Fall 2006

VRAN Newsletter

Vaccination Risk Awareness Network Inc.

FOWL! BIRD FLU:

IT'S NOT WHAT YOU THINK

By Dr. Sherri Tenpenny

What follows is a brief excerpt from Dr. Tenpenny's remarkable new book. A gripping read - unflinching and thoroughly researched. Fowl! will forever change the way you view environmental policy, the pharmaceutical industry and governments' role in the dissemination of public health information. It is a groundbreaking, unprecedented investigative report which examines the world of viruses, vaccines and environmental toxic overload from a much broader scientific base than this or that virus. It is a "must read" - destined to be a classic.

Extra viruses in the influenza vaccines

"Because eggs are currently used for the manufacture of several vaccines other than influenza – measles, mumps, and yellow fever – and will most likely be used for the production of the new H5N1 vaccine, the potential for continued contamination is real. The eggs are tested for a list of viruses and bacteria – usually between 25 and 37 to confirm the absence of "specific pathogens" on the list. Given the hundreds of known viruses and bacteria with which they could be contaminated, this list is dangerously short."
Dr. Sherri Tenpenny

One virus that has garnered a great deal of attention because of its confirmed presence in vaccines is called endogenous avian leucosis virus, or ALV. Nearly 45 years ago it was found that apparently healthy hens could transmit ALV to their eggs and then to vaccines. Found in all chicken cell lines, ALV is known to infect large segments of the modern poultry industry and because it is found in all commercial chickens and eggs, humans are exposed on a consistent basis. ALV is considered a "parent" virus because it can easily transform into other potentially cancer-causing sarcoma viruses.

Once inside a cell, ALV viruses can transform into other types of viruses. Viruses that form from the "parent" ALV virus include a long list from the potent Rous sarcoma family of viruses, included here for scientific minds:

- Avian myeloblastosis virus;
- Avian myelocytoma virus;
- Avian erythroblastosis virus;
- Fujinami sarcoma virus;
- many other sarcoma viruses.

Sarcoma viruses have been shown to cause cancer. One group of researchers who studied the actions of ALV writes, "Serial passage of a retrovirus that does not carry an oncogene, leads with high frequency, to the emergence of new viruses that can transducer oncogenes…." That is professional double-speak for the following: Given the right conditions, ALV can easily transform into other viruses known to be related to cancer.

Another virus discovered in 1985 is the subject of this litigation, the other

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INSIDE THIS ISSUE

FLU SHOTS: Misfit Between Evidence & Policy

By Edda West

Here we go again – the blare of flu vaccine hype targeting everything that moves and intensifying every fall. As if it's not bad enough that yearly flu vaccines are shoved down our collective throats by public health officials, self appointed child health experts like the Canadian Paediatric Society, provincial health officials and in the U.S. the American Academy of Pediatrics, the CDC are ramping up the push to inject children 6 months and older with yearly flu shots.

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VRAN NEWSLETTER

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

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With thanks to Lisa Farr for the newsletter layout.

Statement of Purpose

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

VRAN's Mandate is:

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

VRAN publishes a newsletter 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 NEWS

Dear VRAN members

Since 1982 VRAN (formerly the Committee Against Compulsory Vaccination) has served to bring the public an alternative view about vaccination. We started as a small group of concerned parents who recognized that the passage of Ontario's mandatory Immunization of School Pupils Act in 1982 threatened our right to make independent and voluntary health care choices for our children. Some of us had children who had suffered frightening vaccine reactions and we knew that a vaccinators needle would never again pierce the bodies of our precious children. We realized we would have to get this Act changed.

Our lobby efforts over the next two years culminated in an amendment of the Act in 1984, which to this day gives every family in Ontario the legal right to exempt their children from forced vaccination for school entry for reasons of conscience and sincerely held belief. With the amendment of the Act, we thought our job was done. Little did we know it had just started. Over the next few years, dozens of families came forward with their severely injured, vaccine damaged children looking for help, for information and acknowledgment of vaccine injury.

This group of families, led by Donna Rothwell, whose son Patrick had suffered severe vaccine injuries, formed the Association for Vaccine Damaged Children. For several years, the Association lobbied the federal government to pass vaccine injury compensation legislation to help with the daunting load of caring for their severely disabled children. Mary James, whose baby daughter Katie died from a vaccine reaction and Leona Rew whose son suffered a severe vaccine reaction, subsequently organized a chapter of the Association for Vaccine Damaged Children in Manitoba. For many years, these two dynamic and dedicated women gave talks, held meetings, appeared on T.V. and radio, telling their stories and teaching people what they had learned about vaccine hazards. Thanks to their intensive outreach, they educated Manitobans and many others in Canada about vaccine risks.

Hopes for government compensation were dashed when the Rothwell case was lost in 1986. Judge Osler ruled that the Rothwells had not proven that their son Patrick's catastrophic brain damage, blindness and paralysis following vaccination with DPT was caused by the vaccine. All hope ended for the several dozen families whose children had suffered severe injuries following vaccination and who were waiting in the wings to start their own court cases if this case was won. Following the Rothwell case, availability of Legal Aid was also terminated for personal injury cases quashing any hope that their plight would be heard by the courts.

In the 20 years since that court ruling, we are not aware of any successful court cases in which a vaccine injury victim has sued and won damages. The absence of legal precedent in Canadian case law in which a judge decides that an injured person has proven vaccine damage, has been a huge stumbling block for the countless families in Canada seeking justice for vaccine induced damage. Another

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huge stumbling block has been the Canadian legal system which disallows a jury trial for these cases; only a trial by a presiding judge is allowed. The absence of successful court cases ruling in favour of vaccine injury victims has enabled both federal and provincial governments to deny the existence of vaccine induced injuries and to deny compensation to victims. Canada is one of few western countries that refuses to compensate victims of vaccine injuries.

Lucia Morgan's vaccine damage lawsuit is the first case we know of in 20 years that has gone to trial. Lucia suffered irreversible brain injury from the hepatitis B vaccine she was required to get for her job as a social worker in Toronto. She will never be able to work again. After a lengthy trial, the judge reserved the decision for 6 months. Lucia informed VRAN at the beginning of November that no decision has yet been released.

As soon as we hear of a decision in Lucia's case, we will let you know and will send you an E-News Bulletin, if we have you on our email list. **Please send us your email address to insure that you don't miss this and other important bulletins we send out in between newsletters.** Contact us at: info@vran.org

VRAN FUNDRAISING

For nearly 25 years, VRAN has been a leading source of alternative information and support for those of you who reject the dominant medical paradigm which insists healthy children must be injected with disease particles and harsh chemicals to be "protected" from diseases. Please help us continue this important work by supporting our fundraising efforts. As you know, we receive no corporate or government funding whatsoever. You, our members are our sole support and it is your endorsement and your financial help that enables VRAN to be a beacon of truth on this critical issue. Our mandate is to enable parents to understand the scope of vaccine risks and to make the very best health care choices for their children.

This year, we are very pleased to offer Dr. Sherri Tenpenny's outstanding book, Fowl! Bird Flu: It's Not What You Think, as the bonus gift offer for donations of $150 or more.

Impeccably researched, Dr. Tenpenny takes us beyond conventional boundaries of infectious disease concepts, and teaches us about the devastating impact of chemical environmental pollution on the immune systems of humans and animals, leading to increased vulnerability to disease. **Sherri Tenpenny's book is way, way beyond bird flu.** She exposes the ruthless tactics of agribusiness and the vested interests poised to exploit fear about bird flu. She informs us about environmental contaminants that compromise our immune systems, ongoing contamination in vaccine production methods and the threat this poses to human health. Unequivocally, Fowl! is **a must read for everyone** seeking to deepen understanding of this issue. We know you will find the lead article in this issue (excerpted from the book),a gripping and compelling read.

Please send your donations to:
VRAN Fundraising
P.O. Box 169, Winlaw, BC, V0G 2J0

FUNDRAISING COMMITTEE

We are grateful to VRAN member Molly Miller, a young Saskatchewan mom of a two year old daughter, for volunteering to form a fundraising committee and to brainstorm with other members on ways to create fundraising initiatives for VRAN. We urge everyone interested in helping VRAN broaden our fundraising base to contact Molly at: (306) 658-4249

ANNUAL GENERAL MEETING

The VRAN AGM was held by telephone conference on May 27, 2006. In attendance were four Board members, Gloria Dignazio, Mary James, Rita Hoffman and Edda West. Election of the Executive of the Board of Directors confirmed Mary James as President, Rita Hoffman Vice-President, and Edda West Secretary Treasurer. Discussed was the new updated Manitoba Public Health Act which now includes a provision for the mandatory reporting of an adverse vaccine event by health professionals within 7 days. Unfortunately the clause has few teeth in it and does not define the consequences of failure to report a reaction, nor does it define the specifics of known vaccine reactions.

Gloria Dignazio shared her family's frustrations with their stalled lawsuit on behalf of her daughter Sara, who suffered a severe vaccine induced injury more than ten years ago and lives with pervasive developmental disorder – an autism spectrum disorder. The provincial government is withholding vital information needed to proceed with the case.

Also discussed was the bi-annual meeting of the Canadian Immunization Conference being held in Winnipeg, December 3-6 and sponsored by The Public Health Agency of Canada, the Canadian Paediatric Society, and other government linked groups with "support from the private sector", i.e. the pharmaceutical industry. The latest vaccines and strategies to increase vaccine compliance are always a topic of discussion. We all agreed that ideally, we should have a presence at the conference to remind the pro-vaccination forces that Canadians are still being damaged by vaccines. The public is still not informed of vaccine risks and victims are still not included in the 'benefit/risk' equation nor compensated for vaccine caused disabilities. To view the conference agenda, go to: http://www.phac-aspc.gc.ca/cnic-ccni/2006/index.html

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Edda shared details of VRAN's financial status. VRAN's annual financial statement is available to all members in good standing. Please let Edda know if you'd like a copy mailed to you. And as with every AGM, fundraising was discussed. Edda announced the installation of PayPal on the VRAN website which now enables people to make secure membership donations by credit card on our site. Just go to our Membership page on our website and follow the prompts.

EDMONTON SUPPORT GROUP

VRAN member, Tracey Perkins leads an awareness & support group in Edmonton. Called Parents Questioning Vaccines, the meeting is held the third Thursday of every month. Meetings are held at the Association for Safe Alternative Childbirth (ASAC). Tracey can be contacted at: 780-439-6116

NEW INFORMATION SHEET

Deborah Jones, a new VRAN member has diligently been working on an information sheet to catch the interest of people who may never have thought about vaccine risks. Deborah is a skilled writer, website designer, and mother of a young baby. And she is passionate about this issue! Thank you Deborah for all the skill and energy you've put into this project. We've included a copy of the info sheet for members with this issue of the newsletter and encourage you to make copies and distribute it in your community.

VRAN wishes all our supporters a holiday season rich in the spirit of choice. We celebrate with you, the gift of our children as they unveil the unfathomable mysteries of joy, compassion, and creation.

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called endogenous avian retrovirus or EAV - a known contaminant of influenza vaccines. This virus is present in all breeds of chicken and cannot be eliminated from even the most stringently kept flocks. EAV has an associated enzyme called reverse transcriptase. The job of this enzyme is to copy the genetic material of the virus from RNA into DNA, reversing the normal flow of genetic information, which is normally copied from DNA into RNA. Since 1982, researchers have identified the presence of EAV and reverse transcriptase in influenza vaccines.

As recently as 1999, Tsang, et al detected the presence of reverse transcriptase in the measles and mumps vaccines. They tracked the enzyme's origin back to the chicken cells the viruses had been grown in. Considering the numerous regulations requiring all avian cell cultures to be free of known chicken bacterial pathogens and viruses, this was an alarming discovery and should have set off warning signals throughout both the scientific and medical communities. Knowing how reverse transcriptase works in living cells, it is possible that vaccines containing reverse transcriptase are weaving viral genes into human DNA.

That is a sobering thought.

But like so many other concerns about the safety of vaccines that should cause the industry to snap to attention, researchers are focused on proving the absence of the adventitious (extra) viruses and disproving the activity of reverse transcriptase, rather than documenting the presence of the extra viruses and searching for harm they may be causing.

Avian virus contamination and cancer

The issue of avian virus contamination is discussed regularly by government agencies that regulate the production of egg-based vaccines. The CDC, the FDA, the Center for Biologics Evaluation and Research (CBER), and other branches of the public health service have convened on many occasions to discuss the implications of the potential vaccine contaminants.

A workshop co-sponsored by the FDA and the CBER, named "Evolving Scientific and Regulatory Perspectives on Cell Substrates for Vaccine Development," was held on September 10, 1999. Experts convened from government and industry to once again discuss the problems of vaccine contaminants. Dr. Phil Minor from the National Institute of Biological Standards and Control (NIBSC) - the CBER equivalent in the United Kingdom - was the first speaker of the morning of the meeting's sixth session. Minor gave a straightforward introduction, voicing concerns over the problem of animal viruses contaminating human vaccines. Of note, Dr. Minor is paid by GlaxoSmithKline, manufacturers of MMR, to act as an expert witness in the impending U.K. High Court MMR/autism cases. GSK is one of three U.K. companies that are the subject of this litigation, the other

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two being Aventis Pasteur MSD and Merck.

After the customary opening remarks, Minor related that the most serious contaminations in vaccines came from materials derived from whole animal sources. He went on to explain that eggs used in the production of influenza vaccines are counted as "animal," as defined by the Animal Regulated Use Act in the U.K., "because they are embryonated" (i.e., they have been fertilized and the embryo has started to grow).

There is little argument among researchers that avian retroviruses and reverse transcriptase have long been detected in influenza vaccines and other vaccines made from eggs. What they do *not* agree upon, however, are the effects these extra viruses may be having on humans, includding the possibility that they may be causing cancer.

The extra viruses in the vaccines are considered to be completely benign by some researchers. These contaminants, called "free riders," have not been found to interact in any way with the immune system or other cells of the vaccine recipient. However, considering all contaminants to be completely benign has a glaring flaw: Even though many *inactive* viruses have been tested and are indeed harmless, not all viruses have been tested. If some are found to be *active* - meaning, they have the ability to replicate - they could very well cause harm.

Attempting to determine the effects of viral contaminants on humans has an added complexity. Part of the normal lifecycle of a retrovirus involves integrating, for a variable period, into the host's DNA. The virus can insert itself and "become invisible" to the immune system beyond the reach of antibodies to detect and remove it. This also means the virus is beyond the scope of the researcher's testing tools to find it.

If a virus isn't detected, it is considered by scientists to be absent. Lack of detection, however, is not proof that the viruses are not causing harm. Researchers may have difficulty identifying the presence of retroviruses in human serum through advanced testing because the virus' genetic material may already be incorporated into human DNA.

Chicken cell cultures are not the only concern for adventitious (extra) viral contaminants found in vaccines. Another animal source, bovine sera from calves, is used for the production of the following vaccines: rubella, chickenpox, polio, Prevnar [pneumoccal], and the adult pneumonia shot. Nearly 100 percent of this commercially available serum obtained from cows is contaminated with bovine viruses. The point of this discussion is to ask the following question: Are we incorporating viruses from chickens and cows into the human genome? Are we altering the genes of future generations in unknown ways through vaccines?

