

VRAN Newsletter

May 1999

Vaccination Risk Awareness Network

Vaccine triggered MS, says neurologist

PENTICTON WOMAN'S GOAL TO MAKE PUBLIC AWARE OF DANGERS OF VACCINES.

By Scott Pattison
Southern Exposure Editor
Saturday, April 3, 1999

PENTICTON — It was just six hours after Stacy Moon, then 17, received her third hepatitis B vaccination in her right arm in 1996 that she began to feel a tingling in the finger tips on her right hand.

The following week, a numbness spread up her arm, preventing her from holding a pen to write, hold a glass of water or open doors.

Within three weeks, Moon woke up to find she was numb from her rib cage down to the tips of her toes. Her balance was off, and walking was difficult.

Five months after the shot, Moon was diagnosed with relapsing remitting multiple sclerosis. She is on medication to slow the disease, but there is no cure.

There are nights when Stacy Moon cries herself to sleep. The 21-year-old Penticton resident has been stricken with MS, a disease she claims took over her body after receiving the hep B vaccine.

"Right from the start, we have felt there was a connection between the hep B vaccine and the MS," says Marla Moon, Stacy's mother. "Coincidence doesn't cut it for me."

The pair have spent countless hours researching that possibility. And a neurologist who specializes in MS at the University of B.C. has told them he believes Stacy's MS was triggered by the hepatitis B vaccine.

They have also retained a lawyer and are filing a suit against the Medical Services Commission, the Okanagan Similkameen Health Region and Smithkline Beecham Inc., producer of the vaccine. In a writ of summons filed in March, it is alleged the vaccine caused or contributed to Stacy's MS and that the defendants knew or ought to have known that and failed to inform Stacy or her family.

While the prevailing feeling in the medical community is there is no proven scientific link between the vaccination and MS, there is evidence the vaccine can cause adverse effects in some recipients. Since it was first approved in 1986 and given to health care workers, some have reportedly won legal settlements against the manufacturer for adverse reactions they have suffered.

In France a hep B vaccination program was suspended due to a lawsuit suggesting a link to MS. A French court ruled there was enough evidence to suggest a connection between a British-produced vaccine and MS symptoms in two people, a French newspaper reported.

The Moons do not dispute the benefits to society in disease prevention in the case of highly contagious diseases. But they note hep B is a blood-borne infection—acquired through infected blood, an infected mother or sexual con-

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Editorial

by Edda West

Health officials in Canada are scrambling to do damage control to bolster support and public confidence in vaccination programs. Numerous events in recent months have conspired to challenge the status quo of business as usual. Official circles are still incensed that Manitoba parents dared to initiate a court action challenging the consent form which fails to disclose the serious risks associated with hepatitis B vaccine. As a result parents in Manitoba, and in other areas of the country were made aware of the fact that health officials routinely withhold vaccine risk infor-

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VRAN NEWSLETTER

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to Catherine Orfald for the newsletter layout.

Statement of Purpose

- VRAN was formed in October of 1992 in response to growing parental concern regarding the safety of current vaccination programs in use in Canada.
 - 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 before they vaccinate 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 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: **\$25.00—Individual** **\$50.00—Professional**
We would like to share the personal stories of our membership. If you would like to submit your story, please contact Edda West by fax or e-mail, as indicated above.

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VRAN NEWS

CONFERENCE HIGHLIGHTS

The Consumer's Health Organization Conference held in March saw record crowds attending the panel discussion on vaccines, as well as the lectures given by Dr. Viera Scheibner and Dr. Len Horowitz through the weekend. Hundreds of people visited the VRAN booth at the conference to buy information packages, to share personal experiences about vaccine reactions, and to express concern about the increasing numbers of vaccines that children are required to get. Many longtime members of VRAN came to the conference to offer encouragement and support for the work that needs to be done to help parents make informed decisions about vaccines.

The most frequently asked question throughout the conference was, "how do I keep my kids in school if we don't vaccinate?" Over and over parents told of hostile letters from public health threatening their children with expulsion if vaccine records were not up to date. It seems that the Ontario government has done a remarkable job of intimidating and bullying parents, without informing them of their right to exemption under the Immunization of School Pupil's Act. Following the conference, this issue of government intimidation was discussed among several VRAN core members and it was agreed that we need to initiate activities that will compel the government to disclose exemption information on all vaccination notices given to parents.

RISK INFORMATION POSTER

Catherine Orfald who so graciously organizes the VRAN newsletter layout, has created a poster to counter the misinformation sent home with children from schools. She had a dialogue with the principal at her chil-

dren's school, informing him of the guaranteed right to exemption under the Immunization of School Pupil's Act, gave him a copy of the Act, and got permission to put the posters up at the school. If this poster and a copy of the Act were put up in every school in Ontario by concerned parents wishing to preserve their freedom of choice, perhaps the message would get through, that parents are sick of being bullied, coerced and threatened with the loss of their children's right to education. Poster is available from VRAN—write or e-mail us.

VRAN IN VANCOUVER

An enthusiastic group of concerned parents is forming in the Vancouver area and is planning to meet on a regular basis. The group will develop a library of books, information packages, and audio visual materials as educational resources for people seeking to further their knowledge about vaccine risks. Some members have expressed an interest in approaching the PAC (Parent Advisory Council) at their local schools and set up meetings. By educating school councils on vaccine issues, perhaps a greater awareness can be generated, particularly in view of the fact that every year, in British Columbia, grade 6 school children are injected with hepatitis B vaccine. Most parents do not know that the BC Infants Act gives health providers carte blanche to vaccinate children without parental knowledge or consent. Anyone wishing to join the Vancouver group can contact Andreas Schuld at 604-435-9859.

VRAN PLANNING MEETING

Vaccination Risk Awareness Network and The Association for Vaccine Damaged Children have been "sister" organizations for many years. Edda West has been invited by AVDC and the Eagle Foundation to participate in a fund-raising event in

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Winnipeg on May 13th, and to plan strategies and outreach in the coming year. Over the years, members of these groups have worked long and hard to raise the level of awareness of vaccine risks and have succeeded in bringing the issue to a new level with their court challenge last October. Letters were faxed to every school board, and Trustee in the province calling attention to the known dangers of hepatitis B vaccine and urging full disclosure of risks so that parents could make an informed decision. Our vision is to see every school board and Trustee in the country get similar information letters.

FLUORIDE TOXICITY

Vaccination and fluoridation are parallel issues in that large populations are deliberately exposed to these toxic substances in the name of disease prevention. Fluoride is as toxic as arsenic and has been linked to cancers and many other degenerative diseases for years. Fluoridation of water supplies, fluoride in toothpaste, soft drinks and farm chemicals which contaminates fruits and vegetables all contribute to an insidious poisoning of humans, and particularly children. Andreas Schuld has been researching this major health threat for years, and will contribute a feature article on this urgent issue in VRAN's next newsletter—the summer edition.

CONFERENCE ANNOUNCEMENT

The Common Cause (Medical Research) Foundation is hosting a conference on Neuro/Systemic Degenerative Diseases to be held August 20–22, 1999 in Gananoque, Ontario. Conference organizer Don Scott plans to show that there is strong evidence that a mutated brucella bacteria is actually at the root of many degenerative diseases like multiple sclerosis, Parkinson's, chronic fatigue syndrome, gulf war syndrome, and numerous others. If you're wondering what the connection to vaccines is, Don Scott forwards the idea that vaccines weaken the immune system which then allows the brucella to take hold. For more information, please call 705-670-0180. ✓

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tact—that is a threat primarily to those in high risk groups.

Indeed, the vaccine was initially targeted for persons at high risk, such as IV drug users, people with AIDS, those with multiple sex partners and medical personnel.

The Moons say not only are the benefits of mass immunization for hepatitis B questionable, but those being vaccinated are not getting all the facts.

"Health officials are promoting widespread vaccination because they cannot reach the high-risk people," said Marla. "They (the public) are being put at risk of adverse reactions from a vaccine that is supposed to protect them from something they will probably never get."

Stacy said the vaccination was recommended to her when she attended the Penticton health unit for an unrelated reason.

Stacy said she was told she could become infected by using someone else's toothbrush or razor. She agreed to the three-shot regime, without any forewarning of the potential for side effects.

"What they fail to tell you are the bad things that may happen to you following the vaccination," Stacy said.

"Health officials should be giving us all the facts—risks as well as benefits. Failing to do so in my opinion is negligent," said Marla.

Vaccine manufacturers do warn in package inserts that less than one in 500,000 recipients of the vaccine have reported adverse reactions such as MS and other neurological problems, something Stacy insists was not conveyed to her.

"That may seem extremely rare, but when you are that one in 500,000 it puts a whole new prospective on the situation," says Marla.

Stacy's future has been drastically impacted by the diagnosis. She may never be able to have children. Her job prospects are limited due to the unpredictable, incurable disease. She is cur-

rently living on a disability pension of less than \$10,000 per year.

While coping has made her stronger, it has also led to feelings of anger and depression. "I constantly wonder why this has happened to me. Sometimes I will cry myself to sleep," said Stacy. "My goal is to make people aware of the dangers associated with vaccines."

Added her mother: "I feel that a portion of the millions of dollars this vaccine generates should be set aside to compensate people like Stacy who's whole life and future has been drastically changed. Health officials should be promoting education on hep B, public awareness and education in schools, not mass immunizing."

Stacy's lawyer, Steve Gjukich, said the suit had to be filed before the statute of limitations deadline, which occurs with Stacy's 21st birthday this month.

He said that though there may never be a fail-safe test to prove the link, the bottom line in this case is the fact Stacy was given the shots without informed consent.

"They don't tell you what the side effects are," he said.

The Moons are asking that anyone else who has suffered adverse reactions to the hepatitis B vaccine contact Gjukich at 492-3033.

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Editor's Note: We wish to thank Scott Pattison, editor of Southern Exposure for his kind permission to reprint this article. Southern Exposure, the weekend supplement to the Penticton Herald recently published a three part series of vaccine articles with a goal to encourage healthy debate. Photocopies of this series will be made available for the cost of photocopy and postage. Please write or e-mail VRAN for further information. Arrangements are also being made to transmit this series via e-mail on request. ✓

mation in violation of informed consent laws.

Rumblings and mutterings are emanating from the highest offices. Federal Health Minister Allan Rock's parliamentary secretary, Elinor Caplan is voicing her concern about the growing influence of a "misguided anti-immunization lobby", and Dr. Robert Pless of the Vaccine Safety Section and Division of Immunization at Health Canada is calling for a "shift in thinking". In a recently published article in *Paediatric Child Health* (Jan/Feb, 1999) he laments that "Canada and other countries with successful immunization programs are walking a tightrope between achieving herd immunity through optimal coverage levels and slipping back because increasingly vocal and misinformed opponents of vaccination are able to get their message across".

Referring to surveys that suggest only 1%–2% of the population is opposed to immunization, Dr. Pless is concerned that "recent experiences with introducing new vaccination programs in Canada demonstrate the immediate impact of intense, negative and misleading vaccine publicity (a direct reference to the Manitoba parents who withdrew their consent forms) when misinformation was propagated through the media and directly to the schools just as the program was starting." He estimates that hepatitis B vaccine coverage is around 60% at this time, and is hoping that it will improve, but that "such misinformation slows uptake and uses up valuable resources." "The fragile nature of trust is such that once destroyed by concerns about vaccine safety — even those that are unproven as has happened in France — the impact on immunization coverage can be profound and difficult to counter. Recovery of confidence can take years."

