

VRAN newsletter

Vaccination Risk Awareness Network Inc.

VACCINATION AND THE MAKING OF THE MASS MIND

By Walene James

The greatest danger facing our culture and society is not crime, moral decline, poverty or even the much touted factors of pollution and ecological imbalance. Rather it is the insidious but deadly phenomenon of mass mindedness.

Stephen Hoeller, *Freedom: Alchemy for a Voluntary Society*

Just why is mass-mindedness such a "deadly phenomenon?" A society afflicted with mass-mindedness excises mind and spirit and brooks no room for serious questioning and discussion. Reason and evidence tend to be dismissed and blind belief encouraged.

During the question period at a conference in Copenhagen, Wayne Dyer was asked, "What do you think is the most dangerous thing in the world?" He replied, "Obedience. Blind obedience."⁽¹⁾

With regard to vaccinations, a couple of examples will illustrate the robotizing effect of mass-mindedness.

On April 23 & 27, 1997, two letters appeared on the editorial pages of an Idaho newspaper (Coeur d'Alene Press/Spokesman Review) protesting the recent media hype promoting vaccinations. The first letter pointed out that compulsory vaccinations were a violation of human rights, in this case, the right to body-mind integrity—the right to determine what we shall put into our bodies, particularly a substance that has potential for long term dam-

age. The letter also referred the reader to two books, which were well documented and challenged the safety and effectiveness of vaccinations. The second letter, using more facts and figures, again made the point that vaccines were damaging and ineffective and suggested they were essentially experiments. [No scientifically controlled studies have been done on them.]

When the replies were published, you would have thought that a skunk had invaded the temple and entered the holy of holies. As for the first letter, one of the respondents suggested that the author had only a minimal I.Q. Another one said that "no amount of education or heavy footnotes will take the place of good common sense and clear thinking." As for the second letter, one of the respondents called it "deceptive and vicious." Nearly every letter spoke of vaccinating as a responsibility to the community, meaning an unvaccinated child could spread disease, even start an epidemic. One medical doctor said that failure to vaccinate "will directly threaten each new baby born here." A common denominator running throughout the letters was the fear of the natural disease, one respondent saying that "vaccines are far kinder than the diseases they're designed to prevent."

The correspondent who sent me the letters told me that a neighbor of hers said that the internet was full of chat-

Making of the Mass Mind cont.on page 3

INSIDE THIS ISSUE

page

- 1 - Making of the Mass Mind
- 1 - From Cradle to Grave
- 2 - VRAN News
- 10 - Flu Shots Overestimated
- 13 - Spanish Flu Hysteria
- 15 - Who are the Non-Consenters?
- 18 - MMR & Autism
- 20 - MMR Controversy
- 21 - Letters
- 23 - Bird Flu Fear
- 25 - New Concerns With Tamiflu
- 26 - Homeschooled
- 27 - News Clips
- 29 - Civil Rights
- 30 - Homeopathy and the Flu

FROM CRADLE TO GRAVE

By Edda West

Walene James' insightful and inspired article, "Vaccination and the Making of Mass Mind", lifts the veil on a much broader societal malaise than this or that infectious disease. Her powerful analysis informs us that mass vaccination programs are a form of societal programming deployed as a powerful tool to elicit our unquestioning obedience to the powers of the state, the dictates of monopoly medicine and its masters, the pharmaceutical industry.

Vaccination programs initiated in infancy place your child at risk of lifelong dependency on medical inter-

From Cradle to Grave cont. on page 7

VRAN NEWSLETTER

Vaccination Risk Awareness Network Inc.
P.O. Box 169, Winlaw, B.C. V0G 2J0

Coordinator and newsletter editor: Edda West
info@vran.org 250-355-2525

VRAN Board of Directors:

Mary James - President
Rita Hoffman - Vice-President
Edda West - Secretary/Treasurer
Dr. Jason Whittaker - Director VRAN Speakers Bureau
Leona Rew - Board Member
Gloria Dignazio - Board Member
Susan Fletcher - VRAN Researcher

With thanks to Lisa Farr for the newsletter layout.

Statement of Purpose

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

VRAN's Mandate is:

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

VRAN publishes a newsletter 3 to 4 times a year as a means of distributing information to members and the community. Suggested annual membership fees, including quarterly newsletter and your on-going

support to the Vaccination Risk Awareness Network:

\$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

DISCLAIMER

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

VRAN NEWS

Dear VRAN Members,

As we approach the end of this calendar year, I'd like to reach out to you all with sincerest appreciation for your continuing support without which this "voice in the wilderness" could not have blossomed and grown to serve you in the spirit of truth and health in a world dominated by Big Pharma and drug oriented medicine. For 20 years, we have been a source of alternative information and support for those of you who simply do not buy into the dominant medical paradigm that insists healthy children must be injected with particles of disease and accompanying harsh toxins in order to remain healthy.

It is an incredible honour to publish Walene James' article about the making of mass mind in this issue of the VRAN Newsletter. Since the publication of her classic book, *Immunization: The Reality Behind the Myth*, so many years ago, I have held Walene dear to my heart as one of my most important teachers. She helped clarify a baseline health philosophy and enabled many of us to construct a solid foundation on which to build this work. She validated my lifelong trust in nature's processes, and shone the light of truth on the fallacy of the vaccine paradigm.

Walene James taught me that health is a creative process – not a quick fix delivered by hypodermic needle. As she so astutely observed, the vaccine paradigm is in fact a military model. The first deploys vaccines injected as 'weap-

ons' against the enemy - infectious diseases. The second deploys deadly weaponry against perceived enemies, be it communism or terrorism or other "isms" it decides must be annihilated. One claims to make war on disease in the name of health, the other makes war on people and cultures in the name of peace. Both are a scourge on the planet and threaten our collective wellbeing.

Creating health in the family is a lifelong process, starting prenatally with the mother's nutritional status & lifestyle choices. In the early years of the child's life a commitment to extended breastfeeding provides the child with the essential immunological foundation, critical for the development of a strong immune system with lifelong benefits. Organic, chemical free food, clean uncontaminated water, clean air and a loving family environment – these are the elements with which we create health in the family, with assistance when needed from alternative healing modalities. Families who practice health creating philosophies achieve a sweet independence from monopoly medicine, and rarely need to call on it for help.

Dovetailing with health creating philosophies is Australian author, Wendy Lydall's book, "*Raising a Vaccine Free Child*", a comprehensive guide to raising a vaccine free child and offers advice on how to bring children safely through childhood illnesses. It also discusses medical and non-medical prevention and treatment of infectious diseases.

With gratitude, Edda West

PLEASE CONTRIBUTE TO OUR 2006 FUNDRAISING DRIVE

We are pleased to offer you Wendy Lydall's book as a bonus gift for all donations of \$150 or more.
Please help us fulfill our goal of raising \$24,000 to support our budgetary needs for 2006.

Mail donations to:

VRAN Fundraising
P.O. Box 169,
Winlaw, BC V0G 2J0

May the spirit of the season bless all families with peace and health



Making of the Mass Mind cont. from page

ter about the letters and was "running 90/10 in favor of mass inoculations." She also told me that another neighbor said that people who don't vaccinate their children should be arrested.

I might mention that the initial letters that elicited the hostile responses were somewhat amateurish leaving the writers 'wide open.' Moral: One must use 'skillful means' when challenging a hallowed fixation of Mass Mind.

"...they were visiting the reservation, the outlying camps of Aborigines in the desert, and if for some reason a mother didn't want her child to be vaccinated they would simply grab the child and forcibly vaccinate it. I saw them chasing them on foot, and chasing them in Landrovers and grabbing the kids and vaccinating them. Now a lot of these kids were terribly sick. They were malnourished and everything else. And if they survived the first vaccine, in a few weeks they would come back with booster shots. And then with more and more, and then they would come around with polio shots and so forth. It is a wonder that any kid survived really, not that the death rate had just doubled. It is a wonder that anyone survived."

This is Archivides Kalokerinos speaking in an interview in the June 1995 *International Vaccination Newsletter* (Belgium). Dr. Kalokerinos began his career as a "convinced

vaccinator," but his experience in the Northern Territory of Australia working with the aborigines caused him to question. He wrote a book, *Every Second Child*, telling how "every second child" (50 percent) became extremely ill and some died after routine vaccinations—diphtheria, tetanus, pertussis, polio, etc. He found he could reverse some of these reactions by injecting the child with 100 mg. of vitamin C. When he tried to communicate his discoveries to the "authorities," instead of taking an interest in what he had found, their reaction was one of extreme hostility. "This forced me to look into the question of vaccinations further, and the further I looked the more shocked I became." What he discovered and what a few other doctors who have seriously investigated the vaccine issue have discovered is indeed shocking. What Dr. Kalokerinos—and other serious investigators—discovered goes beyond the scope of this article; however, it is explored in my new book manuscript, *The Vaccine Religion: Mass Mindedness and the Struggle for Human Freedom*.

The above two examples are by no means isolated cases. Forced vaccinations and public support for them are part of the "blind obedience" syndrome Wayne Dyer spoke of earlier. 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.

Did you know that children have been "kidnapped" by the state and placed in foster care for the parent's 'crime' of not vaccinating them? Sometimes other 'irregularities' are involved as well, e.g., home schooling, vegetarianism, and prolonged breastfeeding. .

Did you know that judges can practice medicine without a license? One distraught mother told me that her ex-husband had gone along with her no-vaccination policy except for the polio vaccine, which he insisted upon.

When she refused to comply he took her to court and the judge ordered their 18 month old son to be vaccinated with all required vaccines within a week!

Creating Mass Mindedness

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

Making of the Mass Mind cont. on page 4

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 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 bodies are machines disconnected from mind, spirit, poetry, philosophy and all that makes us human.

Moneyspeak

Who or what is going to implement The Formula on a large scale? Mass media. This includes standard-brand textbooks and encyclopedias. Did you know the corporate mass media is now in the hands of six corporations? The top three are General Electric, Westinghouse and Disney. These three control 90 percent of all book publishing, films, videos, radio and television.⁽²⁾ Is this why we don't hear in the mainstream media an intelligent discussion of vaccinations? Intelligent, in this

case, means not just staying in the box of accepted opinion that may question the effectiveness of a particular vaccine or expose some of the toxic ingredients in vaccines. It means challenging the premises of the vaccine paradigm itself and, by implication, the standard medical model.

What does media monopoly bode for the health of a democracy? We know that a healthy eco-system supports high levels of diversity. Likewise, a healthy democracy.

Organized medicine considers vaccinations the cornerstone of preventive medicine. Of course, official medicine is inseparable from Big Pharma, which funds medical training, medical journals and 'scientific' meetings. "The pharmaceutical industry is the most powerful political force in Washington."⁽³⁾ and some have suggested it is the most profitable business in the world.

I am reminded of what historian Howard Zinn said about experts, the ones whom we are trained to respect as authoritative sources of information and insights:

Those who pretend to give us factual information are the ones we should be most suspicious of. "By now we should have learned to be wary of experts. . . They are our jailers. They perpetrate the system." He even went so far as to say that when the world is destroyed, it will be destroyed by experts.⁽⁴⁾

Vaccination 101

Vaccinations are toxins by definition. Some of these toxic ingredients are well known neurotoxins such as mercury (thimerosal which is 50% ethyl mercury) and various aluminum compounds such as aluminum hydroxide and aluminum phosphate. Then there is the well known formaldehyde used to embalm corpses which is a carcinogen as well as a neurotoxin. Other toxic ingredients could include neomycin (antibiotic), phenoxyethanol (antifreeze), glycerol, phenol (carbolic

acid), ammonium sulfate. These ingredients are the stabilizers, neutralizers, activators (adjuvants), carrying agents and preservatives.

I wonder how many of us would knowingly feed our children or ourselves a food which contained any of the above ingredients. True, there are only trace amounts of these substances in vaccines, but remember vaccines go directly into the bloodstream without censoring by the liver or buffering by the digestive process. Oral vaccines would seem to offer a bit more protection; however they are designed for rapid penetration from the intestines, again by-passing the liver and the digestive organs. The effect of these toxins, however, is cumulative.

What about the cultured bacteria or viruses—killed or attenuated (diluted)—and their excretions or byproducts and the medium in which they are cultured and attenuated? Some of these are rabbit brain tissue, dog kidney tissue, monkey kidney tissue, chick embryo, calf serum, pig or horse blood and cow pox pus. These are proteins—foreign proteins—that because they are injected directly into the bloodstream, are toxic to the body. Why? Because proteins must be broken down into amino acids by the digestive process in order to be taken into the bloodstream and utilized by the body. When protein enters the bloodstream by any other route than the digestive tract it becomes toxic.

But that isn't the worst of it. These proteins are foreign to the body and are in a state of decomposition necessitating the use of preservatives discussed earlier. They are also composed of animal cells, which contain animal genetic material. The genes in these cells can be picked up by the live attenuated viruses used in vaccines. These viruses can then implant foreign genetic material from these animal tissue cultures into the human genetic system.

Further contamination with inciden-

tal viruses and bacteria from animal cells and their genetic material can occur when the cultivated viruses are attenuated by serial passage through animal tissues to reduce their virulence.

All living matter, including viruses and bacteria, contains genetic material—DNA and RNA, which it sheds and which can be picked up by the cells of different organisms. This process of shedding genetic material by the cells of one species and its subsequent absorption by another species is known as *transcession*. Cells in which viral RNA has integrated into the DNA of the animal cell are known as *proviruses* or *molecular intermediates*. These infected cells can lie dormant in tissues throughout the body and be activated at a later stage, triggering autoimmune phenomena such as cancer, leukemia, M.S., lupus erythematosus, allergies asthma, rheumatoid arthritis, and more recently, diabetes. Transcession thus explains autoimmune phenomena, i.e., why the immune system cannot distinguish between foreign invaders and its own tissues and begins to destroy itself.

A number of researchers, including London physician, Leon Chaitow, have suggested that this injection into the bloodstream of various viruses and bacteria has resulted in a massive experiment in genetic engineering, the repercussions of which will be felt for generations! (5)

The meteoric rise of learning disabilities, autism and sociopathic personality disorders, e.g. emotional blunting, such as inability to feel and empathize with others, naked aggression, and fascination with violence and cruelty has been connected with early vaccinations.

"We now have the most vaccinated group of children ever. More importantly, the mothers of these children are also the most vaccinated mothers ever and have the most immune diseases ever in the history of the world."—F. Edward Yazbak. (6)

What about vaccinating two month old babies whose immune systems are undeveloped and are dependent upon their mothers for the transfer of immune factors? These babies are given seven vaccines—DPT, Hib, Polio, pneumococcal and hepatitis B? New born babies are now vaccinated with hepatitis B!

"For us to bombard a new born baby with a whole battery of vaccines as, in effect, their very first immunological experience I think is reckless beyond measure. I would say it borders on the criminal," Richard Moskowitz, tells us. (7)

A number of doctors became vaccination skeptics and outright opponents of vaccination just from what they observed in their own practice. For instance, board certified family practitioner Alan Cohen said in his interview on the Gary Null show, "I have never seen a child in my office who had autism, hyperactivity, or ADD (Attention Deficit Disorder) who was not vaccinated. Children, who I did see in my office, who were not vaccinated never had any of these problems." Dr. Cohen also pointed out that vaccinations can cause inflammation of the brain which can manifest as severe brain damage resulting in mental retardation, psychopathology, paralysis dyslexia, allergies and repetitive infections. (8)

Philip Incao also observed that the children in his practice, who were not vaccinated were "healthier, hardier and more robust than their vaccinated peers," and that allergies, asthma, and behavioral and attentional disorders were "clearly more common in my young patients who were vaccinated." (9)

In the latter part of August 2005, I saw on public television the program Now which featured a beautiful suburb where people moved to escape the noise, pollution and congestion of the city. They discovered soon enough that behind the chain link fence separat-

Making of the Mass Mind cont. from page 5
ing most of suburbia were rows of vegetables, which became the repository of periodic pesticide spraying. The residents began to experience various health challenges particularly bronchial problems, including asthma. As I watched this spraying, I thought, "What will future generations say about us? Will they read in their history books: They poisoned their food and ate it? They poisoned their water and drank it. They poisoned their air and breathed it. And wonder of wonders, they poisoned their bodies to prevent disease."

II The Pied Piper of Vaccinations

.....

...observed that the children in his practice who were not vaccinated were "healthier, hardier and more robust than their vaccinated peers,"

.....

