VRANewsletter

Vaccination Risk Awareness Network Inc.

Fall 2007

Not so Miraculous

Telling the truth about the new vaccine Gardasil—Does it prevent cancer? A guide to informed consent

By Moira Terese Dolan, M.D.

TV commercials plug it, the FDA approved it, news highlights tout it, but there are serious concerns about the new vaccine Gardasil® from Merck. Medical Accountability Network Executive Director Dr. Moira Dolan has reviewed the information made generally available to physicians and outlines here the essential components of informed consent for what is being billed as a miracle anti-cancer vaccine. ©*Medical Ethics, Inc.*

Physician Duty

The prevention of genital warts and cervical cancer is an extremely worthwhile effort. However, like any drug, the vaccine is not a cure-all and it has some potential downsides. There is an urgent need for full informed consent for potential human papillomavirus (HPV) vaccination. It is the role of the administering physician to remind the parent or patient that FDA approval does not equate to safety. The FDA also turns a deaf ear to the fantastically misleading direct-to-consumer advertising claims. It is the duty of the physician to sort through the hype and government approval and official pronouncements, to provide full informed consent to each and every patient. The essential components of informed consent are:

- What the drug (vaccine) is
- What is known and not known about how well it works
- What is known and not known about safety
- Alternatives to the vaccine
- The consequences of choosing to take or not take the vaccine

Gardasil® vaccine is Merck's first big drug development since the Vioxx® disaster. The basis for many Vioxx® lawsuits is that Merck withheld information that clearly showed the dangers of the drug. The company's record does not inspire trust.

The Vioxx® situation revealed a more treacherous problem existing within the FDA itself. FDA insiders exposed how the agency deliberately ignored abundant test information showing that Vioxx® was dangerous to cardiac patients. The systemic failure of the FDA to weigh the risks and protect the public without undue influence of the manufacturers was brought to light by Vioxx® but it has not yet led to any meaningful changes at the agency. In spite of thousands of Vioxx® product liability suits still unresolved, Gardasil® has gotten fast track FDA approval, soon to be followed by Glaxo's Cervarix®.

What is Human Papillomavirus disease?

The HPV infection that is under discussion is a virus that is transmitted by skin to skin or genital to genital contact during sexual activity. It commonly causes genital warts, although infection may occur completely out of view on the cervix, where it is not apparent and does not show any symptoms. There are some 150 named HPV types. Newer testing methods that detect the DNA sequence of viruses demonstrate that there is actually a lot more variation in viral types than this 150, with some suggesting that there are thousands of distinct viral types.

What is the Merck HPV vaccine?

The Merck vaccine contains recombinant-generated Virus Like Particles from four strains of human papillomavirus (HPV), numbered 6, 11, 16 and 18. It is approved for females age 9 to 26. It is given in 3 doses over 6 months, at a drug cost of $360.

Condom use dramatically reduces chance of infection from all types of HP viruses, by as much as 70%. There is no specific anti-viral treatment for infection, but the majority of infections are cleared by the immune system anyway. Of women who contract HPV infection, 90% will clear the infection through the body's natural immune processes. The younger the patient the more rapidly they naturally clear infection.

What is Cervical Cancer?

Cervical cancer is cancerous growth on the lower portion of the womb, the part that extends into the vagina. Between 1955 and 1992, the number of cervical cancer deaths in

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Editorial

HPV Vaccine in Canada: a Synopsis, May-Sept, 2007

By Susan Fletcher, B.Sc.

Since Edda wrote her comprehensive article, *On Guard Against Gardasil*, for the Winter Spring, 2007 VRANewsletter, Canada has erupted in battle over the pros and cons of adopting HPV vaccine programs for young girls. One of the first of the big media discussions was The Vancouver Sun's two-part full-page series May 2 and 3. Written by Karen Gram, it gave a balanced view. The first article featured a photo of a smiling 22 yr old sporting a revealing neckline and receiving a shot from an equally happy woman MD. The fact that her mother had died of cervical cancer 18 mos prior had spurred the young woman into persuading her father to relinquish the $405 needed for the vaccine. At the bottom of the page, UVic drug researcher, Alan Cassels' photo showed him arms crossed tight to chest; the caption

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

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

VRAN's Mandate is:

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

VRAN publishes a newsletter 3 to 4 times a year as a means of distributing information to members and the community. Suggested annual membership fees, including quarterly newsletter and your on-going support to the Vaccination Risk Awareness Network: $35.00—Individual $75.00—Professional

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

VRAN website: www.vran.org √

VRANews

Dear VRAN Members,

As usual, there is way more vaccine news being generated at home and abroad than is possible to fit into a newsletter. I keep wondering when we're going to get to a "critical mass" and the majority of people recognize the damage being done to our collective health by runaway vaccine policies. And what will happen when the sleeping masses awaken to the fact that a large segment of a whole generation of children has had their health and their future stolen by rampant "one size fits all" vaccine policies imposed by "health" agencies of the state?

We constantly read of yet another study that exonerates vaccines and the embedded poisons in them. We are now supposed to believe that it is perfectly safe to inject mercury, the second most toxic substance on the planet (next to plutonium) into babies, and no harm will be done! And almost as frequently, vaccine awareness activists, autism societies and concerned researchers are generating research that increasingly points to vaccines as the primary source of neuroimmune damage now diagnosed in so many children.

Just the other day, Dr. Edward Yazbak, MD and Ray Gallup of the Vaccine Autoimmune Project published a new analysis based on the latest U.S. Department of Education statistics which reveals that currently, one in 67 children in the U.S. is in the autism spectrum. The one in 150 figure cited by the CDC is outdated by five years. Certainly, we have no reason to believe that Canadian children are suffering less than our neighbour's children south of the border!

Says Dr. Yazbak, "We are also concerned about what is to come. It is evident that:

1. Our medical authorities are more interested in defending vaccination programs than controlling autism, the most devastating and real epidemic we have faced in a hundred years, and
2. Our wealthiest and largest autism association is giving little attention to the role of vaccines and vaccine additives and preservatives."

Read the report at: http://www.vaproject.org/yazbak/1-in-150-is-really-1-in-67-20071005.htm

The destruction to our children's health is accelerating. What can be done to turn back this horrifying tsunami that is ravaging and stealing our children's future?

One long time vaccine activist put it this way, "And when will the majority [of people] wake up, stand up, and "just say no" to laws forcing them to serve up their children as guinea pigs while vaccine-obsessed doctors and drug companies ignorantly destroy what remains of the earth's ecological balance and the biological integrity of the human race?"

Let us Help you Stay Updated

We'd like to send you, our members, VRAN E-Bulletins more frequently to keep you updated on events as they unfold. There are still substantial numbers of you who have not sent us your email contact information. PLEASE, if you use a computer, send us your email address so that we can update you with breaking news items.

Send your email to: info@vran.org

Fundraising & This Year's Book Bonus

Fundraising is an ongoing, year round effort. Every year we offer a bonus book to members who donate $150 or more to VRAN. This year we offer two book selections for you to choose from. Hilary Butler, world renowned New Zealand vaccine awareness researcher, whose article we featured in our last newsletter has a new book titled "Just A Little Prick". We are now making this available to you as a fundraising bonus.

Every year we offer a bonus book to members who donate $150 or more to VRAN.

This year we offer two book selections for you to choose from.

Additionally, we are offering you Dr. Tim O'Shea's well known book, "The Sanctity of Human Blood", now in its eleventh edition. Dr. O'Shea's book has been popular in vaccine awareness circles for many years, and this new updated edition has received excellent reviews.

When sending us your donation, please choose one of these two books, and let us know which one you are selecting.

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

Special Actions

Much appreciation goes to Patrick Curtis for funding a special action that targeted the chair-people of Ontario's Boards of educa-

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tion. A letter was sent outlining the ongoing problem of withholding from students their Informed Consent rights when vaccines are given in the public school system. The chronic problem of not informing students of their right to vaccine exemptions under Ontario's Immunization of School Pupils Act was highlighted in the letter circulated to the school Boards with a request that all vaccine notices clearly included students' right to exemptions from these injections.

Special gratitude goes to Rita Hoffman for her time and work involved in identifying the many provincial Boards of education, for compiling and mailing our informative letter and accompanying exemption forms for distribution to these people and their Trustees. Hopefully our action will precipitate changes to vaccine notices given to students to clearly inform them of their vaccine exemption rights under the law.

And much appreciation goes to Alberta Chiropractor Robert Champagne and his wife Suzanne for their enthusiasm in compiling a list of chiropractors in that province who might support our work. Suzanne typed address labels to nearly 300 practitioners. Long time VRAN member Susan Fletcher photocopied key articles excerpted from select VRAN newsletters and compiled a comprehensive packaged which she mailed to these potential supporters.

Thank you Susan for all that hard work!!

Annual General Meeting

VRAN's annual general meeting was held by teleconference on June 18. In attendance were Mary James, Rita Hoffman, Edda West, Susan Fletcher and Deborah Jones. Agenda items were voting, newsletter, fundraising, website, and treasurer's report.

The VRAN executive for the coming year is as follows: Mary James continues on as President, Rita Hoffman as Vice-President, and Edda West as secretary/treasurer. Edda asked for help with newsletter production as this aspect of her duties has become very difficult due to an often debilitating chronic health problem that has worsened over the years. All participants responded with concern and offers of help. Susan Fletcher has written a feature editorial and numerous other news summaries for this issue.

Thank you Susan!!

The possibility of an online monthly newsletter was discussed. Deborah Jones suggested a survey amongst members to find out what type of newsletter format people would like. Deborah pointed out that a change to an online newsletter allows us to provide a "hub" of information that sends readers out to other sources on the Internet rather than an end-point.

Edda pointed out that the newsletter is our vital financial lifeline, as membership renewals and new members are generated through the VRAN newsletter. The VRAN newsletter is acclaimed by many in this movement as THE premier vaccine awareness newsletter. The question was raised whether our newsletter should contain Canadian content only? However this issue transcends national boundaries and ultimately, it is important to maintain solidarity with people of other nations whose children and citizens also continue to suffer from vaccine induced injuries.

Fundraising remains the most challenging aspect of running VRAN. Year in and year out, we operate on a bare minimum "shoestring" budget. The suggestion was made that we send letters of introduction to practitioners in the holistic healthcare community. Deborah volunteered to find data bases for these organizations across the country.

Edda presented an overview of VRAN's financial picture, fundraising donations we have received, bank balance, and that our year end financial report for 2006 has been completed by Jan Oswald. This report is available to VRAN members on request.

A discussion about the VRAN website raised a number of questions such as:

- How can the VRAN website better serve this organization?
- How can it directly drive membership?
- Do we need a new website design? Why?
- Do we need to ask our members and outside users this question?

Perhaps an informal usability study would give us a clearer idea of direction with this.

Deborah Jones has created a mock up of a potential new website which can be viewed at: http://vran.blueorchard.ca/

All suggestions and feedback from you, our members are welcome!!

Thank you for your continuing support and commitment to the health of this and future generations of children!!

Appreciating your support,
Edda West, editor √

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the United States dropped by 74%. The death rate continues to go down by about 4% per year. Half of the cases of cervical cancer occur between the ages of 35 and 45. It is rare under age 20. U.S. statistics show 3-4 cervical cancer cases per year per 100,000 women age 9-26. These are the ages on which the new vaccine was tested.

The American Cancer Society reports that cervical cancer is responsible for about 1% of cancer deaths per year. Some claim that this low number is due to effectiveness of routine Pap screening, which results in the detection and treatment of pre-cancerous lesions so that they never get to the cancer stage. However the big drop in cervical cancer also coincides with an increased use of condoms, so it is more likely a combination of the two factors. Nutritional deficiencies, especially vitamin A and folate, mineral deficiency (zinc, selenium, calcium and iron), smoking, birth control use and douching have been shown to be associated with cervical cancer. Increase in number of sex partners is a major risk factor for cervical cancer. HPV infection is highly associated with cervical cancer, yet there remains debate as to whether the virus actually causes cancer.

The vast majority of abnormal Pap tests do not equate to cancer. Even abnormal Pap tests showing pre-cancerous cells of the CIN II grade clear by themselves with no treatment 40% of the time. Treatment of pre-cancers has limited the progression to cancer to only 1%. So Merck's vaccine is coming out at a time when cervical cancer is already on the decline. This is similar to the polio vaccine, which came out when polio was already rapidly going away on its own.

How is HPV infection related to cervical cancer?

30 types of HPV have been found in association with cervical cancer. HPV type 16 is currently found in 50% of cases of cervical cancer, and type 18 is found in 20% of cases of cervical cancer. Some cervical cancers don't have associated HPV, and most people infected with HPV do not get cancer, so HPV cannot be the full cause of cancer. Some researchers and FDA scientists wonder if the abnormal cells (cancerous or pre-cancerous) may simply be a friendly environment for viruses to grow around, so the virus infection may occur after the changes that cause cancer rather than the other way around. Smoking has more to do with the progression of HPV infection to cervical cancer than any other

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single factor. Smokers with HPV go on to develop cervical cancer much more frequently than infected non-smokers.

Does the vaccine work? Who studied the vaccine in humans?

It is a crucial part of full informed consent to let patients know that all human studies submitted to the FDA were done by or financed by the drug manufacturers. It cannot be brushed aside that these studies have limited to no independent scientific review. In fact, it takes a formal Freedom Of Information Act request to obtain the exact study reports and statistical analyses that the drug manufacturer gave to the FDA.

What is the effect of the vaccine on HPV infection?

In the general population the Merck vaccine prevented genital warts that were due to vaccine-type strains. The vaccine prevented human papillomavirus infection with four HPV subtypes in people who weren't already infected with these types. The vaccine did not prevent infection with the HPV types that are not contained in the vaccine.

HPV disease due to one of the many subtypes NOT included in the vaccine still occurred. Vaccinated subjects got infected with non-vaccine HPV types at the same rate as non-vaccinated subjects.

In subjects who were already infected with a particular vaccine virus type, the vaccine did not prevent disease due to that type, but it did prevent new disease caused by the other vaccine subtypes.

The studies that the drug maker gave to the FDA did not tell if condom use was tracked; this is very important missing data, since condoms alone are responsible for a 70% reduction in all types of HPV. The vaccine gives 100% protection against four HPV types and no protection against other HPV types, whereas condoms give 70% protection against all HPV types.

What is the effect of the vaccine on cervical cancer?

Since HPV is found in connection with most cervical cancers, the theory was that a vaccine against HPV would prevent cervical cancer. However the vaccine studies couldn't demonstrate this, simply because there were no cases of cervical cancer in the vaccinated group or in the group that got dummy shots. So they used a substitute measure (a "surrogate marker") for cancer. They compared abnormal pre-cancerous Pap results in people who were vaccinated versus not vaccinated.

The vaccine is nearly 100% effective in preventing four types of HPV infection. Two of the four subtypes included in the vaccine are currently responsible for 70% of cervical cancer. So we would expect a 70% reduction in precancerous Pap results, right? However pre-cancerous Paps only went down by 12%–45%, depending on which population was studied. (See below for the different populations and the reasons for this spread.) Why didn't the vaccine cause a 70% reduction in pre-cancers in the general population?

