

Hepatitis B Vaccine Can Cause Brain Damage

By Lucia Morgan

It's been three years since I became chronically ill and I can tell you the day and the hour that it began. It was shortly after I received my second Hepatitis B vaccination.

My lifestyle had been active and varied, I worked full-time as a social worker and in my spare time I renovated my house, successfully pursued a masters degree, canoed, swam and developed photos. After the Hepatitis B vaccination I found I could barely look after myself.

Six months after the shot I found that I couldn't read for more than five minutes without it deteriorating into a string of senseless words. I missed puns, couldn't pick up on social cues and simple conversation left me hopelessly confused. My morning shower left me exhausted, and it was all I could do to make my own meals. My sleep was so shallow that I didn't know if I was thinking or dreaming. When I was awake I felt barely conscious. I couldn't drive, shop, or go to a movie, let alone work. I was plagued with joint pain, fevers, intense chills, intestinal problems, constant exhaustion and difficulty speaking. At times, I thought I was dying.

Today I am somewhat better. I can read simple novels, go for short walks, write and do light housework. I still have bad headaches, frequent flu symptoms, and persistent fatigue. Also, I find that physical exertion greatly depletes my intellectual capacity.

In spite of all this, I have been fortunate. My general practitioner quickly diagnosed Chronic Fatigue Syndrome and found a specialist whose focus was vitamin supplements and strengthening the immune system. With much persistence, I obtained 'Long Term Disability Benefits', and was able to stay in my tiny, manageable one bedroom house. My children were grown, I was in a supportive relationship, and people did not question my diagnosis. But something was wrong.

I made a slow but steady recovery for a year, but then I reached a plateau. No further intervention made any positive impact and some things made me worse. I believed my doctors were missing an important factor: the impact of the Hepatitis B vaccine. The doctors thought it was merely a trigger—the straw that broke the camel's back—but my chiropractor saw it differently. After much searching, she put

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Editorial

By Meg Edwards

Cancer is increasing at an alarming rate. At the World Conference on Breast Cancer this summer it was stated that 'Almost one million women are expected to get breast cancer this year, including about 18,400 Canadians'. But strangely, news coverage of the conference referred to breast cancer as a disease which 'has no cause and no cure'.

The fact that we are weighted down by toxins of every type, from the air we breathe to the water we drink, seems too obvious for scientific evaluation. Although chemicals that cause cancer can be found in household cleaners, weed killers and flea collars, there is no 'scientific' proof that carcinogenic chemicals in our environment are causing increasing cancer rates. While scientists argue about the origins of cancer, we live

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DEDICATION

This issue of VRAN NEWS is dedicated to Cheryl Fromell. A health worker and healer, Cheryl often treated people with vaccine damage, and was a great supporter of VRAN. Cheryl died this summer of cancer.

Her business partner, Kathy Walker, suggested that people attending Cheryl's funeral make donations to VRAN. We are thankful for all the donations and look forward to Kathy resuming her healing work at It's Only Natural in October 1997.

VRAN NEWSLETTER

Vaccination Risk Awareness Network
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Eric Fink

With thanks to Catherine Orfald
for the newsletter layout.

Statement of Purpose

VRAN was formed in October of 1992 in response to growing parental concern regarding the safety of current vaccination programs in use in Canada and generally in North America. We are now a public information and resource group with a commitment to helping other parents protect their children from the risk of current vaccination programs.

We also act as a "watchdog" organization that gathers and shares information from both local and international sources.

VRAN maintains that the injection of toxic and viral materials into vulnerable infants and young children is not a health creating measure. We hold the belief that all parents are entitled to draw on a broad information base when deciding on drugs offered their children and in particular drugs that carry potentially serious health risk factors. Vaccines are such drugs.

VRAN offers counsel to concerned parents who do not feel adequately informed and who wish to gather additional information to facilitate an "informed decision". VRAN helps parents identify adverse reactions to vaccines and advises them of the legal requirements of doctors to report adverse reactions. VRAN also advises parents whose child has reacted adversely to take a cautious stance if considering revaccination. VRAN is committed to support people in their fight for health freedom and to maintain and further the individual's freedom from enforced medication.

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

VRAN publishes a newsletter regularly as a means of distributing information to members and the community.

Suggested annual membership fees, including quarterly newsletter and your on-going support to the Vaccination Risk Awareness Network:

\$25.00 Individual

\$50.00 Professional

We would like to share the personal stories of our membership.

If you would like to submit your story, please contact our editor, Meg Edwards:

dallas@the-wire.com
(416) 923-4571

VACCINES: THE OTHER SIDE OF THE STORY

A video from the National Vaccination Information Centre now available from VRAN.

- Do you know how to prevent a vaccine reaction?
- Do you know what questions to ask a doctor?
- Do you know your rights under the law?

This video will give you information which doctors rarely discuss with parents before their children are vaccinated.

Cost \$25.00

\$20 Refundable Upon return of Video
(\$5 retained for shipping and handling)
Please send cheque or money order to:

VRAN—Vaccine Info Video

c/o Laurie Murray
4 Purdy Place,
Kingston, Ontario
K7M 1B3

What's Happening at VRAN

Rawlinson Ruiz, who has been our dedicated layout artist since the inception of VRAN's newsletter, has retired from his position. We thank him for all the work he has done for us. Replacing him is Catherine Orfald, bringing with her a dedication to vaccine awareness and any time she can spare.

We are very sad to announce the death of Cheryl Fromell, a director of It's Only Natural. Her partner, Kathy Walker told us that Cheryl felt that the Swine Flu shot she received in the 1970's was a toxin that she could never clear from her body. At Cheryl's funeral, donations were made to VRAN. We appreciate this support during their times of sadness.