And adding fuel to the fire, large

audiences in Vancouver, Penticton, Winnipeg and Toronto flocked to hear well known speakers, Dr. Viera Scheibner of Australia and Dr. Len Horowitz present their research and well considered views on the destructive impact that vaccines are having on children's health, the tremendous increase in neurological disorders, chronic diseases, the seeding of human populations with new and mutant viruses that have contaminated vaccines, and the general degradation of human health resulting from the toxic assault of an ever increasing arsenal of biological agents that the public is expected to accept without question.

In a recent CBC (Kelowna) radio interview, Dr. Len Horowitz put it bluntly. "Vaccines are dangerous and ineffective" — and referring to hepatitis B vaccine programs targeting infants and children, "This is nothing less than a massive medical experiment on our children". More damage control. A few days later, Dr. Shaun Peck was on the air talking about the provincial health officer's annual report on the health of British Columbians. This year the entire 82 page document focuses on immunization!

The report can be accessed at: www.hlth.gov.bc.ca/pho

Top priorities are:

- Improvement in infant and young child compliance with vaccine schedules — with a goal of bringing coverage up to 95% from the current low in some areas of 75%;
- Call for funding to expand hepatitis B vaccine to the early infancy schedule.
- Setting up an electronic registry to track vaccine coverage in the province. "Everyone needs to know that everyone is up to date".
- Introduce chickenpox vaccine, acellular pertussis vaccine for adolescents;
- Managing the expected worldwide epidemic (pandemic) of influenza.

Has Health Canada formulated an official strategy to deal with the growing public mistrust of vaccine safety? When the Penticton Herald recently published a three part series on vaccines to "encourage healthy debate" on the issue, editor Scott Pattison was surprised that on contacting local health officials for input and comment, they politely declined, saying that their policy was not to engage in vaccine debates.

In a report from the third Canadian National Immunization Conference, Phillippe Duclos DVM PhD of the Conference Planning Committee had this advice: "Rather than debating anti-immunization groups head on, the public health community should focus its attention on communicating with the public, answering questions forthrightly, and openly acknowledging the uncertainties and imperfections that represent the limits of vaccine safety and efficacy. One part of the solution is to explain the difference between a temporal association and causality; infant fevers and the emergence of underlying seizure disorders are often incorrectly attributed to vaccinations simply because young children are vaccinated during the period in their lives when many illnesses first occur".

Dr. Duclos' "solution" sums up the double talk and manipulation that is at the root of vaccine deception. Within the last decade, the medical establishment has carefully constructed a new mythology with which to erase the possibility of linking neurological injuries to vaccination. This new mythology is founded in the argument that a "temporal" (time related) association to fevers and seizures after vaccination does not prove that the vaccine caused any reaction or injury.

So when a parent takes a perfectly healthy baby in for that first series of shots, and then within hours or days the child develops a fever, seizures, screaming syndrome, shock, or col-

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Vaccination and Social Violence

© 1996, <http://home.earthlink.net/~emphtherapies/index.html>
by Harris L. Coulter, Ph.D.

I am a medical writer and medical historian who never went to medical school. Sometimes this is held against me, but not having an M.D. degree can also be an advantage in writing about medicine, since one does not have the prejudices and blind spots that come with a medical education.

One of the most common of these prejudices is that the medical profession never does anything systematically harmful to the patient. But, after all, we all know that bloodletting was used for centuries and, even in the United States, was only fully abandoned in the 20th century. Although it was positively harmful to patients, physicians insisted on using it. What is more, intelligent laymen understood — long before the medical profession itself — that this procedure was damaging to the health.

Physicians had difficulty appreciating this fact because that's how they were making their living, and it is hard, even for a physician, to take an objective attitude toward how he earns his (or her) daily bread. The asbestos and the tobacco companies, after all, were not the first to come forward and say that asbestos and tobacco are bad for your health.

Another procedure which intelligent laypersons realize is actively harmful to health, but which is still desperately defended by physicians, is the childhood vaccination.

The first book I wrote on this subject (co-authored with Barbara Loe Fisher) was *DPT: A Shot in the Dark* in 1985. The second was *Vaccination, Social Violence, and Criminality*, in 1990. Barbara Fisher and I discovered that these vaccines — in particular, the DPT (diphtheria, pertussis, tetanus) shot and the MMR (measles, mumps, rubella) shot — are far more dangerous than had been suspected. In fact, the

damage they are inflicting can only be described as catastrophic.

To understand what is occurring it is advisable to divide reactions into short-term (acute) and long-term (chronic).

We found the following acute reactions. First, there is a series of short-term physical manifestations, such as swelling at the point of injection, rash, fever of up to 104 or 105 degrees, and unconsolable crying by the baby which may go on even for several days. The baby may turn blue and have difficulty breathing; he may faint and remain unconscious for a period of 5 to 10 hours, and he may start a particular type of crying, called "high-pitched screaming" in the literature and which seems to have an encephalitic origin. Or he may have a convulsion or seizure.

This acute condition represents a type of encephalitis (also called "encephalopathy" in the literature).

Sometimes it ends in sudden death. Within a few hours or a day of the shot the baby is found dead in its cradle. These deaths are classified in our medical statistics as "crib death" or "sudden infant death of unknown origin." There are about 9000 cases of SIDS in the United States every year, of which probably 6000 are vaccine-related.

Of course, most babies do not die but seemingly recover and may be apparently normal for a month or two. But then the long-term effects of the vaccine start to appear. These are, in fact, the typical long-term effects of encephalitis.

The child who had convulsions now has seizures or epilepsy. There may be paralysis (often one-sided) or cerebral palsy. There may be mental retardation or autism.

There may be juvenile-onset diabetes. The pertussis vaccine, in partic-

ular, has an impact on the insulin-producing centers in the pancreas (the "islets of Langerhans"). Over-stimulation of these islets, with their subsequent exhaustion, can lead to diabetes or its opposite — hypoglycemia (low blood sugar).

There may be "cranial nerve palsies" of various kinds. The cranial nerves pass from the spinal cord over the skull to the organs of perception. So the baby is suddenly discovered to be blind, deaf, or dumb. Sudden infant death is presumably caused by palsy of another cranial nerve (the vagus nerve) which is responsible for providing the breathing impulse to the lung.

Worth noting is the fact that many of these conditions are thought to be "congenital" (blindness, deafness, inability to speak, mental retardation). But "congenital" conditions are almost never detected at birth. Instead, when the baby is nine months or a year old, the parents at length realize that he or she cannot see, hear, or speak, or is mentally retarded. Since no other cause for these conditions can be determined, the physician decides that they are "congenital." But by this time the baby will have received three DPT shots, and these shots are known to be capable of causing blindness, deafness, dumbness, and mental retardation.

We concluded that the DPT shot causes a minimum of 12,000 cases of severe neurological damage every year, in addition to the 6000 deaths diagnosed as Sudden Infant Death Syndrome.

The neurological damage includes juvenile-onset diabetes, so-called "congenital" blindness, deafness, mental retardation, autism, epilepsy, seizures, various kinds of paralyzes and palsies, and other neurological disorders.

The Congress of the United States was sufficiently impressed by *DPT: A Shot in the Dark* to adopt, in the end of 1986, the National Vaccination

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Compensation Act which establishes an office in Washington to receive complaints about vaccination damage and, if the complaint seems well-founded, to pay compensation to the family.

This compensation system is now in operation and has made several hundred awards, for a total of \$800 million. Another 3000-4000 claims await resolution. About half the awards are for children who have died as a result of a childhood vaccination. These deaths had nearly always been classified by the attending physician as "Sudden Infant Death of unknown origin."

Before *DPT: A Shot in the Dark* was written, American health authorities had always rejected even the possibility that a baby could die from vaccination.

Now, while 6000 deaths and 12,000 cases of severe neurologic damage may seem a large number, any biological phenomena occurs along a gradient or spectrum ranging from "normality" to severe damage. If there are 12,000 cases of severe neurological damage every year, there must be hundreds of thousands of cases of milder damage.

What about these millions of children who fall somewhere between "normality" and obvious neurologic damage?

My book, *Vaccination, Social Violence, and Criminality* describes children and adults who have been damaged by vaccination but not severely enough to be institutionalized. Their condition I have called the "post-encephalitic syndrome."

Encephalitis (whether from vaccination or from some other cause) can range from severe to moderate, even subclinical. It is also possible to have encephalitis in which the acute symptoms are extremely mild but which still does much long-term damage.

The "less serious" long-term sequelae resemble the more severe cases but are milder.

Instead of having epilepsy or seizures, the children suffer from what are called "staring spells" or "absence

seizures."

Instead of being mentally retarded to the point of incapacity to function in society, they suffer loss of IQ: many function at the 80 or 90 IQ level — just above subnormality.

Instead of paralysis or cerebral palsy, they may lose a degree of muscular control — "atony" — especially of the hands. The parents will say that the baby doesn't use his hands for crawling, or that he picks up objects with his feet instead of his hands.

They manifest all the cranial nerve palsies, but in a less severe form.

Instead of being blind, they have astigmatisms and nystagmus (involuntary and jerky repetitive movements of the eyeballs). They can be cross-eyed. They may have trouble moving their eyes from side to side. Or they are dyslexic, cannot read letters, cannot spell, cannot understand numbers, and the like. A peculiar feature is that they sometimes have obsessions about people's eyes, are afraid to look others in the eyes, etc.

Instead of being totally deaf, they have mild loss of hearing. Or they have chronic earaches — otitis media. This is called in the United States "glue ear," and it is a kind of buildup of water in the ear, often requiring the installation of little tubes for drainage.

At least half of all U.S. children have had otitis media by their first birthday. By age 6 90% have had them. This condition accounts for 26 million visits to physicians every year. In addition, about 1 million children have tubes inserted in their ears every year, at a cost of \$1000/operation. Thus \$1 billion is spent each year on this operation. Just imagine what it means if this is all, or mostly all, caused by the pertussis vaccine.

This particular "glue ear" type of otitis was not known in American medical practice before the late 1940's or early 1950's — in other words, the time when the pertussis vaccine was being introduced.

Instead of being completely dumb, they may have a peculiarly harsh or dull or inexpressive voice. Often they stutter and have other speech impediments.

The child will have asthma or other breathing difficulties. The incidence of asthma has been steadily rising in the United States for the past several decades — especially asthma in very small children. Children now are dying of asthma, whereas in the past doctors always used to say that "no child ever dies of asthma."

Migraine headaches are also very common in this population.

They have sleep and appetite disturbances — anorexia and bulimia. In the latter case, they will often put on weight.

Another long-term effect of this vaccine is tendency to allergies, especially allergy to milk. Needless to say, a large proportion of the population in all of the industrialized countries of the world today suffer from allergies. We found that newborn infants with colic — meaning an allergy to milk — tend to react more strongly to the vaccine. Undoubtedly colic should be considered a counterindication to vaccination.

Another long-term effect is disturbance of sleep rhythm; the child turns night into day and day into night.

They are often hyperactive. They have an extremely short attention span. Their behavior is dominated by impulses.

They have lowered resistance to infection — due, presumably, to defective operation of the immune system.

Other serious disorders are: seizures and epilepsy, blindness or loss of speech, paralysis or palsy of one or several limbs, and mental retardation. These are all possible effects of the vaccine.