A well-researched, highly documented paper published online by an obvious industry insider, going by the name of Benjamin McReardon, describes in detail the problem of not knowing whether a viral gene is active or inactive. If active, ALV viruses may have the capacity to activate cancer-causing genes in the host's cells:

"Considering that ALV can, for example, easily capture the human oncogenes [called] "erbB" and "myc," and these two oncogenes are strongly associated with common forms of **human breast cancer**, it seems that the issue of ALV vaccine contamination should deserve a high level of attention….A well-known microbiology text reinforces these concepts by teaching, "Proto-oncogenes become incorporated into retroviral genomes with surprising ease." [Emphasis added.]

It has been said that the seeds of cancer lie within us. The human genome contains at least 50 genes called proto-oncogenes, which under normal conditions maintain a watchful eye over excessive cell division and keep it under control. However, when these genes become "activated" (i.e., when a proto-oncogene is converted into an active oncogene), uncontrolled cell growth can occur. Activation of a proto-oncogene can be caused by a variety of mechanisms including the insertion of viral DNA or RNA into the host's genome. When cells undergo rapid, unchecked cell division, the possibility for abnormal cells to arise and replicate is more than a theoretical concern. This is the start of cancer.

The effects on the global population

The medical literature documents the presence of viral contaminants found within the influenza vaccine. If the flu shot were given only once in a lifetime, perhaps the load of additional chicken viruses delivered in a single shot would have minimal consequences. But the influenza vaccine is now recommended for infants starting at six months of age and is intended to be given annually for the rest of that child's life. Could potentially cancer-causing retroviruses and other viruses be incorporated into a child's genome without detection, leading to health problems later in life? It's not an unreasonable question.

As reported on May 9, 2002, by Samuel S. Epstein, MD, chairman of the Cancer Prevention Coalition and professor emeritus of Environmental and Occupational Medicine, University of Illinois School of Public Health, Chicago, the incidence of childhood cancer has steadily increased by 25 percent overall since passage of the 1971 National Cancer Act, which launched the "War on Cancer". He notes that, ironically, since passage of the 1971 National Cancer Act, which launched the "War Against Cancer," childhood cancer has risen by 26 percent. The incidence of particular forms of childhood cancer has increased even

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more than the average: Acute lymphocytic leukemia (ALL), 62 percent; brain cancer, 50 percent; and bone cancer, 40 percent.

Certainly, a laundry list of environmental causes has been implicated in the exponential rise in cancer in children: Paternal and maternal exposures to occupational carcinogens, such as dioxin; exposures to pesticides in the home, including pet flea collars, and lawn and garden products; consumption of nitrites in meat; and even treatment with Ritalin for "Attention Deficit Disorders" may pose risks of causing rare, highly aggressive liver cancers.

But one has to wonder: Does early exposure to vaccines that contain adventitious, contaminating viruses, reverse transcriptase, and other toxic vaccine ingredients injected multiple times into infants less than one year of age, lay the groundwork for increased susceptibility to environmental factors linked to cancer as children grow into adulthood?

What's at stake

The risk of possible incorporation of retroviruses into human DNA have gone up substantially since the influenza vaccine was added to the pediatric schedule in 2004 targeting six to twenty-three-old babies. With the specter of pandemic influenza mass vaccination looming at the horizon, more alarms need to be raised. with each egg-based vaccine, the risk that even more avian viruses will be introduced into the human genome goes up exponentially.

The logarithmic increase of exposure to viral contaminants has caught the attention of a few concerned researchers. Dr. Martin Myers from the National Vaccine Program posed a thoughtful question at the previously mentioned September 1999 CBER workshop. Questioning long-term safety, Myers asked, "As I sit and count the number of immunizations that various populations receive with these [retroviral] particles in them, I wonder if there is any data on seroresponsiveness in longitudinal [studies]" (meaning, have we followed these children over an extended period to see if they have developed antibodies to viral contaminants?). An even more appropriate question would have been, "Have we looked for health problems in these children to see if they have been caused by the viral contaminants in these vaccines?"

A response came from James S. Robertson, PhD, from NIBSC. He interrupted Myers, stating, "There is no evidence for any increase in the incidence of childhood cancers since the onset of [the] measles and mumps vaccination program."

This assessment is as incomplete as it is inaccurate.

A more accurate statement would be, "We have not identified any increase in childhood cancer caused by retroviruses," which begs the question: Are researchers actually looking for an association between retroviruses and cancer? In research, you can't find what you're not looking for. Finding an association between retroviruses in vaccines and cancer would be disastrous for the vaccine program. Because no one wants to find this association, funding for this type of research would be in short supply.

At the end of his own presentation, Dr. Phil Minor again addressed the group, summarizing his concerns this way: ". . . the issues that I have been dealing with really have to do with primary cells and primary cell problems where the virus comes directly from animals. …there is no doubt in my mind that that is the main source of concern in terms of human health." Keep in mind that by definition, an "egg" is an "animal."

His conclusions were echoed by a CDC virologist, Dr. Walid Heneine, also in attendance at the CBER workshop. Dr. Heneine publicly cautioned the importance of "not generalizing" about the hypothesis that no harm is being caused by the accidental avian viruses in vaccines. She mentioned research conducted in 1997 by Weissmahr, et al., demonstrating that because viral contaminants were capable of replicating, they may be capable of causing harm. In addition, Heneine suggested that "prudence be followed" because even though the presence of some viruses are known, other disease-causing viruses may be present although they have not yet been detected.

What's coming through that needle could be deadly.

Dioxin combined with influenza viruses: Serious consequences

"The citizens of southern Vietnam are not only consuming dioxin-laden foods; many have continuous exposures from the soil where they live. There is a disquieting overlap between maps documenting the spraying of Agent Orange during the war and outbreaks of H5N1 in birds and humans. ***The greatest numbers of poultry and human H5N1 infections are in the same areas as the heaviest sprayings of Agent Orange****."*

Even though its use as a military defoliant was discontinued in 1971 and one of its components, 2,4,5-T, has been banned in the U.S. and many other countries, Agent Orange (TCDD) continues to cause health problems in humans and in wildlife due to its lack of biodegradability. A highly persistent chemical, dioxin can take more than 15 years to degrade to half its original concentration. In sub-surface soil it has a great affinity to organic matter and remains largely unchanged, virtually forever. Its persistence in the soil of riverbanks makes it particularly toxic to waterfowl.

Research has confirmed that even trace amounts - only two to three

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parts per trillion (ppt) - are extremely toxic in laboratory animals. More than 30 years later, dioxin continues to be persistent in the food chain, causing potentially deadly contamination of wildlife.

Canadian researchers found that dioxin levels in soil collected throughout different regions of southern Vietnam to be as high as 898 parts per trillion (ppt). But the most extreme levels of contamination - in the area of Bien Hung Lake - were measured to be *greater than 1.1 million ppt*. Considering that food for waterfowl - which includes shore grasses, algae, aquatic plants, small fish, tadpoles, and insects - readily absorbs chemicals from the environment, dioxin and other POPs (persistent organic pollutants) will no doubt accumulate in the fat of migratory birds.

A reasonable assumption can be made that migratory birds have bioaccumulated dioxin in concentrations similar to levels found in the fat of domestic ducks, where dioxin levels have been tested to be between 276 ppt and 331 ppt. Even though "safe" levels in animal muscle should be less than 0.1 ppt, dioxin has been shown to disrupt the immune system at concentrations as low as 1.0 ppt. This is the equivalent of a single drop of liquid placed in the center car of a ten-kilometer long cargo train.11 Even though this amount seems to be inconsequentially small, this tiny drop can cause substantial health problems in humans and birds alike.

Unfortunately, little is known about the full impact of chemicals on wildlife, as few measurements have been taken, making it difficult to assess the chemical ramifications in migratory birds. What *is* known, however, is that *a definite link exists between dioxin exposure and the effect of influenza viruses on the immune systems measured in experimental animals in the laboratory.*

Studies conducted over the past 25 years have clearly established that the immune system can be compromised by infinitesimally small amounts of TCDD. Although the mechanisms are not well understood, the adverse effect most consistently reported in toxicology literature is its ability to suppress the function of white blood cells (T-lymphocytes) that are essential for fighting infection. Studies confirm that the presence of dioxin compromises the immune system to such an extent that a person - or bird- is much more likely to have a deadly result when confronted with an influenza A virus if they have been exposed to dioxin.

TCDD suppresses the activity of cytotoxic lymphocytes (CTLs), specialized white blood cells that eliminate viruses and bacteria. Two primary types of "killer" white blood cells exist - natural killer cells (NK) and CD8+ cells. Both vigilantly circulate through the blood destroying unwanted particles as they are found. NK and CD8+ cells do their work by releasing granules that cause infected cells to break apart; hence, the virus "dies" because it cannot replicate. After the cell has been destroyed, the NK and CD8+ cells move on to snuff out more virus-containing cells. Without fully functioning CTLs, it is believed that the host's defenses can become overwhelmed by the replicating germs, even leading to death.

The body is very conservative in its use of vital resources. In a healthy state, only a minimal number of NK and CD8+ cells are in circulation, acting as sentinels. However, if the first lines of immunological defense have been compromised and the number of viral particles detected is on the rise, effective elimination calls for the rapid increase in the number of NK and CD8+ cells in circulation.

Once activated, the CTL cells release proteins called cytokines, chemical messengers that recruit dozens of other specialized white blood cells that are necessary to eliminate the virus. Cytokines are responsible for causing acute reactions in the body including pain, fever, and inflammation. It is this ramping-up within the immune system that produces the readily recognized symptoms of "the flu."

"Influenza severity" has been correlated with cytokine production. In other words, the more cytokines that are released in the presence of an influenza virus, the more serious the infection and the more potentially deadly the outcome. There are many different cytokines involved in this complex process, but the two that are relevant to this discussion are IL-12 (interleukin 12) and IFN (interferon-gamma). Cytokine IL-12 plays the key role in coordinating the efforts of the entire immune system's campaign against a virus, while IFN ?facilitates the destruction of cells that contain replicating viruses.

Research has clearly demonstrated that NK and CD8+ cells are exquisitely sensitive to extremely small concentrations of TCDD. In 2000, studies performed with mice showed that if mice had been subjected to concentrations of TCDD of the equivalent of 100-1000 ppt prior to being exposed to common influenza A viruses, the number of mice that died was significantly higher than control mice that were not pre-exposed to dioxin. In an earlier study, Burleson (1996) determined that giving mice a mere 10 ppt of TCDD one week before they were exposed to influenza A viruses, *the mortality rate among the mice doubled*. Researchers noted that this was the "smallest toxic dose ever demonstrated" to inhibit the ability of the immune system to ward off the flu.

Even though the mechanism for how dioxins disrupt the immune system is not completely understood, there is overwhelming evidence that exposure to TCDD significantly inhibits the host's ability to resist influenza. First, in the presence of dioxin the "ramping-up" response doesn't occur. The needed killer cells are not produced,

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and the functional capacity of the ones in circulation is significantly compromised. Second, TCDD causes a disruption in the activity of cytokines in lung tissue, suppressing the production of cytokine IL-12 and at the same increasing the levels of IFN by more than tenfold. Rampant production of IFN leads to massive inflammation, not only killing infected cells but also causing extreme damage to normal lung tissues. The runaway hyper-production of IFN and other inflammatory cytokines (called a "cytokine storm") is thought to be the mechanism for increased mortality among TCDD-exposed mice.

It has long been presumed that death due to influenza is a result of rampant proliferation of viruses that overwhelms the capacity of the body to respond (i.e. the immune system is so significantly compromised that the virus "takes over", rampantly replicating and killing the host)

Interestingly, studies have determined that, particularly when dioxin is involved, ***this is not the case***. A study done by Luebke (2002) examined fluid extracted directly from the lungs of deceased mice. The results proved that the increased mortality seen in TCDD-exposed mice was due to the intense inflammatory action of dioxin. In other words, *the combination of influenza viruses and dioxin caused so much inflammation in the lungs—due to a massive cytokine storm* - that the lung tissue was destroyed, leading to the death of the mice.

The significance of these findings cannot be overstated. It has been shown that HPAI (Highly Pathogenic Avian Influenza Viruses) viruses are potent stimulators of the immune system, leading to high levels of cytokine production, a key factor in the severity of symptoms seen in the presence of H5N1. TCDD suppresses the influx of CTLs to the lungs by more than 30 percent when compared to controls. The research is clear: If migratory birds – as well as domestic chickens and ducks – are exposed to H5N1, then they can experience a higher mortality due to their dioxin-laden tissues.

Blood samples from more than 3,200 persons, collected in both southern and northern Vietnam, were analyzed for more than 160 different dioxins and dioxin-like chemicals (Schecter; 2003). Researchers were astonished to discover that some Vietnamese had extremely high concentrations of dioxins in their bodies. Nearly 95 percent of the 43 people tested from Bien Hoa City in southern Vietnam had TCDD levels as high as 413 ppt in their blood. Strikingly, this city has developed over the grounds of a former U.S. air base that staged hundreds of Agent Orange spraying missions, and is one of many cities in the Mekong Delta considered to be "dioxin hot spots" due to their high concentrations of residual chemicals.

This ongoing, high concentration exposure to dioxin may very well be the reason that Vietnam has had the largest number of bird flu deaths to date. Between December 26, 2004 and January 25, 2005, a total of 152 confirmed cases of avian influenza (H5N1) had occurred in humans, including reports of 83 deaths. More significantly, 93 (61.2%) of all confirmed bird flu cases and 42 of all deaths (50.6%) have occurred in Vietnam.

Even though the effects of low-level continual exposure to dioxin have not been fully established in humans, studies using experimental animals can be used as a standard, particularly when there is evidence that humans respond similarly to the animal models.

It has long been established that mice have biochemical profiles similar to humans; therefore, the dioxin-related effects seen in mice would most likely be consistent with those observed in humans. The increased inflammatory response in mice, where dioxin and influenza viruses commingle in the lungs, lead to death. If dioxin and influenza coexisted in humans, the result could be the same. Further backing up this hypothesis, is a disquieting overlap between the locations of the greatest number of bird flu cases and the highest concentrations of Agent Orange spraying.

The outbreaks of an aggressive virus among domestic chickens and migratory birds are a wake-up call to the world's countries and international organizations to get serious about improving the environment. The birds are sending an urgent message of impending disaster, similar to the message dead canaries sent to miners deep in the coal mines.

The most serious concern over bird flu is its potential, in combination with dioxin, to cause lethal inflammation of the lungs. Investigations are urgently needed to evaluate the role of dioxin in aggravating influenza.

Note: *We thank Dr. Sherri Tenpenny for her kind generosity for allowing us to reprint excerpts from chapter 8 & 15 of her book. We hope that this will inspire many people to read her book – a rich source of new information, guaranteed to deepen our understanding of how environmental contaminants dovetail with vaccines, viruses and factory farming to compromise our immune systems and undermine planetary health.*

Dr. Tenpenny is one of the most knowledgeable and outspoken physicians regarding the impact of vaccines on health. She is dedicated to promoting freedom of choice in healthcare, including the freedom to refuse vaccination. Dr. Tenpenny can be contacted through www.Dr.Tenpenny.com *and her website on bird flu updates is an excellent resource:* www.birdfluhype.com

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T.V. commercials are now implanting the idea of getting flu shots for your children. A commercial on Global depicts a young boy in bed early in the morning all snuggled up. His mother comes in to wake him up for school, and he says, "I don't feel good mom – I think I've got the flu". She feels his forehead and with a relieved look decides he's not feverish. Then she smiles and says, "I think you're alright" and proceeds to lecture him about all the different flu viruses that abound at this time of year, and isn't he lucky because he got his flu shot so he's "protected". He flings off the bedcovers and is already fully dressed hugging his baseball glove. His expression says he knew he wouldn't be able to fool his mom. The commercial, sponsored by Walmart says they're in the business of looking out for family health.