In our next issue:

We are pleased to announce the publication of Ruth Lockshin's memoir about her father Dr. Mendelsohn. Also, Edda West will cover the First International Vaccination Conference, in Washington. We also hope to

include a naturopath's view on homeopathic immunization.

Thanks go out to Collette Harman for volunteering to create the health history questionnaire on unvaccinated children and to Catherine Orfald for volunteering to layout our newsletter. Also, heartfelt thanks to Marnie Parrell for updating our mailing list.

We depend upon volunteers for survival. Presently, we need someone to look after bookkeeping.

Thanks as well for all the calls of support and the renewed and new memberships.

Richard Moskowitz, M.D.— First Time in Toronto!

Internationally Respected Physician,
Author and Homeopath Discusses
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Friday November 7, 1997

7:00 pm - 9:00 pm

The Old Mill

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Tickets \$ 10/advance, \$ 15/door

For more info. call 416-233-2001

Presented by the Ontario

Naturopathic Association.

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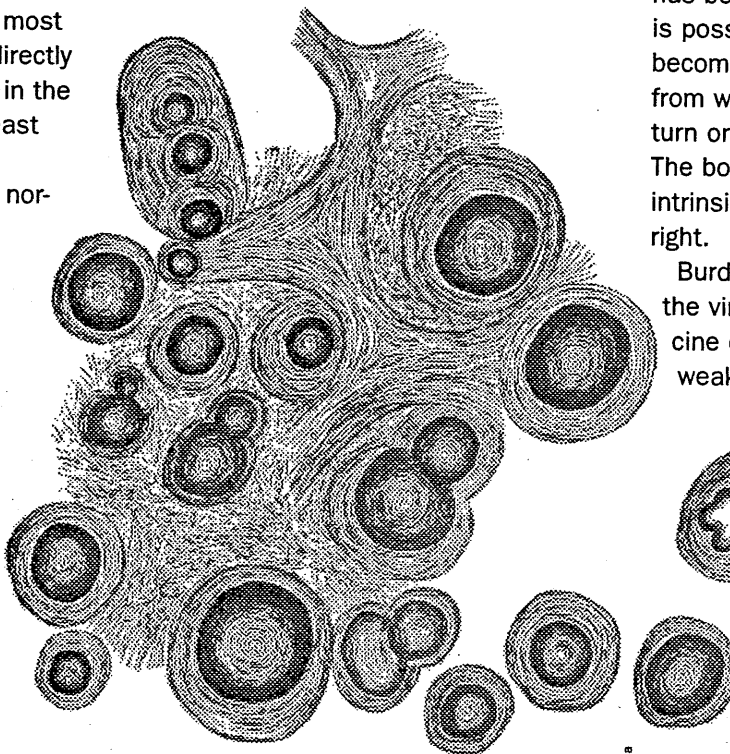
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our lives surrounded by carcinogens of every type, from lawn pesticides to the effluents of plastic yogurt containers.

We do our best to avoid the more obvious poisons, but of all the toxins in our everyday life, the most avoidable are those taken directly into our blood. While toxins in the air, water and food are at least filtered by our hard working organs, vaccines bypass all normal defences and charge straight into the delicate micro environment of our bloodstream.

When cancer strikes a body it is obvious that one too many toxins have stressed the body beyond its natural defences. Any number of causes could be blamed. But the one thing we do know about vaccines is that once they enter the body, you cannot get them out. The body will try to reject the viral and foreign material for the rest of your life. This irreversible, endless battle would seem to be a cause of stress on the body. And stress, toxic or otherwise, can cause cancer.

Cancer cells act in a confused manner. They attack each other or multiply endlessly as if they are defending the body against an infection. The cells act like mutinous soldiers, turning on them-



Vaccines are injected straight into the blood, or, are genetically altered to attach themselves to cells. They are created with the intention of tricking or confusing the body into believing it has been exposed to a viral attack. It is possible that the body could become overwhelmed by the toxins from without and within, and finally, turn on itself in an act of self defence. The body might react as if it has an intrinsic infection—and it might be right.

Burdened by stresses of every sort, the viral and toxic material of a vaccine could be the final straw on a weakened system. We will never

know for sure. In the case of vaccinations, anecdotal

evidence is mounting and the tide is turning.

If we cannot control the poisons in our air and water, then we can at least stop the injection of poisons straight into our bloodstreams.

We need acknowledgment of the dangers that exist in vaccination, reimbursement for illness and an open dialogue for change. We would like to maintain some control over the toxins being digested by our bodies. ▀

Nest Cell Sarcoma

selves and thereby weakening and destroying their own host—the body.

Vaccines would seem to be the prime suspect in this breakdown in direction and morale among our cells.

Kevin Sullivan wrote VRAN:

To whom it may concern,

I am a Naturopathic Doctor and I test my patients with an E.A.V. (Electro Acupuncture According To Voll) machine. Over the years I have found that homeopathics and herbs work very well with removing toxins from the body. The reason I chose alternative health as a career was because I had a terrible problem with asthma for about 20 years. My wife chose nutrition as a career because she had Lyme Disease and some other health problems. We both feel that we have fully recovered from our illnesses. We used our experience and knowledge and together we developed a product called Miavax. It is a unique blend of herbs, nutrition and homeopathy all in a capsule (the homeopathics are sprayed into the herbs and nutrition before encapsulation). It is designed to rebuild the immune system while helping to eliminate toxins in the body. It targets the whole spectrum of parasites, and their resulting toxins, as well as fungus, viruses, bacteria and Lyme Disease. It also has homeopathics to help with Miasms (inherited weaknesses) and possible toxins from vaccinations. A visit to our web site would explain much of this.