You don't get harmony when everyone is singing the same note.
Doug Floyd

In the U.S. 98 to 99 percent of children are vaccinated to meet school entry requirement.⁽¹⁰⁾

In the 19 states with a philosophical exemption, only 2 to 5 percent of the population on average take this exemption. ⁽¹¹⁾

In 1988 in the state of Virginia where I live, there are only religious and medical exemptions. Only 1 percent of the population take these exemptions This was still true in 2005. ⁽¹²⁾

"The devastation that vaccines have caused in many cases is tragic beyond belief. To add insult to injury we are forced to pay for them through our taxes and thus further subsidize the

drug companies. It is bad enough that Medicare surrenders \$100 billion a year to the drug companies. Soon we will be adding another \$10 billion through the vaccine program," Joseph Mercola, pointed out. ⁽¹³⁾

How can we break the vaccine trance?

Einstein said that a problem cannot be solved on the same level of thinking that created the problem in the first place. First, we must get past the level of thinking that sees disease as an implacable enemy caused by microscopic entities that must be vanquished with every available weapon—drugs and vaccines.

What about seeing certain microorganisms which are often—but not always— associated with a particu-

scientists have swallowed millions of pathogenic bacteria which are considered the causal agents of cholera and typhoid. The worst that occurred was a mild diarrhea, although the active bacilli could be found in their stools.⁽¹⁴⁾ I'm betting the supposed causal agents of other diseases have likewise been swallowed by other experimenters with little or no adverse effects. What is this telling us? First, the artifactual nature and procedures of the laboratory, which can isolate pathogens, are unlike natural encounters with these microorganisms, which in nature are inseparable from their nutrient media. Secondly, and most important, injection directly into the bloodstream by-passes the natural portals of entry which modify ingested substances.

"We must learn to question everything," Betty Williams, Irish peace activist and 1996 Nobel peace laureate, said in a 1997 interview on "New Dimensions" (NPR). She also said that we need to get acquainted with our soul. "We can use our intellect after we use our soul."

There is a Spiritual Solution to Every Problem, popular psychologist, Wayne Dyer titled his 2001 book. The central problem with the whole vaccination issue is that it is mandated by law and can be enforced by the police powers of the state. Solving the vaccination problem from a spiritual perspective seems to me to be two pronged:

- First,
- (a) We need to move into a more holistic understanding of health and disease processes by recognizing that we are whole beings—spirit, mind, body. The new science of psychoneuroimmunology—literally meaning from psyche or soul to mind to immune system—suggests the linkage between states of mind to states of immunity. Any treatment to be successful must be in accord with this understanding.
 - (b) The immune system is now being seen more holistically as a general

Making of the Mass Mind cont. on page 7

Making of the Mass Mind cont. from page 6

functioning of the entire body, reflecting all the body's biochemistry, physiology and all the body's workings. I would add that it also reflects attitudes and emotions.

(c) To force someone to do something that s/he thinks is harmful will not work, because it can create stress and resentment which impair immune function.

The famous clairvoyant, Edgar Cayce, said many times, "Never force an issue." In a talk given in Virginia Beach in 1931, he said in reference to the information in his 'readings,' The greatest sins in the world today are selfishness and the domination of one individual will by another will." Earlier in that same talk he said, "... anyone who would force another to submit to his will is a tyrant."

Second,

(a) Spirituality has a discernment and wisdom component. Jesus counseled his disciples to be "wise as serpents, but harmless as doves"(Matthew 10:16 KJV).

(b) To develop discernment we need to recognize propaganda, which in essence means spreading ideas to promote a cause. It presents only one point of view. Other ways of understanding or interpreting data are ignored or denigrated. In the case of vaccinations, fear is a common tactic using factoids and figures to 'prove' the inestimable value of the vaccine rite.

(c) Recognizing propaganda will help us to be aware of and share with others the specious reasoning spoken of earlier that supports forced vaccinations. Here is one of my favorites: The unvaccinated are carriers of disease who can threaten the health of the entire community, including the vaccinated!

In sum: Health is wholeness. Disease is not an enemy but a teacher, an opportunity to rest, cleanse, reflect rebalance and renew. In a larger sense,

it means realigning the body-mind with its spiritual Source. Health, not vaccinations, is immunization.

(Note: Most of the insights and information in this article are taken from my book manuscript on vaccination, *The Vaccine Religion: Mass Mindedness and the Struggle for Human Freedom*. Some of the information is also taken from my earlier book, *Immunization: The Reality Behind the Myth* (1988, 1995).

Notes

From the cassette tape album, "Secrets of the Universe" (1991).

"Bioneers," NPR, 12/16/04.

"The Connection," NPR, 12/16/04.

"Cambridge Forum," NPR, 1/21/05.

Leon Chaitow, D.O., N.D., *Vaccination and Immunization: Dangers, Delusions, and Alternatives*, C.W. Daniel Co. Ltd., Saffron, Walden, Essex, England, 1987, p. 104.

F. Edward Yazbak, M.D., *Mothering Magazine*, March/April, 2001, "Show Us the Science," Lisa Reagan.

Richard Moskowitz, M.D., cited by Barbara Loe Fisher, "Shots in the Dark," *The Next City*, Ontario, Canada, 1999.

Alan Cohen, M.D., *The Gary Null Show*, WNIS, AM, 6/30/96.

Philip Incao, M.D., from *Hepatitis B Testimony in Ohio*, 3/1/99, reprinted in *Natural Immunity Information Network*, NIIN, email)

1998 Vaccine Policy Institute and 2002 Virginia Beach Health Department. Virginia Beach Health Department, 2005

Virginia Beach Health Department, 2005.

Joseph Mercola, D.O., 2/24/03, email newsletter.

Leon Chaitow, op. cit. pp. 17, 57.

From Cradle to Grave cont. from page 1

ventions and drug use. Vaccination is the perfect agent to accomplish this dependency for a number of reasons – not the least of which are alterations to the child's immune system and neurological functions that weaken resistance to disease, heighten vulnerability to neurological injuries with the resulting autism spectrum/learning disorders and other chronic diseases now epidemic in western societies, all of which then require ongoing medical interventions and drug treatments.

"The pediatrician's wanton prescribing of powerful drugs [and vaccines] indoctrinates children from birth with the philosophy of a "pill for every ill"....leading the child to the belief that there is a drug to treat every condition and that drugs are an appropriate response to normal feelings of frustration, depression, anxiety, inadequacy, insecurity, etc. Doctors are directly responsible for hooking millions of people on prescription drugs. They are also indirectly responsible for the plight of millions more who turn to illegal drugs because they were taught at an early age that drugs can cure anything – including psychological and emotional conditions – that ails them", warned Dr. Robert Mendelsohn. (1)

In keeping with the Mass Mind agenda, and unbeknownst to most parents, a little known and subversive trend in provincial Health Acts in Canada gives minor children the right to make medical decisions without their parents knowledge or consent. Known also as the "Mature Minor" ruling, children of an undefined age have been given the legal power to sidestep parental wishes, family values and opt for treatments like vaccination, abortion, birth control, etc.

A Niagara Region Public Health bulletin in Ontario explains that parental consent is not needed for students to participate in the Grade 7

From Cradle to Grave cont. on page 8

Hepatitis B immunization program.

“Your son/daughter has the right under the Health Care Consent Act (HCCA) to make decisions about their own health care. In fact, their decision to receive this vaccine may differ from their parents and they may decide on their own to give consent to receive the vaccine.....There is no minimum age for giving consent. This means, a grade 7 student can give consent regardless of a parent’s wishes. The Registered Nurses involved with the Hepatitis B program must use their professional judgement to decide whether the student understands and appreciates the information needed to make the decision.”

“Yes, the vaccine is safe” assures the bulletin. It lists minor side effects like swelling at the injection site or tiredness for a few days. It hints at “more serious reactions”, like breathing problems, swelling of face or mouth, hives, rashes, but is mute about the really serious vaccine associated adverse events like diabetes, chronic fatigue syndrome, encephalomyelitis, blindness, permanent disability and death.

The bulletin further informs that: *“A person is capable of giving consent to immunization, if he or she:*

- *understands the information that is important to making a decision concerning immunization; and*
- *appreciates the consequences of a decision or lack of a decision.”*

We ask how a child in grade 7 or younger, who is captive to one-sided slick pro-vaccine propaganda, who is bombarded with a huge dose of fear factor, distorted statistics and peer pressure -“you’re going to die if you don’t get the shots”, is going to appreciate or understand the consequences when the potential for lifelong disabilities from this drug are kept hidden?

In British Columbia, the Infant’s Act gives children under the age of 19 the right to seek medical treatment, or “health care” which means any-

thing that is done for a therapeutic, preventive, palliative, diagnostic, cosmetic or other health related purpose. Subsection 3b allows for the “health care provider” to determine what is in the “infant’s best interest”.

Who should decide what is best for your child? The government obviously believes that “health care providers”, NOT PARENTS, can determine what is best! There is no legal definition of, “child’s best interest”. Under this legislation, doctors or other “health care providers” will NOT have to seek parental consent or even notify parents of services given to children.

With this type of legislation in place, we as citizens, families, no longer have protection from undue interference by government. We have been robbed of this fundamental right, and our children rendered “lambs to the slaughter” to be manipulated at will.

When risk information is watered down and the benefits pumped up while access is withheld to information that would disclose substantial and long term damage associated with this vaccine, “Informed Consent” becomes a sham, stripped of any semblance of ethical or legal protections. Tragically, neither the children nor their disempowered families will understand the fraud and coercion that has been perpetrated on them in the name of “public health”.

Ethically and legally, “Informed Consent” for any medical treatment must be “informed”, “voluntary”, and “not obtained through misrepresentation or fraud”. The hepatitis B vaccine program now inflicted on babies and youth in this country is certainly not “informed” and is most definitely obtained through misrepresentation and fraud.

The children in their innocence & naivete are targeted by the mass mind makers to fall in lock-step ever so obediently and without question to the march of the programmers’ agenda. Never mind that hepatitis B vaccine has long been linked to a disturb-

ing list of neurological disorders and autoimmune diseases like multiple sclerosis, and never mind that incidence of the disease in Canadian children is extremely low. Without strong parental guidance and alternative health education at home, the average child in the school setting is easy prey to mass medication and social control policies imposed by the state.

The Public Health Agency of Canada reports a consistently low incidence of hepatitis B cases amongst Canadian children & youth and begs the question; how can this possibly justify the injection of hundreds of thousands of children annually and the millions spent on vaccine purchases? And who will answer for the human toll of autoimmune diseases spawned by this program?

Reported Cases of Hepatitis B in Canadian Children:

		Under age 14	Ages 15 - 19
Year	2000	17	24
	2001	7	16
	2002	7	16
	2003	11	16
	2004	9	20

Dr. Marc Girard, a French physician and researcher has just published two new papers in which he reviews the risks of autoimmune disease and multiple sclerosis following hepatitis B vaccination. His research has been driven by the dramatic increase of autoimmune diseases in the wake of France’s mass vaccination program.(see chart)

In a public statement he recently warned the British government that, “Strong scientific evidence confirms British infants will be exposed to an unacceptably high risk of complications, including multiple sclerosis, if the British Medical Association's (BMA's) recent universal infant hepatitis B vaccine recommendation goes ahead.”

Dr. Girard, a specialist in the side effects of drugs was commissioned as a medical expert by French courts, and has shown that French health authorities suppressed studies demonstrating serious risks associated with hepatitis B vaccine. In France, thousands of hepatitis B vaccine injury victims, many of whom developed multiple sclerosis following vaccination, are suing for compensation.

In contrast to the blanket endorsement given hepatitis B vaccine by Canadian doctors, Dr. Girard says that "The duration of any protective effect is uncertain whereas there is an impressive convergence of data giving credibility to a potential of this vaccine to induce severe and irreversible central demyelinating disorders. The vaccine carries with it risks of numerous chronic auto-immune disorders, including Guillain-Barre syndrome, lupus, rheumatism, blood disorders and chronic fatigue."

"There is now impressive evidence that for a preventive measure, hepatitis B vaccine is remarkable for the frequency, variety and severity of complications from its use. The toxicity of this vaccine is so unusual that, even if crucial data are regrettably concealed or covered by Court order, scientific evidence is already far higher than normally needed to justify severe restrictive measures." (2)

In a letter to Dr. Jong-wook Lee, director general of the World Health Organization (WHO), Dr. Girard accuses the agency of having made "misleading recommendations towards lay people (that everybody was at risk of hepatitis B), and that the WHO created a "false alarm" about the inefficiency of targeting high risk individuals for vaccination." In other words, it wasn't enough to just vaccinate high risk individuals, but it (WHO) promoted global policies to vaccinate everyone with hepatitis B vaccine. That's why today, across Canada, two month old

babies and school children from grades 4 through high school are targeted for injection with this vaccine. It is also why healthy, low risk newborns in the U.S. are injected within hours of birth with this toxic drug.

Girard accuses the WHO of being a pawn of the pharmaceutical industry which uses the agency to manipulate global health policies.

"Even more damning", writes Girard, "is an interview published in the French journal, Sciences et Avenir, (Jan 1997) in which Beecham's business manager claimed with outrageous cynicism" - *'We started increasing the awareness of the European Experts of the World Health Organization (WHO) about Hepatitis B in 1988. From then to 1991, we financed epidemiological studies on the subject to create a scientific consensus about hepatitis being a major public health problem. We were successful because in 1991, WHO published new recommendations about hepatitis B vaccination.'*

"It is sad news for people everywhere in the world that the WHO's experts need manufacturers' salesmen to become aware of significant health problems."

In his letter, Girard compares India's experience to the French: "In Feb 2004, I read a correspondence by an Indian colleague, Dr J. Puliyl (Lancet 2004; 363: 659), on the fallacies of the data spread by the WHO about the epidemiology of hepatitis B in his country."

"Although not well informed about the health situation in India, I was struck by the fact that the mechanisms of the deception as described by Dr Puliyl (gross exaggerations, lack of references, inappropriate extrapolations...) were exactly comparable to those I observed in my own country - and of course with the same results: a plea of "experts" to include hepatitis B vaccination in the national vaccination program, in spite of its cost and

its unprecedented toxicity..... **It is blatant that in the promotion of the hepatitis B vaccination, the WHO has never been more than a screen for an undue commercial promotion."**

Referring to the avian flu alarm, Dr. Girard writes "It is quite easy to reconstruct that, under the lame pretext of increasing the manufacturing potential, the manufacturers managed to induce the WHO's experts to recommend flu vaccination, whereas it is plain that this immunization would have no protecting effect against avian flu."

"In both situations, the trick was the same" writes Girard, "to create a false alarm (about the inefficiency of targeted vaccination in the case of hepatitis B, about the necessity of increasing the manufacturing process in the case of avian flu), and to induce the WHO to plea for measures based upon misleading recommendations towards lay people (that everybody was at risk of hepatitis B in the former case, that flu vaccination could be useful in the case of avian flu)."

Girard urged the WHO to "consider the figures of fatal reports following flu vaccination and to have a minimum of familiarity with the problem of underreporting, to understand that **up till now irresponsible vaccination against flu has killed far more people than avian flu.**"

As bleak as the future of humanity seems in the stranglehold/mind control of Big Pharma, I must admit I burst out laughing when I read a November 15th article in the Saanich News from Victoria, BC: "Doctors Ready for Potential Pandemic" announced the headline. The article was peppered with lively quotes from BC epidemiologist Dr. Danuta Skowronski, enthusiastic flu vaccine promoter, renowned for her inflation of flu death statistics. You could hear distinct echoes of the World Health Organization script as she fielded questions from doctors attending an infectious diseases confer-

From *Cradle to Grave* cont. from page 9
ence in Victoria.

“Skowronski encouraged doctors to act now, especially by ramping up vaccination for the regular flu even though it is doubtful the current vaccine will protect people against the new avian flu virus that is expected to emerge if the avian flu H5N1 mutates”, said the article.

Skowronski offered two rationales for this advice. “For one, the regular flu kills more people (usually the frail and elderly) between pandemics than are killed during one, so regular vaccinations won't do any harm.” And secondly, “A steady demand for flu vaccines will increase Canada's flu vaccine manufacturing capacity, which will need to ramp up five to 10 per cent if a pandemic hits.”