A mother of two children ages 7 and 9 called today, outraged that a quarter of her children's school newsletter is devoted to extolling the benefits of the flu vaccine and encourages all the children to get vaccinated. Her children have never been vaccinated, but they're already impressed by the vaccine buzz at school and are telling her how important the vaccine is - saying maybe they should get it. Upset, she called the school principal demanding to know why the school is promoting a private health matter that should be between a patient and doctor? And what studies, what proof do they have to back up statements like "flu vaccine is the best protection against influenza" ? He said he doesn't have any studies to back it up and also felt uncomfortable with the article but unfortunately it is out of his control. She called VRAN wanting truthful information about the flu vaccine, some studies to back up her belief that flu vaccine propaganda has no business in the school system. This mother is motivated to raise cane with the Parent Advisory Committee, Trustees and her MLA. I told her she had called the right place, because we have the goods on the magnitude of the flu vaccine scam.

Now that babies, healthy children and pregnant women are the new target market, we need lots of outraged families to create a tidal wave of opposition against this out of control freight train threatening the health and safety of our children.

U.S. vaccine watchdog group NVIC says: "Increasingly, pregnant women are being aggressively targeted by public health officials and doctors. Throwing the precautionary principle out the window, doctors zealously pursuing eradication of flu through mass vaccination, are putting pregnant women and their developing fetuses at risk . Brain and immune system dysfunction is a side effect of vaccination and flu vaccine contains the neurotoxin mercury, increasing the risk. Spontaneous abortions have also been reported after vaccination during pregnancy."

There is increasing worry that young women are not questioning their doctors when told to get a flu shot during pregnancy and NVIC has received many reports of miscarriages after vaccination or babies who are born sick. "Until relatively recently, pregnant women were not vaccinated out of concern for harm that could be done to the mother or baby. It is unknown how much damage the one-size-fits-all, cradle to the grave approach to vaccination is doing to pregnant women and their newborns", says NVIC's Barbara Fisher.

Dr. Edward Yazbak, MD, a retired pediatrician whose grandson regressed into autism following a slew of vaccines sounds the alarm about injecting flu vaccines into pregnant women. His co-authored paper with Dr. David Ayoub, published in the summer 2006 Journal of the American Association of Physicians and Surgeons exposes the absence of any meaningful studies proving flu vaccine safety for pregnant women and their fetuses. Unbelievably, one of the studies used by the CDC to justify vaccination of pregnant women, dates back to 1973 and documents the malignancies that developed in children of mothers injected with polio vaccine.

While the follow up was only 1 year, the study's findings are important and alarming. The malignancy rate among 1-year-old children was nearly twice that of the unvaccinated control group. The neural tumor rate among the children of mothers injected with the polio vaccine was **13 times greater than that of the unvaccinated**. For everyone passionate about protecting the safety of pregnant women and babies, Dr. Yazbak and Dr. Ayoub's analysis is a must read and is easily accessed at the AAPS website. See reference below. (1)

Dr. Yazbak is a prodigious researcher and writer. In another article titled Flu Vaccine Safety: Creating a Myth, he cites U.S. VAERS reports of infant deaths following influenza vaccination. This latest analysis exposes the flimsy evidence on which flu vaccine is recommended for babies, and leads him to conclude, "The CDC's recent decisions to recommend and promote influenza vaccination programs for healthy infants, young children and pregnant women were ill-advised and should be retracted." And referring to the U.K. situation which also applies to Canada, "Contemplating influenza vaccination programs for infants and pregnant women at this time is reckless especially when no serious adverse events reporting system is in place." (2)

For the second year in a row, Dr. Thomas Jefferson co-ordinator of the Cochrane Vaccines Field has dropped a bombshell on the enormous propaganda machine that coerces the public to submit to yearly flu shots. He is letting the public and medical community know that the widely touted benefits of influenza vaccine are simply not

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justified – important information for everyone who feels moved to do something in their community to counter the lies, the deceit and the increasing threat to children's health.

The Rome based Cochrane Collaboration is the world's leading producer of systematic reviews of scientific information about health care. Their aim is to promote evidence-based health care. Cochrane reviews are considered the gold standard for determining the effectiveness of health care interventions. Reviews analyze the findings of high-quality studies on a topic. While some of the scientists involved with the Cochrane group have declared work done for the pharmaceutical industry, it is one of few research groups in the world still striving to maintain strict standards on the methodology of studies they examine in an effort to retain a degree of integrity and honesty in its findings.

Jefferson's latest article published October 28, 2006 in the British Medical Journal recaps the findings of the Cochrane team. Jefferson sums up what the Cochrane team found in its review of scientific papers on influenza vaccination extending over many decades. The Cochrane team concluded last year that the benefits of influenza vaccination are "wildly overestimated". This recent article reiterates that a large percentage of the studies are flawed and provide little proof of the vaccine's merit. "There is a misfit between the evidence and policy, and tax payers ought to ask why", says Jefferson. (3)

"Dr Jefferson argues that all campaigns must have targets, such as reducing the number of cases and deaths and keeping people working and in school", reports the U.K. Telegraph. "In infants up to two, vaccination was no better than placebo and in older children there was little evidence of benefit."

NVIC's Barbara Loe Fisher discusses the kind of "flawed" study that concerns Dr. Jefferson. This manipulated study recently published in the Journal of the American Medical Association (JAMA) and conducted by a large HMO (health maintenance organization) in the U.S., is an example of how data is fixed to fit the pre-determined policy. It will be used by health officials to flaunt vaccine safety and will be entrenched as a platform from which to expand the flu vaccine agenda now targeting all children.

The study "was a non-randomized retrospective analysis of the medical records of children 6 to 23 months old who were given influenza vaccine as well as other vaccines between 1991 and 2003. Vaccines were not randomly administered and unvaccinated controls were not used. Children's case histories were included in the study only if an HMO doctor had seen them within 14 days of influenza vaccination. Dozens of convulsions and other adverse events, including brain injury experienced by children after vaccination, were excluded from the study if the children had not been seen by a doctor within 14 days of the adverse event or were sick in the weeks before and after vaccination."

"Because of arbitrarily chosen cut-off periods, adverse events which occurred before and after different observation times cancelled each other out and were not classified as vaccine-related. In some cases, convulsions and cases of Guillain Barre Syndrome were dismissed as "coincidental" or caused by other vaccines the children received by the 19 Kaiser Permanente and CDC authors -- nine of whom reported financial ties to flu vaccine manufacturers and all of whom received CDC funding." (4)

"Vaccine studies are using increasingly complex statistical techniques rather than time-tested research designs," said NVIC Health Policy Analyst Vicky Debold, R.N., Ph.D. "The JAMA study is exactly the type of study criticized by the Cochrane Collaboration. There were so many limitations and exclusions in the study design that it is nearly impossible to interpret or replicate the findings. The true effect of the influenza vaccine on health outcomes cannot be identified in this single, flawed study, which should not be used as evidence that influenza vaccine is safe for infants and toddlers or to justify national vaccine policies." (4)

Dr. Jefferson could not find enough evidence of benefit among people with chronic chest problems, asthma and cystic fibrosis. In healthy adults the best evidence was that, on average, flu vaccination of a population would prevent 0.1 per cent of a working day lost." Dr. Jefferson called for an **"urgent" re-evaluation of vaccination campaigns.**

Tom Jefferson says there's evidence proving these vaccines have little or no effect on things such as hospital stay, time off work, or even death resulting from influenza and its complications -- especially in elderly people.

Jefferson points to a confusion between influenza and influenza-like illness, where people are being diagnosed with the flu when they have something else. "This confusion leads to a gross overestimation of the impact of influenza, unrealistic expectations of the performance of vaccines, and spurious certainty of our ability to predict viral circulation and impact".

Which brings us to a central point of this issue - something vaccine truth activists have been saying for years – something health officials conceal from the public. In Canada and most western countries, it is well known that the seasonal illness termed "the flu", or influenza-like-illness (ILI) is in the majority of cases NOT influenza.

We see the same pattern year in and year out - a pattern clearly demonstrated by confirmed laboratory testing which plainly shows that the influenza

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virus is only present in a small percentage of the total ILI or influenza like illnesses people experience. Clinically, the symptoms experienced by people are so similar that your doctor cannot, without a laboratory test, determine whether you have an influenza virus or another bug.

Every year Health Canada publishes the results of laboratory confirmed tests of swabs taken from people suffering from influenza-like-illnesses (ILI) across the country, and every year, the test results consistently show that the majority of cases analyzed, i.e. 80% to 95% are NOT the influenza virus, but attributable to other pathogens. Confirmed influenza cases average between 10% to 20% of all lab tests done. Read our reports on the Cochrane review and Dr. Jefferson's conclusions at the VRAN website. (5)

Share the following with your friends and colleagues: From August 28, 2005 to April 22, 2006, Health Canada's FluWatch received a total of 68,439 laboratory confirmed lab tests from across the country. Of these, 3,914 tested positive for influenza A and 2,676 tested positive for influenza B. A total of 6,580 tests or 10% confirmed the presence of influenza virus. The rest of the lab tests, a total of 61,849 or 89.6% involved other pathogens against which the vaccine is completely useless. This is a snapshot of the average yearly activity of influenza-like-illnesses(ILI) and confirmed influenza cases in communities across the country. (6)

Canadian taxpayers are evidently asleep at the switch and tolerate what amounts to a fraudulent abuse of hundreds of millions of scarce healthcare dollars poured into the flu shot trough every year for the purchase and administration of useless influenza vaccines – not to mention the cost of the huge propaganda machine that swings into action every fall. And who is asking about cumulative long term effects of yearly flu shots on individual health, the potential for cancers and neurological injuries? These are concerns which have never been evaluated or studied by monopoly medicine.

Shamefully, Canadian health officials continue to ignore the mounting evidence of the worthlessness of influenza vaccine. Two recent Ontario studies show that province's 6 year universal influenza vaccine campaign has not reduced influenza cases. Despite or in spite of the Cochrane Collaboration's thorough analysis of world wide studies, health officials keep insisting that everyone needs a flu shot. And even if you don't think you need the shot, get it anyway to help government infrastructures gear up for the coming pandemic!

A November 6th article in the British Columbia Times Colonist is a typical propaganda piece fed by public health to media people also asleep at the switch. "The province has shelled out **more than $36 million** to have 1.2 million flu shots available — 70,000 more than last year — to tackle statistics that show 1,200 people die each year in the province from flu and related complications. Vancouver Island chief medical health officer Richard Stanwick said it's our "social responsibility" to have a flu shot, even if perfectly healthy, to prevent spreading flu to more vulnerable individuals such as seniors, children, and the chronically ill. And if that's not enough of an impetus to get a shot in the arm, Stanwick said if everyone were to get a flu shot, all systems in the province would be geared up for when a flu pandemic strikes. 'If you don't believe in the ordinary [flu], believe in the pandemic one'", said Stanwick.

The death statistics attributable to influenza are a complete fabrication as influenza and pneumonia deaths are lumped together and mainstream media never bothers to check out the truth of what the statistics really are. Health officials hold mainstream media in a hypnotic trance, who obediently perpetuate their lies. British Columbia Vital Statistic Agency stated that in 2001 in BC there were 40 deaths directly due to influenza, **none indirectly.** In the U.S. the media keeps flogging the fiction that 36,000 people a year die from the flu. Dr. Edward Yazbak dug up the verifiable CDC statistics records which he refers to in a June, 2006 article. "There were, in all, 257 influenza deaths recorded in 2001. Of those, 13 deaths were under the age of 5; 50 were between 5 and 54; 21 from 55 to 64; 21 between 65 and 74; 56 from 75 to 84; and 96 were 85 years old or older." (7)

A major report published in the Archives of Internal Medicine in February 2005 found no evidence that flu vaccines help the elderly avoid death from the disease. The research team led by Dr. Lone Simonsen tracked flu mortality rates over a 33 year period (1968 to 2001). They found that deaths from influenza in seniors had not changed or lessened, despite a dramatic increase in numbers of people getting flu shots. In an interview, Dr. Simonsen said that the substantial increase in vaccination coverage should have led to a dramatic drop in flu deaths. "This is not what we found," she said. (8)

Since its inception in 2000 Ontario's universal influenza vaccine campaign has cost taxpayers in that province about $50 million dollars a year. Six years later, the tally is around $300 million dollars – that's just one province!! One can only imagine the total yearly cost for the whole country; precious resources squandered at the expense of other needed health care services. Imagine if this money was dedicated to strengthening immune systems and encouraging the use of vitamin D and C in winter months and other alternative health creating measures!

Since the launch of Ontario's universal influenza immunization campaign (UIIC), there have been two studies published which demonstrate that

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the universal flu vaccine program has NOT had any impact on occurrence of influenza like illnesses (ILI). Within two years of Ontario's campaign, the Canadian Journal of Emergency Medicine published findings which showed the intensified flu vaccine campaign had no effect whatsoever on reducing the burden of influenza infected patients seeking care at hospital emergency rooms during flu season - the initial reason for implementing the flu vaccine program in the first place. (9)

In June of 2006, Dianne Groll , a professor of health sciences at the University of Ottawa, published an analysis of all laboratory-confirmed cases of influenza in the province from January 1990 to August 2005. Predictably this study also found that, "Despite increased vaccine distribution and financial resources towards promotion, the incidence of influenza in Ontario has not decreased following the introduction of the UIIC". (10)

And how do health officials and their epidemiologist mouthpieces respond to the recent evidence demonstrating the ineffectiveness of the annual flu vaccine dragnet? They're digging deeper trenches of denial in defense of the almighty flu vaccine program and wasting more tax dollars on more useless vaccines. No humility here – no plan to rethink, regroup or re-evaluate the yearly insanity. With no public oversight of flu vaccination policies, there is seemingly no mechanism short of a parliamentary investigation to reign in this monster.

Medical spokespeople continue to defend the indefensible, and deny the validity of the kind of conclusive evaluations produced by Canadian researchers and the esteemed Cochrane group. Consider this, while the Cochrane Vaccines Field closely examined ALL published studies on influenza vaccines going back many decades (this was not a superficial review) and rejected the pro-vaccine conclusions in methodologically flawed studies, the infectious disease "experts" cling to their favourite (flawed) studies. They doggedly insist on embracing these flawed studies as their guideline and that's what they're going to go by – no matter what!

Dr. Allison McGeer, head of infection control at Toronto's Mount Sinai Hospital is called on frequently by the media to comment on vaccine issues. Referring to the recent Ottawa study, she said, "It's not helpful". "You can't look at changes in influenza diagnostics and make any conclusions about what's actually happening." Further, she implied that laboratory-confirmed cases of flu aren't reliable from year to year. She brushed off Dr. Jefferson and the Cochrane review in a CBC report and huffed, "That the BMJ would consider publishing an editorial from somebody saying that we should be thinking about not vaccinating at-risk people for influenza is a really bad thing"….and….. "How can you say that we don't have a safety record when we give 20 million vaccinations a year?"