Please visit our website at <http://miavax.com>

Our email address is miavax@frii.com

Thanks for your time, KKS & KDS

Is chickenpox vaccine a good idea?

By Kristine M. Severyn, R.Ph, Ph.D.

Reprinted with permission from:
Ohio Parents for Vaccine Safety
251 W. Ridgeway Dr.
Dayton, Ohio 45459

Glowing media reports of the recent U.S. licensure of chickenpox (varicella) vaccine do not reveal the entire picture. This essentially experimental product may soon be required for all children who cannot prove they had the disease ("Chickenpox vaccine wins OK of FDA", "Families eager to obtain new chickenpox vaccine," Dayton Daily News, April 16, 1995).

Press coverage seems critical of the Food and Drug Administration's (FDA) delay in approving chickenpox vaccine, citing Japan's experience with the vaccine. The two countries' chickenpox vaccine experiences vary greatly. First, the Japanese vaccine is formulated differently from the U.S. vaccine. Second, the U.S. population is more ethnically and racially diverse than Japan's.

Finally, vaccines are voluntary in Japan, unlike in the U.S., where vaccines are mandatory for daycare, school, and college admission.

U.S. marketing of chickenpox vaccine was postponed by concerns about injecting this live herpes virus into children, possibly causing shingles or delaying chickenpox into adulthood, where chickenpox is more dangerous. Vaccine maker Merck and Co. (who will sell more than \$150 million of chickenpox vaccine in the U.S. per year) has not resolved these concerns.

Dr. Phillip Brunnell, head of pediatric infectious disease at Cedars Sinai Hospital in Los Angeles was

cited in The New York Times (July 7 1993) that to justify giving all children a vaccine for a disease that is essentially harmless, the vaccine must be totally risk-free. No one knows if the new chickenpox vaccine satisfies this criteria.

Your "civic duty" to vaccinate

Despite the many unknowns involving chickenpox vaccine's safety and effectiveness, proponents of its use, including Dr. Anne Gershon of Columbia University, assert that instead of vaccinating just a few high-risk children (such as those with leukemia), we should vaccinate millions of healthy children every year to protect leukemic children from chickenpox. Dr. Gershon absurdly noted that another benefit of vaccinating healthy children is that if they later develop leukemia, at least they would be theoretically protected against chickenpox!

Children as 'Guinea pigs'

FDA Commissioner David Kessler stated that "...we expect (chickenpox vaccine) to be 70-90 percent effective...". This means no one really knows how well or how long the vaccine works. Vaccine immunity is not proven to last longer than six to seven years, and Merck acknowledges that anyone over 12 years of age will need at least two shots.

The FDA assures us that Merck will "perform post-marketing studies to determine the (vaccine's) long-term effects and whether there is need for a booster immunization". How will this work?

Post-marketing studies of vaccine adverse events are currently monitored through the Vaccine Adverse Events Reporting System (VAERS), supervised by the FDA. Despite about 1,000 vaccine adverse events, including serious injuries and deaths, reported monthly to VAERS, the federal gov-

ernment dismisses VAERS reports as "anecdotal". If past experience with other vaccines is indicative, chickenpox vaccine adverse event reporting will likewise be ignored by the FDA, and left to languish in a government computer database. So much for the FDA's assurance of "post-marketing studies".

Compared to individual vaccines, potentially greater problems exist when vaccines are combined. Chickenpox vaccine will be combined with MMR (measles, mumps and rubella) vaccine. However, federal health officials admit there are no medical studies proving the safety of combination vaccines (Advisory Commission on Childhood Vaccines, March 1 1995).

Other Considerations

From the medical and health care perspectives, there is no cost advantage in vaccinating all children against chickenpox. Two studies—one funded by Merck—found that only if lost wages were considered for a parent to stay home to care for a sick child, was there any cost benefit to using chickenpox vaccine. Thus, our government now recommends a vaccination for parental convenience.

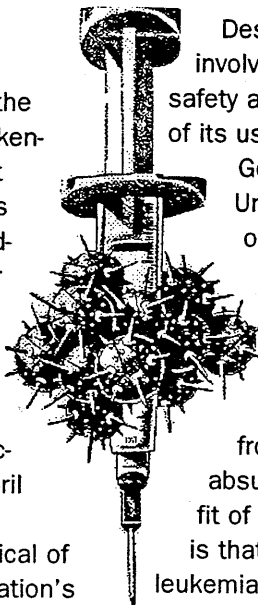
Many parents find abhorrent that Merck's chickenpox vaccine was cultured in lung tissue obtained from two surgically aborted human fetuses (one female, one male) at approximately three months' gestation.

Could vaccine make matters worse?

Dr. Arthur Lavin, Department of Pediatrics, St. Luke's Medical Center in Cleveland, Ohio, wrote in the respected British medical journal, The Lancet, of "three concerns...(he) believe(s) argue strongly against the licensure of varicella vaccine of health children".

First, chickenpox "is not major in the sense of disease mortality or morbidity. In childhood, mortality is very

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D.B. Johnson/L.A. TIMES

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low, and morbidity is usually minor..."

Second, routine chickenpox vaccination in healthy children might pose a "grave danger of advancing the age of onset of chickenpox into adulthood," where the death rate can be quite high. (This happened from routine use of measles vaccine in children. In the late 1980's U.S. measles resurgence, about half the cases occurred in adolescent and adults, most with a history of measles vaccination as young children).

Third, Dr. Lavin has deep concerns about long term genetic effects of "injecting millions of young children with a mutant strain of (live) herpes virus... Although the risk of deleterious effect is remote, the application of this risk to hundreds of millions of (individuals) *increases the chance that we will see some adverse effect* (emphasis added)."