This could be explained by some method of viral shift. Since the vaccine HPV types got pretty much wiped out as being a cause of pre-cancers SOMETHING must have taken their place because pre-cancers only reduced by 12.2%–16.5%. The alternate explanation (raised by an FDA scientist) is that the theory that "HPV causes cancer" could be backwards. Maybe HPV is just a so-called "opportunistic infection" that is allowed to flourish un-checked in the vicinity of cancer cells.

U.S. statistics show there are 30 to 40 cervical cancer cases per year per one million women age 9-26, the ages the vaccine was tested on. Gardasil®'s reduction of pre-cancers by 12.2%–16.5% in the general population would mean that instead of 30 to 40 cases of cancer, there would only be 26–35 cancers. So it would take vaccination of a million girls to prevent cancer in 4 to 5 girls. About 37% die from cervical cancer, so that would prevent one to two deaths. So $360 million in vaccine would prevent one to two deaths.

However this is all conjecture. In the Merck studies the follow up was too short and the numbers too few to prove prevention of cervical cancer.

Results vary in different populations

The vaccine studies were analyzed in several different ways. One analysis looked only at girls whose pre-vaccine testing did not show any evidence of current or past infection with the HPV types that are in the vaccine. In people who did not already have one of the four types of HPV, the vaccine was 91 - 100% effective in preventing pre-cancers that were associated with the four vaccine HPV types. They still got pre-cancer associated with non-vaccine HPV types at the same rate as un-vaccinated girls.

The only way to know if you are going to get this response is if you have never had sex before the vaccine, or you have been tested for evidence of prior infection. The HPV test is recommended by the American Cancer Society as part of cancer screening every three years in women older than 30, but it is not yet widely covered by insurance plans outside of these recommendations.

The more useful analysis was called "the general population". This is all study participants analyzed together, without separating out the ones who had tests showing current or prior infection with vaccine-type HPV. The results for the general population are much different. Because most women are not getting pre-vaccine HPV tests, these numbers apply to all but virgins. In the general population there was little over 12% reduction in pre-cancer associated with any type of HPV.

Is the HPV vaccine safe? Can the HPV vaccine actually make infection worse? The study showed an increase in pre-cancer related to the vaccine types in the people who already had these infections before they got the vaccine. It is possible that when infected girls whose immune systems have not cleared the virus from their bodies are vaccinated, the vaccine may lead to an increased number of cases of a pre-cancer. This is very concerning, because there is no routine test you can get in your doctor's office that will tell if you are already infected by a vaccine type HPV before you get the vaccine.

How does the HPV vaccine affect fertility? Birth defects? Risk of cancers? Breast milk?

Five subjects who got the Merck vaccine around the time of conception had babies with birth defects, whereas no birth defects occurred in this time period in the subjects who got dummy shots. The manufacturer also specifies that the vaccine has not been tested to see whether it could cause cancer. It is not known if the vaccine virus-like proteins or the antibodies pass into the breast milk. Merck says that it should not be given to pregnant women.

The longest portion of the study only lasted just under four years. Thus there is no long term data on how it affects the ability to become pregnant (fertility). This is especially concerning because the FDA has approved the vaccine for as young as 9 year old girls. The effect of artificially influencing the immune system during a time of tremendous hormone shifts of puberty is unknown. The package insert specifies that the vaccine has not been

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tested for altering genes in the patient or her future children (genotoxicity).

Comparison to other vaccines

Hepatitis B vaccine was rushed to the market and broadly administered to young people in the absence of adequate human safety testing. It is now one of the most common vaccines reported to the Vaccine Adverse Effect Reporting System, particularly for gastrointestinal problems, arthritis and multiple sclerosis. The new HPV vaccine uses aluminum and polysorbate, two substances known to cause cancer in laboratory animals and to alter immune responses.

What are the consequences of declining the vaccine?

The ultimate prevention of HPV is abstinence. Condom use is at least 70% effective in preventing all types of genital HPV infection. HPV infection is often eliminated by the body's natural immune mechanisms. Abnormal Pap tests often return to normal on their own. Cervical cancer is on the decline as are cervical cancer deaths, but it still occurs in about 10,000 women a year with 3,700 dying. Pap tests are required whether or not you take the vaccine. (See the VRAN website for Canadian stats.)

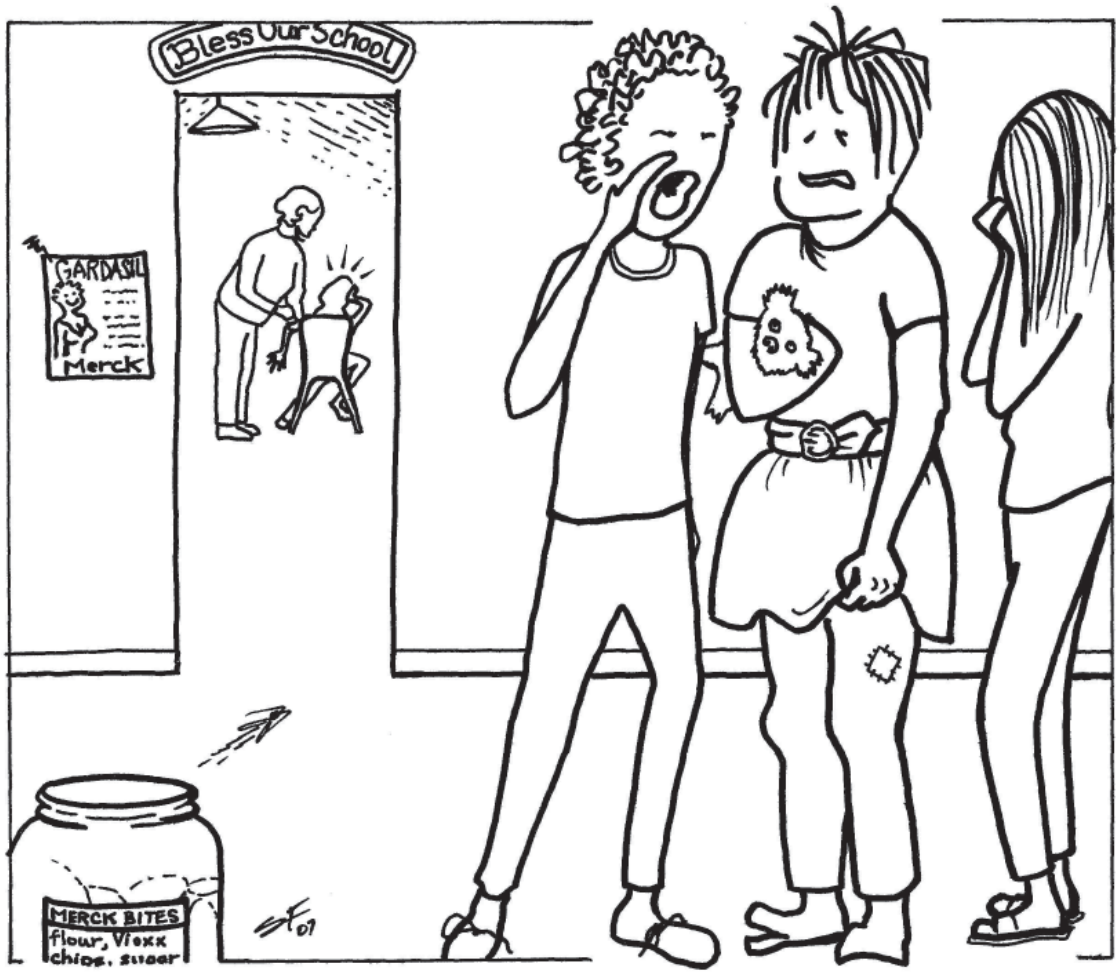
Who would benefit from the vaccine? If you have risk factors for HPV infection such as multiple sex partners and no condom use, and you are not already infected by one or more of the subtypes targeted by the vaccine, this vaccine protects you from HPV infection by the four subtypes, but not non-vaccine HPV types.

If you have cervical cancer risk factors such as nutritional deficiencies, multiple sex partners or smoking, the vaccine prevents some episodes of growth of pre-cancerous cells and it may prevent cancer. The vaccine is 12.2%–16.5% effective in the general population in reducing pre-cancer Pap results. The vaccine is 45% effective over the short term in girls who have never had any of the vaccine-type HPV infections.

The long term safety and effectiveness of Gardasil® is unknown. Effects on causing cancer, infertility, gene mutations, birth defects and effects in breast milk have not been adequately studied in humans.

Articles:

Batieha,et al, Cancer Epidemiol Biomarkers Prev, 1993; Cunzhi, et al, Biol Trace Elem Res, 2003; Geier and Geier. Annals of Pharmacotherapy, 2002 March; 36, pp. 370-374; Gunnell, et al, Cancer Epidemiol Biomarkers Prev, 2006 Nov;15(11):2141-7
National Vaccine Program Office, Workshop on Aluminum, May 2000.;
Winer, et al, NEJM June 22, 2006, Vol 354: Number 25: 2645-2654
We appreciate Dr. Dolan's kind permission for allowing us to reprint this article. For additional web references go to: http://www.medicalaccountability.net/essay_gardasil.html √



"Noni, don't be a wimp. My mom said the nurse said Mr Smerck made it for human pupilloma virus an' it's real safe an' infective, just like all his other needles!"

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read: "My 10-year-old is not going to be one of your test subjects." Gram had interviewed Diane Harper, lead researcher, and, among many other things, noted that HPV vaccine can be effective against only 4 of over 200 HPV's and, even then, only if they aren't present at the time of vaccination. Hans Krueger, an independent health economist, seriously questioned any possible economic gains for BC through adoption of a provincial program. "Krueger concluded that for the vaccine to break even, it would have to cost $45 with a $15 booster shot at 10 years." [This assumes that Gardasil can prevent cervical cancer, merely a premise since trials only showed reduced development of precancerous conditions.]

The May 10 issue of the New England Journal of Medicine featured several articles regarding HPV and the vaccine. One of two editorials noted the ineffectiveness of the vaccine when the targeted HPV types are already present; lack of proof that it can prevent death and disability from cervical cancer; and the possibility that successfully prevented HPV infections may be displaced by infections with HPV types that aren't targeted by the vaccine.

A study in the July 20 'Vaccine', first available online May 22, titled The potential cost-effectiveness of human papillomavirus vaccines in Canada, concluded: "Vaccinating adolescent girls against HPV is likely to be cost effective. The main benefit of vaccination will be in reducing cervical cancer mortality. [This despite the fact that Gardasil has never been shown to have saved anyone from dying of cancer.] However, unless screening is modified, the treatment costs saved through vaccinations will be insignificant compared to the cost of HPV immunization." This poor result was staggering considering that such factors as reduced loss of quality of life due to prevention of genital warts were weighed but, as usual, there was no consideration of the costs and loss of quality of life from injuries and death caused by the vaccine.

Judicial Watch, a US public interest group that investigates and prosecutes government corruption, issued a press release on May 23. They had obtained documents from the FDA under provisions of the Freedom of Information Act, detailing 1,637 reports of adverse reactions to Gardasil. The release stated: 'Three deaths were related to the vaccine. One physician's assistant reported that a female patient "died of a blood clot three hours after getting the Gardasil vaccine." Two other listings, on girls 12 and 19, reported deaths relating to heart problems and/or blood clotting.'

The anxiety of a BC public health official was revealed on May 31. An article on TheTyee.ca said: 'Dr. John Blatherwick, chief medical officer of Vancouver Coastal Health, is so impressed with the scientific data that he'd rather not wait for health policy recommendations from a Health Canada Immunization Committee [due by the end of 2007] and would like to start a mass vaccination program for B.C. girls this September. "We've entered a brave new world in medical science," he says of the Gardasil vaccine. "The studies have been rigorous and I think it's ready for mass use."'

After waiting the standard three and 1/2 months, I received a reply to my March 16 letter to Minister of Health, Tony Clement. On June 1, I sent him a second letter explaining why the reply hadn't answered my questions re his government's $300 million funding of Gardasil. I noted the 3 deaths following Gardasil, the fact that it hasn't been shown to prevent cancer and the lack of proper adverse event reporting and a vaccine injury compensation program upon which to base a realistic cost-effectiveness evaluation of provincial programs that might fund this vaccine.

The [FDA] release stated: 'Three deaths were related to the vaccine.

A CBC newscast on June 20 discussed the program to vaccinate Nova Scotia's Grade 7 girls starting this September. It interviewed Sydney paediatrician, Dr. Andrew Lynk, who questioned the use of an expensive vaccine program when about half of the women who get cervical cancer in Nova Scotia have never had a Pap test or haven't had one recently. He said "Maybe a better way to do this is to spend that $2.8 million and hire 40 nurses and go looking for those people and track them down who aren't getting their Pap smears." He also referred to studies that show elimination or reduction of one type of pathogen can allow others to increase.

On June 23, Nova Scotia news from The Chronicle Herald indicated that girls from Quebec and BC and Nova Scotia's vaccinated Grade 7's will be used as test subjects for Merck's Gardasil HPV vaccine which has received approval for use by regulatory agencies in the US, Australia, Canada and many other countries. Dr Robert Grimshaw, medical director of Cancer Care, Nova Scotia's gynecological cancer screening program, acknowledged that there remain unanswered questions about the vaccine: whether or not booster shots will be needed and what is the role of HPV strains not covered by the vaccine in the causation of cervical cancer. The provincial tests will provide data to compare outcomes from a 3-dose regimen as will be used in Nova Scotia's new program with those from less expensive 2-dose regimen trials in the two other provinces.

Canadian Action Party President and candidate, Bev Collins' article For Whose Sake?, a critical discussion of Gardasil, appeared in 'Health' magazine published June 27. This party's website now features several additional posts regarding HPV vaccine.

A July 18 home.businesswire.com article reported on a survey by Medimix International, an information source for the healthcare industry. Their survey of 1022 GPs in France, Germany, Italy, Spain, the UK, Australia and Canada found over 90% agreed that HPV vaccine should be used in their country. Australians were the keenest, with 99% of physicians surveyed recommending or administering the vaccine; Canadians were second highest in the approval ratings with 97% in support. [Did Merck's cash donation to the Federation of Canadian Women in Medicine help seal the Canadian doctors' faith in the vaccine?]

An online commentary by Abby Lippman and colleagues later published in the Aug 28 issue of the Canadian Medical Association Journal was discussed on an Aug 1 CTV news report. Dr Lippman is a professor of epidemiology at McGill U and chair of the Canadian Women's Health Network. The commentary questioned the advisability of governments adopting HPV vaccine programs, saying they might lead to reductions in safer sex practices and Pap screening rates; the vaccine hadn't been properly tested in girls of the age group to be targeted; all of the vaccine trials were funded at least in part by the manufacturers. The authors noted that, due to widely available publicly-funded Pap screening, Canadian cervical cancer rates had been dropping for years. They were also concerned about unknowns: duration of efficacy, if a booster will be needed and what effect other vaccines will have on efficacy when administered at the same time as this vaccine.

Talking to CBC Aug 1, Lippman asked "What's the rush? Why can't we get the information that we need first? She asked that the government carry out a thorough review of the vaccine's safety, costs and uses before programs are implemented across Canada.

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She wanted infrastructure such as vaccine registries in place so that vaccine outcomes can be followed. And, noting that GlaxoSmithKline's 'Cervarix' will be marketed next year, she raised the possibility that it might be better than 'Gardasil'.