So one finds the same kinds of physical disabilities as in the more profoundly affected children, but everything is somewhat milder. "Mild" here is a relative term. After all, hyperactivi-

lapses, you will be told, "it's only a 'temporal' association"—coincidental to the vaccination, but is not the cause of your baby's illness, alteration of health or any physical or neurological/immunological disabilities that may ensue. The new mythology will tell you that your baby has an underlying seizure or genetic disorder that coincidentally emerged after the vaccination, and that it would have happened anyway. No one but your genetically defective child is to blame for the unfortunate turn of events. The new mythology expects you as the parents to completely discard your common sense, and buy into a paradigm that violates the most basic principal of science which is rooted in observing and learning from what is observed.

To imply that fevers, seizures and illness are common in young infants is predicated on the current dominant vaccine culture. The vast majority of infants are vaccinated and the vast majority will experience some sort of malaise, fever, misery, screaming, excessive sleepiness, disrupted breast-feeding patterns etc., in response to the burden of stress imposed by multiple viruses partnered with harsh chemicals. The age old ethic of "First Do No Harm" has been shuffled off into obscurity. The abnormal has become the normal. And you and your child are abandoned to deal with the consequences, however the chips may fall, while the new mythology spins its carefully constructed disinformation absolving health officials from any burden of responsibility or liability for vaccine induced injuries.

Michael Belkin, whose five week old baby Lila died hours after a hepatitis b vaccine presented testimony at the Atlanta Center for Disease Control, had this to say — "It is a sad day for the US when the nation's children need protection from the official medical authorities who are charged with protecting them from disease."

Vaccines artificially induce illness, fevers and shock in babies at the most vulnerable time of life in the misguided name of "protection" when immune function is completely undeveloped. This stress imposed in early infancy sets the stage for numerous fevers, and cyclical rounds of infections with a resulting dependence on antibiotics and other harsh drugs. It is central to the explosion of asthma, allergies, ear infections, seizure disorders, chronic degenerative diseases, attention deficit disorders, and is linked by Dr. Harris Coulter to the escalation of violent behaviours in our society.

The newly emerging science of psychoneuroimmunology is determining that the immune system and neurological system are not separate entities, but intimately intertwined, and completely interdependent. What affects one, affects the other. What is becoming obvious is that vaccines sabotage this interdependent system and can disrupt and disable the child's own inherent physiology from evolving and maturing to its highest potential.

The un-vaccinated baby who enjoys the protective benefits of mothers milk, over time develops appropriate immune responses to a myriad of environmental challenges encountered in daily life, and is given the opportunity to develop a fully functioning immune and neurological system. At 3 or 4 months, it is normal for babies to begin to experience little bouts with fevers and sniffles that will resolve spontaneously, while challenging, priming and strengthening the maturing immune system — a process that unfolds in the first few years of life. The un-vaccinated, breast-fed babies whose parents embrace vitalistic concepts, nourishing food, clean water, with the assistance of homeopathy, herbs, chiropractic and other wholistic modalities, are the "protected" children.

Within families where parents have

chosen to stop vaccinating their children, there is a consistent and common thread of experience that is shared — that un-vaccinated children are healthier, stronger, have fewer illnesses, and bounce right back when health challenges occur. Wholistic practitioners concur. Dr. Philip Incao MD, has practiced Anthroposophic medicine for over 25 years. When comparing his pediatric patients, of which there was an equal division of vaccinated and non vaccinated, "The un-vaccinated children were obviously healthier, exhibiting visible vitality, glowing skin colour and calm behaviours, whereas the vaccinated children tended to be pale, with deep shadows under their eyes, easily distracted, many allergies, earaches and frequent use of antibiotics.

Philosophical/lifestyle perspectives will help us move beyond the fear of "what if my child catches one of these diseases." Philosophy is essential to directing our lives and a health creating philosophy keeps us on course so that the universal intelligence in all matter can maintain the integrity of existence.

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Vaccination & Violence cont. from page 6
ty, dyslexia, and short attention span are very serious social problems — leading, in fact, to the collapse of the American educational system today.

Indeed, the physical disabilities are only part of the picture. Much more important are the mental, emotional, and moral dimensions of vaccine damage.

These children have a typical personality profile. They are alienated and paranoid. They have severe ego weakness — low self-esteem. They are anxious and depressed. They cannot tolerate frustration. They have an overwhelming need for control and panic when losing control of a situation. They are precociously sexual with a high level of homosexuality and bisexuality, and have tendencies to obsessive behavior, including alcoholism and drug abuse.

They are fascinated by fire and attracted to burning buildings and the like.

They are given to outbursts of rage. When combined with their tendency to impulsive behavior, this leads to many acts of impulsive violence. These individuals are frequently involved in crime, or the violence may be self-directed (suicide).

They rarely show remorse for what they have done but dissociate themselves from their acts. This may be because they sense that the impulse is outside their ability to control it — like a facial tic or a sneeze.

The modern literature of psychiatry describes this condition as “conduct disorder” in young children or “sociopathic personality” in adults. These are subcategories of a larger group called “developmental disabilities,” which includes autism, dyslexia, hyperactivity, attention-span difficulties, and several dozen other conditions. The most recent edition of the Diagnostic and Statistical Manual published by the American Psychiatric Association devotes 80 pages to these disorders.

Vaccination, Social Violence, and Criminality develops the thesis that the “sociopathic personality” which has emerged on a mass scale in recent decades — and which is responsible for a disproportionate amount of crime and social violence — is causally linked to the childhood vaccination programs. In other words, vaccination causes encephalitis which in turn leads to these post-encephalitic states and conditions.

My estimate is that one child in five or one in six is affected to some degree by a childhood vaccination. This estimate is based on the incidence of dyslexia and hyperactivity in American schools today — about 15% to 20%.

A chronological account of events in the United States will help clarify the connection between vaccination and these various disabilities.

Vaccination programs were instituted in the late 1930s, and the first handful of autistic babies were noted in the early 1940s. When vaccination programs were expanded after the war, the number of autistic children increased greatly. As the children of the first vaccinated generation (born in 1945) reached the age of eight or nine (in the 1950s) it was found that they could not read. This problem has continued to worsen until today about 20% of American school children are thought to have learning disabilities, hyperactivity, and associated developmental disabilities.

And when these same children grew up and took college entrance examinations, or examinations for military service at age 18 (for children born in 1945 this occurred in 1963), their IQ scores were found to be lower, and these scores have been declining steadily ever since. The scores on tests taken by high-school seniors to enter college were, in the early 1960s: 466 for verbal skills and 492 for mathematical. Today they are 424 for verbal skills and 476 for mathematics; the American IQ is lower now than it was in

the early 1940s, and it may be even worse than the statistics indicate, since there is some evidence that the tests have been made easier than they used to be.

As this same generation went on into early adulthood, it created and has maintained the present historically high incidence of violent crime. Violent crime (murder, rape, aggravated assault) started to rise in the early 1960s and is still on the rise today.

A large body of research has been done on the neurologic status of persons involved in violent crime. They are seen to have a very high incidence of typical post-encephalitic conditions: low IQ, hyperactivity, allergies, mental retardation, and seizure disorders.

When I read newspaper accounts of the typical kinds of crimes being committed these days, I often see indications that the criminals suffer from the post-encephalitic syndrome, because there is often evidence of a central nervous system dysfunction and the associated disorders described in my two books.

The following are some cases taken at random from the American press.

The notorious Ted Bundy, who was executed in Florida for the murders of between 50 and 80 young women, suffered from: diagnosed central nervous system dysfunction, low self-esteem, fascination with violence at an early age, and a tendency to outbursts of rage. Furthermore, he gave no hint of remorse for his actions. In a lengthy series of interviews he described the killings as the result of an urge which overcame him at periodic intervals and which was uncontrollable. He characterized himself as virtually schizophrenic: with a rational side of his character continually struggling against the dark and irrational urge to kill.

A California adolescent made history when his adoptive parents abandoned him and revoked the adoption because of his violence and threats against

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them. His medical history included: blank staring as a baby, severe withdrawal, fearfulness, anxiety, depression, tendency to pyromania, fascination with urine and feces, cruelty to animals, learning disabilities, premature sexuality, episodes of rage, self-mutilation, and suicide attempts.

Robert Dale Angell, a 19-year old white adolescent from an upper middle class family in Maryland, robbed a bank and then killed three persons (two of them policemen). His father described him as "a misfit, a deeply depressed, uncommunicative, learning-disabled teenager who dropped out of the tenth grade." In court he shocked the presiding judge by his lack of remorse over the three killings.

Joel Steinberg, the New York lawyer who beat his adopted daughter to death and regularly beat his wife, had a continuous facial tic, which was readily observed during his trial. Like Bundy, he described himself as a split personality. According to his wife, when she asked him why he did these things, "He said he hated himself for doing it. He said it wasn't him who was doing it. He felt it wasn't within his character." She also said that he was obsessed with the fear that she and their daughter were staring at him and "trying to put him in a trance."

There is a clear relationship between the post-encephalitic syndrome and premature, exaggerated sexuality. Today we are confronted with a rise in sexually related crimes, including acts of sexual violence committed by children — as young as six or seven years of age. Accounts of these children make it clear that they suffer from other symptoms along the lines we have discussed: mental retardation, hyperactivity, learning disabilities, tendency to commit arson, and, finally, lack of remorse for their acts.

At least two routes connect the post-encephalitic adolescent with alcoholism and/or drug abuse. (1) These individu-

als, as already noted, suffer from anxiety, depression, and low self-esteem and are thus naturally inclined to indulge in these various forms of escape. (2) There are numerous programs in U.S. schools today calling for the drug treatment of children with such conditions as hyperactivity, attention-span difficulties, and learning disabilities; approximately a million such children throughout our school systems are regularly being prescribed amphetamines and amphetamine-like drugs such as methylphenidate or pemoline for these conditions. These are addictive drugs, and it is not surprising that these children should grow up to become drug addicts.

Drugs and alcohol potentiate the inherent weaknesses of the post-encephalitic personality, releasing the few inhibitions which these individuals already possess. A typical case might be the fifteen-year old boy in Massachusetts who lured a fellow student into the woods and then beat him to death with a baseball bat. Not only did he not manifest any remorse for the killing; he went out later and engaged in a snowball fight and offered to show the dead body to a friend.

He was later found to be taking 10 mg. of methylphenidate (Ritalin) daily for hyperactivity, fire-setting, and social withdrawal.

It would not be an exaggeration to state that the three major social problems facing the United States today: the collapse of the educational system, drug abuse, and the epidemic of violent crime are all rooted, to a considerable extent, in the prevalence of the post-encephalitic syndrome in American society. This is true for many European countries also, although to a lesser extent.

I have gotten all this way without talking about homoeopathy at all, but in fact it was my knowledge of homoeopathic theory and practice which made me aware of the evils of childhood vaccinations.

Specifically, when I started my vaccine research, I immediately came to the conclusion that vaccination was, in reality, a sort of gigantic proving of whooping-cough toxin. Reaching that conclusion, I then proceeded on the assumption that it will effect everyone and every part of the body.

Thus I regarded the question of vaccination reactions along a spectrum of reactions: from very mild to very serious. When the pediatricians said: only one person in 100,000 (or some equally preposterous figure) has an adverse reaction, I knew that was a non-medical way of talking. If one person has a severe reaction, 100 will have mild reactions. That is just ordinary biological logic, not even specific to homoeopathy. but apparently it helped to have some acquaintance with homoeopathic ideas in order to reach these conclusions.