Dr. Lavin believes that "...not all infections demand (vaccine) intervention..." and says, "The Varicella Immunization Program...*may be too much of a good thing* (emphasis added). Until we actually know the duration of immunity and the risks involved in injecting mutated (herpes) DNA into the host genome (genetic structure), I argue strongly against licensing this vaccine for use in children."

Parents worried about the many unknowns surrounding chickenpox vaccine should not be forced to enroll their child(ren) in a massive medical experiment with potentially devastating consequences for the child and society. State legislators need to hear from concerned parents before the vaccine is mandated. Too many safety and effectiveness issues remain unresolved to shoot this vaccine into our children without voluntary parental consent.

Dr. Kristine Severyn is a registered pharmacist with a Ph.D. in pharmaceuticals. She lives in Dayton, Ohio, where she heads Ohio Parents for Vaccine Safety and writes on medical/legal issues. ▀

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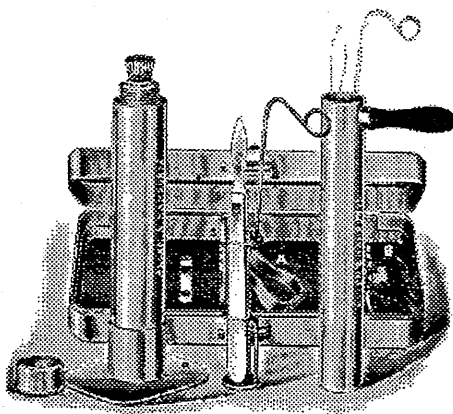
me in touch with the Nightingale Foundation in Ottawa where Dr. Hyde researches cases of CFS (chronic fatigue syndrome) induced by Hep B vaccines.

It took me many months to make contact with the foundation and obtain an appointment. The government has routinely refused to fund this research, and resources are extremely limited. Thousands of people apply and only 30 to 40 can be taken as patients. And it is not as if the evidence of suffering or damage is unclear or obscure in the applicants: damage can be established by a properly administered brain SPECT scan.

It was this brain scan that provided me with the most crushing diagnosis since becoming ill. I was diagnosed with brain damage. After the scan I was asked if I'd ever had electroshock treatments. Apparently my brain scan showed this type of damage.

When I received the Hep B vaccination my body formed no antibodies. Instead, the substance attacked my central nervous system. I found out too late that it is possible to pre-test an individual prior to receiving a Hep B vaccination to see if they will 'sero-convert' or, in other words, form antibodies. I know this does not rule out the danger of receiving serum from a bad batch, but it could reduce risks for other people.

As a result of the brain scan, my



Wigmere Vaccination Set

understanding of my illness has changed. The extensive fatigue I feel does not result from 'lack of conditioning', as the insurance company would like to think. It comes from certain areas of my brain being overloaded. To compensate for the damage, parts of my brain have taken over functions that they weren't designed to perform. When overworked, they start to shut down and it is nearly impossible to keep going.

In the first year of my recovery, neural pathways were rerouted, and this accounts for my initial progress. But now, three years later, it is doubtful that any further improvement is possible. Though I do learn ways to maximize my energy, the brain damage I received is irreversible. And pushing myself past the limits only worsens the condition.

It is hard for me to imagine what it must be like for Grade 7 Ontario students who were vaccinated a couple of years ago. If any of them became as ill as I did then their futures will have been greatly compromised. I wonder how many of them are being accused of using drugs or being lazy and unmotivated when in fact they are suffering the ravages of the Hep B shot.

Testing arranged by my insurance company has found me 'cognitively and psychologically fit for daily living and full time employment'. The fact that I am so physically impaired that I can barely take care of daily needs, let alone work, has been flagrantly disregarded. My Long Term Disability Benefits have been terminated. I will be forced to apply for welfare and I am in danger of losing my home.

Knowing what I know now, I would never have had the vaccination. The vaccine has narrowed my potential, my future and my life. In the meantime I try to make the best of my situation, and warn others of the danger.

Hepatitis B Shot Illness Collective (HBSIC) is at: (416) 461-6764. ▀

Monday, 28th August 1995

Dr. Norman Swan: One vaccine which has had a few scare campaigns and court cases against it is the one for whooping cough (pertussis). It was wrongly alleged that the vaccine caused brain damage. The scare stopped parents immunizing their children and the result was an epidemic which caused a significant number of deaths and lung and brain damaged children.

But one country which didn't go through this anti-pertussis was France. Their immunization rates have stayed fairly high for the last 25 or 30 years.

But just to show that all is not straightforward in biology, they still have had a very mild resurgence of pertussis—which in fact was predicted by Dr. Nicole Guiso of the Pasteur Institute in Paris. Dr. Guiso is Director of France's national reference laboratory for pertussis infections. So why, with high immunization rates, did they see a small comeback for whooping cough?

Dr. Nicole Guiso: The hypothesis to explain this resurgence of pertussis is that the immunity after vaccination doesn't last as long as immunity after natural infection.

Swan: So when a woman, for example, reaches childbearing age, she is no longer as immune as she was?

Guiso: Yes, exactly. They are generally still a little bit immune, but they can carry the bacteria and communicate these bacteria to their child.

Swan: Is the answer, then, booster immunizations in adulthood?

Guiso: Yes, I think we need to make booster at every ten years. But the problem with that, nobody wants to use the actual vaccine for the booster.

Swan: And the reason for that is the bad press for the vaccine. This has made manufacturers search for alternatives which might produce fewer side effects. The result is various types of what are called 'acellular vaccines'. These contain less of the pertussis germ in the hope of reducing problems such as inflammation at the site of the injection. But the problem with the acellular vaccine is that it doesn't stop actual pertussis infections, only the infections' adverse effects. You see, the pertussis germ produces a toxin, a chemical substance which damages the respiratory tract. It's the toxin which generates the bronchitis and therefore the spasms of coughing which end up with a whoop as the baby struggles for breath. The acellular vaccine mainly targets the toxins, says Dr. Guiso.