The day after Lippman and colleagues called for a halt to initiating HPV vaccine programs, Ontario's government announced a $39-million Grade 8 HPV vaccination program to start this fall and cover as many as 84,000 students. This works out to $464 per student. On Aug 2 CBC reported that premier McGuinty said his government's decision was based on expert advice, and that it is sanctioned by the Public Health Agency of Canada, the National Advisory Committee on Vaccination, Cancer Care Ontario and the Canadian Cancer Society. Resources for schools and fact sheets that will discuss the infection and explain the benefits of the vaccine will be available. Parental consent forms will be issued prior to vaccination, but the ultimate decision will be made by the students themselves. If a 13-year-old girl wants the vaccination despite her parents' objections, she will still be able to get one; conversely, if her parents want her to be vaccinated but she doesn't, she can refuse.

The Aug 2 edition of the Globe and Mail interviewed Abby Lippman. She again stressed the lack of urgency about adopting HPV vaccination programs and asked, "How can responsible public health people not be curious about having these answers before they move ahead?"

Another political group, the Christian Heritage Party issued a dissenting press release on April 30. They stressed the possible ramifications of vaccinating pubescent and pre-pubescent girls against sexually transmitted disease.

An especially interesting article with insight into the political maneuvering around Gardasil appeared in the Aug 11 Globe and Mail. Reporter, Andre Picard wrote, "Regardless of your take, the fact remains that since polio, no vaccine has gone from regulatory approval to mass use in government-funded programs with such dizzying speed." He remarked that the March 19 federal government announcement of an allocation of $300 million for provincial programs using Gardasil had short-circuited the usual discussions that occur prior to adoption of vaccination programs. The vaccine had received the approval of Health Canada on July 18, 2006 and on Feb 15, 2007 The National Advisory Committee on Immunization recommended that all girls between 9 and 13 receive the drug. It was then up to the Canadian Immunization Committee, a federal-provincial-territorial body, to determine if Gardasil would be cost-effective and should be publicly funded. Their report wouldn't be ready until fall.

The cover of the August 27 issue of MACLEAN'S Magazine, seen online Aug 16, said, "OUR GIRLS AREN'T GUINEA PIGS"

Aug 13, an article by Missouri politician, physician and immunologist, Robert F Onder was published online by the Kansas City Star. He said the main reason he'd successfully amended a House Bill that would have mandated vaccination against HPV as a condition for entry of 11- and 12 year-old girls into sixth grade was that, being sexually transmitted, HPV is not highly contagious in a normal classroom setting! He questioned the claim that Gardasil is effective against "the two strains of HPV that cause 70 percent of cervical cancer" saying, "This is misleading, because this statistic looks at the women who are being diagnosed with cervical cancer today. These women contracted HPV 15 to 20 years ago. …If we look at the most current data on HPV strains prevalent today, from the National Health and Nutrition Survey, published this year in the Journal of the American Medical Association, Gardasil covers only about 4 percent of high-risk strains."

I received a reply written Aug 14 to my letter of June 1 to Minister of Health, Tony Clement. It stated: "Long-term surveillance on the impact of the vaccine on cancer reduction is needed, since the pre-licensure studies and vaccine programs have not been in place long enough to see the impact on cancer development. Such studies will take several years. In the meantime, there is no reason to delay the initiation of a proven, efficacious, and safe product that can prevent a potentially fatal illness." The letter was signed "Bill", Bill being William King, Chief of Staff. Bill would do well as a vaccine researcher: his conclusion twists the evidence he gives such that the premise of vaccine efficacy is upheld no matter what.

On Aug 15, NVIC reported that their analysis of US VAERS data had found a statistically significant increased risk of GBS and other serious events when Gardasil is co-administered with other vaccines, especially Menactra® meningococcal vaccine. They found that, as of May 31, there have been 2,227 Gardasil adverse events filed with VAERS, including 13 suspected or confirmed cases of GBS (two more GBS reports were made in June for a total of 15) and 239 cases of syncope (fainting with temporary loss of consciousness), many of which resulted in head injuries and fractures. Seven deaths have been reported after receipt of Gardasil.

CBC reported Aug 15 that New Brunswick had decided to wait for the report from the Canadian Immunization Committee before committing to a Gardasil vaccine program. Their decision won't be made until next year at the earliest.

The cover of the Aug 27 issue of MACLEAN'S Magazine, seen online Aug 16, featured a photo of a pre-teen girl and the words "OUR GIRLS AREN'T GUINEA PIGS". The latter was the title of a very thorough article on Gardasil written by Cathy Gulli. She commented, "All these questions and caveats highlight just how little medical and scientific evidence exists to make the case against mass inoculation a no-brainer." This stirred a backlash from the Chief himself, Canada's Public Health Officer David Butler-Jones, who huffed, "To suggest this is some grand experiment is inappropriate!" In answer to questions raised by Gulli, the Chief, in effect, replied "Trust us, we're experts."

Common Ground magazine's columnist, Alan Cassels, wrote the article, Lock up your daughters, Gardasil is on the loose, which appeared online Sept 2. He said, "In fact, what's most striking about this issue is the crass vaccine-mongering coming from public health officials who seem bent on pushing the vaccine as if there were an imminent epidemic."

A cost-benefit analysis by Andre Lalonde, MD, FRCSC in August's Journal of Obstetrics and Gynaecology Canada, funded in part by Merck Frostt Canada and GlaxcoSmithKline, compared several previous analyses. It concluded that "Overall, vaccination against high-risk HPV types 16 and 18 and low-risk types 6 and 11 is cost effective in a wide range of models with a wide range of assumptions. [the main, but unstated assumptions being that the vaccine can prevent cervical cancer and all vaccine injuries will be insignificant]… the most significant avoided costs with HPV vaccination would be those of pre-cancerous conditions of the cervix and non-malignant disease." All the models factored in an arbitrary value of $50,000 or less per life-year saved to quantify prevention of death and prevention of loss of quality of life. No similar value, in fact no value at all, was applied as a cost for loss of life and injury due

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to the vaccine. Lalonde stated: "The analyses published thus far were mostly by economists funded by the manufacturers. Therefore, government agencies need to urgently review the data to confirm or modify assumptions that underpin those results."

The opinions of now-retired doctor, Lawrence Benedet, former head of Vancouver General Hospital's gynaecological oncology division and head of the B.C. Cancer Agency's oncology division, were noted in the Sept 6 Richmond Review. He was troubled by the high cost of the vaccine and said funding could be better spent in other areas of health care. One of those areas he suggested was expanding Pap screening as much as possible to include regular testing of at-risk women, immigrant women and Aboriginal women. A Pap test costs about $15. But Tom Ehlen, head of B.C.'s colposcopy screening program suggested it's these women who've largely avoided screening who would reap the most benefit from the vaccine. However, he didn't explain how it would be easier to reach them with a vaccine than with a Pap test.

The Sept 8 Richmond Review quoted the views of school trustee, Sandra Bourque: "[Parents] need to make the decisions about their child and not assume that just because something is available in the school, that it is right for their child or their family. Parents must not abdicate their responsibility as a parent to any authority, whether that's medical or school authority. They should always question."

Following a request for direction from Catholic school boards, the Ontario Bishops Conference of Sept 10 drafted a letter regarding the government's mandate on HPV vaccination programs to be initiated the first day of school (but delayed at the trustees request since they hadn't had time to debate and vote on these).

The letter stated: "Infection with HPV or other sexually transmitted diseases can occur only through sexual activity, which carries with it profound risks to a young person's spiritual, emotional, moral and physical health. The Bishops note that, at best, a vaccine can only be potentially effective against one of these risks, that to physical health, and may have other unintended and unwanted consequences. Sexual activity is appropriate only within marriage. Outside of marriage, abstinence is not only clearly the choice that leads to spiritual and moral wellbeing, but it is obviously the best protection against risks of disease."

Making the decision whether or not to have a daughter vaccinated was the topic of a front-page article in the Sept 15 Globe & Mail. It extended to two more pages and asked readers to "ask an expert" on their website. The expert was obstetrician/gynaecologist, Deborah Money. Dr Money is liaison member on the National Advisory Committee on Immunization for the Society of Obstetricians and Gynaecologists of Canada, in other words, one of the "experts" who recommended HPV vaccine programs and a member of the group that received a gift of $1.5 million from Merck.

The Sept 18 Toronto Star reported that the auditor general had pulled radio and print ads for the vaccine because they contravened rules about government advertising during an election. Health officials were disappointed. Barbara Yaffe, Toronto associate medical officer of health said "Any time a new vaccine is introduced, we'd like as much information as possible to be provided." [Perhaps then, she'd like to include VRAN info in the "fact sheets" being given to parents and students!]

A Canadian Press article of Sept 20 reported that BC will fund an HPV program starting Sept 2008 at a cost of $30-million per year. The government had been pressured by provincial MHO, Perry Kendall who recommended that the 50,000 Grade 6 girls be vaccinated. For this group, the program would cost $600 per girl.

The first report of a refusal to adopt a vaccine program appeared Sept 24 on meridianbooster.com. A school-based program will not be allowed in Lloydminster, Sask. Director of Education, Michael Diachuk, explained that awareness of STD's was being taught. He said studies have shown that abstinence goes a long way in reducing teen pregnancy and transmission of HPV and other STDs and that the decision whether or not to vaccinate against HPV should be left entirely up to families.

On Sept 25 the Montreal Gazette reported that Quebec will introduce an HPV vaccine program for girls and women a year from now as part of a new, $145-million plan to combat all types of cancer. The plan will include vaccinating women and girls as early as Grade 4 next year; in the following two years a less expensive schedule will be undertaken. Vaccination cost is estimated to be $600 per person. Shortly after the announcement, the Réseau québécois d'action pour la santé des femmes, a women's health group, called for a moratorium on the program to vaccinate girls. One of their concerns was that there's been no long term testing of Gardasil to detect adverse effects from initial shots and any booster shot that's used.

Getting a needle without knowing why was the title of a Sep 26 article by Pauline Tam in the Ottawa Citizen. Interviews of schoolgirls getting the jab made it clear that many didn't know why they were being poked. Ms Tam wrote: "the Ontario government, which received federal funding to offer the vaccine for free to all Grade 8 girls, has done little by way of public education to help parents make an informed decision. That has left cash-strapped public health departments scrambling to provide basic information about the merits of the vaccine. …At the same time, few schools have expressed interest in learning about the vaccine. Ms. Parks [Ottawa Public Health supervisor] says of the 126 Ottawa schools offering the vaccine, only one has invited her to address parents."

The Edmonton Journal, a newspaper which, in the past, has published outrageously pro-vaccine views, showed a change of heart by printing a decidedly ant-vaccine article by Kathleen O'Hara Sept 27. She said, "As schoolchildren are being lined up for vaccines of one sort or another, it appears we are subjecting yet another generation of young women to the uncertainties of modern science and research; creating more guinea pigs." She described the federal government's decision to fund Gardasil as "a case of political and medicinal overkill if there ever was one." Her doubts are based not just on lack of data but also on real life medical tragedies of the past from drugs and procedures that had been promoted as safe and effective. Her own experience of these happened when, after having her Dalkon Shield removed, she tried to initiate a second pregnancy but couldn't.

As of the end of September, six provinces—Nova Scotia, PEI, Nfld/Labrador, Ontario, BC and Quebec—have committed to funding Gardasil. No doubt the debate will continue at least until it's time to roll out flu shot propaganda—which, come to think of it, is just around the corner. I wonder how Gardasil and the flu shot will synergize.

Thanks to Rita Hoffman for providing news items.

Addendum:

While the Public Health Agency of Canada tries to reassure the public of the safety of Gardasil, vaccine reactions, injuries and deaths continue to mount in the U.S. Despite promises over many years to implement a publicly accessible vaccine reaction monitoring system, PHAC has failed to do so, forcing

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Canadians to rely on the U.S. Vaccine Adverse Reactions System (VAERS) to inform ourselves of injury reports.

Side effects published by Merck & Co. warn the public about potential pain, fever, nausea, dizziness and itching after receiving the vaccine which comprise 77% of the adverse reactions reported. But other more serious side effects reported include paralysis, Bells Palsy, Guillain-Barre Syndrome, seizures and deaths.

The public interest group "Judicial Watch" reports (as of Oct. 6/07)" that in addition to previous adverse reactions, there also have been another 1,824 adverse reactions to the drug, bringing the "known total" of such problems to 3,461, including 371 serious reactions. Another eight deaths in just the past few months are being connected to Gardasil."

"Of the 77 women who received the vaccine while pregnant, 33 experienced side effects ranging from spontaneous abortion to fetal abnormities."

"In light of this information, it is disturbing that state and local governments might mandate in any way this vaccine for young girls," said Tom Fitton, the group's president. "These adverse reactions reports suggest the vaccine not only causes serious side effects, but might even be fatal."

GlaxoSmithKline will soon release an HPV vaccine, called Cervarix, which contains more HPV viral types and is formulated with the proprietary adjuvant system AS04 that induces more powerful immune responses, and is claimed to be two times stronger than responses to the aluminum adjuvant in Merck's Gardasil. AS04 is composed of aluminum salt and monophosphoryl lipid A (MPL). This adjuvant forces the immune system to mount an exaggerated immune response and has previously been linked to autoimmune disorders.

In a letter to the Canadian Medical Association Journal, Merck's director of scientific affairs boasts that "antibody concentrations remain from 10 to 20 times that found in natural infections for at least 5 years post-vaccination". Medical science has known for years that antibodies are not the "be all and end all" of immunity. True immunity is vastly more complex than an antibody count. Science also knows that eliciting high antibodies can disable the cellular immune system, leaving the person wide open to other infections.

http://www.cmaj.ca/cgi/eletters/cmaj.070944v1 Aug 23/07 in CMAJ letters √

Declining Child Health and the Role of Vaccines

Reminiscences of America's Children in the 1930s as Compared with Today and the Possible Role of Vaccines in Causing Retrogressive Changes

By Harold Buttram, MD, FAACP

As one of today's senior citizens who grew up in a Midwestern state in the 1930s, and as a doctor who has treated many children, I may have a special vantage point of time and experience in regard to the changes that have taken place in the health of America's children since the relatively innocent times of the 1930s. At summer camps in the New Mexico Mountains that I was fortunate to attend, no boy had allergies, none was on medication, and no boy was ever sick with the common ailments of today. It was much the same in schools. I don't recall ever seeing a child with easily recognized behaviors now described as hyperactivity (ADHD) or autism.

Today in stark contrast, approximately one third of our youngsters are afflicted with the 4-A Disorders (Autism, ADHD, Asthma, and Allergies), as described and documented by Dr. Kenneth Bock. (1) School budgets are being strained to the breaking points in providing special education classes for autistic and learning disabled children. Allergy problems are proliferating, as indicated by long lines of children at school nursing stations for their noontime medications.