“It is not a simple matter of flicking a switch and saying, 'Hey Presto,' you have manufacturing capacity,” Skowronski explained. “She advised doctors to spend their energy distributing vaccinations and distributing antivirals - and going back to the basics to prevent the spread of any infectious diseases. She said people have to learn to cough into their armpits rather than behind their hands. “They should also be washing their hands often for 20 to 30 seconds - long enough to sing Happy Birthday twice.” (3)

True to the Mass Mind agenda, Ontario's latest ad campaign, [The Flu. It's Not Just About You](#), guilt trips parents into getting flu shots for their infants and toddlers. It depicts them as “major spreaders of the flu”, the source of infection and threat to the elderly. Above a cozy picture of a mom and grandmother cuddling a baby, the caption says, “*Most children aren't shy about showing affection. Which makes them excellent spreaders of the flu.....*” and young children 6 to 23 months of age are at high risk of flu-related complications”.(4) Never mind that a recent international scientific review found, “there is no evidence

that vaccinating children under 2 years old against influenza reduces deaths or complications from the illness.” (5)

The spinmeisters know that most people have not heard of the latest research, are largely unaware of the uselessness of flu vaccine or that it still contains the neurotoxin thimerosal. They also know that guilt and fear work - the tried and proven tools they use to manipulate a gullible public to offer up its children to the vaccine scam. Year by year, the propaganda grows more outrageous. Now grandma's health hinges on your baby getting yearly flu shots. As Dr. Richard Moscovitz says, “The faith in the magical power of drugs often blunts the critical senses, and comes close at times to a mass hysteria involving scientists and laymen alike” – the ideal climate to insure society's dependence on drugs and vaccines from cradle to grave. (6)

References:

1. Robert Mendelsohn, MD “How to Raise a Healthy Child in Spite of Your Doctor
2. Marc Girard – press release Sept. 27, 2005, (*Autoimmun Rev* 2005; 4: 96-100).
- Girard M. Autoimmune hazards of hepatitis B vaccine. *Autoimmun Rev* 2005;4(2):96-100.
3. Saanich Neww, Nov. 16/05, “Doctors Ready for Potential Pandemic” =
4. The flu. It's not just about you.
5. See: Effectiveness of Flu Shots Wildly Overestimated” in this issue of the VRAN Newsletter (Fall, 2005)
6. Richard Moscovitz, MD – Hidden in Plain Sight: The role of Vaccines in Chronic Disease

EFFECTIVENESS OF FLU SHOTS WILDLY OVERESTIMATED

“What you see is that marketing rules the response to influenza, and scientific evidence comes fourth or fifth.” (1)
People should ask whether it's worth investing these trillions of dollars and euros in these vaccines.” (2)

– Dr. Tom Jefferson

While the public endures an intensifying barrage of flu shot propaganda and dire predictions of an avian flu pandemic, health officials stay tight lipped about basic facts you need to know to make an informed decision before submitting to the flu vaccine.

Every year, laboratory tests conducted across Canada and compiled by Health Canada's FluWatch, consistently show that the majority of cases of “influenza like illnesses” (ILI) involve pathogens other than the influenza virus. In other words, the influenza virus is NOT the cause of most of the flu like illnesses commonly occurring during flu season.

FluWatch reports that Between 22 August, 2004 and 12 March, 2005, a total of 68,849 laboratory tests for influenza were reported of which 10,319 tested positive for influenza. That is, only 14.9% of the specimens tested showed evidence of influenza viruses. (3)

The remainder of these laboratory tested cases of “influenza-like-illnesses” (85.1%), (3) involved other pathogens against which influenza vaccines offer NO protection whatsoever. The majority of “influenza-like-illnesses” are NOT caused by influenza viruses and are impervious to flu vaccines.

Health officials also don't tell you that their claims of vaccine effectiveness are based on a misleading measure - the ability of the vaccine to produce antibodies against the virus. It is well

Effectiveness of Flu Shots cont. on page 10

Effectiveness of Flu Shots cont. from page 10
known in immunology that circulating antibodies are not necessarily a measure of immunity from disease.

In a flu vaccine debate published in the Canadian Medical Association Journal about the effectiveness of the mass influenza vaccination program in Ontario, Italian epidemiologist, Dr. Demicheli refutes the 70%- 90% claims of vaccine efficacy, saying this is *"both wrong and misleading.....and refers only to the ability of the vaccine to produce antibodies effective against the virus. But this is not the important measure of vaccine efficacy. Instead, we should measure the ability of the vaccine to prevent clinical disease, in this case influenza. By this measure, vaccine efficacy is no greater than 25%."* (4)

Dr. Demicheli also affirmed that *"The actual proportion of influenza A and B cases among ILI cases is not well known, but the few available studies indicate a modest proportion of probably less than 10%, regardless of age group."* (5)

In 2000 the Ontario Minister of Health and Long-Term Care launched a \$38 million (annually) universal influenza immunization program for Ontario, Canada. Its objective was to decrease the seasonal impact of influenza on emergency department (ED) visits and to decrease the number and severity of influenza cases. A review of the efficacy of this program published in the Canadian Journal of Emergency Medicine found that the percentage of acute upper respiratory illnesses seeking emergency medical help is very low - "only 4.4% and of these influenza accounted for only 0.34%". **Conclusion:** "Based on this study, a universal influenza immunization campaign is unlikely to affect ED volume." (6)

On September 21, 2005 a New York Times article reported that "Just as governments around the world are stockpiling millions of doses of flu vaccine and antiviral drugs in anticipa-

tion of a potential influenza pandemic, two new research papers published today have found that such treatments are far less effective than previously thought." (1)

The first meta-analysis was done by the Cochrane Vaccines Field, a group of scientist who looked at the results of 64 international flu vaccine studies. Their findings are published online at The Lancet, a leading British medical journal. (7)

"There is a wild overestimation of the impact of these vaccines in the community," says Dr. Tom Jefferson, an epidemiologist in Rome who led the analysis for the Cochrane Collaboration, an independent international effort that evaluates the efficacy of medical care and performs systematic reviews of research data. (1)

Jefferson's team analyzed patient studies on the flu vaccine performed worldwide in the past 37 years and discovered that vaccines showed at best a "modest" ability to prevent influenza or its complications in elderly people. *"The runaway 100 percent effectiveness that's touted by proponents was nowhere to be seen,"* said Dr. Jefferson. The 70-90% effectiveness in the elderly is a fallacy. *"That needs to be clearly presented to our customers, not fudged."* (8)

The researchers found that flu shots were only 27 per cent effective in reducing the chance of an elderly person ending up in a hospital with influenza or pneumonia. The findings are similar to those of a previous study done by the U.S. National Institutes of Health which reviewed three decades of U.S. data. Published in the February 14, 2005 Archives of Internal Medicine, the study found that flu shots for the elderly in the United States had not saved any lives. (8)

"In the case of a pandemic, we are unsure from the data whether these vaccines would work on the elderly. Vaccines may be less effective in older people because their immune systems are less able to mount a vigorous

response", Jefferson and others said. (1,2)

"People should ask whether it's worth investing these trillions of dollars and euros in these vaccines," Jefferson said. *"What you see is that marketing rules the response to influenza, and scientific evidence comes fourth or fifth,"* (2,1)

"The best strategy to prevent the illness is to wash your hands." said Dr. Jefferson. (1)

For several years, health officials in Canada and the U.S. have been urging parents to vaccinate their babies age 6 to 23 months with flu vaccine. Infants and young children receive two shots 30 days apart. Multiple dose vaccine vials still contain thimerosal, the neurotoxic mercury based preservative.

Dr. Jefferson's team also reviewed 25 studies that looked at the impact of vaccines on the number of cases of influenza and its symptoms in children up to 16. The Cochrane team concluded that there is no evidence that vaccinating children under 2 years old against influenza reduces deaths or complications from the illness. (9,10)

"Immunization of very young children is not lent support by our findings," said Dr Tom Jefferson. *"We recorded no convincing evidence that vaccines can reduce mortality, [hospital] admissions, serious complications and community transmission of influenza. In young children below the age of 2, we could find no evidence that the vaccine was different from a placebo,"* Jefferson told Reuters (9,10)

In his recent article, Influenza Vaccination of Infants: A Useless Risk Dr. F. Edward Yazbak, a U.S. pediatrician who now devotes his time to the research of autoimmune regressive autism and vaccine injury, offers additional insight into the Cochrane Vaccine Fields study led by Dr. Tom Jefferson. He also analyzed the two studies on which the CDC bases its recommendation of flu vaccination of babies, calling them "limited, weak

Effectiveness of Flu Shots cont. on page 12

Effectiveness of Flu Shots cont. from page 11 and irrelevant.”⁽¹¹⁾ Dr. Yazbak suggests that the CDC and its Advisory Committee on Immunization Practices have a simple choice:

“They can continue recommending the useless influenza vaccination of infants aged 6 to 24 months.”

or

“They can do the right thing and rescind the 2004 recommendation.”

In a follow up article Dr. Yazbak points to the lack of evidence of safety of influenza vaccines in babies. ⁽¹²⁾ He writes, “In a letter to the editor of The Lancet on Sept. 3, 2005, T. Jefferson, S. Smith, V. Demichelli, A. Hamden and A. Rivetti expressed their concerns and frustration at the fact that, though they tried, they were unable to get reliable information regarding the safety of influenza vaccines on the market. Their review included every study they could find in any language.

In the letter to The Lancet, Jefferson and associates expressed deep concern that safety studies were not done, the studies were too old and too small, or the vaccine manufacturer simply refused to allow the team to review the data from the vaccine trials.

The frustrated authors ended their letter stating, ‘We believe all unpublished trial safety data should be readily accessible to both the regulatory bodies and the scientific community on request. Our evidence gives rise to a concern that lack of access to unreported data prevents published data being put into context and hinders full and independent review. This cannot be good for public confidence in these vaccines.’ “ ⁽¹²⁾

The Canadian Paediatric Society’s Position Paper is in concert with U.S. flu vaccine policies for children and despite the absence of solid data verifying effectiveness, it recommends vaccination of all Canadian children older than 6 months including those with immune dysfunction and other chronic diseases. Infants and young children

are injected with two doses of the vaccine 30 days apart. ⁽¹³⁾ Multidose vials of influenza vaccine still contain thimerosal, a mercury based preservative.

Resistance to Anti-Viral Flu Agents Increasing Worldwide

A second paper published in the Lancet (Sept.21/05) ⁽⁷⁾ has found that since the mid-nineties, worldwide resistance to drugs used to treat influenza has increased by 12%. Researchers from the U.S. Centers for Disease Control found that influenza viruses, particularly those from the dreaded bird flu strain, have developed resistance to commonly used antiviral drugs such as amantadine. In China and other parts of Asia, resistance is said to be as high as 74%. Doctors there started prescribing the drugs far more widely after the advent of bird flu in 1997 and SARS, in 2002. ⁽¹⁾

The Lancet press release quotes Dr. Rick Bright of the CDC. “With the increasing rates of resistance shown here, amantadine and rimantadine will probably no longer be effective for treatment or prophylaxis in the event of a pandemic outbreak of influenza.” All human cases of the bird flu (H5N1) strain - which is still extremely rare in humans - have been resistant, the researchers said.

Antivirals do not cure influenza. They function by cutting down on transmission of the disease and reduce somewhat the symptoms and complications in those already infected. They only work if started within 48 hours of the onset of symptoms, a period when it is generally impossible to tell if patients have a deadly strain of flu or merely a mild virus.

Dr Jefferson concludes: “We need a more comprehensive and perhaps more effective strategy in controlling acute respiratory infections, relying on several preventive interventions that take into account the multi-agent nature of infectious respiratory disease and its context (such as personal hygiene, provision of electricity and adequate food,

water and sanitation).” ⁽⁷⁾

Full article posted on VRAN website: http://vran.org/vaccines/flu/flu_effectiveness.htm

References:

1. 2 Studies Question the Effectiveness of Flu Vaccines, By Elisabeth Rosenthal, The New York Times, September 21, 2005
2. Studies question flu vaccines' effectiveness, by Rob Stein, The Washington Post, reprinted in the Seattle Times, Sept. 22, 2005
3. Canada Communicable Disease Report Volume 31 • ACS-6, 15 June 2005
4. Mass influenza vaccination in Ontario. Vittorio Demicheli: Rebuttal — responds to Dr. Schabas: Canadian Medical Association Journal • January 9, 2001; 164 (1)
5. Mass Influenza Vaccination in Ontario: Is It Worthwhile? Vittorio Demicheli: CMAJ • January 9, 2001; 164(1)
6. Can a Universal Influenza Immunization Program Reduce Emergency Department Volume? Canadian Journal of Emergency Medicine, Dianne Groll, MSc,* Bonnie Henry, MD, MPH† Vol. 4 No. 4, July, 2002
7. Resistance to Anti-Flu Agents Increasing Worldwide, and Flu Vaccines Have Modest Effectiveness in Elderly People. The Lancet, Press Release September 20, 2005:
8. Two studies find flu treatments fall short; CTV.ca News Staff, Sept. 22/05 http://www.ctv.ca/servlet/ArticleNews/story/CTVNews/20050922/flu_elderly_050922/20050922/
9. No Evidence Flu Shots Work for Under-2s – Study, By Patricia Reaney, Reuters, London
10. Safety of influenza vaccines in children: The Lancet, 2005; 366:803-804 DOI:10.1016/S0140-6736(05)67204-2
11. F. Edward Yazbak, MD, Influenza Vaccination of Infants: A Useless Risk
12. F. Edward Yazbak, MD, Nothing New about Lack of Effectiveness of Influenza Vaccination in Babies
13. Recommendations for the use of influenza vaccine for children. Infectious Diseases and Immunization Committee, Canadian Paediatric Society (CPS) Paediatrics & Child Health 2004;9(7):283-284 Reference No. ID04-01
14. Sanofi Pasteur vaccine product monographs & ingredients list:
15. ID Biomedical: Product monograph unavailable online.

RECREATING THE 1918-19 SPANISH FLU EPIDEMIC HYSTERIA

Compiled By *Ingri Cassel*

As the bird flu hype intensifies, suddenly people who had never heard of it before remember the Spanish flu pandemic of 1918 as if it just happened. It's interesting how the modern remembrance of the 1918 outbreak, being leaked into our minds from the CDC through the mainstream media, is dramatically exaggerated from doctored historical accounts.

For instance, an Associated Press story from 1997 cited a study done by the Armed Forces Institute under the leadership of Dr. Jeffery K. Taubenberger. Taubenberger, et al., analyzed specimens from some of the 43,000 servicemen that died as a result of the "Spanish" flu and had been preserved in formaldehyde and wax for future studies. It was theorized that "the virus ... is a mutation that evolved in American pigs and was spread around the globe by U.S. troops mobilized for World War I."

Regarding flu epidemiology, pigs may have wings

In February, 2004, the BBC reported that British scientists determined that the strain of flu virus responsible for the 1918-19 "Spanish" flu pandemic was an avian virus that had mutated. This information was determined by exhuming bodies from villages within 700 miles of the north pole from people who had died during the 1918-19 flu pandemic.

Is the reason for this confusion due to the fact that the existence of viruses was known but not isolated and categorized until after 1933, the year the electron microscope was invented? Some articles from the late 90s even theorize that the virus originated in birds that infected pigs that then infected humans. Hmmm...

1918 death toll still rising

Another problem is the evolving numbers of people who were infected with the "Spanish" flu and the numbers of people who actually died. An "AP Statistics Lab" claims that 25 million people died worldwide from the 1918 flu pandemic with half a million dying in the U.S. The CDC claimed in 1999 (Preparing for the Next Influenza Pandemic) that 20 million people died worldwide from the 1918 flu pandemic but now claims, in 2005, that the death toll was 50 million worldwide.

Another article justifies these discrepancies by saying that anywhere

from 20 million to 100 million people died worldwide during the 1918-19 flu pandemic. Aside from this "official" confusion, it is clear that the World Health Organization (WHO) and the Bush administration are using recreated 1918 flu pandemic history to sound the alarm justifying the \$4 billion tagged onto a defense spending bill passed by the Senate September 24, 2005.

Senator Tom Harkin (D-Iowa), with the backing of Senate Minority Leader Harry Reid (D-Nevada), wants the government to spend nearly \$3.1 billion to stockpile enough doses of an anti-viral pharma drugs (not vitamin C or oregano oil) for half the U.S. population. If half the current U.S. population (not counting the illegal immigrants) were to "benefit" from this boondoggle, it amounts to \$21 for each anti-viral dose administered at taxpayer expense.

Learning from the past

Historians puzzle over the virulence of the "Spanish" flu versus deadly medical treatments used nearly 90 years ago. According to medical researcher Jim West, chloroform was used as a preservative in several orthodox cough syrups in 1918 and would convert to highly poisonous phosgene when oxidized, causing liver failure and various cancers.