<<< Off the net >>> : Articles from the Internet

Guiso: In that case, maybe pertussis is able to persist without expressing its toxic factors.

Swan: The other aspect of moving to an acellular vaccine is that there was some suggestion that whole cell pertussis also protected against another infection called 'parapertussis', which causes a very similar disease except that it doesn't produce a toxin. Could we see a resurgence of parapertussis, with the use of the acellular vaccine?

Guiso: Actually, we don't know this. The only thing that I can say is that in France after the introduction of the whole cell vaccine we had a decrease in mortality and morbidity against pertussis but also parapertussis. Within the animal model, we observed that the pertussis whole cell vaccine protects against both pertussis and parapertussis, but that the acellular vaccine does not protect against parapertussis. And that means that after the introduction of the acellular vaccine we will have to observe the epidemiology of 'Bordetella'.

Swan: Because there's also an animal version of the infection, don't you believe that you might see a new and emergent form of whooping cough which is actually the animal infection jumping to humans?

Guiso: Yes, exactly. You have a third species of Bordetella which is B. bronchiseptica, a pathogen for animals. We observed in the last two years in France that this bacteria is able to be pathogen for infants. We demonstrated the contamination between infected animals and humans. And we are also observing that this bacteria can be pathogen for immuno-compromised people. We are actually just beginning epidemiological studies concerning these patients. Also, the acellular vaccine against pertussis does not protect also against bronchiseptica.

Swan: And the reason for this lack of protection is that these other two infections have their own recently discovered toxins which are hard to put into a vaccine. When I asked Dr. Nicole Guiso whether she would rather give her children the old whole cell pertussis or the new acellular forms of the vaccine, she said she'd prefer a modified version of the old type.

Guiso: It is important to tell people, even now, to continue to vaccinate, even with the whole cell vaccine. We have to tell physicians that even the whole cell vaccine actually does not induce irreversible (?) effects.

■

<Correlates of Protection Against <Bordetella Pertussis

USC File # 2470

Description:

The bacterium Bordetella pertussis causes the disease pertussis, also termed whooping cough. Considerable evidence suggests that an exotoxin produced by B. pertussis, termed pertussis toxin (PT), contributes to virulence and disease by intoxicating target cells of the host.

Acellular vaccines containing toxoided PT protect mice from otherwise lethal exposure to B. pertussis and are candidates for use in humans. Unfortunately, potency assays using mice have failed to accurately predict the clinical efficacy of preparations containing toxoided PT, and serological measurements of anti-pertussis antibodies from vaccinated humans have also failed to accurately correlate with protection.

Methods are described that will measure anti-PT responses arising from vaccinations that will correlate with protection in mice, and after a clinical test will likely be found to correlate with protection in humans.

Advantages:

Currently, no correlates have been found that reliably predict protection from B. pertussis either in mice or humans. Thus, reliable predictions of vaccine efficacy require human clinical trials. A correlate of protection would allow for the use of studies in mice or small human populations to evaluate candidate pertussis vaccines prior to more costly and time-consuming large scale human clinical trials of efficacy. Furthermore, after acceptance of a vaccine formulation and inoculation schedule, such assays could be used for quality control.

Application:

Evaluation of pertussis vaccine efficacy in human population

State of Development:

Experiments in mice defined that will test the underlying hypothesis

Rights Available Worldwide, exclusive and non-exclusive; subject to government rights

Patent Status in Collaborative Development Available

Inventor:

Harvey R. Kaslow
Contact Rosanne Dutton for further information.

rdutton@opca.usc.edu
213-743-2282 ■

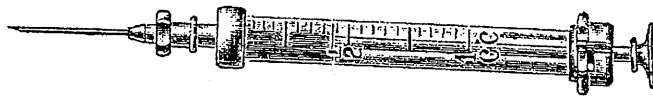
Acellular Whooping Cough Vaccine: Is it safe and effective?

by Dr. Viera Scheibner

In 1975, after a spate of 37 crib deaths linked to vaccination, Japanese doctors in one prefecture boycotted vaccination. The Japanese Government responded by lifting the vaccination age to 2 years. However, because there was continued concern about the safety of the whole-cell vaccine, they also developed a new, acellular vaccine which was hoped to be less reactogenic than the standard, whole-cell vaccine.

In 1981 Japan introduced a series of acellular vaccines (Kimura et al. 1991. AJDC; 145: 734) which were supposed to be less reactogenic. However, trials with 115 children ranging in age from about 3 to 23 months showed that local adverse reactions started about 7 days after the first, and 48 hours after the second, third and booster DPT injections containing the acellular pertussis vaccines. Practically every child had some form of local reaction. Noble et al. (Jama 1987; 257 (10): 1351) concluded that the incidence of more serious local reactions and high temperature may be more common after vaccination with acellular vaccines. They hoped that some questions regarding product-specific and age-specific efficacy may be answered by the then ongoing field trials of Japanese acellular vaccines begun in 1986 in Sweden.

In Japan, the acellular vaccines were quickly introduced into widespread use before characterization of pertussis antigen contained in the vaccine was completely known. At the time of their introduction, the only requirement of efficacy for Japanese acellular vaccines was their potency, determined by the intracerebral mouse protection test.



Tuberculin Syringe

The 1986/1987 Swedish trial of two Japanese acellular vaccines ended in a fiasco: the efficacy of one vaccine was only 69% and of the other only 54%; Swedish health authorities withdrew their license application (Lancet 1989: 814).