Could today's infant and childhood vaccine programs, with their steadily increasing numbers of vaccines, be a contributory cause of this ominous health trend? As reflected in the U.S. Congressional Hearings (1999 to Dec., 2004) on issues of vaccine safety, in which major deficiencies in vaccine safety testing were disclosed, it is a real possibility that vaccines may be one of the major, if not the major cause of this trend. (2) Epidemiologic surveys from four widely separated geographic areas found that fully vaccinated children had significantly more allergic disorders than those with limited or no vaccines. (3-6) Although public health officials remain in denial about a causal relation between the mercurial vaccine preservative, Thimerosal, and the current epidemic of autism, the facts remain irrefutable. Thimerosal has now been removed from most vaccines, but in the 1990s, when the incidence of childhood autism peaked, infants commonly received up to 100-times the safe dose of mercury (according to current EPA and FDA standards) at two months age, again at four months, and again at six months. (7)

Although Thimerosal has been largely removed from vaccines (with exception of some flu and most tetanus booster vaccines), new cases of autism are still emerging. The probable reason may be the ever-increasing number of vaccines given during infancy. (8) From the standpoint of infants' immune systems, giving seven or eight vaccines together on three separate occasions during infancy might be comparable with the infants' immune systems being faced with seven or eight diseases at the same time. There is little wonder that their immune as well as nervous systems commonly run amuck under such challenges.

A survey commissioned by Generation Rescue compared vaccinated and unvaccinated in nine counties in Oregon and California. Among more than 9,000 boys age 4–17, the survey found vaccinated boys were two and a half times (155%) more likely to have neurological disorders than their unvaccinated peers. For older vaccinated boys in the 11–17 age bracket, the results were even more pronounced, with 158% more likely to have neurological disorders, 317% more likely to have ADHD, and 112% more likely to have autism. (9)

According to this observer, it appears that we are undergoing an unprecedented national tragedy with no end in sight. How could this possibly be happening? To answer this question I will cite two little-noted studies published many years ago. The first was published in the New England Journal of Medicine in 1984. (10) In this study a significant though temporary drop of T-helper lymphocytes was found in 11 healthy adults following routine tetanus booster vaccinations. Special concern rests in the fact that in four of the eleven subjects their T-lymphocytes fell to levels seen in active AIDS patients. If this was the result of a single vaccine in healthy adults, it is sobering to think of possible consequences from today's multiple vaccines routinely administered to infants. And yet, to the best of my knowledge, this study has never been repeated.

In a similar fashion A.L.Low (Chicago, 1955) performed EEGs on 83 children before and after pertussis immunization. (11) In two of these children he found abnormal EEGs without other signs or symptoms of abnormal reactions. These two studies, showing clear evidence that significant immunologic and neurological consequences can take place even with single vaccines, do not constitute proof of harm from vaccines, but they are important

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clues. What they do prove is an ongoing pattern of negligence of many years in following up on these and other similar studies.

Almost totally lacking until now, the great need is for definitive before-and-after tests specifically designed to search for possible adverse effects of vaccines on the neurological and immune systems as well as genetics of our children, and in finding adverse effects, to make appropriate safety modifications in vaccine programs. Based on personal experience, alerting authorities to this need has been like trying to start a fire with wet kindling. Yet our very survival as a society may be involved in this specific issue. In my opinion, the time is long overdue for a total rethinking and redirecting of current childhood vaccine programs. Until the safety of such programs can be assured by thorough and dependable safety testing, any further mandating of childhood vaccines will remain morally and ethically untenable.

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Note: This article was written by Dr. Buttram in support of "Vaccination News" and its funding appeal. Sandy Gottstein, President of Vaccination News writes: "Thank you, Dr. Buttram, for outlining the issues which have necessitated the existence of Vaccination News. May your many years of outspoken service to the genuine health and well-being of our children one day be fully understood to be the stellar contribution that it is." www.vaccinationnews.com √

Seeking an Alternative

By Ian Sinclair

As parents become aware of the dangers and inefficacy of childhood vaccines, they will, for obvious reasons, seek an alternative approach to safeguard their children's health.

Many parents choose a practice known as "Homeopathic Prophylaxis" sometimes referred to as homeopathic vaccination. Other parents employ vitamin and mineral supplements in the belief that they will strengthen their child's immune system, while others prefer their children to contract the childhood infections in the belief that it will give them natural life-long immunity. There are many parents who are just plain uncertain or confused as to what alternatives to embrace and therefore live in a constant state of fear and anxiety over their children's health.

So how do those parents, who reject vaccination yet remain uncertain of the alternatives, choose an approach that gives them the confidence and certainty of safeguarding their children's health?

In my opinion, such parents must do two things; Firstly, they must gain a clear understanding of the root causes of childhood infection. This will not only reveal to them the reasons why vaccines are ineffective, but more importantly, it will reveal to them the true means of disease prevention.

Secondly, they must gain a clear understanding of what childhood infection is. This will enable parents to overcome their fears of childhood infection and offer them an insight into a method of treatment that not only allows their children to recover from childhood infections quickly and without complications or suffering, but ensures that their children will be in better health afterwards.

The Root Causes of Childhood Infection

Common sense tells us that the prevention of childhood infections is only possible by removing its root causes. Now the World Health Organization acknowledges that malnourishment, polluted water supplies, poor sanitation, and poverty and despair, causes the deaths of tens of thousands of children each year in Third World countries from measles, whooping cough, tetanus, tuberculosis and many other infectious diseases. Significantly, these deaths occur despite widespread vaccination coverage in these countries.

In the third world: The reasons why vaccination fails to prevent these tens of thousands of deaths should be obvious to any logical thinker.

- Vaccines do nothing to correct the nutritional status of a malnourished child.
- Vaccines do nothing to purify a child's body that has been poisoned from drinking polluted and contaminated water.
- Vaccines do nothing to raise the vitality of a child whose vitality has been depleted through poverty and despair.
- Vaccines do nothing to remove the root causes of childhood infection and other infectious diseases and it is for this reason that vaccines have failed to prevent the tens of thousands of deaths in Third World countries.

In developed countries: In developed countries like USA, Australia, England etc, deaths from childhood infections are quite rare, however, there are still thousands of cases of measles, whooping cough, chicken pox etc reported annually. Although the root causes of childhood infections in these countries are less obvious, they are, I believe, most often related to faulty diet, overfeeding, and chemical and toxic pollutants.

Once again, herein lays the reasons why vaccines provide no protection against these childhood infections.

- Vaccines do nothing to correct the nutritional imbalances caused by faulty diet.
- Vaccines do nothing to unclog the digestive and intestinal tracts of overfed children.
- Vaccines do nothing to detoxify a child's body which is encumbered with chemical and toxic wastes.
- Vaccines do nothing to remove these root causes of childhood infection and this is evidenced by the fact that in the US, England, Australia etc, up to 90% of reported cases of measles, whooping cough and other so-called vaccine preventable diseases occur in fully vaccinated children.

Germs? Now at this point of time, some readers may be wondering where "germs" fit in to all of this. After all, aren't outbreaks of infectious disease caused by the spreading of germs from person to person? Isn't measles caused by the measles germ? Isn't chicken pox caused by the chicken pox germ? Isn't whooping cough caused by the whooping cough germ? Aren't child-

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hood infections caused by all the different germs out there?

I do not deny the existence of germs within the body nor do I deny that they can be passed from person to person. However, I do not accept the medical belief that they represent the root cause of childhood infection or any of the other infectious diseases including AIDS. So that you may understand my reasons for rejecting the germ theory of disease, it will be necessary for me to take you inside the body and explain to you one of the most important metabolic functions in human physiology—the process of elimination.

The Process of Elimination

Elimination is the process whereby metabolic wastes, toxic chemicals and foreign substances are eliminated from the body via the normal channels of elimination, mainly the kidneys, lungs and bowel. The important thing to realise, is that the efficiency of this process, like all other metabolic processes, is primarily dependent upon the health and vitality of the body. Anything that weakens or compromises health, e.g. malnourishment, faulty diet, impure water, overwork, fatigue, stress, etc will impair elimination which results in a build up of internal waste matter, a condition commonly referred to as Toxemia. In the world of Natural Health, it is believed that many diseases including the childhood infections and other infectious diseases are a direct result of this condition.

Toxemia: Toxemia can also develop if the amount of chemicals and foreign matter that enters the body exceeds the body's normal eliminative capacity. For example, let's say a child's body can eliminate around 100 units of toxic waste a day. If the amount of toxic waste produced in that child is around 120 units a day, then this means there will be 20 units of toxic waste that the child's body has been unable to remove. If this continues day after day, then over a period of time, the result will be an accumulation of toxic waste within the child's body leading to this condition known as toxemia.

This may come as a shock to some parents, but I don't believe there would be a child out there, who, raised under the conventional lifestyle, would be free of this condition. Poor parental health, drugs and vaccines, impoverished breast milk, fluoridated water, overfeeding, chemicals in the diet, pesticides, negative emotional states, etc. all contribute to the development of Toxemia in children. Little wonder that sickness in today's generation of children is so endemic.

> I do not accept the medical belief that [germs] represent the root cause of childhood infection or any of the other infectious diseases.

Bacteria and viruses: By understanding the toxemia theory, one is in a perfect position to clearly understand where "germs" (bacteria and viruses) fit in to all of this.

Bacteria are micro-organisms known as saprophytes whose biological role is to breakdown organic waste matter into simple molecules which can then be transformed back into living substances. The role of bacteria in the body is not to attack cells or tissues but to breakdown organic waste matter for disposal and recycling.

As for viruses, Natural Health regards them as merely products of cellular decay which play no part in disease causation. It's worth noting that Louis Pasteur, the scientist credited with the germ theory of disease, ultimately admitted that it was not the seed (germ) but the soil (toxemia) which was the determining factor in disease.

Rene Dubois, the most renowned microbiologist of the 20th century wrote "Viruses and bacteria are not the sole cause of infectious disease, there is something else." What is this something else?

Childhood Infections: So what it all comes down to is this. If a child develops measles, chicken pox, whooping cough or any of the other childhood infections, it is not because of germs, it is because of the toxic conditions in the child's body. Whenever some type of infectious disease is diagnosed in a child or adult, regardless of what name is given to it, regardless of whether it is viral or bacterial, the underlying cause is always toxemia. This explains why vaccines fail to prevent disease for they do nothing to remove the toxic conditions of the body out of which the various bacterial and viral diseases arise.

As previously stated, in order for parents to choose an alternative approach that gives them the confidence and certainty of safeguarding their children's health, they would need to gain a clear understanding of the root causes of childhood infection and what childhood infection is. By understanding the Toxemia theory, not only do parents gain a clear understanding of the root causes of childhood infection and the means by which it can be prevented, but they are in a position to clearly understand what childhood infection is.

What Childhood Infection Is

Let's go back to the example of a child whose body is capable of eliminating 100 units of toxic waste a day. If that child's body produces 120 units of toxic waste a day (as a result of the conventional diet, fluoridated water, chemical pollutants, vaccines etc), then this means that there will be 20 units of toxic waste that the child's body has been unable to eliminate. If this continues day after day then obviously, over a period of time, there will be a gradual build up of toxic waste within that child's body creating the condition known as toxemia.

This condition is very harmful, for toxic waste is poisonous, and if left unchecked, then it's retention within the body will ultimately lead to cellular damage and destruction, or in other words, serious disease including cancer. Fortunately, there are safety mechanisms within our bodies that are switched on whenever our toxicity levels rise above the normal level. These safety mechanisms are designed to reduce excess toxicity.

Fever: In infants and children, the most common safety mechanism that the body employs to reduce excess toxicity is fever. Fever is not a mistake, it is not something evil, it is not the body trying to fight off germs.

Fever is an emergency reaction by the body which is designed to speed up the process of elimination. This dramatically reduces toxicity levels thereby restoring the health of the child. This safety mechanism, like all other safety mechanisms that the body employs, is governed and controlled by the innate intelligence of the body, and this intelligence knows exactly when to turn the fever on, and exactly when to turn the fever off.

Whenever fever is present, the body will activate a number of other safety mechanisms which are designed to facilitate and assist in the reduction of toxicity. During fever, the body will neither need nor want any food and therefore it will shut down the digestive system resulting in a loss of appetite.

Vomiting and Diarrhea: If, during fever, any food is present within the digestive tract, then the body will eject it either through vomiting or diarrhea. During fever, the body

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directs all its energy towards this process of elimination, so the general energy level of the body will be greatly reduced resulting in tiredness, lethargy and fatigue.

Swollen glands: During or after the cessation of the fever, there may be localized areas of inflammation which is another safety mechanism the body employs in order to reduce toxicity and promote healing and repair. There may be swollen glands whereby the swelling increases the glands capacity to filter toxic waste from the bloodstream.

Skin eruptions: In many cases the body will eliminate toxic waste through the skin which will manifest as skin eruptions, blisters, red spots or rashes.

Headaches, aches and pains, nausea: Throughout this entire process the central nervous system will be on full alert and therefore extremely sensitive to the level of toxic waste in the circulation, and its subsequent elimination from the body. This can result in head and body aches, pains, nausea and general discomfort.

Whenever a child develops measles, chicken pox, whooping cough, mumps, rubella or any other so called childhood infection, the child will experience the exact same symptoms that I have underlined above. So what all this means is that measles, chicken pox, whooping cough, mumps, rubella or any of the other so called childhood infections, are not infections caused by germs, but are in reality, safety mechanisms which are designed to reduce inner toxicity to a safe level.

Whether you wish to refer to them as childhood infections, safety mechanisms, crises of elimination, acute illnesses, cleansing processes, healing crises or whatever—measles, chicken pox, rubella, whooping cough, mumps etc all arise from the same underlying cause—toxemia, and all of them serve the exact same purpose—the elimination of toxic waste from the body.

By clearly understanding what childhood infection is, parents are in a position to understand a method of treatment that not only allows their children to recover from childhood infections quickly and without complications or suffering, but a method that ensures their children will be in better health afterwards.

Method of Treatment

If childhood infections are indeed the body's way of reducing inner toxicity, then it stands to reason that the method of treatment employed should do nothing to suppress or interfere with this process, and everything to assist and support it.

In the world of Natural Health, whenever a child develops measles, chicken pox, whooping cough or any other childhood infection, the most common method of treatment is as follows:

The sick child is immediately put to bed in a well ventilated room. If weather permits the child is often placed outdoors in a shaded area where it has maximum exposure to fresh air. If the weather is cold the child is rugged up to preserve warmth. During the fever no food whatsoever is given to the child, not even fruit juice. Pure water is made available to the child should thirst be experienced. Two or three times a day, the child is sponged down with lukewarm water to ensure cleanliness. No effort is made to suppress the fever.

By clearly understanding what childhood infection is, parents are in a position to understand a method of treatment that... allows their children to recover...

The duration of the fever will in most cases last anywhere between 24 to 72 hours and throughout this period noise is kept to a minimum so that the child's rest and sleep remain undisturbed. Once the fever subsides and the child's desire for food returns, fresh fruit or fruit juices are given for the first one or two days then slowly other wholesome foods are reintroduced. If any skin rashes or eruptions appear, short periods of sunbathing to the child's naked body are applied. No ointments or creams are used. Some parents also resort to a technique known as hydrotherapy which utilizes bathing, hot and cold compresses, and plain water enemas. The bathing and compresses serve to relieve discomfort, promote circulation, induce calm and sleep, whilst the enemas help clear congestion in the lower bowel, a causative factor in many childhood fevers.

This method of treatment, as taught by Natural Health, does nothing to suppress and everything to assist this inner cleansing process. Children treated in this manner not only recover quickly and without complications or long term suffering, they are in fact in better health afterwards because their body's have been cleansed of the accumulated toxic wastes. It is not uncommon for these children to experience growth spurts or noticeable improvements in their physical, intellectual or creative abilities following these acute cleansing episodes. This occurs because their bodies, no longer burdened by toxic and chemical poisons, can operate at a much higher vitality level.