Patrick J. Carroll wrote a piece in the August 5, 2003 edition of *The Irish Examiner* recounting relatively unknown vaccine history. He claimed that a report from then U.S. Secretary of War Henry L. Stimson verified 63 deaths and 28,585 cases of hepatitis as a direct result of the WWI yellow fever vaccination program of only six months duration. Yellow Fever vac-

.....
*...the doctors killed them with their
crude and deadly treatments and drugs.*
.....

cination was only one of the 14 to 25 shots given to army recruits. Quoting from the article that can be accessed at <http://www.vaclib.org/news/vaccinenot-flu.htm>

"Army records also reveal that after vaccination became compulsory in the U.S. Army in 1911, not only did typhoid increase rapidly but all other vaccinal diseases increased at an alarming rate. After America entered the war in 1917, the death rate from typhoid vaccination rose to the highest point in the history of the U.S. Army. The deaths occurred after the shots were given in sanitary American hospitals and well-supervised army camps in France, where sanitation had been practiced for years.

"The report of the Surgeon-General of the U.S. Army shows that during 1917 there were admitted into the army hospitals 19,608 men suffering

Spanish Flu Hysteria cont. on page 14

from anti-typhoid inoculation and vaccination. This takes no account of those whose vaccine diseases were attributed to other causes.

“The army doctors knew all these cases of disease and death were due to vaccination and were honest enough to admit it in their medical reports. When army doctors tried to suppress the symptoms of typhoid with a stronger vaccine, it caused a worse form of typhoid: Paratyphoid. But when they concocted an even stronger vaccine to suppress that one, they created an even worse disease: Spanish flu.”

As several other sources confirm, it was this newly-concocted typhoid vaccine, as well as several other vaccines, that were mass disseminated to allegedly protect a “panic-stricken” world from the disease-infected soldiers returning from WWI battlefields that triggered the 1918 flu pandemic.

Following is an excerpt from

.....
There was seven times more disease among the vaccinated soldiers than among the unvaccinated civilians...
.....

Eleanor McBean’s eyewitness account as memorialized in Chapter Two of her book, “Vaccination Condemned”:

All the doctors and people who were living at the time of the 1918 Spanish Influenza epidemic say it was the most terrible disease the world has ever had. Strong men, hale and hearty one day would be dead the next.

The disease had the characteristics of the black death added to typhoid, diphtheria, pneumonia, smallpox, paralysis and all the diseases the people had been vaccinated with immediately following World War I. Practically the entire population had been injected “seeded” with a dozen or more diseases - or toxic serums.

When all those doctor-made diseases started breaking out all at once it was tragic. That pandemic dragged on for two years, kept alive with the addition of more poison drugs administered by the doctors who tried to suppress the symptoms. As far as I could find out, the flu hit only the vaccinated. Those who had refused the shots escaped the flu. My family had refused all the vaccinations so we remained well all the time. We knew from the health teachings of Graham, Trail, Tilden and others, that people cannot contaminate the body with poisons without causing disease.

When the flu was at its peak, all the stores were closed as well as the schools, businesses—even the hospital, as the doctors and nurses had been vaccinated too and were down with the flu. No one was on the streets. It was like a ghost town. We [who didn’t take any vaccines] seemed to be the only family which didn’t get the flu;

so my parents went from house to house doing what they could to look after the sick, as it was impossible to get a doctor then. If it were possible for germs, bacteria, virus, or bacilli to cause disease, they had plenty of opportunity to attack my parents when they were spending many hours a day in the sick rooms. But they didn’t get the flu and they didn’t bring any germs home to attack us children and cause anything. None of our family had the flu—not even a sniffle—and it was in the winter with deep snow on the ground.

It has been said that the 1918 flu epidemic killed 20,000,000 people throughout the world. But, actu-

ally, the doctors killed them with their crude and deadly treatments and drugs. This is a harsh accusation but it is nevertheless true, judging by the success of the drugless doctors in comparison with that of the medical doctors.

While the medical men and medical hospitals were losing 33% of their flu cases, the non-medical hospitals such as BATTLE CREEK, KELLOGG and MACFADDEN’S HEALTH-RESTORIUM were getting almost 100% healings with their water cure, baths, enemas, etc., fasting and certain other simple healing methods, followed by carefully worked-out diets of natural foods. One health doctor didn’t lose a patient in eight years...

If the medical doctors had been as advanced as the drugless doctors, there would not have been those 20 million deaths from the medical flu treatment.

There was seven times more disease among the vaccinated soldiers than among the unvaccinated civilians, and the diseases were those they had been vaccinated against. One soldier who had returned from overseas in 1912 told me that the army hospitals were filled with cases of infantile paralysis (polio), and he wondered why grown men should have an infant disease.

Now, we know that paralysis is a common after-effect of vaccine poisoning. Those at home didn’t get the paralysis until after the world-wide vaccination campaign in 1918.

Homeopathy also gained quite a reputation during the 1918 flu pandemic. Raymond Seidel, HMD (homeopathic medical doctor), decided to be a homeopathic doctor during the 1918 flu epidemic when he was a 10-year-old delivery boy for a local homeopath. He said, “I saw that the people who were taking aspirin were dying, about half those who were drinking a lot were dying, and those that received homeopathic remedies were living.”

In Julian Winston’s article,

Spanish Flu Hysteria cont. on page 15

Spanish Flu Hysteria cont. from page 14

Influenza-1918: Homeopathy to the Rescue (The New England Journal of Homeopathy, Vol. 7, No. 1, 1998), he noted that most of the deaths were caused by a virulent pneumonia that was especially devastating to those who depressed their system with analgesics, especially aspirin. The following citations from his article prove this point:

Three hundred and fifty cases and lost one, a neglected pneumonia that came to me after she had taken one hundred grains of aspirin in twenty-four hours. ~Cora Smith King, MD, Washington, DC.

I had a package handed to me containing 1,000 aspirin tablets, which was 994 too many. I think I gave about a half dozen. I could find no place for it. My remedies were few. I almost invariably gave Gelsemium and Bryonia. I hardly ever lost a case if I got there first, unless the patient had been sent to a drug store and bought aspirin, in which event I was likely to have a case of pneumonia on my hands. ~J. P. Huff, MD, Olive Branch, Kentucky.

One physician in a Pittsburgh hospital asked a nurse if she knew anything better than what he was doing, because he was losing many cases. "Yes, Doctor, stop aspirin and go down to a homeopathic pharmacy, and get homeopathic remedies." The Doctor replied: "But that is homeopathy." "I know it, but the homeopathic doctors for whom I have nursed have not lost a single case." ~W. F. Edmundson, MD, Pittsburgh.

There is one drug which directly or indirectly was the cause of the loss of more lives than was influenza itself. You all know that drug. It claims to be salicylic acid. Aspirin's history has been printed. Today you don't know what the sedative action of salicylic acid is. It did harm in two ways. It's indirect action came through the fact that aspirin was taken until prostration resulted and the patient developed

pneumonia. ~Frank L. Newton, MD, Somerville, Massachusetts

Aspirin and the other coal tar products are condemned as causing great numbers of unnecessary deaths. The omnipresent aspirin is the most pernicious drug of all. It beguiles by its quick action of relief of pain, a relief which is but meretricious. In several cases aspirin weakened the heart, depressed the vital forces, increased the mortality in mild cases and made convalescence slower. In all cases it masks the symptoms and renders immeasurably more difficult the selection of the curative remedy. Apparently aspirin bears no curative relation to any disease and it ought to be prohibited.

~Guy Beckly Stearns, MD, New York
By doing a bit of research into books and periodicals from the 1918 flu pandemic era, it is clear that allopathic "cures" were deadlier than the disease itself. Many homeopaths, autologists and other "drugless" doctors understood that the blood was the life force of the body and its purity was a barometer of health as well as an indicator of disease susceptibility. They also witnessed that the poisoning of the blood via yellow fever, typhoid and smallpox vaccinations was the prerequisite condition for contracting the "Spanish" flu. But even then, the flu itself was not a death sentence. The deaths occurred among those who stifled their body's attempts to heal itself by taking allopathic potions such as aspirin and other inappropriate treatments.

Ingri Cassel is the Director of Vaccination Liberation. Her article is published in the Idaho Observer, available online at:

<http://www.proliberty.com/observer/20051017.htm>

Read Ingri's companion article: Knowing "Body Basics" exposes illogic of drug and vaccine solutions to a flu pandemic <http://www.proliberty.com/observer/20051003.htm>

WHO ARE THE NON-CONSENSERS?

By Sue Claridge

Copyright 2005

We have been labelled "ignorant and fearful", "misinformed". We've been called "flat earthers", "anti-science" and "scientific terrorists". At worse we have been called "child abusers" and "a danger to society". The press continue to label the Immunisation Awareness Society "anti-immunisation" despite explanations that we support, promote and facilitate informed choice. We are labelled activists – individuals, such as the writer and Hilary Butler*(1), who for many years put a public face to the organisation and the controversy. And when they can't fault our arguments, the vehement pro-vaccine lobby personally attack those of us who are the very public spokespeople for IAS and similar organisations around the world.

People who have been outspoken on the issue of vaccine safety and efficacy, people who have dared to criticise this supposed "public health miracle without which we would all die" are pilloried and vilified by those who are paid to promote vaccination. Some pro-vaccine individuals have even gone as far as libel by publicly calling into question the sanity and mental health of those who are prepared to stand up for what they believe. And when they run out of such accusations they stoop to questioning the sexual preference of their opponents; an irrelevance that is a clear sign that they lack the weapons of logic and science with which to go into battle.

So who are we, the non-consenters?

In August 2002, Helen Petousis-Harris and Nikki Turner (Immunisation Advisory Centre) and Ngaire Kerse (Auckland University) published the paper 'New Zealand mother's knowledge of and attitudes towards immunisation'.(2) The

Non-Consenters cont. on page 16

researchers concluded that mothers who do not vaccinate are ignorant and fearful. However, it is very easy to get stupid answers when you ask stupid questions.

It appears that the researchers started with a hypothesis that fit their purpose and asked questions designed to get a result that enabled them to ridicule and debase the informed choice not to vaccinate.

An informed decision not to vaccinate can not be evaluated by asking parents if they agree or disagree with statements such as:

If you keep your child clean, well fed and otherwise healthy they will not catch these diseases.

Breastfeeding stops children from catching these diseases.

Where were the statements that said:

Nurturing and loving my child, providing the best diet possible (including an extended period of breastfeeding) and keeping my child otherwise healthy will enable my child to recover from these diseases without the need for vaccination, without any complications and resulting in life-long immunity for my child.

Vaccination is an assault on the immune system of my child that may cause short and long term health problems, while breastfeeding is the best immune stimulation for my child.

The dangers of vaccination far outweigh any benefits that this medical intervention offers my child, and far outweigh the risks of the diseases should my child contract any or all of them.

Why were parents not asked to agree or disagree with statements of this sort?

Realistically, parents who make informed decisions not to vaccinate do not believe that their children will never get sick. Far from it. Many are delighted when their healthy, well-nourished and strong children do get

diseases such as measles, mumps and rubella, recover quickly and go on to benefit from a stronger immune system, life-long immunity and less likelihood of suffering debilitating degenerative diseases later in life.

It seems that, in New Zealand, pro-vaccine researchers such as Nikki Turner and colleagues, have entirely missed the point. In their efforts to trivialise our concerns and silence our voices they have not even attempted to find out what really makes us tick.

So, what of the international research on the topic of non-consenters?

Over the last few years there have been a number of studies that characterise parents who make informed decisions not to vaccinate their children. One of the most consistent and interesting findings is that active non-consenters are generally better educated and have higher socio-economic status than consenters. There is also a greater percentage of parents with a career or training in medicine in this group than in the consenting group.

An Israeli study⁽³⁾ into why some mothers are opposed to giving their babies the hepatitis B vaccine found that women who refused the vaccine for their babies were more educated and had a higher income. They expressed more knowledge about the vaccine, and held more naturalistic and less conventional medical attitudes than did the women who complied and had their babies vaccinated. The non-consenters also planned to breastfeed for a longer period than the control group. One of the most telling characteristics of the non-consenting mothers was that approximately 20 percent of them had careers in health/medical professions, while only 2% of the consenting group had such a background.

The researchers concluded that "mothers prevent administration of the hepatitis B vaccine to their newly born children based upon their overall approach, and not due to ignorance."

Despite this acknowledgement

– that non-consenting mothers were educated and well-informed – the researchers still said that "in order to overcome this harmful trend, the medical community must supply counter information that encourages vaccinations."

Huh? What?

If these women were educated and well informed this statement suggests that the medical community would have to lie to mothers to get them to vaccinate.

Only two months later researchers from the Netherlands wrote in the journal *Vaccine* that parents who had a "negative attitude" towards the introduction of other vaccines to the Dutch schedule in the future, generally had a high education, were health care workers and/or had no religious affiliation.⁽⁴⁾

The results of a large US study, involving 150,000 children, characterised the parents of unvaccinated children.⁽⁵⁾ This study was particularly interesting for the way in which it separated out "undervaccinated" children – those who had some but not all of their shots – and "unvaccinated" children – those whose parents had refused to vaccinate at all.

The study was the first extensive [US] national survey to look at why some children are not vaccinated and the results showed a big difference between parents who are unable to get their children vaccinated, and those who are unwilling to do so.

Unvaccinated children "tended to be white, to have a mother who was married and had a college degree, to live in a household with an annual income exceeding 75,000 dollars, and to have parents who expressed concerns regarding the safety of vaccines," said the researchers from the US Centres for Disease Control. On the other hand "undervaccinated children tended to be black, to have a younger mother who was not married and did not have a college degree, to live in a household

near the poverty level, and to live in a central city.”

Similar results were obtained in a smaller study of hepatitis A vaccine uptake in Butte County, California following “aggressive vaccination efforts in this community”.⁽⁶⁾ The researchers found that children with mothers who had 12 or fewer years of education and children in households with under \$50 000 annual incomes were more likely to have received hepatitis A vaccine than children of mothers with higher education level or in families with greater income.

In commenting on the US national immunisation survey, Barbara Loe Fisher of the National Vaccine Information Center said:

“The more educated a health care consumer is about a subject such as vaccination, the greater the demand for autonomy in making informed health care choices for themselves and their children. When parents do their homework and investigate the benefits and risks of vaccination, they often come up with a different benefit risk analysis than their doctor does. If the under-served and under-educated were given the ability to do the same research, they also would be demanding more autonomy in making vaccination and other health care choices for their children.”

Of particular interest in the current environment in New Zealand, in which hysteria over meningococcal disease is actively promoted by the health authorities in an effort to obtain widespread acceptance of the MeNZB vaccine, is a study investigating the attitudes of parents to a meningococcal C vaccine in the Netherlands.

The researchers from the Institute for Research in Extramural Medicine in Amsterdam found that, among the different ethnic groups studied, generally, people “overestimated the risk of contracting the disease and the risk of dying after contracting the disease.”⁽⁷⁾ They went on to say that parents of

Dutch ethnicity were “best informed, least worried, had the most critical attitude toward the campaign, and the lowest vaccination level compared to other parents.” These parents knew more about the disease and its risks and as a result were less likely to take up the vaccine.

Many other, earlier studies that characterise non-consenters have produced similar results to the studies mentioned here.

It is simplistic to slap a one or two word label on us and expect that it will adequately describe us. It is erroneous to conclude that our decisions are driven by ignorance. We are a complex and varied bunch, and certainly far short of ignorant. As well as complementary health care practitioners, our members include doctors, lawyers, nurses, midwives, sportspeople, entertainers, writers, teachers... The list of intelligent, well educated and informed parents and caregivers goes on and on.

To believe that we are ignorant, uneducated and misinformed suits the purposes of those who promote vaccination, because it gives them a simple answer – just increase the amount of education and promotion of vaccines and use scare-tactics to further erode our confidence in our ability to not only survive without vaccines, but thrive without them.

After all, it is easier to up the pressure with expensive and scary PR campaigns (viz. the recent meningococcal vaccine campaign in this country) than to actually address the root of their ‘problem’. Their problem is, that in general, non-consenters are intelligent people who are quite capable of reviewing the scientific evidence and making a decision for themselves. And then those non-consenters have the gall to take responsibility for their decisions and raise healthy children!