Editor's Note: We wish to thank Dr. Coulter for his kind permission to reprint this article and recommend that anyone wishing to glean a more in depth perspective of his thesis read his book entitled "Vaccination, Social Violence and Criminality, The Medical Assault on the American Brain." Dr. Coulter, a medical historian, has authored many books on health and homeopathy and co-authored with Barbara Loe Fisher the first definitive book on vaccine injury, A Shot In The Dark. A complete reference to Dr. Coulter's work is available at the Center for Empirical Medicine, a publishing organization that brings to light issues central to public health. It is dedicated to publicizing alternative medicine and the public's right to objective information and can be accessed on the internet at: www.empiricaltherapies.com

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Cole's Story

by Stefanie Philipp

Our son, Cole Arthur Philipp, was born on November 12th, 1997. I truly enjoyed being pregnant, and felt wonderful. I have been a vegetarian for the last 10 years, and became particularly conscious of my diet during pregnancy. I was very careful to eat nutritious meals, no empty calories, additives or preservatives. I have not taken any prescription or over-the-counter drugs in at least 8 years, and completely abstained from alcoholic beverages. I exercised daily—in short, tried to do everything to ensure that I was to give my baby the most advantageous starting point possible. My labor lasted about 19 hours, and Cole was born quite gently and without intervention. He weighed 9lbs 2oz., and was very healthy. After birth he was awake and alert for 6 hours, quietly checking us out, and slowly attempting to nurse.

At the hospital, where Cole was born, it is procedure to give three injections at birth: Vitamin K, Hepatitis B and BCG (tuberculosis). I was not very familiar with the risk of vaccination, and assumed that the benefits greatly outweighed the risks. Cole received the Vitamin K and the Hepatitis B, but due to a "mix-up", missed the BCG vaccine.

In the small & remote community where we reside, regular infant check-ups are handled through the local nursing station. There are three nurses on staff, and a doctor holds a clinic every second week. I felt a great deal of pressure to "have Cole's vaccination passport brought up to date"—particularly in respect to the missed vaccination of BCG. I was told that there were active cases of tuberculosis in a nearby community. Apparently Cole was at great risk, as my occupation brings me in contact with many people. After continued urg-

ing I decided that I did not want to risk Cole contracting tuberculosis, and agreed to the immunization. At this point the nurse did a "patch test", where a small amount of vaccine got injected under the skin to see if Cole had already been infected. The test came out negative, and the vaccination went ahead on February 13th, 1998. The BCG vaccine is supposedly difficult to administer, as it has to be injected into a small pocket, created by the hypodermic needle, just under the skin. The nurse was admittedly nervous, and had to repeat the injection three times before it was complete. She kept telling me that she had just witnessed an un-vaccinated child die from meningitis, and that I was doing the only right thing. Cole was extremely upset and I regretted my decision — too late.

That night Cole woke up with ear piercing cries — which had never happened before. He was restless, agitated and "cranky", all things we had never seen in him before. Over night I witnessed his face turn bumpy and red. A few weeks later, I undressed him in the morning, and discovered that the lymph under the vaccinated arm had swollen to the size of a mandarin orange. I rushed Cole to the nursing station. The nurse that had administered the vaccine looked at him and said "oh my God". She then questioned the connection between the enlarged lymph and the vaccination, and suggested that the lump "could have been there for a while", or "might be that bad because I had palpitated it that morning". She then contacted a public health nurse in the closest city, who decided that Cole was indeed experiencing severe but not unusual side effects to the vaccine. An appointment was made for me to see the doctor — scheduled to

come in the next day — in order to "re-assure" me that it was not serious.

When the doctor looked at Cole's "lump" his first reaction was "oh man that's big". He then searched for literature on the bookshelf in the nursing station and finally produced a small information pamphlet, which he proceeded to read to me. There were about 2 paragraphs, mentioning possible "discomforts" after vaccination. He told me that he had never seen anything like it, but then stated that it was a normal side effect. He smiled and told me that over the years he had seen hundreds of parents bring in their child as if it was in great danger, when it was really just a temporary reaction to the vaccine. He commented that in this case "the mother seemed considerably more agitated than the baby". Upon my urging he agreed to consult a pediatrician at the nearest hospital, 300km away. That afternoon, he called me with three options:

- Wait and see what happened
- Treat Cole with medication that is normally given when someone contracts tuberculosis (a 3 months course of heavy antibiotics)
- Do a biopsy of the enlarged lymph node

I decided that neither appealed to me. I spent the next weeks on the phone to anyone that would talk to me about vaccination. I gathered information, learned a lot, regretted my decision bitterly—but did not get much further as to what help could be given to Cole at this point.

All his lymph nodes were extremely enlarged, particularly behind the ears, on his neck and in his groin area. The lymph under his arm was not getting smaller, and was hard as rock. The site of the vaccination on top of his arm was swollen and infected. The rash had spread from the side of his cheeks, his upper lip, forehead, scalp

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to his hands, inner elbows, feet, ankles and behind his knees. Cole was doing fine during the days, but as evening would set on, the rash would get extremely itchy. Cole would get inconsolable from itchiness, pulling most of his hair out and screaming in agony. All I could do was to hold him, nurse him and try to prevent him from scratching himself raw. Sleep was infrequent, and never more than a few fitful moments at a time.

At this time Cole was still being nursed exclusively, but we suspected food allergies and eliminated all wheat, dairy and sugar products from my diet. We then started treating Cole with homeopathy and herbal medicine. It was successful in that the lymph spontaneously opened to the outside and drained all the liquid, leaving a deep little "crater" about the size of a quarter. However, in spite of a number of homeopathic remedies and numerous natural salves, creams and tinctures nothing seemed to ease the itchy rash. Worse yet, different natural practitioners questioned each others approach, and brought me to a point of total confusion.

At the end of July I finally decided to take Cole to Edmonton — 1300 km away, where I was going to stay until I found relief for him. I had several appointments at the University of Alberta Hospital where the general consensus was that Cole had a severe case of Atopic Infantile Eczema. According to the doctors their bad news was that it was hard to treat — Cortisone Cream topically applied, and antihistamine against the itching would be the best way to medicate for now. The antihistamine would also make Cole quite drowsy, which would make him sleep all the time, and allow "the worn out mother" to get some rest as well. Their good news was that Cole would likely outgrow the Eczema in his teenage years. I tried to point out that it would then be just in

time for him visit his mother in the mental institution. Again, the antihistamine was suggested — or a mild sleeping aid if necessary. Once more — not appealing. All in all, I felt that the doctors were far more concerned with the fact that I had discontinued the vaccination schedule, than with his condition.

Fortunately I received a recommendation for an Alternative Practitioner through a parent with a child that was also severely damaged from the DPT/Polio vaccine. I visited Mr. Kanttie Panchmmatia, (Certified Lymphologist) — both Cole and I received an "Energy Balancing Treatment", and he told me that I should be able to witness a drastic improvement within 48 hours. While I agreed with Kanttie's message, and his knowledge seemed deep, I was very skeptical of the promised results. After months of agony, I was not willing to let myself believe that the answers could be so quick or easy. However, Cole who never really napped, rarely held still and who had been completely hyper when it was his turn to receive the treatment—eerily fell asleep peacefully within minutes of the session starting. He remained that way nearly for the whole hour of the treatment — the longest he had slept since the vaccination. I also left feeling very relaxed and calm, but still quite apprehensive. Kanttie gave us some very simple exercises to do, and Colloidal Silver to drink and apply topically.

Cole slept much better that night, and seemed less itchy. During the second night I could visibly observe the rash lessening on his face. Within two weeks the skin had almost completely healed all over his body, the open sore under his arm was closing, the infection was gone from the top of his arm and Cole was sleeping 5 hours in a row.

I further visited a naturopath and had a live blood cell test done. We

discovered that Cole had severe Candida, likely caused by a breakdown of his immune system after the vaccination. Both of us took supplements, a Homeopathic Remedy and Colloidal Silver.

Today Cole is a picture of radiant health. He is scarred on top and under his arm, which is all but a gently reminder of the journey we have made. He is vibrant, happy and a constant source of joy. I am still a little saddened that my little boy had to suffer because I was not well enough informed. I had tried so hard to give him a good start, yet failed to protect him from the danger of vaccination. I know that we are very blessed that Cole managed to come through it so well, and my heart goes out to all the other parents whose children are suffering. I wanted to share this story as a reminder that amazing results can come from unexpected treatments—and to thank VRAN for being a wonderful venue of information and support!

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Gulf War Illness Probe To Advance With New Study

By Paul Likoudis

Tom Clancy's latest novel *Rainbow Six* rivets readers with a fictional account of environmentalist elites who decide that the only way they can save the world is to radically eliminate over 95% of the human population. Some of the world's leading scientists develop a strain of viruses, which they call Shiva after the Indian goddess of death, and devise an ingenious method to infect the world's population.

Part of Clancy's plot involves the development of two antibodies to fight the new virus, one of which will be for the world's elite, to inoculate them; the other for the sick, to make them sicker.

But there's a more riveting real life scenario unfolding in the United States and around the world that puts Clancy's fictional thriller into the realm of the credible: the efforts of a small group of reputable scientists, sick U.S. veterans, and a handful of investigative journalists to unlock the secrets of Gulf War Illness (GWI), sometimes referred to as Gulf War Syndrome, which has afflicted between 100,000 and 200,000 military personnel who served in President George Bush's Desert Storm and their families, and which is responsible for perhaps 15,000 deaths.

The number of military personnel who have died of the mysterious illness remains a classified secret, one of GWI's top researchers, Dr. Garth Nicolson of the Institute for Molecular Medicine, told *The Wanderer*.

For nearly ten years, since his daughter Sharron returned from the gulf where she served with the 101st Airborne, Nicolson and his wife, Nancy, a molecular biophysicist, have waged a lonely, frustrating, and often dangerous campaign to discover the causes of GWI while working on a treatment.

Their first big break came last week (Jan. 12th) when they were notified by

the U.S. Army that their research had been validated and their Institute for Molecular Medicine would be one of three centers, with the Armed Forces Institute of Pathology and the University of Texas at San Antonio, involved in a \$12 million Veterans' Administration funded project to develop a treatment for the debilitating and often fatal illness, an infection known technically as mycoplasma fermentans.

Dr. Nicolson explains that slightly under one half of the Gulf War veterans he has tested have shown signs of infection by mycoplasma fermentans.

For the husband-wife team of researchers, the army's notice came as a tremendous vindication after years of repeated attempts by government agencies to ruin their careers, their credibility, and their research.

As both Nancy and Garth Nicolson wrote in the October, 1996 issue of *Criminal Politics*, since he began researching the causes of GWI, he has lived through a government sponsored "nightmare."

"We were attacked by high level military physicians, ostracized by certain colleagues who spread rumors about our sanity, forced out of academic institutions by a concerted effort that involved nonstop administrative harassment, mail and courier theft, wiretaps, credit card fraud, breaking a tenure contract, computer and documents theft, attempts to block our scientific and medical presentations, sabotage our clinical samples, and undermine our employees."