For those parents who are considering adopting this approach in treating childhood infection, it is my opinion that they should first thoroughly acquaint themselves with Natural Health or Natural Hygiene philosophy. This will give them the knowledge and the confidence they need to become totally self-reliant in the treatment of childhood infection and other acute childhood illnesses. It is also wise for parents to seek out those health practitioners who support this philosophy so if at any time uncertainty arises they can find professional guidance.

I will not say that it has never happened, but in the many years that I have studied and researched this philosophy, I have never come across a case of a child, who, diagnosed with a common childhood infection and treated in accordance with Natural Health principles, has suffered any complications or died. It is my firm belief that in the industrialized countries like USA, Australia, England, etc, if a child develops measles, whooping cough, chicken pox or any of the other childhood infections and subsequently goes through any long term suffering, or experiences any complications, or dies, then the causes can be directly attributed to wrong treatment which in most cases includes suppressive drug therapy.

Note: The foregoing is an excerpt from Ian Sinclair's excellent article about natural health, which can be found in its entirety in the archives of the VacLib website.
About the author: Ian Sinclair was a passionate health activist and writer. For the past 23 years he studied and researched both vaccination and natural health philosophy. He authored three books: Vaccination The Hidden Facts (1992), You Can Overcome Asthma (1993) and Health The Only Immunity (1995). He conducted seminars throughout Australia, New Zealand and the United Kingdom. He passed away in the spring of this year and will be deeply missed by the natural health community around the world. Ian was the creator of the website VaccinationDebate.com which is now archived at www.VacLib.org √

Vaccines—Why Fear Sells

By Sherri Tenpenny, DO

It's interesting how a discussion about vaccination can quickly become heated and sometimes even hostile. Would the same debate rage over an antibiotic or an antihypertensive medicine if there was evidence the drug was causing harm? When it becomes obvious that thousands have been injured by a drug such as Vioxx, it is removed from the market. We stop the use of drugs until they are proven safe. And we sue.

Not so with vaccines. Vaccines are promoted with fanfare until they are statistically proven to cause harm to a large number of persons. The thousands of individuals who suffer from vaccine reactions in proportion to the millions who have been vaccinated are not considered to be a mathematically significant statistic. However, the more than $1 billion that has been paid to vaccine-injured persons shows that safety is not all that is it promoted to be. Why the double standard?

Vaccination is built around a "belief system." We believe vaccines are safe; we believe vaccines are important to health; we believe the stories that vaccines are solely responsible for the elimination of smallpox and polio. And we really want to believe that our doctors have read all the available information on vaccines—pro and con—and are telling us the complete truth about vaccines.

However, belief is based on faith, not necessarily on fact. For example, we\ want to believe that vaccinating our children will keep them from getting sick with measles or chickenpox. However, there is a plethora of information documenting this is not necessarily so.

Why is there an almost desperate need to defend the current belief—and trust—in vaccines? The public's view of disease seems to be similar to our current view on terrorism: Random attacks that are potentially deadly. The media hawks this view of childhood illnesses and the need for vaccines. Pharma sells it, doctors push it, and educational institutions reinforce it. They keep selling it because most readily buy into it, without question. There is a "just in case" or "better be safe than sorry" mentality when it comes to vaccination and illness with children.* After nearly 200 years of use, fear still sells vaccination.

What do we really know about vaccines? A review of the literature and the CDC documents reveals the following:

1. Vaccine safety studies are relatively small and include only healthy children. However when a vaccine trial has been completed, vaccines are given to ALL children, regardless of the condition of their health, family history or genetics.

2. Vaccine safety studies are short. Most clinical trials monitor for side effects a paltry 21 days, sometimes, it is only for 5 days. It can take months before immune system complications appear. This arbitrary deadline, established by the FDA, precludes associating vaccines with chronic health disorders. "Safe" is a designation given based on limited information.

3. Vaccine safety studies do not use a true placebo. One of the Gold Standards in medical research is the "placebo-controlled" trial. An inactive substance such as a sugar pill is given as a placebo to one group of participants, while the treatment group is given the new drug. The data is analyzed to compare the number of side effects that occurred in those given the drug compared to the numbers of side effects that occurred in those given the placebo. However, the "placebo" used in vaccine research is not an inert substance such as sterile water; it is another vaccine. Inert, sterile water doesn't cause a reaction; as substitute vaccine can. If both groups of babies in a trial have the same number of reactions, the study reports that the vaccine "is as safe as a placebo." This is deceptive science.

4. Vaccine-induced antibodies do not correlate with protection. In fact, the esteemed journal, Vaccine stated this clearly "…It is known that, in many instances, antigen-specific antibody titers do not correlate with protection." The full reference can be found at PMID: 11587808

Vaccination has been accepted as safe, effective and protective. The shots can be described as a medical "sacred cow," by definition, "a medical procedure unreasonably immune to criticism." The strong response is the reaction to a suggestion that the "cow" should be "sacrificed." It is heresy to suggest that the status quo is wrong.

When Copernicus insisted that the sun, not the earth, was the center of the solar system, it went against the philosophical and religious beliefs held during the medieval times. When two other Italian scientists of the time, Galileo and Bruno, embraced Copernican theory their comments were considered blasphemous. Bruno was tried before the Inquisition, condemned and burned at the stake in 1600.

Thirty years later, Galileo was brought forward and in front of his "Betters," was forced to renounce his beliefs under the threat of torture and death. Even after his confession, he was sentenced to imprisonment for the remainder of his days.

The more one investigates vaccination and

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Mutated Live Vaccine Polioviruses Pollute Water, Paralyze

by Barbara Loe Fisher

In yet another stunning example of arrogant and immoral behavior, doctors at the World Health Organization (WHO) and Centers for Disease Control (CDC) admitted last week that they deliberately did not tell "the public" that neurovirulent mutated vaccine strain live polio viruses are polluting world water supplies and are responsible for polio outbreaks among children in Nigeria and other countries. Dr. David Heymann, a leader in WHO's polio eradication effort, reportedly explained that WHO "considered the [Nigerian] outbreak to be a problem for scientists and not something that would change global vaccination practices" so WHO didn't share the information with the public until now.
http://news.yahoo.com/s/ap/20071005/ap_on_he_me/nigeria_polio_paradox

There is a lot of information that WHO and CDC officials have not shared with the public about what forcing worldwide use of a live oral polio for 40 years has done. The Sabin live polio vaccine - which is the public health community's main claim to fame and fortune in the 20th century - may not only have unleashed the most feared autoimmune disorder to plague man in two centuries but also has created mutant paralytic viruses that could cripple many more humans than would have been crippled if the live virus polio vaccine had never been used at all.

The US abandoned the Sabin live polio vaccine in 1999 and switched to the inactivated Salk vaccine that cannot cause vaccine strain polio. So why are billions of dollars being spent to pour the risky live virus polio vaccine into the mouths of the poorest babies in the most underprivileged countries in the world where sanitation and water supplies are already compromised?

The worst part of this deception is that WHO and CDC spin doctors are trying to convince parents in Africa, India and elsewhere that it is the "unvaccinated" who are causing vaccine strain polio outbreaks even though many of these children are getting 9 or 10 polio vaccinations. Although public health officials are trying to blame polio outbreaks on the "unvaccinated", the medical literature documents that assertion to be false.
http://vaccineawakening.blogspot.com/search?q=India%2C+polio+vaccine

Below is just a sampling of articles from the medical literature about mutated vaccine

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strain polio viruses causing paralytic disease in vaccinated populations:

(1) In 1999, Paul Fine took information from a WHO document and published an article in the American Journal of Epidemiology on the transmissability and persistence of oral polio viruses. He concluded that "the findings indicate that OPV viruses could persist under various plausible circumstances" after mass vaccination with live OPV around the world is stopped.

(2) In 2000, Israeli and CDC researchers reported in the Journal of Clinical Microbiology that a "highly evolved derivative of the Type 2 oral polio vaccine strain" was isolated from sewage in Israel. They concluded that "the presence in the environment of a highly evolved, neurovirulent OPV- derived poliovirus in the absence of polio cases has important implications for strategies for the cessation of immunization with OPV following global polio eradication."

(3) In 2002, Japanese researchers reported in the Journal of General Virology on a 1993-1995 survey of poliovirus in river and sewage water. They concluded that "The prevalence of virulent type vaccine derived polioviruses (VDPV's) in river and sewage water suggested that the oral polio vaccine itself had led to wide environmental pollution in nature."

(4) In 2002, Russian and FDA researchers reported in the Journal of Virology on the "Long Term Circulation of Vaccine-Derived Poliovirus That Causes Paralytic Disease" after finding a highly evolved derivative of the Sabin vaccine strain isolated in a case of paralytic poliomyelitis from a healthy 7 month old baby "in an apparently adequately immunized population." When the researchers analyzed the genome of the isolate, they found it was a double (type1-type2) vaccine-derived recombinant and that the number of mutations suggested "both had diverged from their vaccine predecessors." They concluded that, "The reported data indicate that vaccine-derived viruses may make their way through narrow breaches and evolve into transmissible pathogens even in adequately immunized populations."

(5) In 2003, Russian and FDA researchers published in the Proceedings of the National Academy of Sciences a "Microarray analysis of evolution of RNA viruses: Evidence of circulation of virulent highly divergent vaccine-derived polioviruses." They said "We identified a type-3 VDPV (vaccine derived polio virus) isolated from a healthy person and missed by conventional methods of screening. The mutational profile of the polio strain was consistent with less than 1 year circulation in human population and was highly virulent in transgenic mice, confirming the ability of VDPV to persist in communities despite high levels of immunity."

(6) In 2005, Russian and FDA researchers published an article in Journal of Virology in which they reported on results of a study of vaccine-derived isolates from "an immunocompromised poliomyelitis patient, the contacts, and the local sewage." They acknowledged that "The increased neurovirulence of vaccine derivatives has been known since the beginning of OPV use, but their ability to establish circulation in communities has been recognized only recently during the latest stages of the polio eradication campaign." They go on to discuss the new recombinant type 2/type1 genome that has developed as a result of mass use of live polio vaccine as well as "another mutation in the VP3 protein" that may facilitate "virus spread in immunized populations."

Their conclusion:

It is time to take the holy robes off of doctors and scientists who are tinkering with the biological integrity of the human race and the ecological balance on earth.

"The patterns and rates of the accumulation of synonymous mutations in isolates collected from the patient over the extended period of [vaccine strain poliovirus] excretion suggest either a substantially nonuniform rate of mutagenesis throughout the genome, or, more likely, the strains may have been intratypic recombinants between coevolving derivatives with different degrees of divergence from the vaccine parent. This study provides insight into the early stages of the establishment of circulation by runaway vaccine strains."

For too long, vaccine-wielding doctors employed by the U.S. government and worldwide medical organizations, like the WHO, have joined with pharmaceutical companies and conned politicians and populations around the world into accepting forced use of vaccines that have not been properly tested and regulated.

When doctors and scientists think they are entitled to experiment on people and keep those medical experiments secret, it is no wonder that iatrogenic diseases like cancers, AIDS and mutated vaccine strain viral diseases soon follow.

It is time to take the holy robes off of doctors and scientists who are tinkering with the biological integrity of the human race and the ecological balance on earth. The parents in Africa and India, who are fleeing from the vaccine-wielding doctors hunting their children down, are not ignorant or crazy. They are exercising common sense.

Medical literature articles:

http://pt.wkhealth.com/pt/re/ajep/abstract.00000429- 199911150- 00001.htm;jsessionid=HKgZjMMTjTzWZ9tW5wGr0wTh FLHL2JPG2DxRvhKgywb2NL11TyvJ!-656639706! 181195629!8091!-1
http://jcm.asm.org/cgi/content/abstract/38/10/3729)
http://vir.sgmjournals.org/cgi/content/asbtract/83 /5/1107
http: //jvi.asm.org/cgi/content/full/76/13/6791)
http://www/pnas.org/cgi/content/abstract/100/16/9 398
http://jvi.asm.org/cgi/content/abstract/79/2/1062)

Article reprinted from NVIC E-Bulletin sent October 11, 2007: www.nvic.org √

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studies the adverse effects that have been attributed to vaccines, the more one becomes a Copernican heretic, speaking out against the status quo can have deadly consequences. I have personally invested more than 8,000 hours in revealing the truth about vaccines. If the result of this inquiry and exposure is to be called a heretic, than I am in wonderful company.

*My thanks to Judy Converse for these insights. http://ezinearticles.com/?Vaccines---Why-Fear-Sells&id=610035

Dr. Sherri J. Tenpenny is respected as one of the country's most knowledgeable and outspoken physicians regarding the negative impacts of vaccines on health. Through her education company, NMA Media Press, she spreads her vision of retaining freedom of choice in healthcare, including the freedom to refuse vaccination. Available from VRAN are her three hour DVD, Vaccines: The Risk, The Benefits and The Choices, and her new book FOWL! Bird flu: It's Not What You Think. For additional educational materials: http://www.nmaseminars.com/VaccineInfo-Home.html √

Eighteen Years to Flu Pandemic?

By Susan Fletcher

In case you're wondering what's happened with bird flu lately, the answer is: not much. Noting the resistance of H5N1 to mutate into a virus easily transmissible between humans, Tony Delamothe, deputy editor of the British Medical Journal remarks, "Ten years after the strain first appeared in humans, it has killed just 191 people…a similar number of people die on the roads world wide every 84 minutes."

In fact, rather than "avian flu", "pandemic flu" is the latest terminology being used for some unknown viral entity which we can all fear. Nothing will capture our attention and render us submissive to government regulations and mandates more than something that's life threatening and unknown.

In June, a Toronto gathering of prognosticators, called "the largest flu meeting ever", was told that a rise in flu deaths in people 80 yrs and older had concealed a large drop in flu deaths in overall populations in the US, Canada, France and Australia. Veteran flu researcher, Dr Tom Reichert said that, since the last mild flu pandemic of 1968, flu deaths had been dropping "like a stone". And this, he said, was regardless of the predominant flu strain and whether vaccination programs were in place.

But, according to Reichert, this drop in deaths could be bad news as well as good. He explained that, if the current predominant strains of influenza are becoming less virulent and/or we are becoming more resistant to them, new more virulent strains could displace them. We could then be facing the big one, "pandemic flu".

In a response to Delamothe's article in the BMJ, Hilary Butler, co-author of *Just a Little Prick*, agrees we could be due for a pandemic—but not until 2025. It appears that, unlike those who've been tracking avian flu, attending large conferences and spreading the word that an influenza pandemic is "imminent", this diligent researcher has gathered significant facts.

By applying simple arithmetic to the historical timing of past flu pandemics and, at the same time, noting the shifts in predominant influenza strains, she has come up with a simple formula by which future pandemics can possibly be predicted.

Butler has noted that the pandemics of 1889 and 1957 were due to an H2 type of influenza strain; of 1900 and 1968 to an H3 type; and of 1918 and 1986 to an H1 type. Each of the pairs of types caused pandemics that were exactly 68 years apart. The formula she's discovered for the repetition of the influenza types is: H2, H3, H1; H2, H3, H1 with 68 years between the return to pandemic strength for each of the types.

Could we find any better indication of the innate intelligence of our world? Judging by Butler's formula, the influenza virus has been acting as a natural method of population control one generation at a time.