In addition, by adhering to their erroneous beliefs about why people turn their backs on vaccines, governments and health authorities can also avoid the fact that the foundation of

lasting good health is not, and cannot ever be, based on medical intervention but must be founded on a good diet, a good environment with good housing and adequate clothing and heating, and good sanitation. Thus they can avoid the reality that vital to good health and persistent wellness, is a reduction in the exposure of our children to toxins such as tobacco smoke, chemicals and additives in our grossly over-processed food, and a reduction in the unnecessary use of drugs, both prescribed and over-the-counter. These beliefs also allow them to ignore the overwhelming health disadvantages of poverty and overcrowding.

Of course, it is so much easier for them to place their faith in a pharmaceutical industry riddled with conflicts of interest and plagued by the suppression of negative drug trial results, to add a few more vaccines to the schedule and ridicule and patronise those of us who dare to seek the truth before we say firmly, “No thanks!”

This article is reprinted with kind permission from the author, and was first published in Vol. 16 – No.1 of WAVES, the Journal of the Immunisation Awareness Society (IAS) of New Zealand.

- 1 Founder of IAS and researcher
- 2 Petousis-Harris, H., Turner, N. and Kerse, N., 2002: New Zealand mother's knowledge of and attitudes towards immunisation, NZFP, Vol. 29, No. 4, August 2002, pp 240-246.
- 3 Maayan-Metzger, A., Kedem-Friedrich, P. and Kuinta, J., 2005: To vaccinate or not to vaccinate – that is the question: why are some mothers opposed to giving their infants hepatitis B vaccine? Vaccine, Vol. 23, Is. 16, 14 March 2005, pp 1941-1948.
- 4 Hak, E., Schonbeck, Y., De Melker, H., Van Essen, G.A. and Sanders, E.A., 2005: Negative attitude of highly educated parents and health care workers towards future vaccinations in the Dutch childhood vaccination program, Vaccine. 2005 May 2;23(24):3103-7.
- 5 Smith, P.J., Chu, S.Y. and Barker, L.E., 2004: Children Who Have Received No Vaccines: Who Are They and Where Do They Live? Pediatrics, Vol. 114 No. 1 July 2004, pp. 187-195.
- 6 Bardenheer, B., González, I.M., Washington, M.L., Bell, B.P., Averhoff, F., Massoudi, M.S., Hyams, I., Simard, E.P. and Yusuf, H., 2003: Parental Knowledge, Attitudes, and Practices Associated With Not Receiving Hepatitis A Vaccine in a Demonstration Project in Butte County, California, Pediatrics, Vol. 112 No. 4 October 2003, pp. e269-e269.
- 7 Timmermans, D.R., Henneman, L., Hiraing, R.A. and van der Wal, G., 2005: Attitudes and risk perception of parents of different ethnic backgrounds regarding meningococcal C vaccination, Vaccine, 2005 May 9;23(25):3329-35.

MMR & AUTISM: JAPAN STUDY TWISTS EVIDENCE

By Edda West

Yet another epidemiological survey attempting to prove MMR vaccine does not cause autism bites the dust. The study, led by Japanese researchers Honda and Shimizu in collaboration with British psychiatrist Sir Michael Rutter, claims to prove that MMR vaccine had no effect on the incidence of autism disorders in that country because autism rates continued to rise even after Japan discontinued use of the triple live virus vaccine.⁽¹⁾ What the study ignores however, is that when MMR was abandoned in Japan, it was replaced by three separate injections of measles, mumps and rubella vaccines, often administered in the same visit.

Like other epidemiological studies which were subsequently found to be fatally flawed, this latest one has received much acclaim from British medical authorities and the British press was quick to headline the latest whitewash:

- "Lingering Fears Of MMR-Autism Link Dispelled"
- "Study Finds MMR Jabs Not Linked To Cases Of Autism"
- "MMR Jab Cleared Of Blame For Autism By Major Study"
- "MMR Jab Scare Research Dealt A 'Killer Blow' "

Research scientist Viera Scheibner's analysis offers clarity. In a brisk debate on the British Medical Journal website, she articulates what the Japanese study really shows.

"Point 1. When Wakefield (and his colleagues) demonstrated the link between the MMR and autism, he recommended that parents give their children all 3 vaccines M, M and R as separate injections, one year apart.

Point 2. Japan is an ideal country

to study the causal effect between a variety of vaccines and their reactions because there were many important and profound changes in that country in respect to the timing of vaccination schedules and the push, or lack of it, for high vaccination levels.

Point 3. Japan has no qualms about using the word "cause" when looking at the observed reactions to vaccines." ⁽²⁾

"The dynamics of ASD (autistic spectrum disorders) and MMR vaccine-use dynamics in Japan show a perfect fit - the introduction of MMR in 1989 was followed by a high incidence of ASD (85.9 per 10,000) and a fall in the incidence of ASD followed

In February, 2005, autism researchers at the University of New Jersey Medical School confirmed Wakefield's original findings and found evidence of marked inflammatory and immune abnormalities...

the fall in the use of MMR in 1990-3 (down to 55.8), when MMR use was discontinued (in 1993)." ⁽²⁾

"The sharp rise in the ASD incidence after 1994 to 161 [per 10,000] is not controversial or unexpected or unexplainable at all. It coincides perfectly with the Japanese public's and professional restoration of confidence in MMR given as individual vaccines within 4 weeks of each other. It is the individually given measles vaccine that caused the observed rise in ASD", writes Scheibner. ⁽²⁾

"This highlights the fallacy and dangers of advising UK parents to trust individual M M R vaccines. They are not only useless but also dangerous and no doubt cause autism. Daily Mail (Letters) (3.1.2001) described two cases of UK children developing autism after the single measles jab." ⁽²⁾
<http://www.vaccination.inoz.com/>

Case%20stories%20-%20autism.html

We know that children who have experienced concurrent natural measles (or single measles vaccine) and natural mumps infection within the same year are at higher risk of developing inflammatory bowel disease.

Says Scheibner, "In my opinion, Honda et al. obviously missed this important connection and their analysis was too black and white and limited to only linking MMR and ASD and not M (measles) vaccine when given individually. Nature does not think in concepts like the human species does. For Nature, M (measles) vaccine causes autism whether given individually or together with other vaccines as

MMR. That is what the Honda et al. data showed beyond a shadow of a doubt."

In 1998, gastroenterologist Dr. Andrew Wakefield identified a new type of bowel syndrome in children who became autistic after injection with MMR vaccine. The vaccine establishment savaged Wakefield for suggesting a link between MMR and the newly identified autistic enterocolitis. He was driven from his research position at London's Royal Free hospital and blacklisted in medical circles. Yet his work has been replicated numerous times by other researchers. In February, 2005, autism researchers at the University of New Jersey Medical School confirmed Wakefield's original findings and found evidence of marked inflammatory and immune abnormalities in children with autism associated

MMR & Autism cont. on page 19

with gastrointestinal symptoms. (3)

A commentary by Dr. Andrew J Wakefield and Carol M Stott PhD gives further insight into the fallacy of the Japan study. “**Japanese study is the strongest evidence yet for a link between MMR and autism**”, say Wakefield and Stott. (4)

In 1998 Wakefield recommended that parents be given the option of single measles, mumps and rubella vaccines for their children. “This recommendation was based upon published scientific studies from his own laboratory together with an extensive examination of safety studies conducted in relation to measles vaccine either given alone or in combination with the other viral vaccines.” (4)

“**The recommendations were that consideration should be given to (i) having M, M and R separately as the individual component vaccines and (ii) allowing an interval of one year between the vaccines.**

“The basis for these recommendations came from the following observations.

❖ First, that the safety studies of MMR vaccine were inadequate, a conclusion subsequently endorsed by independent scientific review

❖ Second, that there was clear evidence from the early clinical trials of MMR, of ‘interference’ between the component viruses in the combined vaccine, an influence apparently mediated through an altered immune response to the vaccines when given together. The safety consequences of this ‘interference’ are completely unknown since they have not been investigated as they should have been.

❖ Third, that children that had experienced concurrent natural measles (or single measles vaccine) and natural mumps infections within the same year were at significantly greater risk of later inflammatory bowel disease.

The latter finding is consistent with a natural ‘interference’ phenomenon that potentially increases the risk of long-term measles virus infection and delayed disease. It is quite possible that this effect could operate for an interval of one-year or more between exposure to two different viruses.

Measles virus and measles vaccines can suppress the immune system for a prolonged period after exposure. This effect is exemplified by the excess mortality and immunosuppression associated with potent measles vaccines, observed in developing countries, which led to these vaccines being abandoned.” (4)

“In light of the biological nature of viral interactions (‘interference’) and the protracted effects on the immune system of measles exposure in particular (either as natural infection or vaccination) it is evident that, although MMR vaccine itself was discontinued in this infant population (Japan) beyond 1993, for all practical purposes children vaccinated according to the recommended schedule were still receiving ‘M-M-R’ at age one. In other words the administration of the separate vaccines in close temporal proximity amounts, in biological terms, to overlapping exposure.” (4)

“Such close proximity of exposure is clearly atypical and something that would have been very rare with natural infection to measles, mumps and rubella viruses.....In light of these observations the data could be interpreted as indicating a **major influence** of the pattern of exposure to these vaccine viruses on ASD incidence in this Japanese population. **Enthusiasm to exonerate the MMR vaccine is no excuse for misrepresenting the published basis for the safety concerns.**” (4)

Scheibner stresses that, “If vaccination with MMR and M (measles) were both discontinued autism would greatly diminish. It would disappear within a few years if all vaccinations were discontinued. Let's not forget that Kanner (1943) identified autism at the

time when there was no MMR and no individual M M R vaccines) and then it was caused by DPT, DP and later on by polio vaccines, in combination with Hib vaccines.”(2)

Clifford Miller, a regular contributor to the vaccine debate on the British Medical Journal Rapid Responses offers an apt concluding comment, “The only problem is that the government really, really does not want to believe it is doing more harm than good and the pharmaceutical companies have too strong an influence. It is a religion and it and its advisors cannot let go. Unfortunately children are being killed and injured in greater numbers by vaccines than by natural diseases and again, the religion of vaccination is the culprit. C'est la morte.” (5)

References:

1. Honda H, Shimizu Y and Rutter M., No effect of MMR withdrawal on the incidence of autism: a total population study. *Journal of Child Psychology and Psychiatry* February, 2005
2. Viera Scheibner, Ph.D – “What does the Japanese study really show?”
3. US study confirms bowel disease findings in children with autism *Neuropsychobiology*. 2005 Feb 28;51(2):77-85
4. Andrew J Wakefield FRCS FRCPath & Carol M Stott, PhD, Japanese study is the strongest evidence yet for a link between MMR and autism, Full commentary available on the Red Flags website at: http://www.redflagsweekly.com/articles/2005_mar06_2.html
5. Clifford Miller quote BMJ: <http://bmj.bmjournals.com/cgi/ele-ters/329/7463/411>

MORE SPIN ON THE MMR CONTROVERSY

A recent meta-analysis from the Cochrane Collaboration has tried to put a positive spin on the autism-MMR vaccine debate and has failed. It is important to note that the authors of the review scrutinized 5,000 related studies and in this context found the majority lacking. Only 31 studies were thought to "possibly fulfill their inclusion criteria". The press release on October 18 announcing the review said, "*There was no credible evidence behind claims of harm from the MMR vaccination*".

What was not mentioned in the widely circulated press release was the actual first conclusion listed by the authors in their abstract: "*The design and reporting of safety outcomes in MMR vaccine studies, both pre- and post-marketing, are largely inadequate.*" Additionally, the report said "*We found only limited evidence of safety of the MMR compared to [single vaccines]*" and "*we could not find studies assessing the effectiveness of the MMR that fulfilled our criteria.*" In other words, of the thousands of research papers that were scrutinized & rejected, and even those narrowed to a field of only 31 studies, they were unable to conclusively prove the vaccine's safety.

In a critique of the Cochrane Review, Jackie Fletcher, Director of JABS, the British vaccine injured association writes, "Since the MMR vaccine was introduced in 1988 many parents have complained publicly that they believe their children have been seriously damaged by MMR vaccine. Each time the Department of Health has cited many reports as being conclusive proof that the vaccine is both safe and effective.

"The Cochrane Review is a significant piece of work because it actually exposes all the 5,000 related studies as being inadequate in some way, as all fail to find any link with long-term

disability for which compensation has been paid or acknowledged by the vaccine manufacturers in their own product sheets.

Of course the MMR vaccine is responsible for long-term disability in some children. All drug products have the potential to cause both minor and serious adverse reactions. One has only to read the manufacturers' product information sheets to be aware of this.

Vaccine damage, and in this case, MMR vaccine damage has been recognized by Governments, three examples are:

1. The US Government has a National Vaccine Injury Compensation Programme and 14% of claims have been paid out to children damaged by MMR vaccination.

2. The Japanese authorities have paid out substantial compensation to parents of MMR vaccine damaged children after a successful court case in March 2004. (There is an on-going UK case.)

3. The UK Government has a Vaccine Damage Payment Unit which has paid out hundreds of thousands of pounds to children affected by childhood vaccines including MMR vaccine.

For the medical authorities now to conclude that this review gives the MMR vaccine a clean bill of health does a great injustice to all those children who have been awarded vaccine damage payments by ignoring their existence."

In his critique of the Cochrane MMR Review, Dr. Edward Yazbak cites independent clinical evidence of an MMR-autism link which it failed to include in the Review: "The evidence supporting an MMR-autism link was carefully collected and duplicated and is rock solid. It is certainly not "biased opinion, speculation or suspicion."

In hundreds of children with post-MMR regressive autism, a specific type of enterocolitis has been identified by many investigators in several countries. Some of the affected children have evidence of measles virus genomic RNA in the cerebrospinal fluid,

some in the gut wall and some in both sites. In many, the sequences obtained were consistent with being vaccine strains and, in these children, there was no history of exposure to wild measles.

Many affected children have specific patterns of urinary polypeptides, high serum measles and MMR antibody titers and elevated myelin basic protein auto-antibody levels.

In fact, it will be safe to say that it is impossible to find *one* normal child who has evidence of both MMR antibody and myelin basic protein auto-antibodies in his serum or his cerebrospinal fluid or one child, who regressed after MMR vaccination, who does not have at least one of the following: the typical enterocolitis of autism, a suggestive pattern of urinary polypeptides, evidence of measles virus genomic RNA, elevated serum measles virus antibody, MMR antibody or myelin basic protein auto-antibodies."

These are not suspicions. These are facts — rock-solid facts.

In many children, two regressions have been clearly documented by health-care providers, photographs and videos. The first regression occurred shortly after the first MMR vaccination and the second, much more severe, after the MMR booster at age 4 or 5, following a period of relative improvement. This biphasic course, or challenge-dechallenge-rechallenge, has been accepted as evidence of causation by the courts and by a special committee of the Institute of Medicine."

Dr. Yazbak concludes that "The recent Cochrane Review of the MMR vaccine epidemiological research is not convincing."

Notes:

-JABS website for Jacki Fletcher's article: http://www.jabs.org.uk/forum/topic.asp?rTOPIC_ID=11

-Dr. F. Edward Yazbak: "Alive and Well: The MMR-Autism Connection", a detailed review citing conflicts of interest in the MMR Cochrane Review: http://www.red-flagsdaily.com/yazbak/2005_oct28.html

LETTERS

Hospital Employees Face Threats
Over Flu Shots
October 19, 2005

Dear VRAN,

I work at a major teaching hospital in Toronto. Every year at this time of the year I am being verbally threatened with suspension from work in case of a flu outbreak - if I do not get vaccinated. This year is even worse. I did not get anything in writing though from the hospital. What do you suggest I should do? Was there any case in Ontario of workers actually being suspended for refusing the flu vaccine? Have there been any lawsuits regarding this issue in Ontario, that you are aware of?

Thanks for your help
S.W.

Dear S.W.

Thank you for contacting VRAN about the suspension threats you face for refusing the flu shot. You and many healthcare workers are faced with this dilemma,. It is a HUGE problem, and every year we get dozens of inquiries from concerned people like you, outraged that they are being forced to take flu shots against their will or face employment sanctions if they refuse. And yes, we have been contacted by people who have been laid off for refusing the flu vaccine. Every year we tell people that health workers need to band together and take a stand against this medical coercion.

THE big question that comes up year after year is whether employees have a legal right to refuse mandatory flu vaccines. We encourage people to organize with co-workers and get their unions to embed "informed consent" guarantees into their contracts which would give them the right to refuse unwanted medical treatment. Until health workers organize amongst each other and with their unions, hospitals,

nursing homes, etc will continue to spin any rule they want and continue to threaten dissenting employees when flu season comes around each year.