In the meantime, other countries, including the United States, continued the use of the whole-cell whooping cough vaccine. However, Pichichero et al. (1992. Pediatrics; 89(5): 882) published an evaluation of immunogenicity of and adverse reactions to a two-component acellular pertussis vaccine when given as a primary immunization series at 2, 4 and 6 months of age. They concluded that this acellular vaccine produced greater immunogenicity and fewer adverse effects than the currently licensed whole-cell vaccine.

However, one only had to look at the number of withdrawals and the reasons for withdrawals of babies from the trial, to see that this statement was overly optimistic. 31 of the

380 children withdrew from the study and there was a high incidence of drowsiness and irritability in the recipients of both whole-cell and acellular vaccines and a higher than expected rate of unusual high-pitched crying. (High-pitched or cerebral cry indicates great pain due to brain inflammation). The total oblivion of these researchers to the encephalitogenic effects of the acellular vaccines administered to such young babies is quite incredible.

On the basis of this trial, the acellular vaccine was licensed in the US as a booster in older babies, after the 3 primary shots. The way pro-vaccinators advertising the acellular whooping cough vaccines write about them is quite astonishing and certainly revealing: The National Institute of Child Health and Human Development said that...the new vaccine was about 71% effective in preventing whooping cough among 1,700 infants who were inoculated. A whooping cough, or pertussis vaccine, used in the United States since the 1940s contains a dead pertussis cell...But the vaccine also contains a toxin that in some infants can cause serious side effects...Some doctors claimed that the vaccine can cause brain damage and even death....More that \$487 million has been paid in compensation awards through the vaccine injury program (Washington Press 1994).

Acellular Whooping Cough continued on page 8

MORE VIDEOTAPES AVAILABLE FROM VRAN...

"DPT: VACCINE ROULETTE"

A 60 Minute Documentary
CBC—The Journal
Discussion with Edda (Goldman) West on DPT vaccinations
Thorough, provoking, and powerful—will answer many of your questions about immunization.

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Dr. Viera Scheibner
Maroochydore, Queensland, Australia
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K7M 1B3.

Acellular Whooping Cough cont. from page 7

In Australia the new acellular vaccine was tested on 5 and 6 year old children in Geelong (Victoria). Parents were told that it is a new formula, but side effects would only be mild. In reality, half the recipients were absent from school for several days, and many were admitted in hospitals. Parents were outraged that their children were used as guinea pigs, so the Victoria Chief Health Officer published that it was not a new vaccine,' ...it was in fact the same vaccine that has been given for a decade to younger children from the age of two months...reaction to the vaccine reported by parents was expected and the National Health and Medical Research Council's 1994 Immunization Handbook sent to all doctors (Note: not to parents, and the doctors who got the handbook did not warn parents) throughout Australia listed possible side effects'. These side effects which are listed on the consent form sent home with children by schools prior to vaccination, include localized pain, redness and swelling at the injection site and mild fever (38 degrees Celsius). Other possible side effects are that the child may become grizzly, unsettled and generally unhappy for 24 hours, plus also becoming drowsy. Commenting on the high number of children becoming sick, the officer said: 'This figure, we believe, could reflect a parent's inexperience with this vaccine in this age child, who tends to make his feelings known more forcibly than babies'.

The reader should ask themselves what sort of reasoning is this. Just because tiny babies can not talk, their vaccine reactions are more acceptable than in the children who can talk and tell their parents how lousy they feel after being injected?

Science News (1995; 48: 54) published an article 'New pertussis vaccines safer, more effective'. Anthony S. Fauci, director of the National Institute of Allergy and Infectious

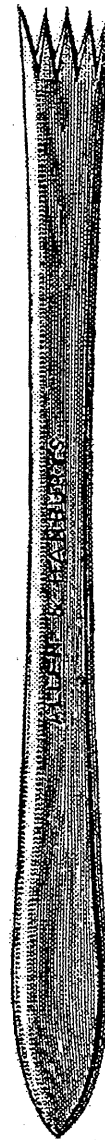
Diseases, which co-sponsored the new vaccine trials, hailed the acellular vaccine as 'truly effective'. 'Current vaccines used in the United States contain whole, but inactive, bacteria that cause fever, swelling, fussiness and—very rarely—neurological damage...some countries including Sweden and Italy don't require a pertussis vaccination.' And in the Swedish study, infants received a five-component or a two-component acellular vaccine, the standard whole-cell vaccine, or no vaccine. The five-component acellular vaccine gave 85% protection, while the two-component vaccine gave 58% protection. The Italian study tested two kinds of three-component acellular vaccines against the standard vaccine or no vaccine. Both acellular vaccines offered 84% protection. Surprisingly, the whole-cell vaccine offered no better than 48% protection. Fauci speculates that it performed poorly because the trials omitted boosters. Fauci advised parents to continue with the standard immunization schedule.

Get the picture? No country which considers itself to be democratic should ever force any medical procedure on its citizens. This is especially valid of vaccines, which are neither safe nor effective, but most of all, quite unnecessary. Infectious diseases of childhood are beneficial for children. They prime and mature the immune system of children and represent developmental milestones. Who with a sound mind would try, no matter how unsuccessfully, to prevent children from developing normal immunological responses and reach developmental milestones?

**Dr. Viera Scheibner, Research Scientist
GVAL Advisory Board Chairwoman
"Global Vaccine Awareness League helps
to educate before you vaccinate."**

❖

VRAN RESOURCES & INFORMATION LIST



Vaccination: 100 Years of Orthodox Research Shows That Vaccines Represent a Medical Assault on the Immune System

Viera Scheibner Ph.D.
Koran Publications 1-800-537-3001
fax: 215-567-5601

The Immunization Resource Guide

Diane Rozario
also available from
Koran Publications

Legitimate Immunity Versus Medical Chaos: Transcending the Futile Dream of Universal Immunization

Dr. R. Obomsawin
Canadian Natural Health Society
P.O.Box 92, Westmount, Que. H3Z 2T1

Immunization: The Reality Behind The Myth

Walene James

What Every Parent Should Know About Childhood Immunization

Jamie Murphy
Earth Healing Products,
120 Poplar St., Boston, MA, 02131.