Meanwhile, the drug companies are happy; they've been paid in advance for endless orders of anti-virals and development of vaccines. Governments are satisfied that their electorates can see they're taking decisive action. But, in the process, taxpayers have been looted with nothing to show for it. Birds have been slaughtered by the trillions and many "third world" farming poor have been stripped of their livelihood.

Referring to the deaths of domestic and wild birds, Dr Sherry Tenpenny remarks: "The mass culling of our early-warning messengers is akin to shutting off a blaring fire alarm without looking for a fire." In her book, *Fowl! Bird Flu: It's Not What You Think*,

Tenpenny makes an excellent case for the role of environmental toxins as the major cause of deaths from avian flu. Of course, she is right; whatever influenza virus mutates to predominate, it's the health of Earth and the related health of humans that will determine the death count in the pandemic to come. Perhaps we should start doing something now.

Eighteen years isn't a lot of time to clean up.

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1. Editor's Choice; FAFfing about by Tony Delamothe, deputy editor, BMJ 2007;334 (30 June), doi:10.1136/bmj.39259.443646.47 http://www.bmj.com/cgi/content/full/334/7608/0
2. Jabs Slash Flu Deaths Among The Elderly, 28th June 2007, 00:35 http://www.lse.co.uk/ShowStory.asp?story=LJ2839017E&news_headline=jabs_slash_flu_deaths_among_the_elderly
3. Is your guess like mine? By Hillary Butler http://www.bmj.com/cgi/content/full/334/7608/0
4. Fowl! Bird Flu: It's Not What You Think by Dr Sherri J Tenpenny; 2006 √

Flu Vaccine—Setting the Record Straight

***Note:** Following is an expanded version of VRAN's response to Get the flu shot – For everyone's sake, a Globe & Mail article of October 2, 2007, lauding the benefits of flu vaccine.*

Dr. Evan's article is an all too familiar warm up to the coming flu season and the barrage of propaganda and misinformation that will follow. However, unless people consider more solid data, it is easy to flounder on a charged topic like this. A fact that most people are unaware of is that only a small minority of seasonal influenza like illnesses (ILI) are actually Influenza. This is corroborated by the Public Health Agency of Canada's FluWatch every year.

Fact: The Public Health Agency's yearly stats in FluWatch report that on average only 10-15% of ILI (influenza like illnesses) analyzed by labs across Canada are actually influenza. The majority of "influenza like illnesses" which present with identical symptoms to influenza are linked to other pathogens, against which flu shots are completely ineffective. The majority of seasonal miseries called the flu" are NOT Influenza and regardless of how many people get the vaccine, it's not going to change this reality.

Fact: During the 2006-2007 flu season in Canada, swabs taken from patients presenting with an influenza like illness were sent to labs across Canada for testing. From August 27, 2006 to May 5, 2007, 86,269 swabs from patients were analyzed. Of these, 7,976 tested positive for the Influenza virus—i.e. 9.2 % were Influenza. The rest, 78,293 or 92% of these "influenza like illnesses" were attributed to other pathogens and were NOT Influenza. This is a snapshot of what goes on in the rest of the general population year in, year out. The majority of influenza like illnesses are NOT Influenza and cannot be prevented by the vaccine.

http://www.phac-aspc.gc.ca/fluwatch/06-07/w18_07/index.html

Fact: Dr. Thomas Jefferson of the prestigious Cochrane Vaccines Field has published findings two years in a row that shed light on the over-inflated benefits of flu vaccination. Conclusion's from his team's review of all the major studies world wide of the effects of influenza vaccine can be read at: http://www.bmj.com/cgi/content/short/333/7574/912?ehom=&eaf

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Dr. Jefferson concludes that:

- Evidence from systematic reviews shows that inactivated vaccines have little or no effect on the effects measured.
- Most studies are of poor methodological quality and the impact of confounders is high.
- Little comparative evidence exists on the safety of these vaccines. A re-evaluation of vaccine policies should be urgently undertaken, "given the huge resources involved and the gap between policy and evidence".

At great public cost, Ontario's universal influenza vaccination program has not been shown to reduce cases of seasonal Influenza in that province.

Fact: At great public cost, Ontario's universal influenza vaccination program has not been shown to reduce cases of seasonal Influenza in that province. A study led by Dr. Dianne Groll and published in the June 2006 issue of "Vaccine" concluded 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."

Fact: February 14, 2005: Researchers from the National Institute of Allergy and Infectious Diseases (NIAID) found no correlation between an increase in flu vaccine coverage over the past 33 years and a decrease in influenza-related deaths among the elderly. The study concluded that despite steadily increasing vaccination rates, "That among those 85 years and older, the mortality rate did not change throughout the 33 influenza seasons, [and that] among those 65 to 74 years of age, the mortality rate remained the same since 1980".

Furthermore, the percentage of elderly Americans who got annual flu shots rose steadily from around 15% before 1980 to 65% in 2001.

Lead researcher, Lone Simonsen notes that the dramatic increase in coverage should have led to a dramatic drop in flu deaths, but, "This is not what we found. Certainly if this intervention really does reduce winter deaths in the elderly by 50% we would expect to see it. So the mortality benefits are probably very much overestimated."

"Simonsen says the 1997-1998 flu season perfectly illustrates the point. That year, the vaccine was totally mismatched with the circulating flu strain, she says. So even though 63% of the eligible elderly got their flu shots, coverage was effectively zero.

Despite this, there were approximately 5,000 fewer excess deaths in this age group than there were the next flu season, when the same percentage of people were vaccinated and the vaccine did match the flu strain.

Fact: Regarding the 36,000 influenza deaths in the U.S., searches for a source of this statistic have found it to be a fictitious number invented by the CDC and simply not based in reality.

Yet this fictitious number is enthusiastically regurgitated by both the U.S. and Canadian media year in and year out.

Dr. Edward Yazbak, MD searched the National Vital Statistics Report just a year ago (July 2006). He writes—"Certified figures about Influenza morbidity, [J10-J11] were listed on page 31 of the report. There were, in all, 257 influenza deaths recorded in 2001.

This report was published September 18, 2003 and was the last official U.S. government report on influenza mortality prior to Congressional hearings held in February 2004."

Notes:

1. Public Health Agency of Canada – FluWatch: http://www.phac-aspc.gc.ca/fluwatch/index.html

2. Dr. Lone Simonsen; Impact of influenza vaccination on seasonal mortality in the US elderly population ; Feb. 14, 2005 - Archives of Internal Medicine. http://www.webmd.com/cold-and-flu/news/20050214/do-flu-shots-save-lives

3. F. Edward Yazbak, MD, FAAP; June 16, 2006 Calculating U.S. Influenza Deaths http://www.redflagsdaily.com/yazbak/2006_jun16

4. VRAN website, Influenza articles: http://www.vran.org/vaccines/flu/flu-jefferson-06.htm √

"There has been an Accident"

by Wendy Callahan

No five words strike more terror in the heart. The frantic ride to the accident scene, seeing your loved one lying helpless on the ground, watching the paramedics work—there are few things more distressing.

You place your faith in the ER staff and their abilities. Most of us depend on them to make the best decisions possible and employ every skill. But what happens when they fall short? What happens when a protocol is in place that causes more harm than good? What happens if the coherent patient refuses a procedure that is part of the protocol and is forced to submit to it against his will? If "no" means "no" on a date, why doesn't "no" mean "no" in a hospital?

It seems innocent enough—a tetanus shot after a bad road rash from a motor scooter accident. But is it? What are the chances tetanus bacillus is lying in wait, ready to pounce on the unsuspecting accident victim?

According to the CDC, not likely. As of May 12, 2007, three cases of tetanus had been reported this year. In all of 2006 there were 37 cases. Standard care is to give the vaccine to any patient with a puncture wound or an abrasion. But does the vaccine prevent a potentially fatal case of tetanus from the current wound? No. It can take up to two weeks for tetanus antibodies to form in an unvaccinated person. So why is this shot being forced on trauma patients—especially when their vaccination status is unknown?

For the sake of argument, let's say you are exposed to tetanus. Aren't ER personnel trained in proper wound hygiene? Should a vaccine be used in place of proper wound hygiene? It is an established fact that the decline in the number of tetanus cases is due to advances in the treatment of wounds.

According to the CDC's "pink book," the efficacy of injecting the tetanus toxoid as a means of preventing tetanus has never been studied in a vaccine trial.
www.cdc.gov/Nip/publications/pink/tetanus.pdf

With the fervor of cult devotees, the medical community defends its number one sacred cow, vaccination—in this case the tetanus vaccine—and relies on "faith" that it works.

Let's take a look at a few of the vaccine's ingredients: Aluminum, Formaldehyde, residual glutaraldehyde, a toxic chemical preservative that causes severe eye, nose, throat and lung irritation, headaches, drowsiness and dizziness. The tetanus vaccine also

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contains 2-phenoxyethanol which, according to the MSDS sheet, is harmful if swallowed, inhaled or absorbed through the skin; it may cause reproductive defects and is a severe eye and skin irritant. http://physchem.ox.ac.uk/MSDS/PH/2-phenoxyethanol.html

The tetanus vaccine comes with diphtheria toxoid. Although skin diphtheria infections occur, the most common form of the infection occurs in the tonsils and pharynx. And, just for good measure, a neurotoxin called "thimerosal" helps keep the vaccine clean. That's the controversial, mercurial compound that has been strongly linked to autism and Alzheimer's. Inserted into that mix is a tetanus toxoid. Now inject that witch's brew into an immune system no one on the planet has a comprehensive grasp of and you have just added insult to injury. This concoction, reminiscent of "eye of newt and spleen of bat," cannot possibly be beneficial to a healthy, much less injured, body.

A quick search of Vaccine Adverse Event Reporting System data yields this paraphrased result: Found 242 events with age from 0 to 80. Vaccine: Tetanus. Vaccination date: From 2007–01 to 2007–05. This means 242 people had a bad enough reaction to actually take time out of their day to fill out a report. If three people so far have contracted tetanus and 242 have had a reaction to the shot, what does that say about the risk/benefit ratio?

Aside from the obvious and observable, published medical literature scientifically proves that routine administration of the tetanus shot is both ineffective and unsafe, having been found responsible for a long list of adverse effects that include sterilizing women. We need a deprogramming team in the medical community.

Let's insist the medical community put its confidence in sound, tested, scientifically-based medical practices with good, basic wound hygiene instead of practicing the faith based, cult-like, vaccine-obsessed dogma that permeates America's ERs.

Wendy Callahan is the Co-Director of Vaccination Liberation, a leading U.S. group that advocates for the repeal of forced vaccination laws in that country—www.vaclib.org √

LETTERS

Re: The persecution of Dr. Andrew Wakefield

Letter to Brian Deer, well known British journalist, whose vicious attacks on Dr. Wakefield caused the General Medical Council to bring "unprofessional conduct" charges against him regarding his work with autistic children who regressed into autism following MMR vaccination.

My son was one of the perfectly healthy babies who were willfully injected with toxins such as mercury and aluminum in shots that were supposed to protect him. He was also injected with an experimental MMR vaccine without my informed consent.

In Canada, there are no consent papers to sign regarding adverse effects. We are bullied into doing it without even knowing what could happen to our perfect children. As I'm sure you are aware, vaccines can and do cause damage to infants. Otherwise there would be no Vaccine Injury Compensation Program in the US. In Canada, we don't even have that.

Nearly every parent I've ever asked who has a child with autism has told me that it happened shortly after the child was given shots, usually the MMR shot. I have video documentation of my perfect child, changing overnight. Denying the cumulative experience of parents whose children are damaged by vaccines, is an insult to our intelligence and our families, and most importantly, to our beloved children.

Approximately 1% of children now have autism, Each of those children have parents, grandparents, aunts and uncles who watched their perfect little baby slide into illness and pain. Lives are crushed; homes are broken. I remember so vividly going to an end-of year party at my son's classmates' house—both parents were GPs, and staring at their ornately tiled hallway floor, mesmerized, wondering which corner of which tile my son's life bought.

If you've read anything about vaccine history at all, you'll know that childhood diseases were already declining before immunizations, due to improved nutrition and hygiene. People were living in such squalid conditions with poor nutrition that they became susceptible to germs that would have been harmless to a child with a strong immune system.

If you've read about vaccine politics, you'll know that vaccines are known to cause illness and even the diseases they are supposed to protect against sometimes. This is a very complex issue. I understand, I really do. I used to believe that parents who don't vaccinate their children are abusive. Now I have come to understand the opposite. They are protecting their children!

It took me years to comprehend how people could knowingly hurt my child. I couldn't understand why anyone would willingly and purposely injure babies. I've come to the conclusion that it's a complex mixture of ignorance, blind faith, and conflict of interest. I have met several physicians who believed in vaccination as strongly as I did until their own children succumbed to the toxins and fell into autism. We all do what we believe is best for our children at the time, and as they say, when we know better, we do better.

So I understand you really believe what you are saying. As did I. I also know in my heart that you will learn and come to know the truth, as I did. And when you do, I hope you find within yourself the courage to battle for the cause of our children's health as publicly and adamantly as you are now battling our hero, Dr. Wakefield.

I wish you strength in what is sure to be a challenging journey to the truth.

The story of what happened to us is at: http://www.vran.org/news-art/news/news_files/Van-Courier-Shot-Down.htm

Cynthia Stark, Vancouver, B.C.

In defense of Dr. Wakefield

I am a licensed registered dietitian with graduate and undergraduate degrees in nutrition. My practice, active since 1999, is comprised almost entirely of vaccine injured children who have autism and bowel disease. No one is helping these children. Their MD providers leave them on Prevacid and steroids to mask their symptoms, surgically insert gastrectomy tubes when they can't grow, and refer them to behavior classes for potty training.

These are useless measures that worsen the lives of these children. They respond well to nutrition care and special diets—they begin to grow, eat, and sleep normally. They have normal eliminations for the first time in their lives. They begin to speak again, to look in their parents' eyes directly. Nearly all are gluten intolerant with elevated antigliadin antibodies.

I can not find pediatric gastroenterologists willing to help these children, who need impactions cleared, prescription enzymes, gut biopsy, endoscopy, or other measures I can't provide.

I have also encountered adults with autism who have been denied appropriate care

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Vaccines on Trial in Great Britain

By Don Harkins

Reprinted from the Vaclib Letter, Fall 2007

On August 24, 2007, general practitioner Dr. Jayne Donegan was cleared of charges that she intentionally misled the court on the dangers of vaccines as an expert witness in a child custody case.

Tribunals convened in August, 2007, to hear charges by the British General Medical Council that Drs. Donegan and Wakefield should have their licenses to practice medicine revoked for unprofessional conduct with regard to their public position on vaccines. It seems, however, that licensure of these physicians is no longer at issue: Vaccines themselves are on trial and all the world's a jury—the verdict could spark a global reversal of vaccinators' good fortunes.

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Dr. Andrew Wakefield has been under attack by the medical establishment since 1998—after the release of his study linking the live measles virus in the MMR vaccine to "leaky gut syndrome" in autism.

British physicians singled out

Two British physicians have been singled out for inquiry regarding their beliefs that vaccines are dangerous. Dr. Jayne Donegan and Dr. Andrew Wakefield have been defending themselves from bogus charges made against them by the General Medical Council (GMC) in tribunals intended to publicly humiliate them, suspend their professional licenses, destroy their careers and silence their voices. But that is not happening.

