal of the Neurological Sciences showed a 2- to 6- fold increase in autism, autism spectrum disorder, tics, emotional disturbance, attention deficit disorder-hyperactivity disorder, and developmental/learning disorder after an additional 100 micrograms of mercury exposure from vaccines. For autism alone, the overall increase was about 2.5-fold.

In 2003, the Government Reform Committee of the US House of Representatives stated: "(a)ccess by independent researchers to the Vaccine Safety Datalink database is needed for independent replication and validation of CDC studies regarding exposure of infants to mercury-containing vaccines and autism." But even with the help of Congressional leaders, parent autism advocacy groups, and legal experts, it took these researchers six years to gain access to the CDC data hidden in the Vaccine Safety Datalink.

http://www.pharmalot.com/wp-content/uploads/2008/05/thimerosal-vaccine-study.pdf

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Vaccines Cause Mini Strokes says Canadian Doctor

Excerpt from an article in Newsblaze – Sept. 7/08

A Canadian doctor, Dr. Andrew Moulden says he conclusively proved seven years ago that vaccines cause micro-vascular strokes. Dr Moulden has a 21 year record of award-winning medical study and practice starting at Nipissing University, but he has been unable to get the attention of the College of Physicians or politicians to investigate his findings, which have been corroborated by other doctors.

> Dr. Moulden says the shots cause our body's own immune systems to hyper-react as large white blood cells naturally rush to attack the foreign particles injected into our bloodstream. The white blood cells are too big to enter, so they surround tiny capillaries where the foreign particles land, clog and collapse the capillaries.

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This cuts off pathways for the smaller red blood cells to carry oxygen to the or-

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gans near those capillaries that contain the foreign particles. When the particles float near the brain, this lack of blood supply can lead to autism, SIDS and many other diagnosed illnesses in both children and adults.

Our immune systems will continue fighting the particles leading to long-term or chronic illness. Different organs are affected depending on where the particles are, which leads to different symptoms and 'disease' names, but the basic causes are the same and before this discovery were unknown.

The main cause of the problem is the additives in the vaccines. The purpose of the additives is to generate a faster response from white blood cells. This works perfectly—white blood cells rush to the site of the introduced foreign matter—and that is the source of the problem. The white blood cells block the capillaries and also collapse them, trying to destroy the foreign matter.

Dr. Moulden has been appointed to the Scientific Advisory Board for the First Annual World Congress on Vaccinology in Guangzhou, China, December 1- 5, 2008, where, he is to present to a group of 10,000 experts from around the world. http://newsblaze.com/story/20080927170755tsop.nb/topstory.html

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Autism associated with acetaminophen use after MMR vaccination

A Parents' Survey: Autism, Vol. 12, No. 3, 293-307 (2008)

The present study was performed to determine whether acetaminophen (marketed as paracetemol & tylenol) use after the measles-mumps-rubella vaccination could be associated with autistic disorder. This case-control study used the results of an online parental survey conducted from 16 July 2005 to 30 January 2006, consisting of 83 children with autistic disorder and 80 control children. Acetaminophen use after measles-mumps-rubella vaccination was significantly associated with autistic disorder when considering children 5 years of age or less (OR 6.11, 95% CI 1.4226.3), after limiting cases to children with regression in development (OR 3.97, 95% CI 1.1114.3), and when considering only children who had post-vaccination sequelae (OR 8.23, 95% CI 1.5643.3), adjusting for age, gender, mother's ethnicity, and the presence of illness concurrent with measles-mumps-rubella vaccination.

Acetaminophen use after measles-mumps-rubella vaccination was significantly associated with autistic disorder when considering children 5 years of age or less...

Ibuprofen use after measles-mumps-rubella vaccination was not associated with autistic disorder. This preliminary study found that acetaminophen use after measles-mumps-rubella vaccination was associated with autistic disorder.

http://aut.sagepub.com/cgi/content/abstract/12/3/293

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MMR: Major Mumps Outbreaks Proves Vaccine Doesn't Work

At a time when health officials are quietly admitting that there could be a link between the MMR (measles-mumps-rubella) vaccine and autism, a new study has also discovered that it doesn't work.

Researchers investigating a large outbreak of mumps in 2006, when 6,584 cases were reported among college students, have discovered that virtually every sufferer had been vaccinated twice against the disease.

Researchers investigating a large outbreak of mumps in 2006, when 6,584 cases were reported among college students, have discovered that virtually every sufferer had been vaccinated twice against the disease.

The Centers for Disease Control (CDC) reveals that at least 84 per cent of young adults aged between 18 and 24 years had received two-dose vaccines against mumps. And in 2006 – when the outbreak occurred – the national two-dose coverage among adolescents reached 87 per cent, the highest in US history, and just one point below that needed for 'herd immunity'.

CDC researchers speculate that the outbreak—primarily among 18- to 24-year-olds—was the result of the 'wrong type of mumps'. The vaccine is supposed to protect against A-virus mumps, whereas the outbreak in 2006 was caused by the G-virus strain.

Despite its limitations, the CDC team reckons that all children need a third dose of MMR – even though the two-dose vaccine was introduced following a 1980 mumps outbreak among children who had received a single vaccine dose.

It may be a measure that will be hard to introduce at a time when health officials are accepting that the MMR vaccine can cause autism among children with a 'mitochondrial disorder'.

(Source: New England Journal of Medicine, 2008; 358: 1580-9).

http://www.wddty.com/03363800370656835628/mmr-major-mumps-outbreak-proves-the-vaccine-doesn-t-work.html

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Pneumonia vaccine useless; increases asthma risk – Sept. 7/08

"Raising questions over India's decision to include a new pneumonia vaccine in the national immunisation programme, a report in a WHO bulletin has said the vaccine has 'no effect' on the disease and on the contrary increases the risk of asthma among vaccinated children....'Even after increasing the costs, if we give our children ineffective vaccination which in turn hikes the asthma risk, it is clearly not worth it. The cost evaluation of the vaccine has to be done carefully,' Puliyel added." http://www.thaindian.com/newsportal/uncategorized/pneumonia-vaccine-useless-increases-asthma-risk-who_10093089.html

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Gates funds Mosquitoes to be "Flying Syringes"

Oct. 22/08 - The Bill and Melinda Gates Foundation awarded 100,000 dollars each on Wednesday to scientists in 22 countries including funding for a Japanese proposal to turn mosquitoes into "flying syringes" delivering vaccines. http://www.physorg.com/news143901458.html √

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