Their ordeal over the past eight years since 1991 has convinced them that certain sections of the U.S. government, working with what might be called the "eugenics elite" at the country's top research labs in the fields of biochemistry and genetic engineering, are testing new designer biologic

agents on the American public, starting with prisoners and military personnel.

WHO THEY ARE

The Doctors Garth and Nancy Nicolson are not your ordinary conspiracy theory "nuts."

Garth Nicolson, before setting up the Institute for Molecular Medicine, a 501c3 corporation, in Huntington Beach, Calif. was the David Bruton, Jr., Chair in Cancer Research and professor at the University of Texas M.D. Anderson Cancer Center in Houston, and professor of internal medicine and professor of pathology and laboratory medicine at the University of Texas Medical School at Houston.

He was also adjunct professor of comparative medicine at Texas A&M University. Among the most cited scientists in the world, having published over 480 medical and scientific papers, edited 13 books, served on the editorial boards of 12 medical and scientific journals, and currently serving as editor of two (*Clinical & Experimental Metastasis* and the *Journal of Cellular Biochemistry*), he has been the recipient of numerous research grants from the U.S. Army, the National Cancer Institute, National Institutes of Health, the American Cancer Society, and the National Foundation for Cancer Research. In 1998, he received the Stephen Paget Award from the Cancer Metastasis Research Society and the Albert Schweitzer Award in Lisbon.

Nancy Nicolson, a molecular biophysicist, was on the faculty at Baylor College of Medicine's Department of Immunology and Microbiology.

Both scientists have been nominated for a Nobel Prize for their groundbreaking work in nucleoprotein gene tracking.

In 1987, Nancy Nicolson believes, she was deliberately infected with mycoplasma incognitus because she

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refused to participate in research on biological weapons and germ warfare, and had, in fact, publicly spoken in opposition to such research programs which are, in fact, banned by international treaties of which the U.S. is a signatory.

She became deathly ill, becoming partly paralyzed; her thyroid was affected and she contracted meningitis. But during this illness, she found the antibiotic Doxycycline helped her regain health.

In 1991, six months after the Nicolson's daughter returned from the gulf, Sharron came down with an illness remarkably similar to what Nancy had just recovered from: chronic fatigue, aching joints, diarrhea, vomiting, and fevers. The symptoms seemed similar to mycoplasma infection, and so the Nicolsons recommended treating her with Doxycycline.

Sharron then began contacting her veteran friends, who were reporting similar problems, and of the 73 who tried the treatment, 55 reported an improvement in health.

Now the plot thickens.

That same year, Garth Nicolson began receiving reports of a "mystery illness" spreading among the employees of the Texas Department of Criminal Justice in Huntsville. Using gene tracking, the Nicolsons discovered these prison employees tested positive for mycoplasma fermentans infection.

Prisoners in Huntsville, Palestine, and Victoria, Texas, had been given experimental flu vaccines purportedly developed by Tanox Biosystems on Stella Link in Houston, a company with close ties to Baylor, and the testing was part of a U.S. Army-sponsored program run by biotechnology firms.

The inmates at Huntsville then began spreading their disease to the prison guards, who passed it on to family members and others in the general population, who then started coming down with symptoms similar to those

of such dread diseases as Lou Gehrig's Disease, MS, and Guillian Barre Syndrome.

As Garth Nicolson reported his discoveries, he encountered increasing hostility from his peers, including Dr. Charles LeMaistre, a friend of George Bush and the past president of the M.D. Anderson Cancer Center; Dr. George Young, chief of the VA in Houston; and Dr. Robert M. Couch, head of the Baylor Influenza Program, because his findings implied illegal testing.

Among Tanox's investors are George Bush and his former Secretary of State and fellow Texan James Baker III.

As opposition rose, so did their understanding of M.D. Anderson's deep involvement in biological weapons research and testing since the late 1970s, and that M.D. Anderson was specifically engaged in research on mycoplasma fermentans as a biological weapon.

Garth Nicolson resigned under pressure from M.D. Anderson in August, 1996, and was ordered to remove all his research equipment and materials from M.D. Anderson, where he had served as senior tenured professor and department chairman for 16 years.

"The administration was trying to restrict our activities in the area of GWI and I resigned because of my stand on academic freedom and my right to pursue that particular line of investigation. I had unanimous internal clinical review board approval for the research," he told *The Wanderer*, "but I suspect that then Major General Ronald Blanck, currently surgeon general of the army, was pressuring the M.D. Anderson administration to stop our research."

SPREADING THE DISEASE

In dozens of research reports for professional medical journals, and in four separate, sworn testimonies before congressional committees, the Doctors Nicolson state their belief that Gulf War Illness was caused both by the vac-

cines soldiers sent to the gulf received and by airborne chemicals released when U.S. troops destroyed tons of Saddam Hussein's chemical weapons.

Their testimony is that soldiers were exposed to five possible sources of exposure: vaccines, some of which were questionable and were contaminated by microorganisms; blow-back from destroyed biological and chemical weapons; factories and bunkers which stored the agents; approximately 60 Italian-made biological weapons sprayers that were fully deployed in southern Iraq and Kuwait; as well as airburst SCUD missiles equipped for delivery of chemical and biological weapons.

Prior to deployment, the army administered vaccines, ostensibly, against weapons-born anthrax, to 150,000 soldiers, often eight or nine shots at a time. Eighty five percent of soldiers were told by their commanders that they could not refuse the vaccines, under threat of court martial, and 43% experienced immediate side effects.

Together, the vaccines and Saddam's chemical weapons produced a toxic cocktail producing GWI, the symptoms of which include: aching joints, chronic fatigue, memory loss, night sweats, headaches, skin rashes, depression, muscle spasms, dizziness, nausea, vision problems, sex problems, urination problems, hair loss, bleeding gums, vision problems, and eye pain.

Perhaps the most frightening facet of GWI is that a large fraction of it is a communicable disease caused by the biological weapons which Gulf War vets have passed on to their wives, their children, including those in utero, and even to pets.

In his congressional testimony, Dr. Garth Nicolson stated that the Gulf War was the first time in history that vaccine records on the troops were classified and remain classified to this day. The Department of Defense has admitted, however, that over 400,000

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records have disappeared.

Former Air Force Captain Joyce Riley, a Gulf War vet and another major figure working to expose the causes of GWI, has concluded that medical records of approximately 70% of all Gulf War vets are listed as "missing."

Another bizarre twist to this tale is that the army's medical records from the Gulf War were in storage at the Murrah Federal Building in Oklahoma City when it was bombed.

What has alarmed the Nicolsons, and other researchers, is that mycoplasmal infections are often relatively benign, but preliminary investigations of some mycoplasma found in some Gulf War veterans contains the HIV1 envelope gene, a component of the AIDS virus which renders the mycoplasma invasive, enabling it to spread throughout the body, alter DNA, and cause birth defects.

Another frightful scenario is the possibility that some vets, who have been infected with the mycoplasma disease but as yet show no symptoms, may be donating blood, and thereby infecting the larger population.

This is the view of Dr. Patricia Axelrod, one of the first to speak out about Gulf War Illness. In a Dec. 12th, 1996 Montel interview, she said: "We are dealing with bacterial warfare agents. We are dealing with chemical warfare agents. We are dealing with radiation poisoning... The Department of Defense is covering this up."

Already, as *Life* magazine reported in 1995, an abnormally high percentage of children with birth defects have been born to Gulf War vets.

MORE MYSTERIES

On Feb. 9th, 1994, former Michigan Sen. Don Riegle, Jr., took to the floor of the U.S. Senate and reported:

"Records available from the supplier for the period from 1985 until the present show that during this period, pathogenic-biologic agents meaning poisonous and other materials were export-

ed to Iraq pursuant to application and licensing by the U.S. Department of Commerce.

"Records prior to 1985 were not available, according to the supplier. These exported materials were not attenuated or weakened and were capable of reproduction. Thus, from at least 1985 through 1989, the United States government approved the sale of quantities of potentially lethal biological agents that could have been cultured or grown in large quantities in an Iraqi biological warfare program...

"I find it especially troubling that, according to the supplier's records, these materials were requested by and sent to Iraqi government agencies, including the Iraqi Atomic Energy Commission, the Iraq Ministry of Higher Education, the State Company for Drug Industries, and the Ministry of Trade. While there may be legitimate needs for pathogens in medical research, closer scrutiny should be exercised."

Among the chemicals sent to Iraq Riegle cited were *Bacillus Anthracis*, *Clostridium Botulinum*, *Histoplasma Capsulatum*, and *Brucella Melitensis*.

"If you look at what the Iraqis were ordering," said Dr. Nicolson, "they were ordering far more than what they would need for legitimate testing purposes as controls for diagnostic testing."

Among the companies granted export licenses to ship these toxic agents abroad was the American Type Culture Collection of Rockville, Md., and the federal government's own Centers for Disease Control in Atlanta was responsible for shipping some of the materials, according to Riegle's investigation.

STRANGE TWISTS

One of the strangest facts among the millions uncovered by investigators such as the Nicolsons and Captain Riley is that Nobel laureate Joshua Lederberg of Rockefeller University is on American Type Culture Collection's board of directors.

Lederberg is not only one of the

world's leading experts on cutting edge molecular biology and genetics, but was also named to lead the presidential commission to investigate the Gulf War disease by President Clinton.

Lederberg, a member of the Department of Defense Science Board and an advocate of biological warfare, has helped steer Defense funds to organizations working on biological warfare.

As chairman of the government's investigators into GWI, Lederberg claimed that his researchers could not discover any cause for Gulf War Illness.

Another Nobel laureate who figures in this drama is Dr. James Watson, who won a Nobel in 1962 for physiology and medicine with two British scientists, Francis Crick and Maurice Wilkin, for his role in unraveling the molecular structure of DNA.

In 1968, Watson became director of the Cold Spring Harbor Laboratory of Quantitative Biology in New York, where he is a leading researcher in the Human Genome Project.

Watson, with other doctors, was involved in the development of the flu vaccine which was used on the inmates in Texas prisons.

Meanwhile, as the Clinton administration slowly changes its official position that Gulf War Illness is a myth, the Department of Defense acknowledges its past shortcomings in handling complaints related to GWI and research on its causes; the Veterans Administration has reported that the active duty tumor rate in the U.S. military has increased more than 600% since 1990; there is a health crisis in the gulf states, with an estimated 15%20% of populations "sick" at any given time; birth defects and infant deaths are soaring.

In a September, 1996 appearance at Washington University in St. Louis, Nobel laureate Edward O. Wilson, an environmental scientist, spoke on the subject of downsizing the earth's population.

The mild-mannered Harvard professor of entomology, reported The St.

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Louis Post Dispatch (Sept. 12th, 1996), explained how the earth's population had to be brought down to "the hundreds of millions' for a true ecological balance...

"A single global policy on population is not feasible, he said. But efforts are under way in this and other populous nations to achieve zero population growth and even depopulation, he said."

The March/April, 1996 edition of Foreign Affairs published an article for its elite readership, "Why We Need a Smaller U.S. Population and How We Can Achieve It."

The stuff of fiction? Not anymore.

"This story gets more and more tangled the deeper you dig," Dr. Nicolson told The Wanderer.

Indeed it does, especially as GWI is exploding in the civilian population.

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For Gulf War vets, there is some good news, Dr. Nicolson said. "The Department of Defense and the Department of Veterans Affairs are now allowing physicians to treat microplasma infections in Gulf War Illness patients with antibiotics, according to our published protocols.