What safety record we ask? The majority of vaccine providers don't bother to report adverse reactions, and a comparison of short and long term health outcomes in vaccinated and unvaccinated people has never been done. Degradation of children's immune systems is not even on their radar. For many who have studied this issue, it is the deceit that rankles the most - the outrageous lies and misinformation fed the public.

And so the insidious vaccine experiment continues. Like the call to war, the drumbeat intensifies and the lies and manipulations that "fix" the data to justify the policy smother the people in a fog of deception. And our children become cannon fodder for the insatiable vaccine machine that does war on disease. Enabled by public health officials who long ago abandoned their job of insuring we have real and meaningful health measures in place such as clean air, clean water, nutritious food uncontaminated with a hell's brew of toxic chemicals, the entrenched policymakers opt for the quick fix - the vaccine fix.

Surely the time has come for mothers, fathers and grandparents everywhere to raise our collective voices for the love of our children and resolve to find a way to stop the lies, the deceit, this insidious war on our children's health! If not now - When?

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EPIDEMIC INFLUENZA AND VITAMIN D

By J.J. Cannell, MD

September 15, 2006

Excerpted from the original article published in Medical News Today

In early April of 2005, after a particularly rainy spring, an influenza epidemic exploded through the maximum-security hospital for the criminally insane where I have worked for the last ten years. It was not the pandemic we all fear, just an epidemic. The world is waiting and governments are preparing for the next pandemic.

As I am now a psychiatrist, and no longer a general practitioner, I was not directly involved in fighting the influenza epidemic in our hospital. However, our internal medicine specialists worked overtime as they diagnosed and treated a rapidly increasing number of stricken patients. Our Chief Medical Officer quarantined one ward after another as more and more patients were gripped with the chills, fever, cough, and severe body aches that typifies the clinical presentation of influenza A.

Epidemic influenza kills a million people in the world every year by causing pneumonia, "the captain of the men of death." These epidemics are often explosive; the word influenza comes from Italian or influence, because of the belief that the sudden and abrupt epidemics were due to the influence of some extraterrestrial force. One seventeenth century observer described it well when he wrote, "suddenly a Distemper arose, as if sent by some blast from the stars, which laid hold on very many together: that in some towns, in the space of a week, above a thousand people fell sick together."

I guess our hospital was under luckier stars as only about 12% of our patients were infected and no one died. However, as the epidemic progressed, I noticed something unusual. First, the ward below mine was infected, and then the ward on my right, left, and across the hall - but no patients on my ward became ill. My patients had intermingled with patients from infected wards before the quarantines. The nurses on my unit cross-covered on infected wards. Surely, my patients were exposed to the influenza A virus. How did my patients escape infection from what some think is the most infectious of all the respiratory viruses?

My patients were no younger, no healthier, and in no obvious way different from patients on other wards. Like other wards, my patients are mostly African Americans who came from the same prisons and jails as patients on the infected wards. They were prescribed a similar assortment of powerful psychotropic medications we use throughout the hospital to reduce the symptoms of psychosis, depression, and violent mood swings and to try to prevent patients from killing themselves or attacking other patients and the nursing staff. If my patients were similar to the patients on all the adjoining wards, why didn't even one of my patients catch the flu?

A short while later, a group of scientists from UCLA published a remarkable paper in the prestigious journal, Nature. The UCLA group confirmed two other recent studies, showing that a naturally occurring steroid hormone - a hormone most of us take for granted - was, in effect, a potent antibiotic. Instead of directly killing bacteria and viruses, the steroid hormone under question increases the body's production of a remarkable class of proteins, called antimicrobial peptides. The 200 known antimicrobial peptides directly and rapidly destroy the cell walls of bacteria, fungi, and viruses, including the influenza virus, and play a key role in keeping the lungs free of infection. The steroid hormone that showed these remarkable antibiotic properties was plain old vitamin D.

All of the patients on my ward had been taking 2,000 units of vitamin D every day for several months or longer. Could that be the reason none of my patients caught the flu? I then contacted Professors Reinhold Vieth and Ed Giovannucci and told them of my observations. They immediately advised me to collect data from all the patients in the hospital on 2,000 units of vitamin D, not just the ones on my ward, to see if the results were statistically significant. It turns out that the observations on my ward alone were of borderline statistical significance and could have been due to chance alone. Administrators at our hospital agreed, and are still attempting to collect data from all the patients in the hospital on 2,000 or more units of vitamin D at the time of the epidemic.

Four years ago, I became convinced that vitamin D was unique in the vitamin world by virtue of three facts. First, it's the only known precursor of a potent steroid hormone, calcitriol, or activated vitamin D. Most other vitamins are antioxidants or co-factors in enzyme reactions. Activated vitamin D - like all steroid hormones - damasks the genome, turning protein production on and off, as your body requires. That is, vitamin D regulates genetic expression in hundreds of tissues throughout your body. This means it has as many potential mechanisms of action as genes it damasks.

Second, vitamin D does not exist in appreciable quantities in normal human diets. True, you can get several thousand units in a day if you feast on sardines for breakfast, herring for lunch and salmon for dinner. The only people who ever regularly consumed that much fish are peoples, like the Inuit, who live at the extremes of latitude. The milk Americans depend on for their vitamin D contains no naturally occurring vitamin D; instead, the

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U.S. government requires fortified milk to be supplemented with vitamin D, but only with what we now know to be a paltry 100 units per eight-ounce glass.

The vitamin D steroid hormone system has always had its origins in the skin, not in the mouth. Until quite recently, when dermatologists and governments began warning us about the dangers of sunlight, humans made enormous quantities of vitamin D where humans have always made it, where naked skin meets the ultraviolet B radiation of sunlight. We just cannot get adequate amounts of vitamin D from our diet. If we don't expose ourselves to ultraviolet light, we must get vitamin D from dietary supplements.

The third way vitamin D is different from other vitamins is the dramatic difference between natural vitamin D nutrition and the modern one. Today, most humans only make about a thousand units of vitamin D a day from sun exposure; many people, such as the elderly or African Americans, make much less than that. How much did humans normally make? A single, twenty-minute, full body exposure to summer sun will trigger the delivery of 20,000 units of vitamin D into the circulation of most people within 48 hours. Twenty thousand units, that's the single most important fact about vitamin D. Compare that to the 100 units you get from a glass of milk, or the several hundred daily units the U.S. government recommend as "Adequate Intake." It's what we call an "order of magnitude" difference.

Humans evolved naked in sub-equatorial Africa, where the sun shines directly overhead much of the year and where our species must have obtained tens of thousands of units of vitamin D every day, in spite of our skin developing heavy melanin concentrations (racial pigmentation) for protecting the deeper layers of the skin. Even after humans migrated to temperate latitudes, where our skin rapidly lightened to allow for more rapid vitamin D production, humans worked outdoors. However, in the last three hundred years, we began to work indoors; in the last one hundred years, we began to travel inside cars; in the last several decades, we began to lather on sunblock and consciously avoid sunlight. All of these things lower vitamin D blood levels. The inescapable conclusion is that vitamin D levels in modern humans are not just low - they are aberrantly low.

About three years ago, after studying all I could about vitamin D, I began testing my patient's vitamin D blood levels and giving them literature on vitamin D deficiency. All their blood levels were low, which is not surprising as vitamin D deficiency is practically universal among dark-skinned people who live at temperate latitudes. Furthermore, my patients come directly from prison or jail, where they get little opportunity for sun exposure. After finding out that all my patients had low levels, many profoundly low, I started educating them and offering to prescribe them 2,000 units of vitamin D a day, the U.S. government's "Upper Limit."

Could vitamin D be the reason none of my patients got the flu? In the last several years, dozens of medical studies have called attention to worldwide vitamin D deficiency, especially among African Americans and the elderly, the two groups most likely to die from influenza. Cancer, heart disease, stroke, autoimmune disease, depression, chronic pain, depression, gum disease, diabetes, hypertension, and a number of other diseases have recently been associated with vitamin D deficiency. Was it possible that influenza was as well?

Then I thought of three mysteries that I first learned in medical school at the University of North Carolina:
1. although the influenza virus exists in the population year-round, influenza is a wintertime illness;
2. children with vitamin D deficient rickets are much more likely to suffer from respiratory infections;
3. the elderly in most countries are much more likely to die in the winter than the summer (excess wintertime mortality), and most of that excess mortality, although listed as cardiac, is, in fact, due to influenza.

Could vitamin D explain these three mysteries, mysteries that account for hundreds of thousands of deaths every year? Studies have found the influenza virus is present in the population year-around; why is it a wintertime illness? Even the common cold got its name because it is common in cold weather and rare in the summer. Vitamin D blood levels are at their highest in the summer but reach their lowest levels during the flu and cold season. Could such a simple explanation explain these mysteries?

The British researcher, Dr. R. Edgar Hope-Simpson, was the first to document the most mysterious feature of epidemic influenza, its wintertime surfeit and summertime scarcity. He theorized that an unknown "seasonal factor" was at work, a factor that might be affecting innate human immunity. Hope-Simpson was a general practitioner who became famous in the late 1960's after he discovered the cause of shingles. British authorities bestowed every prize they had on him, not only because of the importance of his discovery, but because he made the discovery own his own, without the benefit of a university appointment, and without any formal training in epidemiology (the detective branch of medicine that methodically searches for clues about the cause of disease).

After his work on shingles, Hope-Simpson spent the rest of his working life studying influenza. He concluded a "seasonal factor" was at work, something that was regularly and predictably impairing human immunity

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in the winter and restoring it in the summer. He discovered that communities widely separated by longitude, but which shared similar latitude, would simultaneously develop influenza. He discovered that influenza epidemics in Great Britain in the 17th and 18th century occurred simultaneously in widely separated communities, before modern transportation could possibly explain its rapid dissemination. Hope-Simpson concluded a "seasonal factor" was triggering these epidemics. Whatever it was, he was certain that the deadly "crop" of influenza that sprouts around the winter solstice was intimately involved with solar radiation. Hope-Simpson predicted that, once discovered, the "seasonal factor" would "provide the key to understanding most of the influenza problems confronting us."

Hope-Simpson had no way of knowing that vitamin D has profound effects on human immunity, no way of knowing that it increases production of broad-spectrum antimicrobial peptides, peptides that quickly destroy the influenza virus. We have only recently learned how vitamin D increases production of antimicrobial peptides while simultaneously preventing the immune system from releasing too many inflammatory cells, called chemokines and cytokines, into infected lung tissue.

In 1918, when medical scientists did autopsies on some of the fifty million people who died during the 1918 flu pandemic, they were amazed to find destroyed respiratory tracts; sometimes these inflammatory cytokines had triggered the complete destruction of the normal epithelial cells lining the respiratory tract. It was as if the flu victims had been attacked and killed by their own immune systems. This is the severe inflammatory reaction that vitamin D has recently been found to prevent.

I subsequently did what physicians have done for centuries. I experimented, first on myself and then on my family, trying different doses of vitamin D to see if it has any effects on viral respiratory infections. After that, as the word spread, several of my medical colleagues experimented on themselves by taking three-day courses of pharmacological doses (2,000 units per kilogram per day) of vitamin D at the first sign of the flu. I also asked numerous colleagues and friends who were taking physiological doses of vitamin D (5,000 units per day in the winter and less, or none, in the summer) if they ever got colds or the flu, and, if so, how severe the infections were. I became convinced that physiological doses of vitamin D reduce the incidence of viral respiratory infections and that pharmacological doses significantly ameliorate the symptoms of some viral respiratory infections if taken early in the course of the illness. However, such observations are so personal, so likely to be biased, that they are worthless science.

As I waited for the hospital to finish collecting data from all the patients taking vitamin D at the time of the outbreak - to see if it really reduced the incidence of influenza - I decided to research the literature thoroughly, finding all the clues in the world's medical literature that indicated if vitamin D played any role in preventing influenza or other viral respiratory infections. I worked on the paper for over a year, writing it with Professor Edward Giovannucci of Harvard, Professor Reinhold Vieth of the University of Toronto, Professor Michael Holick of Boston University, Professor Cedric Garland of U.C., San Diego, as well as Dr. John Umhau of the National Institute of Health, Sasha Madronich of the National Center for Atmospheric Research, and Dr. Bill Grant at the Sunlight, Nutrition and Health Research Center. After numerous revisions, we submitted our paper to the same widely respected journal where Dr. Hope-Simpson published most of his work several decades ago.

Epidemiology and Infection, known as ***The Journal of Hygiene*** in Hope-Simpson's day, recently published our . The editor, Professor Norman Noah, knew Dr. Hope-Simpson and helped tremendously with the paper. In the paper, we detailed our theory that vitamin D is Hope-Simpson's long forgotten "seasonal stimulus." We proposed that annual fluctuations in vitamin D levels explain the seasonality of influenza. The periodic seasonal fluctuations in 25-hydroxy-vitamin D levels, which cause recurrent and predictable wintertime vitamin D deficiency, predispose human populations to influenza epidemics. We raised the possibility that influenza is a symptom of vitamin D deficiency in the same way that an unusual form of pneumonia (pneumocystis carinii) is a symptom of AIDS. That is, we theorized that George Bernard Shaw was right when he said, "the characteristic microbe of a disease might be a symptom instead of a cause."

In the paper, we propose that vitamin D explains the following 14 observations:

1. Why the flu predictably occurs in the months following the winter solstice, when vitamin D levels are at their lowest,

2. Why it disappears in the months following the summer solstice,

3. Why influenza is more common in the tropics during the rainy season,

4. Why the cold and rainy weather associated with El Nino Southern Oscillation (ENSO), which drives people indoors and lowers vitamin D blood levels, is associated with influenza,

5. Why the incidence of influenza is inversely correlated with outdoor temperatures,

6. Why children exposed to sunlight

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are less likely to get colds,

7. Why cod liver oil (which contains vitamin D) reduces the incidence of viral respiratory infections,

8. Why Russian scientists found that vitamin D-producing UVB lamps reduced colds and flu in schoolchildren and factory workers,

9. Why Russian scientists found that volunteers, deliberately infected with a weakened flu virus - first in the summer and then again in the winter - show significantly different clinical courses in the different seasons,

10. Why the elderly who live in countries with high vitamin D consumption, like Norway, are less likely to die in the winter,

11. Why children with vitamin D deficiency and rickets suffer from frequent respiratory infections,

12. Why an observant physician (Rehman), who gave high doses of vitamin D to children who were constantly sick from colds and the flu, found the treated children were suddenly free from infection,

13. Why the elderly are so much more likely to die from heart attacks in the winter rather than in the summer,

14. Why African Americans, with their low vitamin D blood levels, are more likely to die from influenza and pneumonia than Whites are.

Although our paper discusses the possibility that physiological doses of vitamin D (5,000 units a day) may prevent colds and the flu, and that physicians might find pharmacological doses of vitamin D (2,000 units per kilogram of body weight per day for three days) useful in treating some of the one million people who die in the world every year from influenza, we remind readers that it is only a theory. Like all theories, our theory must withstand attempts to be disproved with dispassionately conducted and well-controlled scientific experiments.