It's a HUGE issue, and one that can only be resolved by a determined group of health care workers organizing legal actions to protect their right to Informed consent and for the right to say NO to coercive policies which force them to take unwanted vaccines & drugs The movement for protection from medical coercion in the workplace must be initiated by health care workers themselves, just as the Ontario Paramedics Union did and must be based on legal actions against employers violating the "informed consent" ethic which is entrenched in Canadian medical law.

You may recall the furor over paramedics in Ontario refusing mandatory flu shots a few years ago. The paramedics won because their union sued the Ministry of Health which had included mandatory flu shots in the Ambulance Act. As soon as that law suit was launched, the government backed down and revoked the mandatory flu vaccine clause.

The bottom line is that health care workers must unite for their right to "informed consent" and have it written into their employment contracts, or they must take other political/legal action to stop employer abuse. To learn more about Canadian medical law and individuals' right to "informed consent" protection, read: **Canadian Medical Law – Introduction for Physicians, Nurses and Other Health Care Professionals**, by Barney Sneiderman, John O. Irvine, Philip H. Osborne – Second Edition, 1995. Carswell Thompson Professional Publishing. You can find this book in any medical library.

Informed consent protection in Canadian Medical Law, is based on case law - law suits won by people who were injured by medical procedures where full disclosure of risks was not given and informed consent not

properly obtained.

Ultimately if all Canadians are to be protected from unwanted medical interference, some form of medical freedom clause & informed consent protection needs to be added to the Canadian Charter as a guaranteed right of all citizens. Without this, the issue may never be resolved, and health workers and others will continue to be tyrannized by this or that vaccine/drug being forced on people.

Institutions that coerce employees to get a flu shot under penalty of loss of work are violating the baseline medical ethic of "informed consent". It will take court challenges similar to the paramedics action to solve this ongoing nightmare.

We are happy to consult with any group or individual interested in starting this kind of action. For an overview of "informed consent" regulations in Ontario's Health Care Consent Act, see: http://vran.org/legal/leg_ont_ltr.htm

There may be adequate legal basis on which employees could proceed in a court action if they are willing to go that route, and without which nothing will ever be resolved.

Right now, institutions are targeting dissenting employees because no one has organized a group action over this issue. Until such time as a group organizes, and is willing to take legal action like the Ontario paramedics did, you and other health workers remain targets of these coercive tactics.

Keep in touch please and let us know your thoughts and plan of action.

Very Sincerely,
Edda West

VRAN - Vaccination Risk Awareness
Network Inc.

Letters cont. on page 22

Letter to Ontario's Minister of Health

Dear Health Minister Smitherman,

Has anyone in the Ontario Ministry of Health or elsewhere studied the safety of injecting infants, children and healthy adults with a dose of thimerosal (mercury) along with their "free" flu shot year after year? Would you be able to provide me with the details of medical journal studies that show the safety of this? Also, has anyone studied the safety of giving children in Grade 7 injections of the Hepatitis B shot, and the flu shot, both containing mercury, along with the Men C shot in the same year?

The CBC reported that Manitoba is not following in Ontario's free flu shot footsteps, one of the reasons is they are still waiting for data. Could you please let me know when the data to support the "free" flu shot program will be released? It's interesting that Manitoba's chief medical officer states in the article below, "**Dr. Joel Kettner, the province's chief medical officer of health, says the best science available suggests it is not necessary to immunize everyone.**"

Also, if Ontario is going to continue to provide "free" flu shots, why are you not providing thimerosal (mercury) free shots for, at the very least, infants and children?

Looking forward to hearing from you regarding this most important matter,

Rita Hoffman, Sterling, Ontario

Nursing Instructor Shares VRAN Info with Colleagues

Dear VRAN,

Thanks so much! I actually found the information about the Cochrane Review on flu vaccine on your website a few days ago and have printed several off for people who are interested - see: http://vran.org/vaccines/flu/flu_

effectiveness.htm

I've talked to a naturopath and have given him this information for his patients, as well as one of my friends who is a nurse at our local hospital. She was sharing it with her unit manager as well as many of her colleagues.

I ran into my aunt today who told me that the nurse practitioner in their area was interested in some information because she didn't realize there was other "stuff" in the vaccine besides mercury that was potentially harmful. (my aunt has obviously shared with her my concerns about the vaccine.) I will update her with information that I've found. I'll also offer her Catherine Diodati's book on Immunization. I have purchased several for many of my co-workers and there are more people interested in buying them. It is certainly a well written, informative book!

I plan also to meet with my director as well as our resident physician and voice my concerns (now that I have the information to back up my suspicions about the flu vaccine) because there is certainly a push to get everyone vaccinated around here! Our nursing students have to be vaccinated in order to be allowed into the hospital setting. (at least that's what they are told) I'm not sure if it will do any good, but I'll certainly push the fact that people need to be informed properly before consent!

I'm sure you find this whole thing as frustrating as I do! I sure hope I can make a difference. Thanks again for the information that you've provided.

Sincerely,
Sue Smith - Nurse Educator, Sudbury, Ontario

TV Propaganda Targets Children

Hi,
just thought I'd let you know about more propaganda I just saw on TV. My son was watching the Tiny Toons cartoon (baby Daffy and Bugs Bunny and others) and it was their day to get their flu shots. They all got them and

were all happy and it didn't hurt and they got lolly pops and treats. Except for Bugs and Daffy who snuck away from the doctor. Sure enough the next scene was the day of the great picnic - the funnest day of the year, and Daffy and Bugs got the flu. They sure wished they'd got their shots.

The message for the kids is - "If you don't get your shots you don't get to go on these fun trips etc.

It looked like a lot of fun to get the shot. The propaganda targeting our children is disgusting!

Kristina Schmidt - Markham, Ontario

In Whom Can We Trust?

"In whom can we trust?" asks Dr Shoemack. (Coast Reporter, Nov 4) That's a very good question when money rules as it does today. In recent years, US government bodies that regulate and recommend vaccines have been mired in conflict-of-interest. The opening of the Manhattan Project archives in 1999 revealed damning evidence of industry/government collusion in suppressing injury claims related to fluoride. (The Fluoride Deception By Christopher Bryson)

Common folk who've been burned by claims of safety by so-called "experts" have taken to doing their own research and turned up astounding information. Just this September they learned that the flu shot is not as effective as they'd been told. According to a first-ever independent international study of its efficacy, its lead author, Dr T Jefferson said "There is a wild overestimation of the impact of these vaccines in the community." And although the US, then Canada, recommended this shot for babies and children, we've learned it's never been tested for safety or efficacy in this age group.

Who do I trust? Myself - after I've done my own research, thank you.

Susan Fletcher, Sechelt, B.C.

ELIMINATING BIRD FLU FEAR: 10 FACTS YOU NEED TO KNOW

By Sherri Tenpenny, DO

The concerns about avian influenza, a.k.a. bird flu, seem to have the entire world in an uproar. More than 150 million domestic ducks and chickens have been sacrificed throughout Southeast Asia, China, Russia and Eastern Europe in an attempt to stop the spread of the virus. Billions of dollars are being allocated to the development of a new “pandemic” vaccine and the stockpiling of two drugs, Tamiflu and Relenza, which are touted to “treat” the infection. The hysteria in the United States has risen to the point where President George Bush allocated resources toward preparing to use the military to enforce quarantines and perhaps even to enforce mandatory vaccination.

What is really going on? Is a pandemic going to develop that will stop all commerce for months and put an end to Western civilization as we know it?(1) What tactics are being used to scare us into believing these measures are necessary?

A level-headed examination of 10 important facts shows that the prevailing alarmist point of view is inaccurate, irresponsible and self-serving.

1. The death rate from H5N1 infection is highly overstated.

Between Dec. 26, 2003 and Oct. 24, 2005, there were 121 confirmed H5N1 infections and, of those, 62 have reportedly died. That makes the “apparent” death rate just over 51 percent, ranking this infection among the most deadly on record.

However, thousands of mild and asymptomatic cases are going undetected as detailed by Dick Thompson, a spokesperson for the World Health Organization (WHO). In an interview granted to CIDRAP (Center for

Infectious Disease Research and Policy) News on March 9, 2005, Thompson said that the case-fatality rate had been overstated. Documented cases were those where the patients were sick enough to seek medical care in a hospital and, predictably, they had very poor outcomes. He concluded, “Surely others were infected and either not getting sick or not getting sick enough to seek treatment at a hospital. Factoring those into the CFR [case-fatality rate] has been impossible. We simply don't know the denominator.”(2)

To illustrate, if 62 people died, but 10,000 had actually been infected, the death rate would be 0.62 percent, essentially insignificant. Therefore, without knowing how many are infected, the death rate is being highly inflated.

2. The virus has barely infected humans; significantly, there has been no sustained person-to-person transmission of the infection.

Very few cases of severe human infection by H5N1 have occurred. An intensified surveillance of patients in Southeast Asia has led to the discovery of mild cases, more infections in older adults, and an increased number of “clusters cases” among family members, suggesting that “the local virus strains may be adapting to humans.” In other words, humans are developing their own innate resistance to the virus.(3)

In addition, all cases have occurred via animal-to-human transmission, and there is documentation of only one confirmed case of human-to-human transmission. Without sustained transmission between humans — meaning one person spreads it to another and another, and so on — there can be no pandemic. The “hype” that, sooner or later, the H5N1 strain will mutate into a strain that can be easily passed between humans is completely unsubstantiated. Whether this will happen is nothing more than a guess because:

3. We have had “potential pandemics” before.

In February 2003, Thompson of the WHO revealed that “there have been a half dozen pandemic ‘false alarms’ in the last 30 years.” A false alarm is an outbreak where a virus has jumped the species barrier, but has been confined to one or two people and has not been lethal.(4)

What makes H5N1 particularly significant? Why is this virus gaining the attention of the world? The attention may be due not to its potentially lethal effects on humans, but rather to the deaths of millions of domestic birds, infected or not. Could this be about commerce? Is this a global economic crisis in the making, but not a global health crisis?

4. Tamiflu does *not* treat the flu and it is unknown if it will stop the spread of the infection.

Clinical trials with Tamiflu have shown that the drug reduces acute symptoms of flu by a maximum of 2.5 days, depending on the subgroup analyzed. That's it: 2.5 days.

In addition, viral shedding in nasal secretions was reduced after Tamiflu had been administered. Although this would presumably lessen the exposure risk for close contacts, this theory has not been tested.(5)

5. The virus is already becoming resistant to Tamiflu.

Recent human isolates are fully resistant to older, less expensive influenza drugs, amantadine and rimantadine.(6) In addition, a high-level of resistance to Tamiflu has been detected in up to 16 percent of children with human influenza A (H1N1). Not surprisingly, this resistant variant has been detected recently in several patients with H5N1 infection who were treated with Tamiflu.(7) In addition, nearly seven percent of people who are prescribed Tamiflu can't tolerate the side effect: persistent nausea. So, at nearly \$100 for a course of treatment, you might want to save your money and spend it on saline nasal spray, which is at least as effective.(8)

Bird Flu Fears cont. on page 24

6. The other newly recommended drug, Relenza, isn't much better.

Relenza is a powder, which is inhaled twice a day for five days from a breath-activated plastic device called a Diskhaler. Some patients have had bronchospasm (wheezing) or serious breathing problems when they used Relenza.

In fact, in January 2000, the FDA issued a warning about prescribing Relenza after some users reported deterioration of respiratory function following its inhalation. Particular concern was expressed for patients with underlying asthma or emphysema. The FDA stated that "an acute decline in respiratory function may contribute to a fatal outcome in patients with a complicated pre-existing medical history and pulmonary compromise."⁽⁹⁾

7. The "seed virus" produced by the WHO and given to the vaccine manufacturers may not be the correct virus.

In February 2005, the WHO developed several H5N1 prototype vaccine strains in accordance with the requirements of national and international pharmaceutical licensing agencies for influenza vaccine production. These H5N1 prototype strains were made available to institutions and companies working to develop the pandemic vaccines.⁽¹⁰⁾

By October 2005, the WHO had evidence that the virus had evolved and is now "genetically distinguishable" — i.e., different — from the prototype strain selected for vaccine development. In what can only be described as a case study in bureaucratic thinking, the WHO, in spite of the new information, does not recommend changing the strain.

In any case, it will take another 4 to 18 months before the vaccine is ready for mass dissemination. As Nancy Cox, director of the influenza branch at the CDC (Centers for Disease Control and Prevention) stated, "If we don't get a good match, the vaccine

will be less effective, producing illness, hospitalizations and death."⁽¹¹⁾ By that time, will the "vaccine virus" show any resemblance to the "pandemic virus" thought to be in circulation then? If it is appreciably different, how can mandatory vaccination be justified?

8. Who benefits the most? Big Pharma.

Millions in grants and tax incentives to develop new products. Guaranteed purchase orders from governments here and abroad. Complete product liability protection. It doesn't get any better for a product manufacturer, and in this case, all the benefits go to Chiron, Sanofi-Aventis and GlaxoSmithKline, the "big boys" in the market for making the new vaccine. With a global population of more than six billion, the market share is large enough to get their attention. Add in the financial incentives, and the developers are off and running.

To add an additional layer of protection, on Oct. 18, 2005, Senator Bill Frist (R-TN) and Senator Richard Burr (R-NC) introduced and fast-tracked a bill that would create a new agency within the Department of Health and Human Services (HHS) called the Biomedical Advanced Research and Development Agency (BARDA). This new agency would help "spur private industry to develop and manufacture medical countermeasures for bioterrorism agents and natural outbreaks."

However, the dark side of S.1873, the Biodefense and Pandemic Vaccine and Drug Development Act of 2005, is that it would exempt the pharmaceutical industry not only from liability, but would also ensure that no one would have access to data documenting medical failures or catastrophes. BARDA would be exempt from access by the Freedom of Information Act, the Federal Advisory Committee Act and parts of the Federal Acquisition Regulations. It would act in total secrecy and protection from the general public by the federal government.⁽¹²⁾

Fortunately, the scientific community is standing up loudly against the formation of the new agency. The Federation of American Societies for Experimental Biology, a coalition of independent member societies and scientists, which has historically shown particular interest in public policy issues relating to science, weighed in to voice several concerns. In a letter to Chairman Burr, dated Oct. 18, 2005, the coalition's president, Bruce Bistran, MD, PhD, wrote the following:

"On behalf of the Federation of American Societies for Experimental Biology (FASEB), a coalition of 23 scientific societies representing more than 65,000 scientists, I am writing to express our reservations over your recent proposal to create the Biomedical Advanced Research and Development Agency (BARDA)...."

"FASEB is troubled over the impact this new agency might have on existing programs at the National Institutes of Health (NIH) and Centers for Disease Control, particularly in an era of limited funding for domestic discretionary spending. NIH and the dozens of universities and research institutions around the country where NIH-supported research is performed already have the scientific expertise and research infrastructure in place to carry out the bioterrorism research that our nation needs. Our concern is that BARDA would duplicate, constrain or even eliminate these programs. Moreover, while implementing a 'top-down' approach to research, as described in the BARDA proposal, may be suitable for the manufacturing stage of development, we do not believe it is an appropriate substitute for hypothesis-driven basic research, which has historically led to the most important advances in biomedical science." (Emphasis added).⁽¹³⁾

Hopefully, other organizations and the general public will follow suit and

Bird Flu Fear cont. from page 24
fight to oppose this bill.

9. Who has the most to lose? The citizens of the world, particularly U.S. citizens.

The Global Pandemic Preparedness Plan is nothing more than a power grab for the government, the United Nations (UN) and the WHO. Buried deep within the WHO's plan, here is a glimpse of the ominous plans in preparation for "affected countries:"

* Activate procedures to obtain additional resources; consider invoking emergency powers.

* Activate overarching national command and control of response activities, either by formal means or de facto (close oversight of district and local activities).

* Deploy operational response teams across all relevant sectors. (14)

Global control and UN peacekeepers may be coming soon to a neighborhood near you.

10. What you need to do.

According to the UN's Food and Agriculture Organization (FAO), the avian influenza virus is easier to destroy than other influenza viruses. It appears that it is very sensitive to detergents — i.e., soap — which destroy the outer fat-containing layer of the virus. This layer is needed to enter cells of animals and, therefore, destroys the infectivity. In other words, **when you have been in public places, use soap to wash your hands before touching your face.**(15)

Congress is attempting to shield Pharma completely from responsibility and then hide the resulting problems through the fast-tracking of S.1873. Contact your senators immediately to try to stop the passage of this bill. For quick access to the bill, and what to do, go to [and click on "Senate Alert"](#) at the top of the page.