"This was not allowed just a few months ago."

Editor's Note: We wish to thank the author for his kind permission to reprint this article in VRAN News in its entirety as originally published as a feature article in The Wanderer — issue date of 1-21-98.

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WASHINGTON CONGRESSMAN SEEKS INVESTIGATION OF GULF WAR VACCINE ADDITIVE

Gannett News Service

WASHINGTON — The watchdog General Accounting Office and a Northwest congressman are pointing to a controversial vaccine additive as a possible cause of Gulf War Illnesses, the mystery sicknesses complained of by about one-sixth of those who served in the 1991 conflict with Iraq.

Rep. Jack Metcalf, R-Wash., has asked two House committees — Armed Services and Veterans' Affairs — to investigate the possible gulf war use of an experimental substance called "squalene" in troop vaccinations designed to protect against Saddam Hussein's biological warfare arsenal.

Armed with a new GAO report critical of the Pentagon and with the results of some private scientific research, Metcalf wants the committees to push the Defense Department into doing its own testing of gulf war veterans for human body evidence of squalene.

"The (Defense Department's) record of misrepresentation to the public and government investigators cries out for thorough scrutiny," Metcalf said Friday.

Squalene is a fatty substance found in minute quantities in the human liver and has long been eyed by scientists as a possible adjuvant — a substance added to vaccines to make them work faster and longer in triggering the immune system to act. It is unlicensed and has yet to be approved by the Food and Drug Administration for human use. Several studies have found injected squalene triggers arthritis and other immune system afflictions in rats and monkeys.

The Pentagon for years has steadfastly denied it used any squalene in

troop vaccinations before and during the desert war eight years ago, especially in inoculations to protect against deadly anthrax spores Saddam was known to possess. Defense officials told a presidential advisory committee four years ago that aluminum salts were the only adjuvants used in military vaccinations.

"There just wasn't any squalene in the vaccines used in the gulf war," Pentagon spokesman Jim Turner said Friday. "There is just no basis for believing it."

The GAO report said that between 1995 and 1997, Memphis immunologist Pam Asa presented the Pentagon with findings of antibodies to squalene in the tested blood of hundreds of the 115,000 veterans now complaining of the mystery afflictions. But the Pentagon did not respond and would not cooperate in providing her either records or squalene samples. Asa had to go to Belgium to obtain the substance.

Now, the GAO said, it has discovered over several years that the Pentagon — along with the National Institutes of Health — has helped conduct at least 28 clinical trials on about 1,750 human subjects using squalene adjuvant formulations, with two of the trials beginning before the gulf war.

The GAO further noted a blood assay developed by Tulane University School of Medicine microbiologist Robert Garry to test for squalene antibodies. It showed about 97 percent of 350 sick gulf war veteran had the antibodies (some of whom never deployed to the Persian Gulf) — indicating squalene might be a contributing factor.

The GAO study said Defense Department officials "report they con-

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sidered, but decided against, using vaccine with novel adjuvant formulations, including squalene."

The Pentagon, which has spent about \$130 million on researching possible causes for Gulf War illnesses, told the GAO it could develop its own test for squalene antibodies rather inexpensively. But since it didn't use squalene in the first place, it said, it would wait for independent researchers to publish their findings.

The GAO concluded "time is critical for many gulf war-era veterans who continue to suffer" and that it is important for the Defense Department to "take advantage of any opportunity to obtain and evaluate any additional information."

Dr. Sue Baily, the assistant secretary of Defense for health affairs, stressed in the official Pentagon response to the GAO report that "there is no basis for believing that gulf war-era veterans were exposed to squalene-containing vaccines." She characterized the GAO suggestion of Defense Department testing "scientifically and fiscally irresponsible."

Such tests, she maintained, even if they found squalene or squalene antibodies present, "would not establish an association... with illnesses among gulf war veterans."

Rep. Floyd Spence, R-S.C., chairman of the House Armed Services Committee, and Rep. Bob Stump, R-Ariz., chairman of the House Veterans' Affairs Committee, have expressed concern over the squalene issue, but have not said whether they will schedule the hearings Metcalf wants.

Metcalf called the Pentagon decision not to attempt replication of the Tulane tests "unconscionable." The Washington congressman also has been quoting an imminent *Vanity Fair* magazine article that accuses the Pentagon of "plans to run a clandestine trial of experimental vaccines and medical products during Desert Shield

and Desert Storm."

The story, by veteran reporter Gary Matsumoto, will quote a National Guard doctor as saying anthrax vaccination records were deliberately destroyed.

In North Topsail Beach, N.C., Thomas Oliver, 36 — an F-4 Wild Weasel fighter jet maintenance man during the gulf war — has "long suspected squalene had something to do with his 1997 diagnosis of ALS, or amyotrophic lateral sclerosis (Lou Gehrig's Disease).

On Friday, he recalled "people literally being held down and made to take" the anthrax shot during the war.

"It was a commander's call," said his wife Tatiana, who relays his answers. "He says there was a rip sheet with names, but an officer destroyed all the anthrax vaccination records immediately after the shot."

Editor's Note: This news bulletin was forwarded to VRAN by Karin Schumacher of Vaccine Information and Awareness whose website can be accessed at: www.access1.net/via

Updates on the Anthrax vaccine and experimental squalene additive can be found at "Government Watch for Freedom" on the Internet at: www.egroups.com/group/govt-watch/1613.html

Please refer to the May 1999 edition of "Vanity Fair" for a feature article on Gulf War illness and Anthrax vaccine.

The development of rheumatoid arthritis after recombinant hepatitis B vaccination.

Pope JE, Stevens A, Howson W, Bell DA, Department of Medicine, the University of Western Ontario, London, Canada.

J Rheumatol 1998 Sep;25(9):1687-93

OBJECTIVE: Hepatitis B vaccination has been associated with reactive arthritis and rarely rheumatoid arthritis (RA). We defined the clinical, serologic, and immunogenetic background of patients developing RA, soon after recombinant hepatitis B vaccination.

METHODS: The clinical, serologic, and HLA antigens of a cluster of firefighters who developed arthritis after prophylactic recombinant hepatitis B vaccination (5 subjects), as well as a second group of sporadic cases of arthritis (6 patients) after hepatitis B vaccination are described.

RESULTS: Ten of 11 patients fulfilled revised American College of Rheumatology criteria for RA. All cases had persistent arthritis for more than 6 months; at 48 months follow-up 2 cases no longer had inflammatory arthritis. Nine patients required disease modifying anti-rheumatic drugs. Five subjects were HLA-DR4 positive. HLA class II genes expressing the RA shared motif were identified in 9/11 patients genotyped for HLA-DRbeta1 and DQbeta1 alleles

(0401, 0101, or 0404). All the firefighters shared the HLA-DRbeta1 allele 0301 and the DQbeta1 allele 0201, with which it is in linkage disequilibrium.

CONCLUSION: These polymorphic residues in the binding site of the MHC class II molecules of the affected

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Hep B and Arthritis cont. from page 16
patients appear capable of binding some peptide sequences of the recombinant vaccine peptides they received and may be responsible for hepatitis B vaccine triggering development of RA in these cases. Recombinant hepatitis B vaccine may trigger the development of RA in MHC class II genetically susceptible individuals.

Editor's Note:.. This vaccine is now thrust on all Canadian school children, and soon to be added to the early infant shots in British Columbia. Disclosure of this information to the public is paramount if Canadian parents are to be empowered to make informed decisions about their children's health. Additional medical journal articles that link hepatitis B vaccine to rheumatoid arthritis and lupus can be found at Dr. B Classen's web site at :<http://vaccines.net/risks.htm> ✓

ANOTHER PHANTOM VIRUS

Copyright 1999 by Gary Krasner

The Medical Boys — ever vigilant against “diseases”, and the microbes to blame them on — have come through again. The fact that the virus is harmless, and the condition is hardly a disease, should not stand in the way of what should be a very profitable vaccine.

Peter Duesberg's excellent book, “Inventing The AIDS Virus” (reviewed in *Well Beings* last year), contains a section entitled, Phantom Viruses And Big Bucks. It described the discovery (actually, “invention”) of a harmless virus that is purportedly the cause of Hepatitis-C. Early last year when I began to read about rotavirus and the proposed new vaccine for it, I immediately thought of that section in Duesberg's book, but with one exception: Not only is a virus not the cause of diarrhea, but the so called disease itself is just a natural condition in response to an inappropriate diet, and is effectively treatable by parents, without drugs. (Note: Diarrhea may also accompany normal biological changes, such as teething.)

A CHRONOLOGY

Before I get into that aspect, here's a brief order of events that led up to the newly-released vaccine for rotavirus.

On February 11, 1998 the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP) had recommended the routine vaccination of all full-term infants against rotavirus, a common virus that they said can cause diarrhea, gastroenteritis, abdominal cramps, vomiting, and in severe cases dehydration and death, in infants and children. ACIP's decision was contingent on the FDA's Vaccines and Related Biologicals Advisory Committee approval of a new vaccine, which came through December 1997.

The vaccine, which will be sold in the United States under the brand name RotaShield, was developed by Philadelphia-based Wyeth-Lederle Vaccines

and Pediatrics and the National Institute of Allergy and Infectious Diseases. At \$38 per dose, Wyeth could conceivably gross close to a billion dollars annually with RotaShield. Outside the US, the company is seeking marketing approval for the vaccine under the name of Rotamune.

In August 1998 the FDA licensed RotaShield. A month later ACIP recommended that RotaShield be given routinely to term infants at 2, 4, and 6 months of age, with the series to be completed by a child's first birthday. Some committee members also felt that the recommendation would help ensure third-party coverage of the live, oral, tetravalent, rhesus monkey-based vaccine. The recommendation is also expected to clear the way for states to begin mandating this vaccine for school entry.

ACIP decided against issuing a permissive statement that would have made the vaccine optional, or a recommendation to vaccinate only high-risk groups. Those options were favored by an advisory commission of the American Academy of Family Physicians (AAFP). While a formal statement on RotaShield from AAFP is still pending, last November another organization of physicians—the American Academy of Pediatrics (AAP)—had endorsed the ACIP recommendation.

JUST THE “FACTS”

Throughout 1998, the CDC and their cohorts issued press releases to prepare the public for the new vaccine. Whether from a health department bulletin or a newspaper article, these claims appeared to come from identical scripts from the same source—the CDC—as I summarize them here:

Rotavirus is the most common cause of severe diarrhea in children in the United States. About 70 percent between the ages of one and five become ill from rotavirus diarrhea, and one in every 78 of them will become sick enough to require

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hospital treatment. About 125 die annually. Virtually all children have one or more rotavirus infections in the first 5 years of life. Each year in the US, rotavirus is responsible for approximately 500,000 physician visits and 50,000 hospitalizations (30-50% of all hospitalizations for diarrhea are in children under 5 years of age).

Children aged 3 to 24 months have the highest rates of severe disease and hospitalization. It is estimated that a vaccination program would prevent 39 percent, or 1.08 million cases, of rotavirus diarrhea in children under five years of age, including 13 deaths among those most seriously afflicted.

The World Health Organization is considering recommending use of the vaccine in developing countries where rotavirus is less easily treated. Worldwide, the virus is estimated to lead to one million child deaths each year. The NIH scientist who discovered the drug said Wyeth officials have promised him they'll somehow get the vaccine to children in developing countries, probably by using profits from rich countries to subsidize poor ones.