However, as vitamin D deficiency has repeatedly been associated with many of the diseases of civilization, we point out that it is not too early for physicians to aggressively diagnose and adequately treat vitamin D deficiency. We recommend that enough vitamin D be taken daily to maintain 25-hydroxy vitamin D levels at levels normally achieved through summertime sun exposure (50 ng/ml). For many persons, such as African Americans and the elderly, this will require up to 5,000 units daily in the winter and less, or none, in the summer, depending on summertime sun exposure.

Full article downloaded from: http://www.medicalnewstoday.com/medicalnews.php?newsid=51913

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Link to Epidemic Influenza and Vitamin D published in Epidemiology & Infection, Sept.2006 Cambridge University Press Infection – published online Sept. 7/06 Cannell JJ, Vieth R, Umhau JC, Holick MF, Grant WB, Madronich S, Garland CF, and Giovanucci E. Epidemic Influenza and Vitamin D. Epidemiol Infect. 2006 Sep 7;:1-12 (Epub ahead of print) http://journals.cambridge.org/download.php?file=%2FHYG%2FS095026880600717a.pdf&code=583541fdcc0d8b573e3ad43a422129d3

MERCK'S GARDASIL VACCINE: *NOT PROVEN SAFE FOR LITTLE GIRLS*

Note: Merck's July 18, 2006 press release announced Gardasil is now licensed for injection into Canadian girls starting at age 9. Drugstores, medical offices, university campuses are being flooded with an exploitative glossy brochure depicting a pre-pubescent girl in her underwear with a big red logo stamped just above her pubic area that says "Spread the word not the disease". Another photo, shot through the legs of a male, shows a girl lying in bed in a suggestive pose, waiting for him. View a portion of this offensive brochure produced by the Society of Obstetricians and Gynaecologists of Canada at www.hpvinfo.ca If there ever was a time to shout your outrage at the exploitation of our children by out of control vaccine policy makers, this is it!

* *

National Vaccine Information Center Criticizes FDA for Fast Tracking Licensure

Washington, D.C: June 27, 2006. - The National Vaccine Information Center (NVIC) is calling on the CDC's Advisory Committee on Immunization Practices (ACIP) to just say "no" on June 29 to recommending "universal use" of Merck's Gardasil vaccine in all pre-adolescent girls. NVIC maintains that Merck's clinical trials did not prove the human papillomavirus (HPV) vaccine designed to prevent cervical cancer and genital warts is safe to give to young girls.

"Merck and the FDA have not been completely honest with the people about the pre-licensure clinical trials," said NVIC president Barbara Loe Fisher. "Merck's pre and post-licensure marketing strategy has positioned mass

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use of this vaccine by pre-teens as a morality play in order to avoid talking about the flawed science they used to get it licensed. This is not just about teenagers having sex, it is also about whether Gardasil has been proven safe and effective for little girls."

The FDA allowed Merck to use a potentially reactive aluminum containing placebo as a control for most trial participants, rather than a non-reactive saline solution placebo. A reactive placebo can artificially increase the appearance of safety of an experimental drug or vaccine in a clinical trial. Gardasil contains 225 mcg of aluminum and, although aluminum adjuvants have been used in vaccines for decades, they were never tested for safety in clinical trials. Merck and the FDA did not disclose how much aluminum was in the placebo.

Animal and human studies have shown that aluminum adjuvants can cause brain cell death and that vaccine aluminum adjuvants can allow aluminum to enter the brain, as well as cause inflammation at the injection site leading to chronic joint and muscle pain and fatigue. Nearly 90 percent of all Gardasil recipients and 85 percent of aluminum placebo recipients reported one or more adverse events within 15 days of vaccination, particularly at the injection site. Pain and swelling at injection site and fever occurred in approximately 83 percent of Gardasil and 73 percent of aluminum placebo recipients. About 60 percent of those who got Gardasil or the aluminum placebo had systemic adverse events including headache, fever, nausea, dizziness, vomiting, diarrhea, myalgia. Gardasil recipients had more serious adverse events such as headache, gastroenteritis, appendicitis, pelvic inflammatory disease, asthma, bronchospasm and arthritis.

"Merck and the FDA do not reveal in public documents exactly how many 9 to 15 year old girls were in the clinical trials, how many of them received hepatitis B vaccine and Gardasil simultaneously, and how many of them had serious adverse events after being injected with Gardasil or the aluminum placebo. For example, if there were fewer than 1,000 little girls actually injected with three doses of Gardasil, it is important to know how many had serious adverse events and how long they were followed for chronic health problems, such as juvenile arthritis."

According to the Merck product manufacturer insert, there was 1 case of juvenile arthritis, 2 cases of rheumatoid arthritis, 5 cases of arthritis, and 1 case of reactive arthritis in 11,813 Gardasil recipients plus 1 case of lupus and 2 cases of arthritis out of 9,701 participants primarily receiving an aluminum containing placebo. Clinical trial investigators dismissed most of the 102 Gardasil and placebo associated serious adverse events, including 17 deaths, that occurred in the clinical trials as unrelated.

"There is too little long term safety and efficacy data, especially in young girls, and too little labeling information on contraindications for the CDC to recommend Gardasil for universal use, which is a signal for states to mandate it," said Fisher. "Nobody at Merck, the CDC or FDA know if the injection of Gardasil into all pre-teen girls – especially simultaneously with hepatitis B vaccine - will make some of them more likely to develop arthritis or other inflammatory autoimmune and brain disorders as teenagers and adults. With cervical cancer causing about one percent of all cancer deaths in American women due to routine pap screening, it was inappropriate for the FDA to fast track Gardasil. It is way too early to direct all young girls to get three doses of a vaccine that has not been proven safe or effective in their age group."

As a member of the FDA Vaccines and Related Biological Products Advisory Committee (VRBPAC), Barbara Loe Fisher urged trials include adequate safety data on pre-adolescent children and warned against fast tracking Gardasil at the November 28-29, 2001 VRBPAC meeting.

"There is too little long term safety and efficacy data, especially in young girls, and too little labeling information...

Additional references & articles are at the NVIC website: www.nvic.org
the Vaclib website: http://www.vaclib.org/news/2006/gardasil.htm
and Women to Women http://www.womentowomen.com/sexualityandfertility/gardasil-landing.asp

THE AGE OF AUTISM: PART 3

By Dan Olmsted

Note: *'Age of Autism' articles are eagerly read by those who suspect that runaway vaccine policies are linked to the current autism epidemic disabling so many children today. While Proquad is not yet licensed in Canada, you can bet it's in the works. The children who are at the receiving end of this new vaccine which delivers 4 live viruses in one shot, are the human guinea pigs, captive subjects of yet another vaccine experiment. Family history of problems with chickenpox & or shingles puts these children at even higher risk. Once these multiple live viruses are implanted into their little bodies, there's no going back, no taking them out.*

When 12-month-old Jimmy Flinton joined a clinical trial of a new immunization for chickenpox, measles, mumps and rubella, no one told his family it contained about 10 times the usual dose of live-virus chickenpox vaccine.

And no one considered whether his family`s unusual chickenpox history, including adolescent shingles and herpesvirus in the eyes -- might raise the risk of adverse reactions to the vaccine.

Now that Jimmy has been diagnosed with regressive autism, they wish someone had done so.

In 2002 Jimmy`s mom, Jennifer Flinton, signed a seven-page 'Research Subject Consent Form -- Vaccine Study (Children)' at the office of her pediatrician in Olympia, Wash. 'Your child is invited to be in a research study,' reads the form, which lists Merck & Co. of Whitehouse Station, N.J., as the sponsor. 'You need to decide whether or not you want your child to be in this study. Please take your time to make your decision. '

The purpose was 'to test the safety of the study vaccine, ProQuad refrigerated and to show that this vaccine provides a similar level of protection as compared to another study vaccine, ProQuad frozen.' Both versions contained attenuated -- substantially weakened -- live viruses designed to trick the body into developing immunity to real-live measles, mumps, rubella (German measles) and chickenpox.

Previously, those first three vaccines were combined into one shot called MMR, made by Merck; the chickenpox vaccine came in a separate shot called Varivax, also by Merck.

ProQuad was Merck`s investigational vaccine designed to put all four in one shot. Tests already had determined ProQuad required more chickenpox virus than Varivax to produce the same level of immunity. A phenomenon called immune interference, in which viruses interact and interfere with each other in the human body, rendered the dose from the standalone vaccine insufficient.

The consent form Jennifer Flinton signed did not say anything about more chickenpox virus. It simply said ProQuad was 'a combination of two licensed vaccines,' the MMR and Varivax.

Merck wouldn`t confirm exactly how much more chickenpox virus is in ProQuad, characterizing it only as 'higher.' But in 2004, a Merck scientist said the amount in ProQuad was 'about a log' -- 10 times -- higher, according to minutes of a meeting at the Centers for Disease Control and Prevention.

As already reported in this series, Jimmy Flinton`s family is one of several in the same Olympia neighborhood who spotted a common thread: They had unusual histories of chickenpox and other herpesviruses in their families; their child got the chickenpox and MMR shots in close temporal proximity, often at the same 12-month office visit when both are first recommended; and the child subsequently was diagnosed with regressive autism.

Jimmy is one of two children who were in small trials at age 12 months of chickenpox and MMR vaccines. Jimmy`s group had 33 participants, according to the Western Institutional Review Board in Olympia, which approved the protocol. The second child was among 68 trialing Merck 'process upgrade' chickenpox shots given with the standard MMR.

The local trials were part of Merck studies of the vaccines in the United States and abroad. Spokeswoman Christine Fanelle would not address whether any other cases of autism had been reported in the broader trials, but she emphasized that neither Merck not independent experts have found a relation between vaccines and autism.

'We don`t see an association,' she said, citing as confirmation a 2004 report by the widely respected Institute of Medicine, part of the National Academies. That report rejected a link between autism and either the MMR vaccine or the mercury-based vaccine preservative thimerosal, and it urged that research dollars be spent on 'more promising' autism research. 'There will always be some people who say vaccines cause autism despite the lack of scientific evidence,' Fanelle said.

Based on their admittedly anecdotal observations, however, the Olympia parents are concerned that inherited problems handling vaccine viruses may be an overlooked risk factor for autism in some children.

Jimmy Flinton`s paternal grandmother, Mary Southon, had a routine case of chickenpox in kindergarten. Fifteen years later, in 1970, she developed shingles on her right leg -- painful, blister-like pustules at nerve endings caused by reactivated chickenpox virus. That is decidedly not routine. Shingles usually occur in older people or those with immune suppression, such as cancer patients undergoing

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chemotherapy.

'I was a healthy 20-year-old woman,' Southon said, recalling her surprise at the outbreak. The infection lasted several weeks and left her with permanent mild circulatory weakness in her leg and edema just above the ankle.

'I remember how painful it was and how it seemed to go on for the longest time,' said Southon, who lives in Olympia. She was going through a divorce at the time and suspects stress might have triggered the outbreak. She also suffered from lifelong recurrent cold sores, another herpesvirus.

Twenty years later, in 1990, Southon made a painful mistake that reminded her of that vulnerability. 'What happened was, I stuck a hard contact (lens) in my mouth, not knowing I was getting a cold sore. I put it into my eye and did it with the other contact, too.

'I developed cold sores on both corneas. That was very painful and went on for several weeks before the doctors finally figured out what it was,' she said. The doctor put her on medication for shingles and the problem cleared up, though not before doing damage she says will one day require cornea transplants.

Her son, Paul Flinton, also had chickenpox as a child. At age 15, Paul got shingles, too -- also remarkable, doubly so given his mother`s similar history. 'The doctor did diagnose it as shingles and was just amazed someone that young had developed it,' Southon recalled. The ongoing family pattern suggests unusual, inherited susceptibility to the virus.

'It just seems there is a genetic weakness towards it, a tendency to pick up the herpesvirus and run with it,' Mary Southon said. Given that, they might not have enrolled Paul son`s Jimmy in the ProQuad trial if they knew it had 10 times the standard dose of chickenpox virus.She questioned why Merck would allow a child with Jimmy`s family background to test any chickenpox vaccine.

"It's heartbreaking to think this could have been prevented if they (Merck) had done a little more research..."

'It`s heartbreaking to think this could have been prevented if they (Merck) had done a little more research or had been a little more imaginative in (considering) what could have happened,' she said. 'I just think the rush to develop the vaccine is criminal. Why would they want to give babies 10 times the amount of the virus? Where is the thinking on that?'

Several vaccine researchers who remain concerned abut a possible autism link told this column they find the Olympia cluster, and Jimmy`s case in particular, deeply disturbing. The children`s histories fit one of the major vaccine-autism hypotheses like a surgical glove: the idea that interference among live viruses in vaccines could warp the body`s natural immune response, leading to persistent infection and delayed neurological problems.

After Age of Autism outlined the cases to him last month, British gastroenterologist Dr. Andrew Wakefield -- the chief proponent of that controversial theory -- met with several of the Olympia parents. He called their stories heartbreaking and likened the experience to 'staring into an abyss' of unintended vaccination consequences that he fears are not confined to Olympia. 'The key to many of the problems you see with viral vaccines is interference,' he said afterward.

'The host control of a viral infection is fundamentally mediated through an adequate immune response, and that immune response has been conditioned by tens of thousands of years of evolution,' said Wakefield. 'And the outcome of an infection is dependent on the pattern of exposure.

'So measles is innocuous when encountered under normal circumstances of dose and age of exposure. But when it`s encountered under atypical circumstances early in life, particularly at high dose, then the outcome is very different. And the problem for these viruses is persistence and delayed disease,' he said.

'So if they can establish persistent infection, elude the host immune response, then they can all come back and cause delayed disease later in life. And herpesviruses do exactly the same thing,' he added.

'What alarms me about the cavalier approach of the industry and everybody else, the regulators, to these viruses is they presume the wild infection to be nasty and the vaccines to be innocuous -- that they can manipulate something that is biologically highly intelligent and exploit it to their advantage.

'And they can`t. The viruses don`t behave like that and they never will. They merely come back to haunt you as something different.'

Wakefield, who left Britain in the wake of the controversy generated by his theories and now is conducting research in the United States, said it is well-established that problems coping with viruses can be inherited. His theories are based on research into the MMR vaccine; Britain does not give routine chickenpox immunizations.

Article excerpt is from Pox--Part 3 archived at the UPI website. Full article can be read at: http://www.upi.com/archive/view.php?archive=1&StoryID=20060412-024311-1370r

VILIFIED BY THE MMR ZEALOTS

Mail on Sunday (U.K.) - October 5, 2006

By Sue Corrigan

In a powerful first ever interview the wife of persecuted MMR doctor Andrew Wakefield fires back at those who tried to ruin her husband's reputation.

"Dr. Wakefield is one of the few that conducted research in truth, and yet the leaders in medical authority continue to compromise the health of subsets of the population that have negative reactions to shots like the MMR. Are we supposed to view these children as acceptable losses? Dr. Wakefield's willingness to find answers for these subsets is a testament to his scientific integrity", says Wendy Fournier of the National Autism Association.