Vaccinations: Are They Really Safe and Effective?

Neil Z. Miller

Vaccinations and Immune Malfunction & The Dangers of Immunization

These excellent booklets describe immune system function & how vaccines impair immunity.

Philosophical Publishing Co. Box 220,
Quakertown PA, 18951 (21)-536-5159.

How To Raise a Healthy Child In Spite of Your Doctor

Dr. Robert Mendelsohn

This book is a classic, a must for every parent who wishes to take back responsibility for the health of the family. It has a full chapter on childhood illness and vaccines.

Resources continued on page 9

Resources continued from page 8

The Immunization Decision: A Guide for Parents

Dr. Randall Neustaedter.

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

Harris L. Coulter

A penetrating work by a renowned medical historian.

A Shot In The Dark

Harris L. Coulter & Barbara Loe Fisher

A thorough research of DPT Vaccine and adverse reactions.

Vaccinations and Immunization: Dangers, Delusions and Alternatives

Dr. Leon Chaitow.

This book examines the history of vaccination. It explores alternatives and enhancement of immune system function.

Vaccinations: The Rest of The Story

A selection of articles, letters and resources.

publ. by Mothering Magazine. P.O. Box 1690—Santa Fe, New Mexico—87504.

The Case Against Immunizations

Dr. Richard Moscovitch

available from American Institute of Homeopathy—1500 Massachusetts Ave. N.W. Washington D.C. 20005.

But Doctor, About That Shot

Dr. Robert Mendelsohn

available from the Doctor's People, 1578 Sherman Ave. S., 318 Evanston 11. 602201.

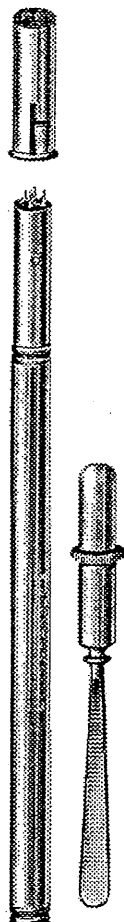
What About Immunizations?

Exposing the Vaccine Philosophy

Cynthia Cournoyer

Nelson's Books P.O. Box 2302 Santa Cruz CA 95063.

NOTE: Many of these titles are also available from Parent Books in Toronto (416) 537-8334 fax (416) 537-9449



Cooper Rose's Vaccinator

IMMUNIZATION INFORMATION ON THE INTERNET

The following is an updated list compiled by Peter Mancer, an executive member of the Immunization Awareness Society of New Zealand:

- New Atlantean Immunisation Resources.
<http://www.new-atlantean.com/global/vaccine.html>

A very good list of resources; global pro-choice vaccine groups; books, tapes and videos from around the world.

- Vaccination Information and Awareness
<http://www.eden.com/~via>

A good site with many links to other sites including vaccine manufacturers.

- Vaccination Information Paradigm
<http://www.cco.net/~trufax/vaccine/vaccine.html>

Very good information which seems to be updated regularly.

- Dispelling Vaccination Myths
<http://www.livelinks.com/sumeria/health/myth2.html>

Well documented report that is revised periodically (last July 14th, 1996)

- The Hidden Debate
<http://www.firehorse.com.au/feline/imm/imm.html>

Interesting report

- National Vaccine Information Centre
<http://www.909shot.com>

Run by Dissatisfied Parents Together (DPT)

- Global Vaccine Awareness League
<http://www.pages.prodigy.com/gval/>

Started by a mother whose 33 month child died just after a DPT shot—moving story.

- How to Legally Avoid Immunisation
<http://medmarket.com/tenants/reiddds/herbplus/info/noshots.html>

How to avoid immunisation in the USA

- Natural Immunity Network
<http://www.iwayco.com/~niin/index.html>

- <http://www.newagenet.com/lightparty/healthlvaccine.html>

- <http://home.sprynet.com/sprynet/Gyrene/Home.htm>

Good information on SIDS from Concerned Parents for Vaccine Safety.

- <http://www.unc.edu/~aphillip/www/vaccine/informed.html>

Includes testimonials from parents of Vaccine damaged children.

- <http://sydney.dialix.oz.au/~romaron/health.html>

Ramon's health page includes vaccine info.

- <http://www.pnc.com/au/~cafmr/index.html>

Campaign Against Fraudulent Medical Research. Harris Coulter, PhD, co-writer of books about vaccines is a member of this group.

see cafmr/online/vacc.html—vaccine report.

- <http://www.smalpia.net/galleria/wallace/home.htm>

What Doctors Don't Tell You magazine web-site. Very good alternative medicine information as well as vaccine updates.

- <http://www.healthy.net/clinic/family-healthcenter/children/vaccination>

Vaccination Information Resources includes information on books such as The Vaccine Guide: Making an Informed Choice by Dr. Neustaedter, and other books.

- <http://www.panix.com/~iayork/immunology/index.shtml>

A PRO-vaccination site, but the arguments for are not very good in my opinion (are they ever?)

- <http://www.genweb.com/Dnavax/main.html>

Leading edge research—what's new in DNA vaccines (the latest and greatest). What are they? Find out!

- <http://www.gn.apc.org/inquirer/jan.htm>

The Web Inquirer—so called: the first international investigative magazine on the web—an interesting article on vaccination.

- <http://www.holonet.net/homepage/1v.htm>

Vaccine Weekly magazine—the only weekly magazine that covers vaccination. For the medical world—interesting new stuff. You can even get e-mailed every time a new vaccine is out if you would like to know!