Before the Fitness to Practice Panel of the GMC, Dr. Donegan was cleared of all six charges August 24, 2007, after a 13-day "trial."

Dr. Andrew Wakefield has also been compelled to appear before a GMC panel with co-defendants Profs. Walker-Smith and Simon Murch. The trio is currently defending themselves against some 40 charges.

The vindication of Dr. Donegan

Dr. Donegan appeared before the GMC panel amid charges stemming from her expert testimony in a 2002 case where two separate child custody disputes were being resolved in the same hearing. In both cases, non-vaccinating, custodial mothers were being challenged by fathers trying to use the mothers' decisions not to vaccinate as a means to prove negligence enroute to being awarded custody.

In her expert capacity, Dr. Donegan, who has written several well-researched and referenced articles on the dangers of vaccines, submitted an extensive report giving a different view of the vaccine issue. GMC officials subsequently charged Dr. Donegan with being misleading, biased, "guilty of serious professional misconduct" and said her actions were, "likely to bring the profession into disrepute."

The panel found that none of the allegations were proved and that Dr. Donegan did not intentionally mislead the court, did not allow her biases to compromise her duty to the litigants and to the court and, therefore, "...the Panel found that [Dr. Donegan] was not guilty of serious professional misconduct."

The full transcript of the proceedings is available online at: www.whale.to/vaccine/donegan3.html

The continuation of Dr. Wakefield's saga

Dr. Wakefield is perhaps the most persecuted living physician. Wakefield's findings were first published in The Lancet in 1998. The gastroenterologist and his colleagues described a unique pattern of bowel inflammation that developed in children who had regressed into autism soon after MMR vaccination. They believed the severe bowel disorder was part of a new disease - autistic enterocolitis. While the majority of his fellow researchers have recanted, Wakefield has stood by their original findings

Wakefield also found particles of vaccine strain measles virus in the intestinal tissue of the majority of autistic children he examined. He began testing the theory that measles virus from MMR vaccine can colonize the bowel of susceptible children, producing inflammatory bowel disease, which then, via a disruption of the chemical balance in the body and the brain, leads to autism.

His findings caused a bitter and ongoing scientific dispute when he first raised the alarm over a link between the measles mumps, and rubella vaccine (MMR) and autism. He has been driven from his London research position and is now with Thougthful House in Austin, Texas where he continues his research and work with autistic children.

Says Wakefield, "My opinion on MMR

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vaccine safety is shared by Dr. Jefferson, whose paper published in the journal Vaccine, stated, 'The design and reporting of safety outcomes in MMR vaccine studies, both pre- and post-marketing, are largely inadequate'."

Dr. Wakefield has since endured a relentless campaign of character assassination and professional shunning—even though his findings have since been reproduced by a number of other medical researchers around the world.

Beginning August 6, 2007, the GMC began the formality of revoking Dr. Wakefield's license to practice by stacking a plethora of charges against him in apparent retribution for his refusal to recant.

According to witnesses, the transcripts, which were freely available online the first week, while charges were being read without rebuttal, are no longer being posted. It seems that the defense is destroying the prosecution and it's all getting into the record which, at this time, is not available.

The tribunal will meet until the first week of September, break for three weeks, resume until prosecution rests sometime in late October, then wait until April, 2008, for the defense to present its case.

At first, the maligning press was vocal, now it is silent. The prosecution is reportedly in disarray.

Witnesses report that the sole complainant is Brian Deer—a journalist with a penchant for bashing medical "heretics" and being an apologist for big pharma. Witnesses also claim that the GMC is acting in concert with government health policy enforcers and pharmaceutical company marketing strategies.

"The ultimate point of the prosecution is, from the prosecutor's perspective, to defend the regulatory tenets of industrial scientific and medical research, isolate Dr. Andrew Wakefield and cast him out beyond the pale of informed medical opinion," Prof. Dennis McDevitt observed.

See www.whale.to/v/gmc_wakefield.html for details.

Read Andrew Wakefield's enlightening article titled, "The Seat of the Soul; The Origins of the Autism Epidemic" at: http://www.whale.to/v/wakefield23.html √

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with gastroenterology. It is medical neglect beyond belief.

GMC: Do not shoot the messenger. We need Dr. Wakefield to train and enlighten peers in gastrointestinal medicine. I continue to be astonished at the limited ability and thinking of the pediatricians and gastroenterologists treating the children I encounter. They are doing a terrible job, because they are not working with the facts. They are working with pharma industry sales literature disguised as scientific journals.

Judy Converse MPH, RD, LD

Use Gardasil Promoters as Guinea Pigs

Vancouver Courier, published: Friday, September 28, 2007

To the editor: Re: "High hopes for cervical cancer vaccine," Sept. 14.

I'm amazed that, when the "authorities" push something like the Gardasil vaccine, there's so little investigation of the shoddy science. I'm sorry, but trials without a non-reactive saline placebo hardly qualify as proper control studies.

If these "experts" are so sure of Gardasil's safety, let them be subjected to the 225 mcg. of aluminum per shot calibrated for their full adult weight. Then, let's monitor them for years to see what neurological, auto-immune or other vaccine induced disease (VIDS) they may develop.

In the meantime, let our cocky guinea pigs answer to the families of the girls already seriously harmed by Gardasil who won't placidly accept the usual denial or dismissal of vaccine injury as "coincidental."

Judy Cross, Vancouver

How Long Will Women Tolerate Experimentation?

Remember the first time the "pill" came out? Remember the strokes, deaths, and complications? Oh yes, it was "too strong"...so now we have advanced so that women don't even have to have a period for 4 months at a time. How convenient. For whom?

So, now, because a few thousand women who do not use common sense when they have indiscriminate sexual relations and get cancer, Merck wants to vaccinate every girl who's a teen and it only protects them from one kind of virus!

How long will women be guinea pigs to line the pockets of others? Have you noticed that the only things researchers are concerned about for men are erectile dysfunction meds? HMMMM. Now, three young girls died from the vaccine and their families will never be the same. How terribly awful. Remember DES? The wonder med that would allow women to hold onto pregnancies? Well, I have a DES daughter, whose cervix was totally incompetent due to this medication. We held her dead baby boy, born at 20 weeks because there was no way she could hold him in with a cervix destroyed by that medication. Could the FDA do any worse?

Women: Wake up. Practice abstinence until the right husband comes along, then make HIM go through medical exams to be sure he's not passing anything off to you. How long will we stand for this nonsense?

Judy Dobson, Palliative Care Educator
From the Br. Med. Ass Journal – Rapid Responses: http://www.bmj.com/cgi/eletters/334/7605/1195#167848

BC Succumbs to Gardasil—Vancouver Courier, Sept. 29

BC's government has announced it will be funding Merck's Gardasil human papilloma virus vaccine to the tune of $30 million per year starting a year from now. For the 50,000 targeted this means a vaccination cost of $600 per girl. Although the vaccine's been in use in the US only a year, 7 deaths and 44 near-deaths closely following its administration have been reported. Since the US Vaccine Event Reporting System fields reports of only 1–10% of all known reactions, this translates into at least 7 deaths and 440 near-deaths. This from a vaccine that's never been proven to prevent cervical cancer, the main job it's meant to do.

What happened to the trial proposed to determine if cost could be lowered by using only 2 doses instead of 3? A recent article in the Vancouver Courier said only 50 girls had been volunteered as test subjects. No matter. Come next September all Grade 6 girls will be eligible for the shots. And although at least five other provinces have committed to funding, it's unlikely we'll hear much about the outfall. Canada's vaccine adverse event reports are elusive and, like the US, reporting is not mandatory.

The one good thing in all this is that parents have a whole year to study the vaccine and HPV to make informed decisions.

Canada's independent science-based source of vaccine information is www.vran.org—why not start there.

Susan Fletcher, Sechelt, B.C.

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Re: Breaking through editorial bias in a small town newspaper, Sep. 21, 2007

Hi Edda,

Last week I talked to the editor of one of our two town newspapers because I wanted to write a 'letter to the editor' about my concerns re: the HPV vaccine. In the past year, I have sent two letters to the editor re: various vaccines and they were not published. (Which was a change from previous times). I decided to talk to the editor, Troy Patterson, personally and found out that he thought it was irresponsible for him to publish a letter that would cause wide spread panic and which wasn't scientifically proven (despite the fact that I always reference my comments). After a rather heated discussion, where I came close to accusing him of censorship, I sent him the following letter and then immediately sent him the letter I wished to have published in the newspaper. His belief is that the Public Health Unit would not recommend a vaccine if it was unsafe. You can see what I am fighting against here. I hope you have a chance to read this.

Colette Harman, N.D. Kincardine, Ontario

P.S.: As of today, the other newspaper in town published my letter in full. So the word did get out.

Hello Troy (Editor of Kincardine News),

Further to our telephone conversation about the concerns I raised re: the Human Papilloma Virus vaccine and its implementation this year on all grade 8 girls, you clearly suggested that the Public Health Unit would not recommend use of a vaccine unless it had been tested and was found safe and necessary. My reply to you was that the Ministry of Health, which oversees all health related directives which are disseminated to doctor's offices and public health units, receives most of its vaccine information from the vaccine industry itself . This results in an inherent bias, from the very beginning, in all information on vaccine safety, effectiveness and necessity.

Now, regarding the new Gardasil vaccine, there is a lot of controversy, even within the medical profession, about this vaccine and the Canadian Medical Association Journal actually published these concerns. Please check the following web site of the Canadian Medical Association Journal for the article http://www.cmaj.ca/cgi/reprint/177/5/484

Your point of view, which is shared by many, suggests the public health unit would not advocate a vaccine if it wasn't safe and scientifically tested. My contention is that many drugs and vaccines are frequently released on the market without proper safeguards and testing. I am not some fringe group spokesperson as there are many in the medical and scientific community who are questioning the funding and widespread release of this vaccine. Most of my concerns are addressed in the CMAJ article and are also recapped on the Vaccination Risk Awareness Network web site http://vran.org/vaccines/hpv/hpv.htm

All I'm asking is an opportunity, as a private citizen, to voice my concerns about this vaccine as a letter to the editor. I guess it all comes down to who you believe the real health expert is. You appear to believe it is the medical/public health profession and the pharmaceutical industry that supports it, and I believe it isn't as black and white as that. There are many shades of grey and many differing opinions that are valid and I feel the public has a right to be aware of this. People are intelligent and are capable of making the right health choices if given enough information. I hope you have a chance to peruse some of this information. I did enjoy our conversation as I believe that through the clash of differing opinions we find the truth. Have a good day and let me know if I can write my letter or not.

M. Colette Harman, N.D.

Hi Edda,

Re: my letter to the editor about concerns about the HPV vaccine? This week the local Medical Officer of Health, Dr. Hazel Lynn, voiced her opinion about my letter. She spouted the usual party line about the vaccine being an excellent public health initiative, that I overstated the controversy about this vaccine. She encouraged parents to get their information from reputable sources (and rhymed off the usual public health web sites) citing that "many other web sites have a vested interest in this issue and may not provide a balanced analysis of the issue". She also commented that it is "an insult to the healthcare profession and gross misstatement to say our children are being used as guinea pigs". Anyway, I could not let this go without some further remarks! Please find my rebuttal below.

M. Colette Harman, Doctor of Naturopathic Medicine

Dear Editor,

Thank you for publishing my letter, in full, regarding my concerns re: the HPV vaccine. Since then I have received many positive comments from your readers who were thankful to receive more information about this controversial vaccine. I'd like to make a few more points about HPV infection, cervical cancer and the vaccine. First, the FDA in the USA and Health Canada did not approve Merck's HPV vaccine for cervical cancer prevention. The fact is, the vaccine has NOT been proven to prevent cervical cancer. The vaccine was only studied for three years and yet it can take ten years for cervical cancer to develop.

Second, is HPV infection the sole cause of cervical cancer? Any medical textbook clearly states that HPV infection is one of several factors involved in cervical cancer and include early age at first intercourse, greater number of sexual partners, increasing age, smoking and low socio-economic status. HPV infections are associated with 70% of all cases of cervical cancer and of those, the vast majority could be prevented with improved nutrition, safe sex, and the kind of screening and early treatment that is already in place.

The vast majority of people will be infected with HPV in their lifetimes and the virus clears spontaneously in the immune system within two years posing no further risk to health, therefore, is the vaccine even necessary? Deaths from cervical cancer have plummeted in Canada, thanks in part to early detection due to screening with the Pap test. It is not HPV per se that causes the cancer. It is the immune system's inability to fight and clear the virus that is the issue.

The rapid, widespread, and unquestioning acceptance of the HPV vaccine as 'the answer' to cervical cancer prevention lulls women into a false sense of security and may stop many from continuing to have Pap tests once they have been vaccinated. As well, the safety and effectiveness of this vaccine has not been demonstrated in girls aged 9 to 13 years, the target age group in Canada. Finally, it has not been determined how many years of 'protection' the HPV vaccine provides. I am concerned that there are still too many unanswered questions about this vaccine. Perhaps, promoting a healthy lifestyle would be a better and more cost effective use of the taxpayer's $300 million.

Colette Harman

Re: Forced Vaccination in ON—05/07

Dear VRAN,

My children attend school in Durham Region and I have signed all the necessary documents to ensure they do not receive vaccinations. My son had very severe reactions as a baby and has been identified with a learning

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disability. Following much research, my decision was firm to stop vaccinating my children. My son is oldest and has been vaccinated fully to the requirements of age 4, my daughter had only the three DPT's and my youngest daughter has never been vaccinated.

Yesterday my son was called to the health nurse and presented a form which I did not sign and which clearly stated in bold lettering Do Not Vaccinate. The nurse told him he didn't have a choice and vaccinated him anyway.

What recourse do I have?? What should I do??
Thanks, Concerned Mother

Reply from VRAN

Dear Adrianne,

Thank you for contacting VRAN and for informing us of the forced vaccination of your son. I can only imagine how upsetting this is for you and your family. You do not say how old your son is or which vaccine he was injected with.

There is a ruling called the "Mature Minor" ruling which gives a child of undefined age the right to make a medical decision and gives medical people the right to "treat" children without their parents' consent.

Unfortunately, there is no clearly defined age at which a child is considered old enough to make his/her own medical decisions. The concept is that if a child understands the value of the treatment and the risks of not taking it, then he/she is deemed able to make the decision. Many, many children in their early teens and younger have been coerced and propagandized to accept vaccines against their parents wishes. It is an insidious way of undermining family values and parental decision making for their children.

You say you have all the correctly signed exemption forms in place for your children. Does this mean you submitted the Ontario Form 2, properly notarized by a lawyer, a notary public, or commissioner of oath to the school? Do you have a copy of this notarized affidavit? Have you been able to reconstruct the dialogue between the nurse and your son? Also, does your son understand your concern about vaccines and why? Most importantly have you contacted the nurse vaccinator and your medical officer of health?

We had a case in BC about 6 years ago where an 11 year old girl was forced to be vaccinated by the public health nurse who singled her out, took her into the office, lied to her and told her she had just spoken to her mother who had said "yes" to the vaccine. This was

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Are we Turning a Generation of Young Women into Guinea Pigs?

Edmonton Sun, September 27, 2007, By Kathleen O'Hara

As schoolchildren are being lined up for vaccines of one sort or another, it appears we are subjecting yet another generation of young women to the uncertainties of modern science and research; creating more guinea pigs.