There can't be many married couples who spend hours on the phone, thousands of miles apart, earnestly discussing inflammatory bowel disease, medical research in Venezuela or laboratory studies on rats' brains. But Andrew and Carmel Wakefield do. Carmel's defiance is the only reason why the British Government and medical authorities have so far failed to silence her husband despite driving him into professional exile in America, separating him from his family in London and destroying his reputation.

A doctor herself, 49-year-old Carmel is the secret weapon of Andrew, the man many in Britain's medical establishment regard as Public Enemy No 1; the villain or hero, depending on your point of view, of the eight year controversy over whether the MMR triple jab, given to toddlers to protect against measles, mumps and rubella, is capable of causing autism, other types of brain damage and a painful new form of gut disease. Since the story broke in 1998, Carmel has kept out of sight, refusing repeated interview requests and declining to be photographed. Only now, with her family preparing a permanent move to America, does she finally feel ready to open fire on her husband's enemies. 'Something is causing an appalling worldwide epidemic of autism and the new form of inflammatory bowel disease which Andy and his colleagues at the Royal Free Hospital in London first identified about ten years ago. Yet all that we ever hear from the authorities is, "It's not MMR,"' she says, packing up the last of her belongings in her West London home.

'Oddly, though, they don't seem in the least concerned about finding out what the actual causes might be. It is impossible for the authorities to rule out fears of a link between this vaccine, autistic disorders and bowel disease because they have not yet done the detailed clinical studies that Andy and others have, for many years, been pleading for. 'Why have they not, when, obviously, that is the only way to settle this controversy once and for all?' Andrew and Carmel met in the late Seventies while training at St Mary's Hospital, Paddington. Medicine ran in both families: both have parents who were doctors and brothers who later went into the profession. 'Andy was training to be a surgeon and I pursued a career in general medicine, but later went into clinical negligence litigation,' says Carmel. 'Andy loved being a surgeon but after we had our children [three boys and a girl], he decided he would go into clinical research, because he thought it meant he could spend more time with his family.' She sighs: 'How ironic is that?' Carmel says her husband first began privately expressing fears about the impact of the measles virus on the gut years before he made his concerns public.

'Andy is a very talented researcher,' she says proudly. 'He has an ability to think outside the box. In the early Nineties he made some important discoveries about the causes of inflammatory bowel disease and it was this that led him to look at the measles virus, which is known to linger in the bowel. 'That was how he first became interested in measles in general, and then to worry about its impact on the gut, particularly when injected into young children as part of a triple vaccine of three live viruses. 'He started voicing his concerns to the Department of Health in 1992, assuming they'd order urgent clinical research. He assumed public safety would be of paramount concern to health officials. 'He thought they'd want to rule out any possibility that MMR could cause gut damage, particularly as worrying evidence was starting to emerge that the live mumps and measles viruses in the vaccine could interact to suppress the body's natural immune response. But no one wanted to know. He met with a complete brick wall.' MMR was hastily introduced in Britain in late 1988, after only the most cursory UK safety trials, at the personal urging of the Conservative Health Minister Edwina Currie. Until then, British health officials were content to continue offering all children a single measles jab, with the rubella vaccine given only to prepubescent girls to prevent damage to unborn children, and mumps considered not worth vaccinating against. But after a visit to America, where she was shown data on MMR's effectiveness

He assumed public safety would be of paramount concern to health officials.

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in reducing measles over the previous decade, Mrs Currie says she 'insisted' departmental officials introduce the triple vaccine without delay. She still counts it as her proudest achievement as Health Minister.

...he is determined that he must do what's right and carry on his research.

'I told them to stop dragging their feet and get on with it,' Mrs Currie told The Mail on Sunday. 'They didn't need to conduct lengthy UK safety trials. The vaccine's safety record had been clearly demonstrated by North American experience, as far as I was concerned. 'Before MMR, children were dying from measles in the UK at the rate of around one a month. We introduced financial incentives for GPs to encourage its uptake, and the death rate from measles subsequently fell to zero. That Andrew Wakefield is a wicked, wicked man for attempting to undermine public confidence in MMR. If any child dies from measles, he will have blood on his hands. MMR has been used in various countries for around 30 years, its safety has been exhaustively researched, and its record is exemplary.'

Not everyone shared her confidence - Carmel Wakefield, for one. She remembers very clearly the day in 1997 her husband warned her, shortly before the Lancet medical journal published one of the hundreds of academic papers to his name, that 'there could be a bit of a problem with this one. This could be rather unpopular'. Familiar with the paper's content, she thought he was being melodramatic. 'I said to Andy," Why would there be any problem? All you're doing is reporting medical histories and clinical findings in a group of children. I know some parents are raising concerns about a vaccine, but you're just saying more research is needed. What's the problem with that?" 'Obviously,' she says now, 'I was very naive.' Published in February 1998, the paper sparked worldwide alarm by reporting parents' claims that, soon after being injected with MMR - the triple vaccine introduced in the UK ten years previously - their children developed serious gut problems and then signs of brain damage. The problem, as the Wakefields were quickly to learn, was that only the very bravest or most foolhardy of medical researchers would ever dare publicly express doubts about any childhood vaccine, let alone raise the spectre that it might cause something as serious as autism. Presented as an 'early case report', the paper primarily described an apparently new form of bowel disease in 12 previously healthy children who had all subsequently, and puzzlingly, developed signs of brain damage, including autism. It speculated that the bowel disease appeared to be the result of some form of viral infection. And, mentioning that the parents of several children ascribed their children's problems to MMR, it called for further urgent research.

But Wakefield's critics responded furiously that the Lancet paper was highly irresponsible to even mention the claims of a few 'mere' parents, without any proof of a causal link. Autism, they say, is a genetic disorder, present from birth but often not picked up until children are about 18 months old. And the bowel disease named by Wakefield as 'autistic enterocolitis' simply did not even exist. Only recently, in the light of a number of overseas studies confirming this new disease, have they grudgingly begun to concede that actually, it may. They still vehemently deny any link with MMR though, pointing to numerous large scale studies that conclude there is none. Wakefield's supporters retort such studies are not sensitive enough to pick up damage in a relatively small percentage of children, and continue to beg British medical authorities to investigate individuals who have allegedly been damaged - so far without success. Indeed, hundreds of parents across Britain now say that the mere mention of bowel disease in their autistic children guarantees they'll be immediately turned away by doctors and refused any help or treatment.

'It is as though any kind of association with Andy's work causes doctors here to run a mile', says Carmel. 'Andy has photographs of children that would make anyone who saw them cry. Children black and blue from banging their heads on furniture and walls to distract themselves from their chronic gut pain. And then, photos of the same children, after proper investigation and treatment, happy and smiling. It is absolutely heartbreaking that British children cannot expect the same treatment autistic children now receive in other countries. It horrifies us both.' Carmel says her husband was aware of the political sensitivities from the beginning and, anxious not to provoke an official backlash, wrote to senior hospital colleagues in advance of the Lancet publication. 'Andy warned that if he were to be asked his opinion, he'd be morally obliged to state his personal view that parents should revert to single, separate vaccinations against measles, mumps and rubella, pending the further research he assumed would follow,' she says. And, after giving that opinion at a Press conference, all hell broke loose.

Since then, Wakefield has been vilified by the international medical establishment, government leaders and the powerful pharmaceutical industry. But he has also been hailed as a hero by thousands of parents in Britain, America and elsewhere who believe their children to have been grievously damaged by MMR, and by a small but

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increasing number of doctors, researchers and other supporters who share their fears. 'My husband has been persecuted by extremely powerful forces for asking questions that his research findings made it morally and ethically essential for him to ask,' Carmel says angrily.

'The spotlight really fell on Andy after that news conference, but that wasn't the beginning of his work. If he'd just voiced concerns based on nothing other than a preliminary study of 12 children, in an off-the-cuff way, of course that would have been unacceptable.' And that is exactly how the Government propaganda machine and drug company apologists have characterised Andy's actions. 'But by the time of that conference, he'd completed a detailed analysis of MMR's safety studies internationally, running to hundreds of pages, and was deeply alarmed by the inadequacies revealed - inadequacies since independently confirmed. 'By the time that Lancet paper was published, the Royal Free team had investigated not just 12 children, but scores. And subsequently, they saw hundreds with this new form of bowel disease, allied to autism and other types of severe neurological damage of which there'd been absolutely no sign prior to their MMR jabs - hundreds of children's parents all telling the same stories, with the same histories and clinical findings. Carmel, who runs a consultancy in London specialising in medical litigation, says these findings have since been replicated by researchers in America, Italy and Venezuela. 'But it's as if these scientific papers don't exist,' she says. 'As if all my husband ever did was to be involved in a study of 12 children, then shoot his mouth off. The endless stream of lies told by powerful people in positions of great public trust is horrifying.

'The Government and its medical advisers don't even have the excuse that there's no alternative to MMR. There are safe, effective single vaccines - or there were, until the Government suddenly withdrew them from the NHS, around six months after Andy sounded his warning.' In 2001, Wakefield lost his job at the Royal Free. The hospital said 'his research was no longer in line with the department of medicine's research strategy and he left the university by mutual agreement.' Ostracised by the medical community in Britain he was forced to seek work abroad. For the past four years he has been running a clinic in Austin, Texas which, inevitably, has taken a toll on his family.

' It has been a very difficult, lonely situation for all of us,' says Carmel. 'We speak on the phone a couple of times a day and Andy makes sure he talks to the kids every day, too. But being on different time zones can make it difficult. It's very empty here without him but it has to be a lot worse for him. 'Andy has had to adapt to living alone. He's isolated because he is away from us and that is very hard. Coping with being so vilified in your native country has not been easy for him - or any of us - but he is determined that he must do what's right and carry on his research. The children have been amazing. It must hurt immensely to know that their father has been ridiculed and that he has had to leave his home, but they don't complain because they feel it is right that his work should carry on.' Wakefield and two former colleagues at the Royal Free are currently under investigation by the General Medical Council. He also has four libel actions pending against the journalist whose attacks on his integrity and motives sparked the GMC inquiry. Wakefield was also accused of failing to declare a £50,000 research grant for a separate but related project, paid to the hospital by lawyers representing parents of children then planning to sue MMR's manufacturers. Wakefield has denied any wrongdoing, as have his two colleagues. For the past two and-a-half years, though, they and their families have had to live with the threat of trial before a GMC panel and, if found guilty, face the humiliation of being struck off the medical register. The three men, however, still don't know the precise charges to be brought against them. Nor do they have any idea when - or even if - the hearing will be held. But the Wakefields have got the message. 'Andy knows there is no future for him now in the UK,' Carmel says. 'There is simply no way he could ever work here again. His former colleagues have made that crystal clear.' Later this month she and the family are moving out permanently to Texas to join him, a difficult but necessary decision. 'Of course I am going to be sorry to leave Britain,' says Carmel. 'But it would be much harder if I didn't leave feeling such disgust about the sinister forces of censorship and government propaganda at play here.

'I used to believe that this country was a bastion of academic integrity and intellectual freedom. So this whole sad process of attrition, isolation and vilification, on a very personal level, has sickened and disillusioned me. But I refuse to think of this as running away. I prefer to think we have taken an intellectual and moral stance: that Andy's vital work is going to continue, come what may; that we have been fortunate enough to find a fantastic place where it can continue; and that we are going to re-establish our family life, and carry on.' For the past two years she has also been researching a book exploring the background to her husband's concerns about MMR, as well as reflecting on the impact of this controversy on their family. 'One of the unexpected benefits of the GMC investigation into my husband is that we have been given access to all kinds of confidential information that would otherwise never have come to light,' she says. 'Documents obtained by Andy under the Data Protection and Freedom Of Information Acts show exactly what was going on behind the scenes at the Royal Free, before

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Vilified by MMR Zealots cont. from page 22

Andy was forced out in 2001, the Department of Health and elsewhere over MMR; letters, reports, minutes of meetings and e-mails that they never intended us to see. 'While I've found it unpleasant and upsetting reading about the cynical machinations that were going on, it's very satisfying to be able to reveal them. The public most certainly deserves to know.

Above all, I want parents to finally be able to make their decisions about whether to vaccinate their children with MMR with the full facts in hand. 'I appreciate how confused many parents feel about all this endless debate and the misinformation that's been peddled, and I hope this book will help them understand exactly what's happened, and why. To date, virtually all they have had to guide them is an overwhelming barrage of government propaganda and spin, funded by millions of pounds in taxpayers' money.' She thinks people will be shocked when they read about what went on 'behind the scenes' and promises her controversial husband will not stop asking important questions of the medical community.

'Whatever his enemies may hope, he's not going away,' she vows. 'Nor are the ever increasing number of children with autism disorders, now tens of thousands around the world, who also suffer grievously from this new form of bowel disease. ' I am determined to hold on to my unwavering belief that justice will prevail, that the truth will out, and that these children will eventually be given the help they need.'

Retrieved from: http://www.whale.to/vaccines/wakefield9.html
The Whale site has collected a history of Dr. Wakefield's papers, discovery of autistic enterocolitis and his persecution by monopoly medicine.

LESSONS IN LINE DRAWING

by Clifford Miller

British lawyer and vaccine truth activist Clifford Miller responds to an open letter written by a group of 'child health experts' headed up by a Dr. Elliman who say, " The time has come to draw a line under the question of any association between MMR vaccine and autism. The UK's children are in danger of serious illness or death if they are left unimmunised." They bemoan the increase in measles cases in the U.K. following a drop in vaccine compliance because parents fear that the triple live virus MMR vaccine is linked to autism spectrum disorders. June 2006

"It is a nice world we live in. We cause allergies and asthma with vaccinations and have a vastly higher mortality rate from those afflictions than we had from diseases like measles when we did not have the vaccines." C. Miller

Dear Dr Elliman,

I have seen your June 2006 letter calling for a line to be drawn under the association between MMR vaccine and autism. Regrettably letter is long on puff and short on fact

Those of us who are concerned about child health safety are concerned by the attitude of you and your colleagues on the Joint Committee on Vaccination and Immunisation, in the Health Protection Agency and in the Department of Health.

If you are all so concerned about children becoming injured or dying from measles, why insist on withholding single vaccines from children whose parents do not believe you when you claim the MMR is safe and who would vaccinate their children if given the choice?

Instead of taking action to save lives you people have intentionally adopted the policy of sitting around waiting for the body count - childrens' bodies. You then expect to tell the public "told you so".

It may not work quite the way you have it planned.

Your own letter condemns you when you say "It is not too late to avert this predictable tragedy." You admit it is predictable. You people chose to sit on your hands and let children die.

It is you people who have adopted that policy. It is you people who have been scaremongering and failing to deal with the issues. And it is you people who must take the responsibility for any children's deaths. The public will be asking the questions and laying the blame squarely on the shoulders of New Labour. Dr Ladyman when a Health Minister claimed publicly he left the decisions to the experts, which is an abdication of ministerial responsibility but it puts you people in the firing line.

The public are not stupid about the MMR. It is not just the Wakefield hypothesis. They see children who become ill even now after getting the MMR. They have friends and neighbours with children and they have their own families and grandchildren. They talk about it. They see the increasing numbers of autistic children and ADHD kids and kids with behavioural problems in school when there were none years ago - people can and do remember - they really are not so stupid as to think the autistic kids have always been with us. You are the people who choose not to see it and are in denial and fail to record the adverse reactions when they happen or pretend they do not exist.