Don't get caught up in the hype. For daily updates and developing action plans, go to [and stay informed.](#)

This article was first published on the

Red Flags website: http://www.red-flagsdaily.com/tenpenny/2005_nov02.php

Sherri J. Tenpenny received her medical training at Kirksville College of Osteopathic Medicine in Kirksville, Missouri. She is board certified in emergency medicine and osteopathic manipulative medicine, and is a respected expert in the area of integrative and alternative medicine.

References:

1. Preparing for the Next Pandemic by Michael T. Osterholm. Foreign Affairs, July/August 2005 www.foreignaffairs.org
2. Relatives of avian flu patients have asymptomatic cases, by Robert Roos. CIDRAP News. March 9, 2005 <http://www.cidrap.umn.edu/cidrap/content/influenza/avianflu/news/mar0905asymp.html>
3. Beigel, JH. Avian influenza A (H5N1) infection in humans. N Engl J Med. Sept. 29, 2005;353(13):1374-85
4. The Scientist-Online www.The-Scientist.com/news/20030227/04
5. Stiger, G. The treatment of influenza with antiviral drugs. CMAJ. Jan. 7, 2003;168(1):49-56. PMID: 12515786
6. Li KS, Guan Y, Wang J, et al. Genesis of a highly pathogenic and potentially pandemic H5N1 influenza virus in eastern Asia. Nature 2004;430:209-13
7. Avian Flu Virus Showing Resistance to Tamiflu by Katrina Woznicki MedPageToday. Sept. 30, 2005
8. Spray used for asthma may help slow spread of infections. Asso. Press. 11-29-04. <http://www.ajc.com/news/content/health/1104/30spray.html>
9. FDA Public Health Advisory. Jan. 12, 2000. <http://www.fda.gov/cder/drug/advisory/influenza.htm>
10. WHO. Recommended H5N1 prototype strains for influenza pandemic vaccine development remain the same. Oct. 28, 2005. http://www.who.int/csr/disease/avian_influenza/statement_2005_10_28/en/print.html
11. Breakdowns Mar Flu Shot Program Production, distribution delays raise fears of nation vulnerable to epidemic. SF Chronicle. Sunday, Feb. 25, 2001. <http://www.sfgate.com/cgi-bin/article.cgi?file=/chronicle/archive/2001/02/25/MN12226.DTL>
12. For more information and complete version of SB 1873, go to www.NVIC.org
13. FASEB letter. http://www.faseb.org/opa/PDF/Barda_letterhead10.18.05.pdf
14. WHO. Pandemic Preparedness Plan. p 30. http://www.who.int/csr/resources/publications/influenza/WHO_CDS_CSR-GIP_2005_5.pdf
15. FAO. Special report on Avian Influenza. http://www.fao.org/ag/againfo/subjects/en/health/diseases-cards/avian_qa.html

NEW CONCERNS ABOUT TAMIFLU

By Sherri J. Tenpenny, DO

With countries around the world spending billions of dollars for billions of doses of Tamiflu, new concerns have surfaced regarding its safety — particularly for children. Today, the pediatric advisory committee of the Food and Drug Administration met to discuss new reports of serious skin reactions, neuropsychiatric events and deaths associated with taking Tamiflu, Roche's drug for treating influenza. According to IMS Health, approximately 24.4 million prescriptions for Tamiflu (oseltamivir) were dispensed in Japan between 2001 and 2005; about one-fifth that number — 5.5 million — were filled in the U.S. during the same period. Pediatric prescriptions accounted for 11.6 million in Japan versus 872,386 in the U.S.

As part of its post-marketing surveillance efforts, the FDA assessed reports in the adverse events reporting system (AERS) database, searching for serious and non-serious reactions associated with taking Tamiflu. The FDA approved Tamiflu oral capsules on Oct. 27, 1999 for the treatment of uncomplicated acute influenza in patients aged one year and older, who have had symptoms for no more than two days. A new indication for prevention of influenza in adults and children 13 years and older was approved on Nov. 20, 2000. The oral suspension was approved on Dec. 14, 2000. (1)

Pediatric exclusivity was granted to Roche for Tamiflu on March 22, 2004. (2) The adverse events query covered the period from March 22, 2004 through April 22, 2005 — the 13 months post-release. There were 1,184 case reports for adverse reactions posted from sources both domestic and abroad. Nearly 16 percent of the events occurred in children (n = 190).

New Concerns About Tamiflu cont. on page 26

It should be noted that the AERS is widely underutilized by physicians and the actual number of adverse events is likely to have been much higher. (3)

Among the 75 unique pediatric case reports, there were eight fatalities: four sudden deaths, three cardio-respiratory arrests, and one case of acute pancreatitis with cardiopulmonary arrest. There were also 32 neuropsychiatric events and 12 skin/hypersensitivity events. Miscellaneous other events were included in the list to be reviewed at the FDA meeting. (4)

Since Tamiflu was approved in 1999, an increasing number of deaths have been reported each influenza season in patients using the drug. Of the eight children who died during the survey period, several apparently developed influenza, started therapy with Tamiflu and died suddenly in their sleep. The skin reactions reported were quite severe and included anaphylaxis, eczema, erythema multiforme and Stevens-Johnson syndrome, a severe, potentially life-threatening immune reaction. The neuropsychiatric events were most disturbing and included cases of delirium, convulsions, and encephalitis. However, the most alarming adverse event was the abnormal behavior exhibited by three patients after receiving Tamiflu:

“A twelve- and a thirteen-year-old male patient jumped out of the second-floor windows of their homes after receiving two doses of oseltamivir (Tamiflu). Head CT scans showed no abnormalities in either patient. A third case was an 8-year-old boy who also exhibited abnormal behavior when he experienced frightening hallucinations and rushed out of his house onto the street three hours after receiving his first dose of oseltamivir. He was rescued by his family from potential traffic injury.” (5)

Of course, the FDA has stated there is “insufficient evidence to establish that deaths and neuropsychiatric

adverse events represent a safety signal associated with Tamiflu.” The drug’s manufacturer, says that “there is no association between Tamiflu use and the deaths or neuropsychiatric events reported. Roche sees no scientific or medical basis for any changes in how Tamiflu is used.” No change will occur in the warning label, but “continued monitoring” will occur.

All this risk for no more than a demonstrated 1.3 day reduction in median time until symptoms improve. (6)

Dr. Tenpenny’s article was published first at: http://www.redflagsdaily.com/tenpenny/2005_nov18php

1. Gilead Press Release. Tamiflu™ Granted FDA Approval for Treatment of Flu in Children. Dec. 14, 2000.
2. BPCA Executive Summary NDA 21-087/NDA 21-246 Tamiflu capsules and for oral suspension. http://www.fda.gov/cder/foi/esum/2004/21087,21246_Tamiflu_clinical_BPCA.pdf
3. DIMACS Working Group on Adverse Event/Disease Reporting, Surveillance, and Analysis. Rutgers University. Oct. 16 - 18, 2002 <http://dimacs.rutgers.edu/Workshops/AdverseEvent/announcement.html>
4. Department of Health and Human Services. Memorandum ODS PID# D040223. August 25, 2005
5. Ibid.
6. REF: Hayden FG, Atmar RL, Schilling M, et al. Use of the selective oral neuraminidase inhibitor oseltamivir to prevent influenza. *N Engl J Med.* 1999;341:1336-43.)

HOMESCHOOLED

By Dan Olmstead

Where are the unvaccinated homeschooled children with autism? Nowhere to be found, says a doctor who treats autistic children and is knowledgeable about the homeschooled world.

"It's largely nonexistent," Dr. Jeff Bradstreet told UPI's Age of Autism. "It's an extremely rare event."

Bradstreet treats autistic children at his medical practice in Palm Bay, Fla. He has a son whose autism he attributes to a vaccine reaction at 15 months. His daughter has been homeschooled, he describes himself as a "Christian family physician," and he knows many of the leaders in the home-school movement.

"There was this whole subculture of folks who went into homeschooling so they would never have to vaccinate their kids," he said. "There's this whole cadre who were never vaccinated for religious reasons."

In that subset, he said, "unless they were massively exposed to mercury through lots of amalgams (mercury dental fillings in the mother) and/or big-time fish eating, I've not had a single case."

Bradstreet said his views do not constitute a persuasive argument that low vaccination rates are associated with low rates of autism, but it is worth studying.

"That's not yet science," he said. "It doesn't rise to the level of a powerful observation. It's a place to say, OK, well that's interesting, what does that tell us?"

About 2 million children are being homeschooled in the United States. The number of those unvaccinated is unclear, but judging by the school opt-out rates in some parts of the country where there is more concern about vaccinations, it could be 3 percent or more. For example, in Oregon's Lane County roughly 2,000 students out of a total of 51,000 have exemptions, about 4 percent. Applying that ratio to the U.S. homeschooled popula-

Homeschooled cont. on page 27

Homeschooled cont. from page 26

tion would equal 80,000 children. At the current autism rate of one in 166 children, several hundred would be expected to have autism.

Bradstreet said he has tried to persuade epidemiologists to study that subset of the homeschooled population, but they expressed doubts the results would apply to broader groups.

"I said I know I can tap into this community and find you large numbers of unvaccinated homeschooled, and we can do simple prevalence and incidence studies in them, and my gut reaction is that you're going to see no autism in this group."

He said every researcher he contacted refused to investigate, "because it would not have any power to change people's opinion -- you could never apply it to the next population." He said critics could assert that homeschoolers are a unique group and that parents might choose to homeschool a child "because they knew he was different," although neither would explain the lower autism prevalence.

He also said he thinks homeschoolers would be a better population to examine than a genetically and culturally isolated community such as the Amish. "The purists would say that's too odd of a group," Bradstreet said, and added that he agrees. "You can't draw conclusions from that kind of population." His comments referred to the series of reports in *The Age of Autism* on an apparent low prevalence of the condition among the Amish, most of whom are unvaccinated.

Monday, this column reported that a top official of the U.S. Department of Health and Human Services told parents he will consider whether to launch a study of autism rates among the Amish or other unvaccinated populations. Such a study apparently has never been done.

Bradstreet said he thinks that no matter what unvaccinated population researchers study, "it would be a rare event" to find autism. His views fall

into the distinct minority among scientists and medical experts, who say a link between vaccines and autism has been discredited. A panel of the prestigious Institute of Medicine -- part of the National Academy of Sciences -- said last year that research should now go to "promising" areas.

The vaccine theory centers on the hypothesis that a mercury-based preservative called thimerosal, used in an increasing number of childhood vaccinations in the 1990s, triggered a huge spike in diagnoses. Bradstreet's linking of autism to mercury in fish and maternal dental fillings is also rejected by mainstream medical experts. The comments do, however, echo one aspect of UPI's reporting on the Amish.

A doctor in Virginia said he was treating six unvaccinated Amish children, four of whom had high levels of mercury in their bodies that he thinks triggered their autism. He suspects the exposure came from coal-fired power plants, which emit mercury as a byproduct.

Bradstreet said he realizes his views on vaccines, and his own son's autism, expose him to charges he is seeing what he wishes to see, but he argues that government researchers harbor a bigger conflict of interest because the government mandates vaccinations and vouches for their safety.

"The problem for them is even more than the problem for us," he said. "Many of us who are concerned about vaccines and the role they're playing in the immune system and autism are traditionally trained physicians who vaccinated our kids and are only reluctantly being forced, when it was thrown in our face, to say there's got to be something wrong with vaccines if it did this to my kid. "So in that situation, even though we would be accused of being more biased, we are probably more objective because we were believers." *The Age of Autism* is an ongoing series on the rise of autism. <http://www.sciencedaily.com/upi/index/php?feed=Science&article=UPI-1-20050628-13132300-bc-ageofautism.xml>

NEWSCLIPS

Obsessed with Viral Tinkering

Canwest News Service reported on November 10 that "Scientists at the National Microbiology Laboratory in Winnipeg plan to follow the lead of U.S. researchers and resurrect the virus that caused the 1918 Spanish flu pandemic, a development that has led to calls for international oversight and control of the dreaded microbe." Americans have already sequenced the virus's DNA and recreated the microbe, which now lives in vials stored in a high-security lab at the Centres for Disease Control and Prevention in Atlanta.

Canadian researchers plan to bring the virus to life using pieces of DNA that contain the genetic recipe for the virus. The virus will be recreated inside living cells, then harvested and used to infect animals in an attempt to identify what made it so virulent, said Frank Plummer, scientific director of the lab - they could have a live 1918 flu virus within six months.

Amidst fears that an accidental release of the recreated microbe could be catastrophic. Jens Kuhn, a virologist and bioweapons expert at Harvard Medical School, says the Canadian project - which has been approved by the Public Health Agency of Canada - should not have been allowed to proceed without international approval and oversight.

Kuhn says the virus should never have been recreated: "We have enough bugs to deal with on this planet already." A pressing concern is that revitalization and use of the virus has the potential to rekindle the bioweapons race.

Pieces of the viral gene will travel from Wisconsin to Winnipeg and pose no risk of infection, Plummer added. They need to be assembled inside living cells to create the virus. Plummer

Newsclips cont. on page 28

Newsclips cont. from page 27

said studying the virus might shed light on what made it so lethal, and the research might also lead to new vaccines.

No one can say for certain what would happen if the virus got loose, but the microbe has a history of spreading rapidly among people and around the world. The chances of an accidental release are small, Kuhn said, "but the consequences could be catastrophic." <http://www.canada.com/montreal/montrealgazette/soundoff/story.html?id=1045eb58-e249-4971-a742-2aa2191359c8>

More Vaccine Experiments on Children

Oct. 4, 2005

ID Biomedical ID Biomedical announced that it has obtained clearance from Health Canada to begin the first pediatric study of FluINsure(TM), a non-living intranasally delivered influenza vaccine. This Phase II study will be conducted at three centers in Canada in 160 healthy children, aged 3 to 12 years old.

The study will be blinded, randomized, and placebo- controlled and will evaluate safety and immunogenicity of one-dose and two- dose regimens of the vaccine. ID Biomedical currently supplies approximately 75% of the Canadian government's influenza vaccine purchases.

On September 7, 2005, ID Biomedical announced that Europe's biggest drug maker, GlaxoSmithKline is to acquire ID Biomedical for \$1.7 billion. The move will enable Glaxo to ramp up production of flu vaccines as global demand soars and to tap into the growing demand. Global influenza vaccine production is around 300 million doses annually, but demand currently exceeds supply and is expected to increase dramatically.

Glaxo's chief executive Jean-

Pierre Garnier said that "The proposed acquisition of ID Biomedical is a unique strategic opportunity to increase current capacity of classic flu vaccines, to provide us with increased capacity for next generation flu vaccines under development and to help GSK prepare for the threat of a flu pandemic."

<http://www.forbes.com/home/feeds/afx/2005/09/07/afx2210926.html>

Coming for Your Children - 4 Live Viral Vaccines in One Shot

Sept. 6

The U.S. Food and Drug Administration has approved Proquad, manufactured by Merck. The vaccine - a combination of the company's measles, mumps, rubella (MMR II) vaccine and its chickenpox shot (Varivax)-- is designed for children from 12 months to 12 years of age.

The attenuated live measles and mumps viruses are propagated in chick embryo cell culture. The live rubella virus is grown on WI-38 human diploid lung fibroblasts, a cell line derived from an aborted fetus, and the varicella zoster virus (chickenpox) is propagated in MRC-5 cells, obtained from the lung of a 14-week old male aborted fetus in 1966. Bovine serum and human albumin is used in the manufacturing process.

"The FDA should have required far larger studies," said Barbara Loe Fisher, the co-founder and president of the National Vaccine Information Center. "You are combining four live viruses into one vaccine, which has never been done before." Fisher noted that there are still unanswered questions about some of these vaccines and the likelihood of having long-term adverse effects on children.

"Particularly in regard to continuing reports of regression after MMR vaccine; the hypothesis that exposing children to three live viruses at once

is causing some genetically susceptible children to regress and have a persistent measles infection leading to autism and intestinal bowel

disorders," she said.