SOME CAVEATS

While the aforementioned presentation issued by the medical establishment sounded impressive, there were other aspects reported about the vaccine that moderated its endorsement:

According to five published placebo-controlled trials, the vaccine was determined to be only about 50% effective in preventing diarrhea caused by rotavirus infection. However, the vaccine was claimed to be about 80% effective in preventing severe rotavirus-induced diarrhea in three U.S. trials. Nevertheless, a large number of mild cases of rotavirus diarrhea will still occur, and childhood diarrhea from other causes will not be prevented by vaccination. (50-75 percent of hospitalizations for diarrhea are due to non-rotaviral etiologies.) It will require three doses to reliably provide a high degree of protection from severe rotavirus disease. Earlier studies, in which only one dose was given, did not find a high degree of protection. No studies were

conducted using a two-dose schedule, and it is unknown if children who receive two doses will be protected.

Concerning adverse events: In the pre-licensure studies, there was a higher rate of fever after the first dose of vaccine, primarily on days 2-5 after administration. Higher rates of intussusception and failure-to-thrive among vaccinees were reported initially, but were not confirmed on a more detailed analysis of the data. Safety and efficacy data are not available for children 12 months of age or older. However, since a small trial indicated infants 6 months of age or older had a higher rate of high fevers after vaccination with an initial dose of rotavirus vaccine, vaccination with second and third doses are not recommended for children 12 months of age or older for lack of data.

Finally, contraindications to the use of the vaccine in children include known or suspected immunodeficiency, acute moderate to severe febrile illness, an evolving neurological condition, or persistent vomiting. Due to lack of data, rotavirus vaccine should be used with caution in infants who were born prematurely (at less than 37 weeks' gestation), or who have ongoing diarrhea or preexisting chronic GI disease. The vaccine should not be re-administered to an infant who spits out the vaccine or regurgitates or vomits after receiving it.

Not all doctors agreed with the ACIP endorsement. Prior to ACIP's recommendation of RotaShield last November, the AAFP Commission of Clinical Policies and Research member Theodore G. Ganiats, M.D., speaking on behalf of the CCPR, opposed routine rotavirus immunization. He stated in *Family Practice News* (8/1/98) that such a recommendation "could unnecessarily override patient preference by promoting use of a vaccine that does not produce herd immunity and for which the cost is not yet known." To date, word from AAFP is that they are not likely to support ACIP's recommendation.

BACK TO REALITY

Despite these negative aspects of

RotaShield, the "germ hunters" of modern medicine's public relations campaign has been effective. There's just one little problem: A virus is no more the cause of diarrhea than it is the cause of any disease.

The tautological "reasoning" that rotavirus causes diarrhea mirrors the claims for other so called pathogenic viruses: If it is present in some form during the malady, then it is the cause of it. If not, then something else caused it! The relatively few parents who recognize this nonsense don't see any need to subject their children to a potentially hazardous vaccine for (what is, in reality) an easily preventable and treatable digestive disturbance.

Loose stool simply indicates that something was ingested that cannot be digested. Whatever cannot be digested will decompose. The products of this decomposition, and food itself are viewed by the body as an irritant that it must get rid of it quickly. So there's no chance for the food to be assimilated and the fibrous components to absorb water for eventual elimination. Instead, the partially digested food is eliminated quickly, still in its watery state.

Ironically, the most common food of infants cow's milk is the worst culprit. The proper functioning of the colon is impaired because the excessive mucous that the body generates in response to milk (as a defense mechanism) hardens in the intestines to form a coating on the inner lining that becomes nearly impermeable to nutrients and fluid exchange. Any food eaten with milk is also coated. The indigestible protein complement, casein is another gooey substance that inflicts similar damage, as well as to coagulate in the stomach to form large, tough, dense, hard-to-digest curds. In fact, casein is so gooey, it is the main ingredient in all wood glues. Drinking it cold and pasteurized makes it even worse. And consuming it with another kind of protein food may also cause diarrhea.

Milk also causes chronic gastrointestinal irritation, leading to eczema, diaper

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rash, and diarrhea. It stems from the fact that cow's milk is a somewhat coarser emulsion than that of human milk, possibly due to the difference in the amount and quality of unsaturated fatty acids. Vitamin and mineral differences play an important role as well. There are many books that deal with the digestive problems caused by consuming milk.

Another common, but inappropriate food is the routine feeding of starchy foods to infants. In the salivary secretion the starch digesting enzyme, ptyalin, does not appear in appreciable quantity until at least age 6 months. The other starch digestive enzyme, amylase, secreted by the pancreas, is also absent, or at least not present in adequate amounts to digest starch. Amylase generally does not appear until the molar teeth are fully developed, possibly age 28 to 36 months. Despite these physiological facts, pediatricians foolishly recommend cereals, bread-stuffs, crackers and other coarse grain-based foods for infants this young. The diarrhea produced from this diet is often brown, or yellowish-brown in color. If mucous and small soft curds and an acid odor are also present, then it's the result of sugar or maltose consumption. If it has a foul or musty odor and has an alkaline pH, it came from excessive protein.

Pediatricians also frequently mis-diagnose loose looking stools—that are normal in breast-fed babies—as diarrhea. But it is not. And while the baby may be thriving and gaining weight, the doctor will nonetheless want to place the baby on anti-diarrhea medications or opiates like Lomotil. Many parents don't realize that these medications, as well as bactericides like antibiotics or penicillin used to treat their baby's cough or cold, ultimately prevents normal bowel functioning leading to loose stool. An antibiotic may kill enough of the intestine's normal microorganisms to allow more resistant competing strains to flourish and take over. If the surviving bacterium is *Clostridium difficile*, for example, the diarrhea from the toxins it produces could lead to severe dehydration, and possibly ulceration and perforation of

the intestine.

Diets of excessive protein, improper food combinations, or just overfeeding are known causes of diarrhea. Infants that are fed inappropriate diets that include meat, dairy, refined sugar, or even chilled or heated fruits or vegetables, render their intestines an ecological mess. Even on a proper diet, it may take an extended period of time for the restoration of normal intestinal flora that is essential to process waste in the colon. But when anti-diarrhea medications of any type are added to the mix, the infant is rendered incapable of fully restoring that normal bacterial balance. Infants in some areas of the U.S. and the Third World also face an additional obstacle to normal bacterial stasis: drinking water that may contain excessive biological waste or chemical toxins. That, together with malnutrition, accounts for the higher mortality rates there. Yet doctors would probably have us believe that the more pathogenic forms of rotavirus somehow decide on their own to inhabit only poor countries!

Diarrhea is also often a symptom of allergies. If you really want to get holistic, consider the increasing rate of allergic children as one cause of the increased prevalence of diarrhea. Whether its due to increased food processing and chemicals, pesticide drift and runoff, topsoil erosion, increased background radiation, vaccination, cow's milk consumption (a major allergen), or even the high number of bottle-fed babies (they're at least 20 times more likely to develop allergies as breast-fed babies), allergies may account for a significant amount of the incidence of diarrhea in infants. But it's not profitable for any drug company to investigate such potential causes of diarrhea. Particularly when their allergy drugs sell so well!

Finally, there is a new form of inflammatory bowel disease described as "leaky gut" phenomenon, in which undigested proteins "leak" past the stomach and into the intestines. Symptoms of this problem includes diarrhea, abdominal pain, intestinal bloating and possibly food intolerance. According to Dr. Wakefield, et.al., there is

strong evidence linking the administration of MMR vaccine with the development of leaky gut, as well as Crohn's disease, non-specific colitis, and other digestive problems. The Medical Boys could conceivably promote Rotashield as a remedy for the MMR vaccine! But any sane parent would reject both.

Whenever I hear about a new vaccine for a non-existent disease, I'm reminded of my resistance to America's war against Vietnam. Liberals at that time had no trouble believing that the Pentagon was using young men as cannon fodder to fuel a military-industrial complex. Why can't liberals today make the connection that the medical establishment is doing the same damn thing with our infants and children.

This article originally appeared in the 3/99 Well Beings newsletter, a publication of Vaccinations Alternatives, NYC, <mailto:va-sk@juno.com> vask@juno.com

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Special thanks to the following individuals who consistently posted their research on the status of RotaShield throughout 1998: Dawn Richardson, PROVE (Parents Requesting Open Vaccine Education), prove@swbell.net; Meryl W. Dorey, President, The Australian Vaccination Network, Inc., van@mypostbox.com; Debbie Bermudes, Executive Director, Mass. Citizens for Vaccination Choice, mvcvchq@juno.com; Dawn Winkler, Vice President, Concerned Parents For Vaccine Safety, dwinkler@sisna.com, Coalition For Informed Choice. Gary Krasner, Director, PO Box 230426, Hollis, NY 11423, fax/phone: 718-479-2939, email: gk-cfic@juno.com

"Protect your rights! Become an advocate and inform others". ✓

MD SPEAKS OUT ABOUT IMMUNIZATION

Editor's note: VRAN received the following transmission from Karin Schumacher at Vaccination Information and Awareness at:
www.access1.net/via

Michael Belkin wrote:

This is an excerpt from Dr. Mercola's weekly newsletter "Healthy News You Can Use", Issue # 99, May 2, 1999

Dr Mercola can be reached at:
Mercola@pol.net

Immunization Comment

The following was written by Dr. Thomas Stone last week in a response to another physician in a forum on Physicians On Line. This is a physicians only discussion group. He and I have been attempting to convince the pediatricians of the problem with immunizations. It is a most frustrating task since most of them are so brain-washed they are incapable of implementing any type of logic to think through this issue.

It is immensely more difficult for you and others who have not lived WITH-OUT these vaccines to see the horrible, insidious damage that is being inflicted on the brains and health of our infants and children by this irrational and fraudulent vaccine mania. This has been politically programmed and financed by those who have deceived us into believing that we were being saved from the ravages of frequent and common serious complications and death from the usual childhood illnesses with outright lies, half-truths, propaganda and deceptive and fraudulent statistics.

As a child all of my siblings, my relatives, my friends, my classmates experienced measles, mumps, chickenpox, etc. and recovered without serious complications or fatality and probably even benefited from these infections. Two of my classmates in grammar

school were absent for an extended period with polio—both returned to class. Does this mean that there were no complications or deaths? Not at all. What I am saying is that in the usual middle class neighborhood even during the depression when few had any money there was usually adequate food for us that we had sufficient immunologic functions so that we were rarely overwhelmed by these infections.

This experience continued through high school, college and even medical school. My classmates and I in medical school read about complications such as encephalitis, orchidist, etc. but they were not something that any of us had any personal experience with in our earlier years. These complications and fatalities obviously did and do exist, but they were not the everyday common experience that the hysterical purveyors of these quietly brain damaging poisons that we are injecting into our infants and children claim over and over again.

It was not until I began working at Cook County Hospital in Chicago that I had anything but book experience with the dreaded complications of these infectious diseases. As I recall, at that time every serious contagious infection and all cases of meningitis, encephalitis, pneumonitis and other rare infections were required to be hospitalized at Cook County Contagious Hospital. Yes, these were terrible to see, and I can understand that anyone who has seen and worked with these diseases would want to do anything to prevent them. Unfortunately, the chosen solution, while it may have saved a small number of malnourished, immune and or congenitally compromised children, has become an increasing tragedy and nightmare for millions of other children AND parents.