As for your letter claiming "A large body of scientific evidence shows no link between the vaccine and autism or bowel disease" where is it? There is not one study that demonstrates that.

You have also had eight years to

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lessons In Line Drawing cont. from page 23
produce an alternative explanation for the damage caused to the MMR vaccine damaged children. So where is it?

Apart from Wakefield's original study, where are all the clinical studies that support you? There are none of those either.

Where are the peer reviewed short and long term safety studies that show the MMR vaccine is safe. There are none.

You cannot produce accurate figures for the risk to children from measles. The DoH's references to the studies they rely on for the figures given to parents are out of date and inadequate. I know - I asked for them under the Freedom of Information Act.

So let me help you. I attach a graph of measles mortality from the Office for National Statistics 20th Century mortality statistics.

Prior to the introduction of measles vaccine nationwide in 1968, the ten year average national measles mortality was 80 and falling. The ten year average for the 1950s was 163. Interestingly, the attached graph clearly demonstrates several things:

- measles vaccine was introduced when the disease was already beaten
- something else dramatically and rapidly reduced deaths from measles year-on-year well before the measles vaccine was introduced
- the effect of measles vaccine is insignificant in comparison
- you people continue to damage your credibility claiming vaccines were responsible when it is clear they were not

But wait, let us see with just one example what you people have achieved with vaccines having no proper safety studies:-

- asthma now kills 1500 per annum (UK) - vastly more than measles before vaccination
- it is well-known in vaccine manufacturing circles that vaccines cause asthma and allergies and there are peer reviewed papers on the issue
- asthma also blights tens of thousands of lives in the UK annually
- it's increasing at 1% per annum (unlike measles mortality which was falling)
- children are the worst affected, hardly surprising as they are the most vaccinated

Another very clear example for those of us truly concerned about child health protection is the explosion in life threatening food allergies which started in 1991-2. Children are the hardest hit. This coincides with the accelerated DTP schedule and the MMR catch-up campaigns and has been accelerating in our children ever since. 20 children a year are now dying and it was 7 only 5 years ago. That is many more than measles deaths when the single measles vaccine was in use up to 1987 and the annual mortality is now climbing rapidly. Hospital admissions for anaphylaxis have increased 700% in a ten year period.

Then there are all the other immune system related disorders that have been springing up over the past thirty

"Unfortunately, our government officials and health departments have been so convinced by the religion of vaccinology that they have failed to implement short and long term safety monitoring to capture basic data on risk. All they see is an apparent 'quick fix' of a jab and think they are saving billions in health care costs. The information we are being given about safety is incorrect and editors have been warned off publishing, being told that children will die if they publish 'scare stories' about vaccines. Regrettably, we are in fact getting sicker, seeing new problems, increases in old ones and spending more. We also have no clear idea of how much short and long term illness is caused as a result of the subtle and less subtle effects of vaccines on our highly developed immune systems because no one has been monitoring it."

"Measles deaths had practically vanished in England by the early 1950's and that was nearly 20 years before the vaccine was introduced here. That is not the end of the story because [overall] infant mortality declined at much the same rate after 1968, indicating that measles vaccine had little effect on it, which is unsurprising as infant measles deaths by 1968 were about one per annum for England and Wales. The media are still told by the authorities that children will die if we did not vaccinate against measles.

This is all about the government being convinced it saves money with less visits to the doctor and the drug companies making money. That is the way it is. And the money is made from things like asthma drugs - one of the top earners for companies like Glaxo. Take a look at their annual reports on the internet. Asthma deaths in England and Wales are 1,500 per annum increasing at 1 percent per annum. That is about 10,000 percent higher than measles deaths in 1967.

It is a nice world we live in. We cause allergies and asthma with vaccinations have a vastly higher mortality rate from those afflictions than we had from diseases like measles when we did not have the vaccines. Not very clever. Looks like 'risk vs benefit' is not being looked at too carefully."

Lessons In Line Drawing cont.on page 25

Lessons In Line Drawing cont. from page 24

years, not to mention the cancers, especially those in children.

Yet you still do not bother with long term safety studies for vaccines. Now why might that be?

So now please produce the detailed risk-benefit analyses for the MMR vaccine demonstrating the benefits of the MMR outweigh the risks so that the public can study them carefully. Ah, but of course, there are none - which is what the JCVI minutes seem to indicate.

Now, please tell me how many third world children die because they cannot afford things like asthma medication or emergency adrenaline for anaphylaxis when they contract life threatening food allergies. And what about the ridiculous problems you have created for children in parts of the world like India who develop nut allergies when nuts are staple diet? What are they to eat - if they have not been killed first? And please do not tell me they always had nut allergies in those parts of the world - they did not.

I will not go further, the list is endless. It is a list you people are responsible for.

Note:

Clifford G. Miller is an English commercial lawyer, graduate physicist and former law lecturer, London University. He has a close relative with life threatening food allergies.
Cliff Miller's investigation reveals the ways vaccine hazards are shielded from public and political scrutiny and can be read on his website: http://homepage.ntlworld.com/clifford.g.miller/probono.html

To view graphs related to this article go to: www.healthsentinel.com/graphs.php

BEING OR NOT BEING AN "ACTIVIST",

THAT IS THE QUESTION

by Dr. Marc Girard, MD

On April 10, 2006, T. Zwillich reported in Medscape on a campaign mounted by "activists" who allege influence over vaccine studies. However, being an activist is not needed to observe that something is rotten in the State of vaccine development. A respected consultant for vaccine manufacturers until recently, I suddenly got a reputation of "activist" once I was commissioned as a medical expert witness by French courts to investigate the implementation of universal hepatitis B vaccination and its consequences in terms of human suffering…

With drugs such as Vioxx or new antidepressants, evidence of poor research as well as lack of control by the regulatory authorities is obvious enough to have been pointed out even by non health-professionals, such as Congressmen in the US or MPs in the UK(1) . Is it needed to be an "activist" to remark that if this type of concern may arise about the most sophisticated chemical entities of pharmaceutical industry, the situation is likely to be worse for vaccines, the development of which is "at the zero-level of evidence-based medicine" (EBM)?(2) This is exemplified by the paucity of toxicological testing, the dramatic brevity of the safety studies, the systematic use of surrogate markers for efficacy, the performance of most clinical studies in developing countries with all the inherent problems regarding quality control or the extrapolation of data as well as long-term follow-up (required to assess potential hazards such as multiple sclerosis, lupus, diabetes or amyotrophic lateral sclerosis).

Is it needed to be an "activist" to remind that the main agencies in charge of promoting vaccinations such as the CDC or the WHO have been repeatedly discredited by dissemination of false epidemiologic data on the burden of infectious diseases ? (3-5) And finally, is this a symptom of "activism" (or of paranoia), to observe that such a poor drug development at low cost added to irresponsible dissemination of exaggerated incidences in order to promote vaccinations is likely to account for the impressive boost in benefits to the firms which develop their vaccine sector? (6)

Expert – and not "activist" – analysis of available data shows that the problems concerning vaccines go far beyond a vague "influence" over clinical or epidemiological investigations. Actually, vaccines development and promotion realise an impressive catalogue of the worst sins against the paradigm of evidence based medicine (EBM) (2,4) : selective assessment of data, stubborn refusal to weight contradictory studies according to their quality, incomplete or even false referencing, circular quotation.

This is exemplified by the stance of the French health agency about the neurological safety of the hepatitis B vaccine based upon the appalling assertion that nothing (despite hundreds of international cases or investigations!…) has been reported outside France. This is then taken up by the CDC as the failure to find evidence of toxicity in France (the country with the greatest exposure to this vaccine), both assessments being finally synthesized by the WHO as the "consensus" of the main agencies as well as their experts about the neurological safety of hepatitis B vaccine.

And what is one to make of this masterpiece of selective assessment – of the six case/control studies performed on the risk of MS after hepatitis B vaccination? The WHO (7) discredited that of Hernan et al (8), yet this was the only one without evidence of bla-

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tant methodological defects and with a financial support above suspicion.

There is no need to be an "activist" to be shocked by such repeated violations of scientific method – or even of common sense. Evidence of the commercial "activism" of vaccine manufacturers over international agencies is perfectly documented by this stunning interview of a salesman of GSK(GlaxoSmithKline) of which I published the first translation some weeks ago (4) :

"We started increasing the awareness of the European Experts of the World Health Organization 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" [emphasis added].

The sad reality about anti-vaccine "activists" is that violations of the elementary principles of EBM are so gross that individuals without training in medicine or even in science are able, now, to make valuable contributions showing the contradictions of manufacturers or agencies, thereby refuting the fallacies of their vaccinal promotion: impressive confirmation, indeed, of my analysis that under the influence of pharmaceutical industry, "contemporary medicine has lost the way of science" (10).

But as primitive or unsophisticated as they may be sometimes, these contributions from "activists" are infinitely precious as they help to thwart one of the most frightening perversions of scientific knowledge ascribable to pharmaceutical firms, namely their propensity to drown relevant data in a mass of biased or even fraudulent papers, and to exhaust the critics by an unlimited productivity.

It is fair to add that this perversion is boosted by the worrying complacency of medical editors and their impudent imbalance when they review manuscripts, especially on vaccines. Once published, investigations of distressing design (11) or with suspect results (12), studies with irrelevant referencing or reviews characterised by dint of selective referencing (14,15) , there should be no basis to reject even "activist" papers on methodological grounds…

Actually (and this remark goes far beyond the scope of vaccines), all the fallacies recently denounced by Dr. Marcia Angell in her book (16), would certainly not have the same impact if they were not repeatedly validated by innumerable publications in the most prestigious medical journals…

In continuously producing flawed evidence, pharmaceutical firms behave like the satyrs of old mythology: they are inexhaustible – except that the former act in reality, and not in phantasm. We, scientists or health professionals, should be grateful to "activists" for helping us to defend our virtue.

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Note: *We appreciate Dr.Girard's kind permission to reprint this article. Others he has written are posted on the VRAN website in Doctors for Vaccine Truth at*: http://vran.org/vaccines/doctors/blaylock-covup.htm

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LETTERS

Letter to Vancouver Sun
Re: Risks associated with flu shots negligible
The Newspaper's View, Nov 15

A 50 percent increase in the incidence of Guillain-Barre Syndrome due to influenza vaccinations is a "negligible" risk? How about increases in autism, Alzheimer's, epilepsy and death - would those have been considered "negligible" if a researcher with guts and funds had investigated them and found a connection with the flu shot?

Senior chemist at U. of Wisconsin, Dr Mike Wagnitz, tells us "The concentration of mercury in a multi-dose flu vaccine vial is 50,000 parts per billion. To put this in perspective, drinking water cannot exceed 2 parts per billion of mercury, and waste is considered hazardous if it has only 200 parts per billion." A level of mercury 250 times higher than that classified as hazardous is what's being sent to the unprotected brains of foetuses and infants when their guardians believe the unscrupulous nonsense about a high benefit/risk ratio for the flu shot.

And have you heard of recent reports from Dr Tom Jefferson and colleagues of the Cochrane Collaboration? They've stated that the effectiveness of the flu shot is "wildly overestimated" and the annual flu shot program is "hardly worth the bother."

A few years ago before the annual statistics for influenza mortalities were lumped together with those for pneumonia, they showed very few mostly elderly people died directly and indirectly from influenza. Now we have deaths from pneumonia, an illness that's usually bacterial and not preceded by influenza, being used to justify a needless, risky, futile and very expensive vaccination program.

Susan Fletcher
Sechelt, BC

Dear VRAN,

I Just wanted to share my experience with the paediatrician today…When I told him I decided not to have my son vaccinated (after reading most of the info on your site as well as the newsletter you sent me) he told me that I was not qualified to make such a decision! I was so dumbfounded. I had to ask what he meant? He replied I did not have the skills to read and understand scientific studies! Wow…no one has ever spoke to me in such a demeaning way…well maybe once, when I was in grade 2! I didn't bother to tell him I had a BSc in physiotherapy and a year in biochemistry and that my name appears in more than one research paper…..

I brought your newsletter (winter 2005) to him so he could read it and he just tossed it aside without even looking at the contents! And after, he continues on to tell me that ONLY ONE study showed a small relation between autism and vaccines and that 500 studies show no correlation exist between vaccines and autism and denies any serious side effects of vaccination. He also tells me that since the meningitis vaccine has been given he hasn't seen one case of meningitis. That meningitis damages a child for life (like I was not aware). And that polio has been eradicated because of vaccines. And that on the internet you will always find un-validated and unchecked information to validate your point. I thought wow, he obviously does not like to be challenged or think outside the box! Not that I wanted to challenge him, just have a smart, well educated discussion. If he would have at least read some of the articles in your newsletter or given some direction where to look for the information he claims to have, I might not have been so repulsed.

Well, I thought my actions would speak louder than words, so I left without vaccinating. And I intend not to go back. I will stick to my naturopathic doctor!

Thanks for your work,
Liane N.
Ottawa, ON

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Aftermath of Hepatitis B Vaccine

Shortly after receiving my second round of hepatitis B vaccine, I began experiencing a multitude of symptoms. I developed pityriasis rosea twice. This is a syndrome of unkown etiology, but speculated to be caused by a virus. I had this condition twice... twelve months apart. This is extraordinarily rare. I also began experiencing eye symptoms. Specifically, episodes of blurred vision precipitated by fluorescent lights. I believe this is akin to "ocular migraine" syndrome, a condition of older persons. I was 32 years when I began to experience symptoms.

I also developed neurologic symptoms within months of my last vaccine injection. Most are mild, like the sensation I am walking on cushions. Others are more pronounced, like my car being lifted quickly to its side and laid back down. Now, I discover that I have non-Hodgkins lymphoma (another disease of older persons) and probably fatal. I have to wonder if this too is related to the HBV vaccine. I have had enlarged lymph nodes for a number of years, originally told that they were benign.

I have proclaimed my belief about

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...being used to justify a needless, risky, futile and very expensive vaccination program

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the adverse effects of the HBV vaccine for some 14 years. I have been scoffed at and told that such stories are only anecdotal. We were coerced to have our daughter receive the "safer" version or she would not be allowed to attend school. I have met numerous person in the last 14 years who have similar symptoms or know someone who does, and who received the HBV vaccine. Some of these people have died of MS. I have read that the incidence of non-Hodgkins lymphoma has increased 75% in recent years, but no one has an answer. Could this dramatic increased incidence be related to the HBV vaccine as well?

Mark V.

* *

Letter From a New Member

Yes we signed up for a family membership. I now understand that I can make a donation on your website via paypal (on visa).

I don't know what I can do in particular. I do know that I want to gain a better understanding of my rights for our son. I have spoken with the head of Health Safety Canada about a year ago and she told me they are working on a website to provide summarized statistics about adverse events. What she did provide me with at the time was raw data. It was several hundred pages as I recall and that was enough for me to make me pass on MMR. I will have to check up with her to see if they have advanced the project.

The Canadian Pediatric Society was belligerent and arrogant with me when I asked for the data and said they did not have any. They suggested I call Health Canada. Once Health Canada said their stats were incomplete, I couldn't help but be shocked at the Canadian Pediatric Society funded book "Your Child's Best Shot". How can they say things are true with no back up? Also, we have met with four pediatricians and four nurses, and none of them asked for prior history, etc. before trying to give our son the vaccine. It was a given that they would proceed and it was only when we said "Stop" that they perked up their little ears and began a discussion with us. I think I need to get more involved, so that I can speak with more authority once our son enters the public school system.