As far as Proquad is concerned, Fisher said it hasn't been truly tested, because it has only been tested against other vaccines and not against a placebo. "With a new vaccine like this, you should be comparing it against placebo to find out the true adverse reaction rate." To read the Proquad product monograph go to: http://www.merck.com/product/usa/pi_circulars/p/proquad/proquad-pi.pdf

Get ready for Cervical Cancer Vaccines

Merck & GlaxoSmithKline, two pharmaceutical giants that dominate the global vaccine industry have been developing cervical cancer vaccines which will be launched within the next few years. The vaccine targets the human papilloma virus (HPV) thought to cause most cases of cervical cancer. More than 100 different genetic types of HPV have been identified so far. Of these, 40 infect the genital region, and 15 are currently thought to put women at "high risk" of cervical cancer. Two types-known as HPV-16 and HPV-18-are found in 70 percent of cervical cancers. Five of the other 15 types linked to cervical cancer account for 20 percent of cases. Cervical cancer is the second most common form of cancer worldwide.

The companies project that the HPV vaccine will reach an "enormous number of people" and will be highly lucrative. It is estimated that the market could reach a value of £2-£4 billion (\$4-\$7 billion) by 2010. "The global vaccines market is poised for accelerated growth due to product innovations and a growing appreciation of the benefits of prevention over treatment," said David Stout, Glaxo's

Newsclips cont. on page 29

Newsclips cont. from page 28

president of pharmaceuticals..

Given the fact that Merck's trial data is further advanced, their vaccine Gardasil, is likely to hit the U.S. market first. Merck's vaccine contains aluminum as an adjuvant (a substance to enhance the immune response to a vaccine). This is the only adjuvant used so far in FDA-approved vaccines. While Merck claims Gardasil prevents "100% of high-grade cervical pre-cancers and noninvasive cervical cancers", it only followed vaccine recipients for two years.

Glaxo has developed Cervarix with a compound called AS04, which mixes aluminum with a type of fat from a bacterium and stimulates a stronger, longer-lasting immune response.. AS04 has already received approval in Europe.

Consumers Beware!! Lipid or fat based adjuvants injected into the body can play havoc with the immune system. AS04 is derived from MPL, a squalene based adjuvant researchers have linked to autoimmune diseases.

The target market for cervical cancer vaccine is the pre-teen population. Health officials say that for the vaccine to be "fully effective", it should be given "before their first sexual relationship" – they're talking about giving it to children age 11 or 12 or younger !!

<http://www.redherring.com/Article.aspx?a=12595&hed=Glaxo+Plans+Five+Vaccines>

Flu Vaccine May be Fatal to Elderly

An article in a British newspaper reports that vaccination against influenza is being linked to an increased risk of life-threatening illness among the elderly. "Dozens of pensioners taking Warfarin to ward off strokes, have suffered internal bleeding after flu jabs, leading to fears of potentially fatal interactions between the vaccine and

blood-thinning medication."

The Telegraph UK reports that "Since 2001, a total of 449 adverse reactions to the flu jab have been reported. Twenty people are known to have died after the jab, with the causes of death including sudden death, blood poisoning, heart attack, pulmonary embolism and pneumonia."

"Six pensioners at the same surgery were reported to have suffered internal bleeding after having the jab, leading to an inquiry by the Government's Committee on Safety of Medicines."

"Medical records going back 35 years show a further 25 cases of suspected serious interactions between Warfarin and the flu vaccine. In three cases, the adverse reactions - reported to the Medicines and Healthcare Products Regulatory Agency - were fatal."

As expected, UK health officials trotted out the "coincidence" explanation, saying that "because many of the patients receiving the injection were elderly, experts say it could be coincidental that they died shortly after vaccination, and no evidence of a causal link has been established."

"However, CSM experts were concerned that the flu jab - which is mainly aimed at the over-65s, who are a target group for anti-stroke medication - could be destabilizing Warfarin and increasing the risk of fatal internal bleeding."

<http://www.telegraph.co.uk/news/main.jhtml?xml=/news/2005/10/30/nflu30.xml&sSheet=/news/2005/10/30/ixnewstop.html>

U.S. POISED TO AXE CIVIL RIGHTS FOR BIG PHARMA PROFITS

Press releases from advocacy groups in the U.S. concerned about vaccine risks are saying that Congress is poised to give drug companies blanket immunity from liability for vaccine injuries and deaths if certain provisions are incorporated in The Biodefense and Pandemic Vaccine and Drug Development Act of 2005 (S. 1873). The National Vaccine Information Center (NVIC) calls the reported plan "an end-run by Pharma's friends in Congress to take away the civil rights of the American people."

NVIC's November 15th press release says, "In the past few weeks, public criticism about the proposed bail-out of drug companies has been mounting as Americans are being told that a pandemic bird flu is coming and drug companies are asking Congress to bar citizen access to the civil justice system when they are harmed by vaccines. Because the bird flu virus has not mutated into a form that is transmissible from human to human, questions have been raised as to whether irrational fear about bird flu is being generated in an attempt to stampede Congress into passing liability protections the pharmaceutical industry has been seeking for 40 years.

Dawn Richardson, Director of PROVE (Parents Requesting Open Vaccine Education) says, "For any parent out there that has had to endure harassment by a pediatrician because you stuck by your decision to not vaccinate your child because you knew vaccines are not safe for everyone, the US Congress is about to give the American public the strongest confirmation ever that vaccines truly are NOT SAFE and don't ever expect

Civil Rights cont. on page 30

them to be safe.”

“Because vaccine manufacturers know that their products can hurt many people, they have spent huge sums of money lobbying Congress for the past several years looking for special liability protections, and it looks like they are about to be awarded the blanket protections they've tried so hard to secure.”

“Think about it: since the definition of safe is "free from harm: harmless," and the US Congress is about to absolve vaccine manufactures from liability, why on earth would they need to do that for a product that is truly free from harm or harmless"? The answer is, they wouldn't - vaccines really are NOT SAFE and the US Congress knows this. What should be surprising to the American people who have been brainwashed by vaccine totting public health bureaucrats is how unsafe vaccines must be for Congress to take such drastic measures.”

“US Congress through the "Biodefense and Pandemic Vaccine and Drug Development Act of 2005", is stepping in and giving vaccine makers liability protections to prevent multinational multibillion dollar drug conglomerates from being financially ruined from liability for the injuries and deaths they know happen from vaccines. Gee, there must be some pretty nasty stuff in those vials.”

“Referring back to the definition of safe - the only ones who will be safe if this bill passes are the vaccine makers. Remember that the next time your doctor tells you to roll up your sleeve or goes to pull down your child's pants. Could you afford to have yourself or anyone in your family hurt by a shot?”

Pointing out that there are twice as many drug companies marketing vaccines in the U.S. today as there were in 1982 when NVIC was founded, NVIC President Barbara Loe Fisher said, "It is a big lie that drug companies have been driven out of business

by lawsuits in the past two decades. The National Childhood Vaccine Injury Act of 1986 protected drug companies and doctors from almost all lawsuits. There are only a handful of vaccine injury lawsuits pending in civil courts but Pharma is on the brink of conning Congress into destroying Americans' Seventh Amendment Constitutional right to seek redress in a civil court in front of a jury of their peers.”

“Apparently drug companies only want profits and not accountability when Americans die or are injured by experimental and poorly tested biodefense and pandemic flu vaccines they can be forced to take whenever the Secretary of Health and Human Services declares a public health emergency and state officials follow suit.”

“The proposed law will also create a new agency within the Department of Health and Human Services that will secretly develop experimental drugs and vaccines to be used by civilian and military populations whenever the Secretary declares "a potential or actual" public health emergency. The agency may deny Freedom of Information Act requests by citizens and is not subject to review of its actions by the judicial branch of government. In 1982, there were four drug companies marketing vaccines in the U.S.: Wyeth, Lederle, Merck and Connaught. Today there are eight: Wyeth, Merck, Sanofi Pasteur, GlaxoSmithKline, MedImmune, Chiron, Bioport, and VaxGen. There are ten vaccine injury lawsuits currently pending in U.S. civil courts, with the majority involving a highly reactive whole cell version of DPT vaccine no longer distributed in the U.S.”

PROVE Website:<http://vaccineinfo.net/>
NVIC - For more information and a complete text of Barbara Loe Fisher's 11 page letter to Senator Burr's subcommittee staff, go to www.nvic.org

HOMEOPATHY AND THE FLU

By Dana Ullman MPH
Homeopathic Educational Services
October 20, 2005

Almost every day we are reading and hearing of the coming "bird flu." The media, doctors, and drug companies have been sadly effective in instilling great fear into the hearts and minds of the public. And they are adding fuel to the fear by "warning" the public that there are inadequate amounts of the flu vaccine for people and that this is particularly a problem for people, especially the elderly, who are most vulnerable to serious complications of the flu.

The problem here is that according to a new edition of the LANCET (October 1, 2005), a systematic review of all previous studies testing vaccines for the flu that shown that they are NOT effective in preventing the flu or "influenza-like illness" or pneumonia in the elderly population. It is indeed a sad fact that the media and the medical community is instilling fear into people and yet not disclosing that the "prevention" strategy do not seem to work. (1)

The other "at-risk" group that the CDC recommends getting a flu vaccine is children, and yet, an important article in the LANCET (February 26, 2005) literally analyzed every available reference on the subject that they could find in the Cochrane Library, MEDLINE, EMBASE Biological Abstracts and Science Citation Index to June 2004 – in any language. They included 14 randomized controlled trials, eight cohort studies, one case-control study and one randomized controlled trial of intraepidemic use of the vaccine. (2)

Surprisingly, they only found two small studies that assessed the effects of influenza vaccines on hospital admissions (the alleged reason for the

Homeopathy cont. on page 31

Homeopathy cont. from page 30

CDC's recommendation). And they could not find a single study that assessed reductions in mortality, serious complications or even community transmission of the disease.

These studies provide significant doubt about the efficacy in preventing the flu with present vaccines.

The conventional treatment strategies for the flu are also problematic. The most popular conventional drug, Tamiflu, is an anti-viral, but it is quickly losing its efficacy because it is being over-used for the common flu, rather than for its more appropriate use in treating more dangerous versions of the flu, such as the new avian flu.

There are, however, good reasons that homeopaths and their patients are not afraid of the flu, either this year or for years in the past. First of all, homeopaths have proven treatments for people with the flu. I have purposefully used that strong word "proven" because there have been at least THREE large-scale double-blind, placebo-controlled trials using "Oscillocochinum" to treat people with the flu or with influenza-like syndrome. For specific references to these studies, go to my online article **Homeopathy and Influenza: Real Research, Real Results**.⁽³⁾ What is also important to know about this research is that each of the large clinical studies were conducted by independent researchers, and a treatment is considered "proven" when at least three independent studies verify positive results. The trick to getting the best results with Oscillocochinum is to use it within 48 hours of onset of the flu.

One of the reasons that Oscillocochinum is so effective is because of what it is. It is made from the heart and liver of a duck. Biologists have found that the vast majority of ducks have various types of flu viruses in their digestive tracts, and because of this, epidemiologists have determined that ducks are one of

the prime carriers of one type of flu from one part of the world to others elsewhere. It seems that homeopathic doses of the flu virus and of the duck's antibodies to these viruses is providing some special therapeutic benefit.

While many mothers (and grandmothers!) have recommended chicken soup for the flu, the use of Oscillocochinum is akin to using "duck soup." It seems that homeopaths have been on top of this issue of the "bird flu" way before the media began harping on its imminence.

It seems that homeopaths have been on top of the issue of proper and effective flu treatments for decades by using Oscillocochinum. If you don't already know it, you can purchase Oscillocochinum from us for 20% off! (4) If it is already over 48 hours since you or someone close to you has already had the flu, you might consider one of the other homeopathic medicines commonly indicated for the flu. A list of these remedies are available in my flu article, **Homeopathy and Influenza: Real Research, Real Results**⁽³⁾

While there has been good and repeated research showing the effectiveness of Oscillocochinum in the treatment of the flu, there hasn't YET been good research on homeopathic medicines for flu prevention. That said, one very popular protocol used in Europe at present is to use Influenzinum 9C. The NEWEST version of this remedy was obtained by the Pasteur Institute in France and contains the three most recent strains of the flu virus.

Last year, this product was available from Dolisos under the name "Dolivaxil." However, this product is no longer available under THAT name. It is now only available as Influenzinum. Although you are welcome to order any potency from us, we are recommending the 9C potency, and the protocol is to take one dose a week for 4 weeks and then take the final dose one month later. We expect this NEW version of Influenzinum to

arrive around November 1st.

Some other medicines to consider for the flu are: *Gelsemium*, *Bryonia*, *Aconitum*, *Nux vomica*, *Eupatorium perfoliatum*, *Rhus toxicodendron*, *Arsenicum album*. Details about matching symptoms for these remedies can be found on Dr. Ullman's website at: http://www.homeopathic.com/articles/using_h/flu.php

For people who want the most detailed information about the history and present status of the homeopathic treatment of influenza, I highly recommend the new edition of Sandra Perko's *Homeopathic Treatment of Influenza* (the 2005 Bird Flu Edition). One other good book on this subject is: *Flu: Alternative Treatments and Prevention* by Randall Neustaedter, OMD. Neustaedter was my first teacher of homeopathy back in 1973, and he is presently my homeopath. He has authored several books, including the best book on the subject of vaccination, including **The Vaccine Guide: Risks and Benefits for Children and Adults**. His book on the flu is very good, but distinct from the book by Perko, and doesn't provide detailed materia medica on homeopathic flu remedies.

Oscillocochinum, Influenzinum 9C, and books may be ordered through Dr. Ullman's website: <http://www.homeopathic.com>

References:

1. Efficacy and Effectiveness of Influenza Vaccines in Elderly People: A Systematic Review. *Lancet*, October 1, 2005.
2. Jefferson T, Smith S, Demicheli V, Harnden A, Rivetti A, Di Pietrantonj C. *Lancet* 2005 Feb 26-Mar 4;365(9461):773-80. Review.
3. Homeopathy and Influenza: Real Research, Real Results: http://homeopathic.com/articles/using_h/flu.php

With appreciation to Dr. Verna Hunt, respected Toronto area Naturopath for

VRAN MEMBERSHIP AND ORDER FORM

Suggested Annual Membership - \$35 or \$75 professional

Includes Newsletter 3X a year & ongoing support of vaccination risk education

P.O. Box 169, Winlaw, BC, V0G 2J0 – phone/fax: 250-355-2525. E-mail: info@vran.org

VRAN website: www.vran.org

Name/Organization: _____

Address: _____

Telephone: _____ Fax: _____ E-mail: _____

Reason for Interest _____

Your Questions, Personal Stories _____

(Please photocopy this form from back cover of the newsletter & if additional space is needed to tell your story, please use back side of this sheet)

Please note: annual membership is renewed in January of each year. People joining VRAN at any point in the year will receive all newsletters published during that calendar year

INFORMATION PACKAGES, BOOKS & RESOURCES (Please allow 3-4 weeks for delivery)

VRAN Membership- suggested donation - \$35.00 (family) or \$75.00 (Professional) _____
(let us know if you prefer to receive the newsletter as a PDF file via email)

General information package (includes hepatitis B info).....\$12.00 + \$3.00 (postage) _____

New Parent information package – (100 pages of articles)..... \$10.00 + \$3.00 _____
(If ordering both packages, cost is \$25.00 - postage included)

"Vaccination: What You Need to Know" - Excellent intro to the vaccine issue
\$1.50 each + \$1.50 postage. Bulk orders of 12 or more - \$1.00 each +\$5 postage each dozen _____

"Five Vaccines in One: Your Baby's first Shot"– Overview of the vaccines & diseases
\$1.50 each & \$1.50 postage. Bulk orders of 12 or more -\$1.00 each + \$5 postage each dozen _____

Back Issues of VRAN Newsletter – order sets per year.....\$25 per year incl. postage _____
(Years available 1997-2003; please indicate which years you are ordering)

Video/DVD - "What The CDC's Own Documents Reveal"
Dr. Sherri Tenpenny exposes the deceptions of vaccine policies...\$30.00 + 6.00 _____

Video/DVD -Vaccination-The Hidden Truth..... \$30.00 + 6.00 _____
5 medical doctors discuss the dangers vaccines pose to health

Vaccinations: Science or Dogma - audio CD.....\$22.50 + 3.00 _____
Dr. Jason Whittaker's highly informative vaccine lecture

Immunization:History, Ethics, Law and Health..... \$35.00 + 6.00 _____
By Canadian author, Catherine Diodati M.A " A must read for those who wish to be aware, responsible and informed" Dr. E.S. Anderson-Peacock

TOTAL _____