- <http://www.ozemail.com.au/~shotinfo/VAN>—a pro-choice group in Australia.

- <http://home.earthlink.net/~emphtherapies/>

Dr. Harris Coulter's own web site. He has written books about vaccination and medical research.

Medical Information:

- <http://www.achoo.com>

- <http://www.medscape.com>

- <http://www.healthy.net/library>

- Immunisation Awareness Society
<http://www.netlink.co.nz/~ias/ias.htm>

IMPORTANT INFORMATION REGARDING MANDATORY VACCINATION PROGRAMS

A public health message from concerned local Chiropractors

VACCINES: ARE THEY SAFE? ARE THEY EFFECTIVE? Here is what every parent and anyone thinking of getting a "shot" should consider.

Manufacturers of vaccines admit they are highly toxic and by their very nature, cannot be made safe. When cancer causing elements are found in foods, they are either banned or an obvious warning label appears on the package. There seems to be a double standard for vaccines. These are among the ingredients found in vaccines:

Phenol (carbolic acid) – a deadly poison.

Formaldehyde – a known cancer-causing agent which is commonly used to embalm corpses.

Thimerosal (a mercury derivative) – a toxic heavy metal that is not easily eliminated from the body.

Alum – a preservative.

Aluminum phosphate – used in deodorants. Toxic.

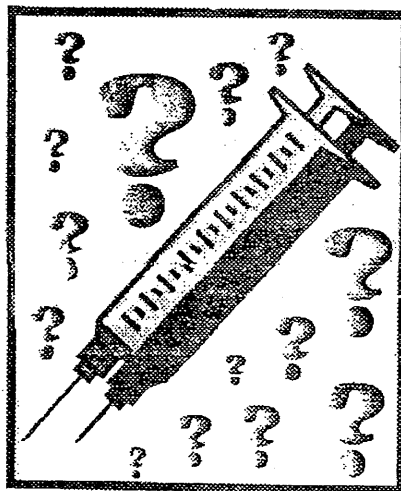
Aluminum and oil adjuvants – cancer producing in laboratory mice.

Acetone – a solvent used in fingernail polish remover.

Glycerin – a tri-atomic alcohol extracted from natural fats

which are putrefied and decomposed. Some toxic effects of glycerin are kidney, liver, lung damage, diuresis, pronounced local tissue damage, gastrointestinal damage and death.

Vaccines contain killed or diluted infectious organisms, solutions containing toxins of these organisms, or substances extracted from infectious



agents. Animal parts such as pig or horse blood, dog kidney tissue, monkey kidney tissue, chicken or duck egg protein, and other decomposing proteins are used to grow the viruses.

Every person in this province should know that vaccines can have extremely serious side effects that range from long term degenerative conditions to death.

Proper diet, clean living, and low stress environment have

done more to eliminate and prevent diseases over thousands of years than any other form of intervention. If we rely on quick fixes and modern "medical miracles" to save us from poor diets, stressful and unclean living, then we get farther and farther from the true source of health... a well functioning central nervous system, and maintaining a healthy lifestyle. These are the qualities that aid the body's miraculous ability to resist diseases and to heal itself.

Every person in Ontario is guaranteed the right to refuse any and all of the vaccines considered as "mandatory" for school entry. Exemption forms for school aged children are available for parents upon request from the Public Health Unit.

Get informed and make a healthy and informed decision. The health of our society is at stake.

This message has been brought to you by:

Dr. Michelle Whitney	822-4224
Dr. Bruce Walton	766-1250
Dr. Bonnie Chuter	822-4205
Dr. Rebecca Whitney-	
Douglas	822-4205
Dr. Kim Kinat	822-4205

RESOURCE & INFORMATION LIST

Immunization: History, Ethics, Law & Health
by Catherine Diodati. Best new book about vaccines. Please order from VRAN.

Cost: \$35 + \$5 postage

Immunization—The Reality Behind The Myth
by Walene James.

What Every Parent Should Know About Childhood Immunization
by Jamie Murphy

Vaccinations: Are They Really Safe and Effective?
by Neil Z. Miller

How To Raise a Healthy Child In Spite of Your Doctor
by Robert Mendelsohn, M.D.

Universal Immunization — Medical Miracle or Masterful Mirage?
by Dr. Raymond Obomsawin
available from Health Action Network

(604) 435-0512

A Shot in The Dark
by Dr. Harris L. Coulter & Barbara Loe Fisher

Vaccination, Social Violence, Criminality: The Medical Assault on The American Brain
by Dr. Harris L. Coulter

Vaccination—Medical Assault on the Immune System
by Viera Scheibner Ph.D.
to order: (204) 895-9192

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

Every Second Child
by Dr. Archie Kalokerinos (204) 895-9192

Vaccinations and Immunization: Dangers, Delusions and Alternatives
by Dr. Leon Chaitow.

What About Immunizations? Exposing the Vaccine Philosophy
by Cynthia Cournoyer Nelson's Books, Box 2302 Santa Cruz, CA, 95063

Natural Alternatives to Vaccination
by Dr. Zoltan Rona, M.D.
1-877-920-8887

Vaccinations—The Rest of the Story
published by Mothering Magazine. P.O. Box 1690-Santa Fe, N.M. 87504.

The Immunization Decision—A Guide for Parents
by Dr. Randal Neustaedter.

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

The Immunization Resource Guide
by Diane Rozario
available from Vaccine Policy Institute
(937) 435-4750

Vaccination—The Hidden Truth
New Video. Five medical doctors speak out about vaccine risks.
Order from VRAN
Cost—\$40 + \$5 postage

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(416) 537-8334 ✓

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