Lastly, we have a friend who's completely normal son became violently ill and subsequently autistic after his MMR shot. The refusal of the family Dr. to submit an adverse event form and the nightmare they endured was horrible. Eventually, the head of Sick Kids in Toronto confessed that they simply didn't know if the MMR vaccine had caused the autism. It was a heartfelt response that they eventually got, but that didn't heal their son.

Hope this helps let you know my position and experiences to date.

Patrick C.
Toronto, ON

How can they say things are true with no back up?

Letter from Sheri Nakken's Vaccine Info List

I was SHOCKED at my last reunion (last month) to see TWO older aunts with Bell's Palsy, drooling with one eye frozen open and the side of their faces falling, a brilliant and dynamic uncle who is shaking, shuffling and tipping over at 70 yrs old, with a recent diagnosis of Parkinson's, two young cousins clearly with autism spectrum disorders. I also have an aunt who started staring off into space, the same way and at the exact same time my son did about 10 years ago. She is now completely physically and mentally incapacitated with Alzheimer's in a care facility - physically strong, this could go on indefinitely. Everyone consistently went for their flu shots. Folks, this is not just an aging population. To look at them, you can tell we are being poisoned. Perhaps we have that defective gene, but come on.....

Yes, they have silver fillings. And, they felt sure that getting their flu shots "from the hospital" would guarantee they would be fine.....

This older generation is also deeply affected by the toxic epidemic and being ignored, because it is seen as just that .... aging. I believe it is anything BUT aging. How many of us watched last year in horror as all those old folks lined up for hours and hours with their walkers all over the country waiting for their flu shots because of the Frist Bird Flu scare??? It is unconscionable.

Clearly the poisoning of our population crosses many generations and there are large numbers not being counted that could make our voice louder and the movement against the pharmacos stronger. I have no idea who has the energy to tie this all together - I usually break down and collapse every night with worry after trying to make the most of each day. I do try to educate all those around me who think I am just a "hippie" who is "out there". I usually get their attention when I tell them the schedule is over 40 shots now and it WILL be their grandchildren next....Monstrous indeed!

I am deeply grateful for those who work on our behalf.

NEWSCLIPS

Guillain-Barré Syndrome After Influenza Vaccination in Adults

A new study conducted by Ontario researchers published in the November 13, 2006 Archives of Internal Medicine Patients has found that more people were likely to have been diagnosed with the paralytic disorders in the seven weeks after vaccination than in a comparison period four to six months later. Concerns about the paralyzing disorder, arose in 1976 when millions of people were injected with a hastily marketed, unsafe vaccine due to fears about swine flu which left over a thousand people paralyzed in the year following the massive campaign. Numerous researchers raised concerns about the vaccine, but the government refused to heed warnings and bulldozed ahead with disastrous results.

From April 1, 1992, to March 31, 2004, the researchers at the Institute of Clinical Evaluative Sciences in Toronto identified 1601 incidents of hospital admissions because of GBS in Ontario. In 269 patients, GBS was diagnosed within 43 weeks of vaccination against influenza. Apparently large numbers of people had also been injected with pneumococcal vaccines which may have contributed to complications. They found flu vaccine recipients were 45 percent more likely to develop the disease in the first two months after vaccination than in the fifth and sixth months. Researchers concluded that "Influenza vaccination is associated with a small but significantly increased risk for hospitalization because of GBS."

David Fedson, a former vaccine developer and University of Virginia professor of medicine in an interview with Bloomberg news said that young children and people who are at least 65 years old are at highest risk of complications from flu vaccination. More studies in these age groups, along with teens and young adults, are needed to show the benefits of vaccination against potential risks, he said. ``Only in this way can people balance the benefit and risks of vaccination,'' he said.

Note: for a detailed history and analysis of Guillain-Barre Syndrome & swine flu vaccine go to: http://www.hsph.harvard.edu/organizations/DDIL/swineflu.html

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Rise of new strains worrisome, say med officers

Excerpt from CBC News – June 13, 2006

Vaccines are becoming less effective in combating some strains of bacteria that cause meningitis, pneumonia and upper respiratory infections in the North, an international meeting of health officers being held in Siberia has heard. The International Congress on Circumpolar Health has heard that a vaccine that has eliminated the threat caused by seven strains of pneumococcus bacteria isn't working as well as it did when it was introduced just five years ago.

Medical officials have relied on the vaccine Prevnar for several years to protect infants against the bacteria, responsible for 80 per cent of pneumococcal disease. Now, they say, it's beginning to fail to protect infants against new strains on the rise.. "We are starting to see that as you protect against one strain of the bacteria, others that didn't formally play a significant role may from time to time produce serious disease," said chief medical officer for the Yukon, Dr. Bryce Larke.

Larke also points to worrisome developments with the Haemophilus Influenza type B vaccine, which he says has been almost miraculous in the fight against meningitis. Medical officers are now seeing another serious strain, called Type A, and there's no vaccine for it.

Editor's note: *The concerns of honest researchers and their predictions 6 years ago are coming true. Nature abhors a vacuum, and when a vaccine selectively suppresses one or several serotypes of an organism, you can be sure the others will pop up sooner or later and cause trouble. Prevnar which targets 7 serotypes of the penumococcocal bacteria is now losing its effectiveness after manipulating the natural balance of the more than 90 pneumococcoal serotypes that exist. What kind of fall out and degree of sickness this will result in is still to be seen. Predictably, it will lead to the development of yet another vaccine.*

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The Impact of DTaP-IPV-HB Vaccine on Use of Health Services for Young Infants

Editor's note: *Dr. Paul Offit, vaccine developer and leading American vaccine promoter horrified us a few years when he stated that it's safe to vaccinate babies with up to 10,000 vaccines at once. Well here's a study that shows babies vaccinated with 5 vaccines in one shot lean heavily on emergency services, taxing the health care system because of reactions to the shot. Unnatural fevers and initiation into antibiotic use are the grim result of injecting fragile babies with doses of multiple disease & toxin particles.*

Pediatric Infectious Disease Journal. 25(9):826-831, September 2006

Background: In 2003, a pentavalent vaccine (diphtheria, tetanus and acellular pertussis, injectable polio and hepatitis B) was introduced into the childhood vaccination schedule. A premarketing study showed a higher incidence of fever than with the vaccines administered separately. Because fevers in young infants prompt medical evaluations, this study examines the impact of this vaccine (DTaP-IPV-HB) on subsequent use of health services.

"Results: Infants between the ages of 6 to 10 of weeks of age were vaccinated with DTaP-IPV-HB were more likely

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to visit the ED (1.2% versus 0.6%, P = 0.03) and receive tests (47.6% versus 8.3%, P = 0.03) within 3 days of vaccination compared with the controls. Multivariate analysis showed **infants vaccinated with DTaP-IPV-HB had a 7-fold increased risk of receiving a full sepsis workup and a 3-fold increased risk of receiving antibiotics within 7 days of vaccination.**"

Conclusions: The DTaP-IPV-HB vaccine was associated with increased use of health services in the emergency department, but these associations lessened over time. These findings reveal a conflict between the obligation of timely and efficient vaccination with the medical management of febrile young infants.

* *

Meningitis B Vaccine Scandal in New Zealand

The New Zealand Meningitis B scandal is heating up. A Norwegian documentary has blown the lid off a scandal in which the vaccine's developers in Norway withheld crucial safety data in order for it to be approved for use in teens in that country. View the film at: http://tvnz.co.nz/view/page/411419/880179

Many side effects and injuries in Norwegian teenagers have been documented to date. Based on falsified safety data, the vaccine was then produced and fast tracked for use in New Zealand's children where it has been pressed on an unsuspecting public, spurred on by an enormous fear campaign.

The meningococcal B vaccine has been injected into a large segment of New Zealand's infants & young children – a group in which it has not been adequately tested. Health officials admit only "375 babies were trialled in New Zealand with additional data coming from several countries with comparable vaccines". Despite outcries expressed by vaccine truth activists in that country, it has been full steam ahead for blanket coverage of New Zealand's children.

Now that the Norwegian film has been aired on New Zealand television, a huge backlash is brewing, prompting health officials to "run damage control". Investigative reporters Ron Law and Barbara Burstyn ask, "Why has the Meningococcal death rate increased since the introduction of the vaccine? If you had something to hide, how would you go about it? Spend $1/4 million on half page ads in every news paper in NZ to distract the populace from the coming storm? Ministry of Health data reveals the meningococcal disease case fatality rate has increased by 250 percent since the MeNZB vaccine was rolled out, resulting in 13 unexplained deaths."

Law and Burstyn report that the Norwegian government has halted the sale of one million doses of their MenB vaccine to France because of safety concerns. "Meanwhile, despite the Norwegian government banning the export of over a million doses of their unsafe meningococcal B vaccine destined for France, 4,000 healthy babies are injected with the equivalent MeNZB toxin in New Zealand every week!" http://www.scoop.co.nz/stories/GE0611/S00058.htm

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Chickenpox Vaccine: Adding Another Shot to the Schedule

MMR vaccine was supposed to give "lifelong protection" from measles, mumps and rubella, but when disease outbreaks kept happening, a second "booster" shot was added to the schedule. Now U.S. vaccine policy makers have added a second varicella (chickenpos) shot to the already crowded schedule. It is only a matter of time before Canada follows suit.

"Forty-three of 48 students (90%) who developed varicella had been vaccinated, the findings indicate, and the highest attack rate occurred in a first grade classroom where all of the students had been vaccinated." Medscape new: http://www.medscape.com/viewarticle/536566

Barbara Fisher of NVIC notes that "In 1995, when the FDA licensed Merck's live varicella zoster vaccine, the AAP denied that the vaccine for chicken pox would be mandated. Anybody who knew anything about mass vaccination policies in America knew that was not true. Every vaccine which has been recommended by the CDC for universal use in children during the past 50 years has eventually been mandated.

In 1995, the National Vaccine Information Center opposed mandated use of chicken pox vaccine because (1) the vaccine was known to be only 80 percent effective; (2) the disease was mild for 99.9 percent of children with most children obtaining a qualitatively superior immunity that lasted a lifetime; and (3) because mandates would take chicken pox out of the normal childhood population, where it was primarily benign, and drive it into older adult populations where it can cause severe complications.

Sure enough, the AAP was not telling the truth in 1995 and eventually the AAP and CDC both lobbied with Merck for state mandates. Today almost all states mandate chicken pox vaccine for school entry.

As a result of a decade of mass vaccination of all American children with chicken pox vaccine, there are (1) serious reactions (brain inflammation and death) from the vaccine; (2) transmission of vaccine strain chicken pox to vaccinated and unvaccinated children; 3) an epidemic of shingles in adults because older children and adults no longer have their immunity asymptomatically boosted by coming into contact with young children with chicken pox.

Now a study confirms that lots of vaccinated kids are coming down with

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chicken pox anyway. No surprise here - the vaccine was never more than 80 percent effective in preventing chicken pox. So what do the experts suggest? Why more chicken pox vaccine of course! Another booster dose that will boost the numbers of vaccine reactions and chronic immune system dysfunction of vulnerable children as well as boost the profits of Merck.

No vaccine delivers lifelong immunity. All vaccines carry an inherent risk of injury or death. Vaccine consumers are always taking two risks: the risk of a vaccine reaction and the risk of vaccine failure to protect.

On the other hand, Mother Nature usually gets it right the first time."

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Indian alarm at increasing polio cases

India is grappling with increasing cases of polio. The live oral vaccine, long abandoned in North America because it causes paralytic polio, is forced on children sometimes as many as 10-15 times. Of the dozens of news reports sounding the alarm, one reporter writes: "They say almost all the cases have been reported from areas where sanitation is an issue and most of the children belong to poor families unable to give them a nutritious diet. In the developed countries, a child needs three doses for immunisation. But in India, a child may need up to 10 doses, they say. Officials have confirmed that one child in Delhi has contracted the virus despite being given nine shots of the vaccine." - Geeta Pandey, BBC News, Delhi

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Commentary from Barbara Loe Fisher (NVIC):

It is painful to watch doctors and public health officials squirt unlimited amounts of live oral polio vaccine down the throats of babies in India rather than address the poor nutrition and sanitation that comes with poverty, the true cause of most disease. With a religious zeal not seen since the Crusades, these public health officials bearing live polio viruses capable of causing vaccine strain polio and transmitting it to others through the open sewage pits of poor communities in India, apparently have no idea what they are doing.

Have the relentless polio vaccine campaigns in India and other poor countries put pressure on one or all of the three polio viruses contained in the live oral polio vaccine to mutate into vaccine resistant forms? Have the malnourished, poor children repeatedly exposed to live polio viruses become immune compromised and more vulnerable to other diseases? These and other questions are ignored as the vaccinators mindlessly conduct one polio vaccine campaign after another, determined to eradicate a virus from the earth using a live virus vaccine which gives the virus opportunity to thrive.

The people, like lambs led to slaughter, do not know how to stand up to the officials in white coats. Some run. Others submit, afraid of retribution. And the highly vaccinated children living in poverty without enough to eat continue to get sicker and sicker.

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Breastfeeding Educates Baby's Immune System

June 14, 2006 - excerpted from the NY Times, by Roni Rabin

Public health leaders say the weight of the scientific evidence for breastfeeding has grown so overwhelming that it is appropriate to make clear that it is risky not to breast-feed. Ample scientific evidence supports the contention that breast-fed babies are less vulnerable to acute infectious diseases, including respiratory and gastrointestinal infections. Studies suggest breastfed babies are at lower risk for sudden infant death syndrome and serious chronic diseases later in life, including asthma, diabetes, leukemia and some forms of lymphoma. Research on premature babies has even found that those given breast milk scored higher on I.Q. tests than those who were bottle-fed.

"I think of human milk not just as food, but as a sophisticated and intricate infant support system that has evolved over millions of years to provide the infant with nutrition, protection and components of information," said Dr. E. Stephen Buescher, a professor of pediatrics at Eastern Virginia Medical School in Norfolk.

The protection that breast-feeding provides against acute infectious diseases - including meningitis, upper and lower respiratory infections, pneumonia, bowel infections, diarrhea and ear infections. Breast-fed babies have 50 to 95 percent fewer infections than other babies, Dr. Gartner said. "It's pretty dramatic."

One reason for the reduction in the incidence and the severity of infections is the antibodies contained in the mother's milk. "Whatever the baby is exposed to, the mother is exposed to, and the mother will make antibodies within three to four days", " said Dr. Gartner. The baby absorbs them through breast milk, and [other] agents prevent bacteria and viruses from attaching to cells in the baby's body.

Experts say it is possible that human breast milk produces permanent changes in the immune system, in a sense "educating" the baby's immune system, Dr. Gartner suggested. That may explain why children who were breastfed appear to be at lower risk for autoimmune diseases like Crohn's, asthma and juvenile diabetes. Several studies also indicate that breast-fed children are at reduced risk for the cancers lymphoma and leukemia.

Dr. Haynes, of the Health and Human Services Department, said, "Our message is that breast milk is the gold standard, and anything less than that is inferior."