The federal government made a hasty decision earlier this year to spend $300 million on a campaign to inoculate females 9 to 13 against cervical cancer—a case of political and medicinal overkill if there ever was one.

Four provinces—ON, NS, NL, and PE—have jumped on the bandwagon, making the relatively new vaccine Gardasil, by Merck Frosst, available for certain ages through public vaccination programs. Others provinces are deliberating on the matter. I don't think I am the only one who feels this is premature. Why rush until we are 100 per cent certain that no harm will be done?

As the Canadian Medical Association Journal has pointed out, cervical cancer is not an epidemic. There are about 1300 cases annually with just under 400 deaths. It is not striking females the way polio struck the general population in the 1950s when mass inoculation had some basis in reality. Therefore, the Harper government's aggressive initiative raises doubts and concerns, even suspicion.

Was it swayed by those high-powered Big Pharma lobbyists—some with connections to Harper himself, as well as Ontario's Dalton McGuinty? It is not just the statistics that make me question the government's costly enthusiasm to inject girls with Merck's vaccine.

My own negative experiences with the various medical trends of the past several decades make me more than cautious. They date back to the birth of my younger brother during the height of the Thalidomide tragedy in the 1960s—and my mother's relief because she hadn't used the drug, which resulted in limbless children.

A few years later, when confronted with the possibility of taking another miracle solution—the birth control pill, I balked. It, too, was questionable. However, after the birth of my daughter, I followed my doctor's advice and had a Dalkon Shield inserted in my uterus—the IUD which killed more than 30 women and caused irreparable damage to thousands of others. Although I can't prove that the Shield harmed me, and didn't take part in the 300,000-strong class-action suit, I found that, after the device was removed, I couldn't get pregnant when my partner and I tried to have a second child. In fact, I never again practised birth control—and never again got pregnant. Coincidence? Since then, I have witnessed other tragedies, like the girlfriend who committed suicide while taking the anti-depressant Halcyon. Also, the afflicted children of pregnant women who took the synthetic estrogen DES; and a relative's negative reaction to Vioxx—a Merck Frosst drug recently taken off the market after being linked to heart attacks, strokes, and many deaths.

Even the much-touted polio vaccine of the late 50s and early 60s, containing cells of infected monkeys, had to be removed due to cancer-related fears. I am now skeptical about new products being touted as both effective and safe. In the case of Gardasil, questions have been raised about the results of the vaccine's clinical trials. I have read of horrible short-term reactions, including seizures, autoimmune disorders, arthritis, and possibly deaths. And what about the long-term impact? Merck admits that it only tested 100 nine-year-olds for a period of 18 months. No one was tested for more than five years.

As one of the inventors of the vaccine said, "There's no reason to think that there's going to be rare, serious adverse events from the vaccine that haven't come up so far in the clinical trials, but you never know until the data's in." If that doesn't make you cringe, here are more questions. How will the vaccine react with other drugs these girls might take in their lifetimes? How long will the protection last? Could the drug compromise women's natural immunities?

There is also a concern that being inoculated could mislead young women. The vaccine only protects against two of the many strains of the human papilloma virus (HPV) which causes 70 per cent of cervical cancers. Will they stop going for Pap screenings and using condoms, which are much more effective?

In spite of the aggressive TV ads we've been subjected to which portray cervical cancer as a universal threat, the sad fact is that most women who die because of the disease are poor, uneducated, or malnourished; without adequate care.

If the Harper government is so concerned about cervical cancer, it should run its own advertising campaign on the prevention and detection of the disease. Injecting drugs with unappealing short-term and unknown long-term effects, while filing the coffers of Big Pharma, should be the last resort, not the first.

Kathleen O'Hara is an Ottawa-based freelance writer. √

NEWSCLIPS

WHO endorsement doesn't bear scrutiny

In a letter to the editor of Science and Development Network, paediatrician, Jacob M. Puliyel, MD, vice chair of the Indian Medical Assn Sub Committee on Immunization, takes aim at a WHO study on Hib vaccine conducted in Bangladesh.

He says the WHO failed to restrain its enthusiasm for a prospective vaccination program when it concluded that the research showed Hib vaccine prevented pneumonia. Although a control group without pneumonia had received more Hib vaccinations than the group with pneumonia, the two groups were not well matched. The correlation between vaccination and lack of pneumonia could have been coincidental. Remarks Puliyel: "With their greater affluence, more children in the control group probably wore branded T-shirts, but we would not expect Nike or Reebok to suggest that wearing their apparel is protective against pneumonia."

"It is unfortunate that five resource poor countries—Afghanistan, Bangladesh, Bhutan, Pakistan and Sri Lanka—have been persuaded to undertake the expensive intervention on the basis of flawed research." Noting that Bangladesh is eligible for funding of the program by GAVI, Puliyel admonishes: "there is no long-term assurance of continued GAVI funding, or that funding will [not] be withdrawn soon after universal vaccination becomes government policy."

"Where starvation and cholera kill thousands of children each year, international agencies such as the GAVI Alliance, USAID and the WHO are busy spending millions on dubious research to emphasize the harm from a disease that local doctors hardly ever come across. All this so that vaccine manufacturers can fill their coffers. This situation can only be described as scandalous."

www.scidev.net/EditorLetters/index.cfm?fuseaction=readeditorletter&itemid=119&language=1

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Deaths from Influenza?

At the largest meeting ever to discuss influenza, held in Toronto in June 2007, Dr Kristin Nichol of the U of Minnesota cited evidence that the flu jab saves lives. During the 1990's in Holland when flu shot uptake in the elderly increased by 60%, flu-related deaths fell by 20% in all over-65s and by 50% in those under 70.

Were the "flu-related deaths" related to influenza or to all flu-like illnesses? Were they actually precipitated by pneumonia which was rarely preceded by influenza? After the increased rates of vaccination, were they replaced by deaths from illness related to the flu shot, e.g. Alzheimer's and Guillain-Barre?

In a new analysis, veteran flu researcher, Dr Tom Reichert found that, regardless of the predominant flu strain and whether or not flu shot programs were in place, winter deaths have been "dropping like a stone" in Canada, the US, France and Australia for the last 30 yrs.

He said that unless the raw data were analyzed, it appeared that this was not so because a rise in flu deaths in those over 80 masked the drop in flu deaths in the overall population. "People under 75 just don't die of flu any more." he said.

Aside from the increase in the number of over-80s, have decades of yearly flu shots taken their toll on this population?

But, according to Reichert, a less virulent influenza virus and/or less susceptible hosts may lead to an influenza pandemic. He noted that, in 1947 H1N1, the virus circulating since 1918, acquired a mutation which made it much less virulent and possibly less contagious. Subsequently, H1N1 was replaced by H2N2, a more contagious virus.

This replacement of microbes with waning virulence by new ones with which our immune systems are unfamiliar reflects the balance between microbes and between microbes and humans that's been sustained since the beginnings of our existence. No matter what vaccines or other anti-microbial agents are introduced, microbes are likely to exist in some form or other as long as their hosts do.

http://www.lse.co.uk/ShowStory.asp?story=LJ2839017E&news_headline=jabs_slash_flu_deaths_among_the_elderly

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Will 'Personalizing' Vaccines make them Safer?

Using research from studies of twins, scientists have been able to correlate vaccination outcomes and individual genes. By doing this, they hope to be able to determine how to tailor vaccines to each prospective recipient, thus increasing efficacy and minimizing adverse effects. If this can be done, a new era of personalized vaccinology looms.

So far, it's known that immune responses to vaccination vary widely. The extent to which genetic variability contributes to this depends on which vaccine is used: with measles vaccine, genes determine 89% of immune response; with rubella vaccine, 46%; with mumps vaccine, 39%.

Gregory A. Poland, director of Translational Immunovirology and Biodefense at Mayo Clinic College of Medicine heads a team that's developing a chip to be used for quick tests of blood samples to determine gene variants. The hope is that this will ferret out those vaccination candidates whose genes are likely to reduce immune response and/or cause severe adverse reactions. Vaccines could then be adjusted to minimize these possibilities.

It's known that some genes negate any immune response whatsoever. Many people have a gene which makes them non-responders to Hep B vaccine. In this case, says Poland, gene therapy might be used to circumvent the effects of the offending gene.

No doubt this will seem exciting, hopeful news to those who think vaccines are necessary but decry present "one-size-fits-all" vaccination policies. But there are many of us who think our immune systems are perfectly capable of protecting us from disease without vaccines. With healthy lifestyle choices, clean air and water, sufficient rest and relaxation and joy in living, most of us most of the time remain free of all types of illness, not just those few which can possibly be prevented by vaccines.

The gene chip test might be worthwhile when considering vaccines for which outcomes are strongly determined by the types of gene inherited. But consider epigenetics and economics. Epigenetics is the study of how environment affects the way genes work. The chip may account for gene variations due to all environmental insults up to the time of testing, but will miss those which occur between testing and circulation of vaccine in the blood. Some of the latter could be gene variations caused by the insults of vaccination itself: emotional trauma from being injected and toxins, contaminants, allergens, and man-made antigens in the vaccine

Presently, most vaccines are supplied at taxpayers' expense. Even if gene chip testing were foolproof, the costs of technical infrastructure and the individual testing of millions could make it completely unviable for today's citizens and governments. Should this innovation reach a marketable stage, it will likely be accessible only privately – to those who can afford to pay.

Reference: Just a Little Prick by Hilary and Peter Butler, 2006; pg 75, footnote 18: Duke University Medical Center, 2005 '"Epigenetics' Means What We Eat, How We Live

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and Love, Alters How Our Genes Behave" http://www.dukemednews.org/news/article.php?id=9322
http://www.idinchildren.com/200707/frameset.asp?article=vaccines.asp

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Say "No" to Tylenol

A study in the May, 2007 issue of The Annals of Pharmacotherapy searched for previously published studies which examined the effects of prophylactic acetaminophen or ibuprofen on vaccine adverse effects. Only five articles were found, all concerning only DTwP or DTaP, none about other currently used vaccines.

The study concluded that, due to no benefits having been demonstrated for 4-6 yr olds when DTaP was administered or for any age group when any other current vaccines were given, "neither drug can be recommended prophylactically to prevent vaccine-associated adverse reactions."

Mosby Medical Encyclopedia notes that side effects of acetaminophen (e.g. Tylenol) "include severe allergy and anemia. Overdose can result in fatal liver failure." But, even in smaller quantities, acetaminophen can work synergistically with other toxins to increase their injurious effects.

Bryan Jepson, MD explains that, to be metabolized and rendered harmless to our bodies, Tylenol requires glutathione. That means Tylenol can use up our stores of this group of enzymes. With depletion of glutathione, says Jepson, "it's going to take a lot less of any toxin to cause trouble. This makes sense. It explains why our children are particularly vulnerable to environmental toxicity, even with toxins that are relatively safe for other people."

Whatever their motive, congratulations to The Annals… for taking a precautionary approach! How many children's injuries and deaths have been caused in part by the Tylenol recommended by those injecting vaccines?
www.thoughtfulhouse.org/0405-onf-bjepson.htm

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We've "shot" them, now let's "cure" them!

Research reported in June in the Canadian Journal of Psychiatry raises concern about an alarming number of prescriptions for "atypical antipsychotic drugs" (ATA's) being handed out to parents for children as young as 3 yrs.

ATA's are powerful drugs prescribed by psychiatrists for a variety of disorders and symptoms, including anxiety, attention-deficit hyperactivity disorder and "poor frustration tolerance." (Do these symptoms sound familiar?)

Dr. Tamison Doey, lead author, head of the division of child and adolescent psychiatry for the city of Windsor and an adjunct professor at the University of Western Ontario noted the term "ubiquitous" is used to describe the prevalence of ATA's. She says "The trouble with a study like this is, it doesn't tell us whether that's a good thing or a bad thing. We just know it's happening. "Intuitively we all say, Geez, these are young kids to be on medicine. But kids that age are put on drugs for asthma, and they're given antibiotics and different sorts of medication. I think we all get a bit concerned if it's something that affects the brain."

Doey worries that "when you stop the medication, many times the problems come back. That means you may be looking at having to take these drugs for the long term."

Atypical anti-psychotics are considered a significant improvement over older antipsychotics but they can cause substantial weight gain. Johns Hopkins researchers have warned the drugs might trigger insulin resistance in children, increasing the risk of developing Type 2 diabetes and heart disease when they're older.

Here we have another drug to "cure" ailments likely brought on by vaccines but the "cure" may add to the total burden of another disease that's also caused by vaccines.
http://www.canada.com/nationalpost/news/story.html?id=71efe824-4b34-446-e-8286-23bec3a33159&k=80586

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Menigococcal B Vaccine a Failure and Health Hazard

Scoop Independent News Press release, Ron Law, Risk & policy Analyst

New Zealand, July 30, 2007 "The current cluster of meningococcal disease cases in the Wellington region has resulted in the MeNZB vaccine reaching a sad milestone. One hundred New Zealand children who were promised 'protection' by being fully vaccinated with the MeNZB vaccine have now contracted meningococcal disease.

Unpublicized research published by the Ministry of Health also shows that the MeNZB vaccine actually increases the risk of babies getting the epidemic strain of meningococcal disease and does not protect babies as promised... why has the MOH failed to disclose that fact to the public despite knowing for the best part of 12 months? Parents need to be told that in choosing to vaccinate their precious babies with MeNZB they are actually increasing the risk of harm, not decreasing it as promised. http://www.scoop.co.nz/stories/GE0707/S00138.htm

Note: The meningococcal B vaccine was developed for use in New Zealand and is not used in Canada where two types of meningitis vaccines are used. One, against meningococcal C, and the other against four serotypes, A,C,Y and W-135. Brand name is Menactra. Meningococcal C vaccine is routinely injected into infants, and teens. The meningococcal organism is well known for its constant mutation into newer and novel forms.

A recent decision in May (2007) of the National Advisory Committee on Immunization recommended against general use of Menactra which is likely a relief to cash-strapped provinces and territories, which have added several costly vaccines to their programs in recent years and are currently grappling with whether to add another, against human papillomavirus associated with cervical cancer. √

Letters continued from page 21

a complete fabrication. The parents sued the health department, and won the case. You can read the court transcripts of this case and the judge's decision who ruled that the nurse had committed a "battery" against the child.
Toews v. Weisner and South Fraser Health Region http://www.courts.gov.bc.ca/jdb%2Dtxt/sc/01/00/2001bcsc0015.htm

I think it would be helpful for us to have a phone conversation and discuss a course of action. My colleague Rita Hoffman and I feel that in light of your son's learning disabilities, he should never have been put in a position of making a medical decision for himself. We have contact information for personal injury lawyers in your area for you to follow up with if you wish.

We can also give you more information about informed consent right protections in Ontario's Health Care Consent Act, which the Durham Health Department does NOT fully state in their version of it. Nor does it give any information about Canadian Medical Law which states that medical treatment forced on a person or obtained through coercion is considered a "battery". The "battery" ruling is what the B.C judge found the nurse to be guilty of when she forcibly vaccinated the 11 year old girl.

Please let us know how we can be of further help.

Edda West, Co-ordinator, VRAN √

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P.O. Box 169, Winlaw, BC, V0G 2J0—phone: 250-355-2525, E-mail: info@vran.org
VRAN website: www.vran.org

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Please photocopy this form and if additional space is needed to tell your story, please use the back side of this sheet.

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