The real solution has been and is

continuing to be concealed from us by powerful political—economic interests. There is no better defense against these naturally occurring childhood infections that an intact functioning immune system—and this is most often impaired by inadequate nutrition. For example, when I was on the Tetanus Team at County, it was well known (and verified in my own experience) that the severely malnourished drug addicts all perished while the other tetanus cases survived with the same identical treatment. Once again we find that knowledge and training in nutrition has been ACTIVELY SUPPRESSED.

It has been said that the average physician knows as much about nutrition as their secretary—UNLESS she happens to be obese! There are many shocking examples in these discussions of how incredibly limited our education has been in both the significance of and application of nutrition in our daily practice. Dr. Mercola is correct. This alone would do more to prevent serious childhood illnesses than any vaccine!

There is much more that I will try to share about this topic as time permits. Let me summarize: We and our children have been and are the victims of a carefully orchestrated, programmed propaganda campaign in which MAXIMUM publicity is repeatedly given to the occasional, in fact rare, complications from one of the childhood diseases such as encephalitis, polio paralysis, or orchidist, while ACTIVELY SUPPRESSING the cases of morbidity and death caused by the vaccines. This ACTIVE SUPPRESSION is used to quietly terrorize any professional who does honest research and reports negative or adverse effects from vaccines.

It is well known that they will NEVER again be allowed on any vaccine committee and they will find it difficult or impossible to obtain EITHER a government OR private grant for any future

MD Speaks Out continued on page 21

research. I have given numerous well-documented examples of this programmed punishment of any professional that dares to speak or publish the truth about vaccines for more than 50 years! And how have the pediatricians responded to this? "I'm going to wait until there is 'scientific' verification that these vaccines are harmful," they almost always say. THERE IS NOT GOING TO BE ANY! IT HAS NOT BEEN and WILL NOT BE ALLOWED.

There will now be the postings of how many millions of children have been saved by these vaccines!! And I am accused of anecdotal reports. We have seen the recently released data from California. A parent of one of my patients has just forwarded the newly released data from Illinois: Illinois State Board of Ed Reports Huge Autism Increase, too.

Thursday, April 29, 1999

The following is from the Illinois State Board Of Education regarding Figures on learning disabilities and autism:

Year	Learning Disability	Autism
1991	111,326	317
1992	113,465	575
1993	115,140	755
1994	116,202	800
1995	118,121	1363
1996	121,672	1754
1997	126,065	2305

Truth is like oil and water—it eventually comes to the surface. How long are we going to wait for scientific data? From whom? The CDC have been telling us for years there is no problem, "The vaccines are as safe as water." Our Public Health Departments and our schools are given a "BOUNTY" to force each and every child to risk brain damage from the insidious encephalitis and auto-immune disorders in those that are vulnerable. Who is vulnerable? Sorry, no research funds available. But it could be your child, your grandchild, OR YOUR PATIENT!

Thomas L. Stone

Winnipeg Letter to the Editor

Editor's Note: Winnipeg parents continue to be the most vocal group in Canada, keeping vaccine safety and informed consent issues in the forefront of the public eye. In a recent letter to the Winnipeg Free Press and The Globe and Mail, Leona Rew, co-founder of the Association for Vaccine Damaged Children sets the record straight.

Dear Editor,
April 25, 1999

According to a recent article, Elinor Caplan, parliamentary secretary to Health Minister, Allan Rock and the medical convenors of the recent health conference held in Hull, Quebec, have expressed concern regarding the growing influence of a "misguided anti-immunization lobby" ("Victory scored against measles").

However, consider this:

As of 1998, the U.S. National Vaccine Compensation Plan has awarded a total of \$1 billion U.S. to vaccine damaged children and their families. Canada, on the other hand, has yet to pay out one penny.

According to the Center for Disease Control, 1,400 deaths have been attributed to the hepatitis B vaccine. In Manitoba, public health nurses are claiming that the worst case scenario is "swelling or redness at the injection site."

Byron Hyde, MD, Canada's medical expert on hepatitis B vaccine toxicity asked Health Canada to investigate 60 health care workers who developed serious health problems following hepatitis B vaccination. No investigation was made. Health Canada shredded the medical records.

In 1992, Judy Wasylcia-Leis, then NDP health critic, introduced a private members bill calling for a mandatory reporting system of adverse reactions to the health department. The Filmon

government has repeatedly refused to pass it.

Accompanying every vial of vaccine, the vaccine manufacturer has included the product information insert which lists the contraindications, warnings and precautions. Rather than given to parents to read, it is discarded.

Over 20 adverse reactions ranging from fever, seizures, screaming episodes, arthritis and death are listed on Health Canada's Adverse Event report form. Not only is submitting the Adverse Event report form optional, Winnipeg pediatrician, William De Groot FRCP, Associate Professor and Section Head of Community Pediatrics and Child Health, University of Manitoba, reported in Medicine North America, October 1996 that serious illness, harmful side effects and death caused by vaccines are a misconception.

This so called "misguided anti-immunization lobby" consists of parents whose children's physical, mental and immunological health deteriorated following a routine vaccination. More importantly, they are keenly aware that the information that is currently being withheld could have disastrous consequences for once healthy children. After decades of being discredited the silent patient is finally speaking up.

Respectfully,
Leona Rew

SV40 AND THE SORDID HISTORY OF POLIO VACCINE

by Edda West

I still remember the fear that gripped everyone during the summer. Summertime was polio season, and no one knew where it came from or how you got it. You might catch it in a public swimming pool. Or mingling in large crowds or gatherings. Maybe it was hidden in fresh summer fruit — peaches were suspect one summer, and I remember being at summer camp, and a basket of peaches was passed around for desert one evening. My mother had warned me — “whatever you do, don’t eat any peaches, they might be infected with polio.” It was all very scary, very mysterious. This dreaded sickness just lurking out there, and you never knew when it might hit. And then great excitement, and great relief; a new vaccine against polio had been discovered. We had been saved!

I remember getting my first polio shot, going to the doctor’s office and trembling with fear when I saw the size of the needle — taking a deep breath and bracing myself, watching the vial of the polio liquid empty into my body, and hours later feeling a deep malaise to the very marrow of my bones that lasted for days afterward. But I was young, I got over the malaise, and felt reassured that now I was protected.

In 1954, while everyone was celebrating the most wondrous scientific breakthrough of the century, Dr. Bernice Eddy, staff microbiologist at the National Institutes of Health was assigned to test the safety of the new vaccine. The push was on to get the testing done and vaccine out on the market ASAP. “This was a product that had never been made before and they were going to use it right away—we had eighteen monkeys. We inoculated these eighteen monkeys with each vaccine that came in. And we started

getting paralyzed monkeys.” The lots causing paralysis were from the Cutter laboratories. She reported her findings to her superiors, and included photos of the paralyzed monkeys as well. She and her staff were extremely concerned. “They were going to be injecting this thing into children.”

Nothing ever came of her report. It was shelved. The NIH disregarded the concerns and warnings of their own research team and certified the Salk inactivated vaccine as safe to distribute to the public “They went ahead and released the vaccine anyway, a lot of it. The monkeys they just disregarded.” What ensued has come to be known as the “Cutter incident”. Public gratitude turned to horror when it was found that live virus had been injected into children who contracted polio from the vaccine, and who in turn spread the disease to another 120 playmates and relatives. Eleven children died, and three quarters of the victims were paralyzed.

The “Cutter incident” was perhaps the most dramatic episode of vaccine induced polio, but alarm was rising all over the States from reports of children developing polio from the vaccine

- 1955 Vermont reported a 266% increase in polio since vaccinations began in 1954.
- 1955 Rhode Island reported a 454% increase in polio since vaccinations in 1954.
- 1955 Massachusetts reported a 642% increase in polio since vaccinations began in 1954

An article by James C. Spaulding who covered an AMA conference and was published in the AMA Journal, June 19, 1955 reported that, “A policy of secrecy and deception has been followed by the National Foundation for Infantile Paralysis and the US Public Health Service in the polio vac-

cine programs. The nation’s physicians were prevented from learning vital information about the trouble with Salk vaccine. The US Public Health Service had an advisory group made up almost entirely of scientists who were receiving money from the National Foundation of Infantile Paralysis, which was exerting pressure to go ahead with the program even after Salk vaccine was found to be dangerous.” Spaulding further said, “the Infantile Paralysis Foundation kept secret the fact that live virus was detected in four out of six supposedly ‘finished and safe’ lots of vaccine.”

After the Cutter incident. Bernice Eddy was taken off polio vaccine research and teamed up with Sarah Stewart, a bacteriologist who was interested in viruses as a possible cause of cancers. In 1957, the two women discovered the polyoma virus with which they were able to induce cancers in animals. But Bernice Eddy was still interested in doing safety experiments with polio vaccine. By 1960, she found that hamsters injected with preparations from the monkey kidney cells that polio vaccine was grown on, developed tumors. Other researchers were also getting similar results. And of the many monkey viruses that were found to have contaminated polio vaccines, SV40 (the 40th simian virus to be discovered) was basically the same polyoma virus that Stewart and Eddy had observed inducing cancer in their mice. Rather than being rewarded for scientific excellence, once again her reports were suppressed, and even though there was acknowledgement in inner circles that SV40 virus was present in the Salk vaccine, the cancer link was not released to the media until 1962, and at that, was relegated to the back

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pages of the news.

A protective cloak of silence descended on the vaccine research industry. After all, another huge scandal, only five years after the Cutter incident might have shattered public confidence in vaccines irreparably. Bernice Eddy found herself removed from vaccine research altogether, forbidden to talk about her work, her findings and papers suppressed and her attendance at scholarly conferences denied.

When asked 30 years later why this important discovery, and danger to public health was suppressed, Albert Sabin said "I think to release certain information prematurely is not a public service. There is too much scaring the public unnecessarily. Oh, your children were injected with a cancer virus and all that. That's not very good".

Today, SV40 is making headlines. Not only were millions of children back then injected with a cancer virus, but that virus is somehow being passed on to the next generation. Perhaps enough time has passed that the people who were responsible for unleashing it onto humanity are no longer around to be punished. One medical researcher who has been delving into the complexities of SV40 virus and its myriad mutations since 1986 recently commented that "the picture is so horrendous and so difficult to explain in terms that the ordinary person would understand and the implications are so broad reaching that if people really understood the broader issues, the majority of medical people would be lynched in the street."

The London Sunday Telegraph recently published an article saying that tens of millions of people born between 1941 and 1961 are at highest risk. "There is "compelling" evidence linking SV40 to mesothelioma, a once-rare type of lung cancer whose prevalence is rapidly increasing" as well as links to brain tumours, bone

cancer, Hodgkin's lymphoma and prostate cancer. The Telegraph quotes Dr. Bjarat Jasani, a teaching expert on SV40 and mesotheliomas at the University of Wales College of Medicine in Cardiff who believes that "this could bring a new hope to hundreds of cancer patients as it suggests that many might be treated by a vaccine that attacks SV40."

More vaccines to fix the damage done by previous vaccines. They knowingly contaminated millions of people with cancer causing viruses, and then announce they're going to fix it with yet another vaccine!! With the introduction of every new vaccine, and the suppression and alteration of the immune system that it causes, more new disease(s) are spawned — and the murderous, anti-life, anti-humanity cycle is perpetuated ad nauseum into infinity.

Where did polio come from in the first place? Medical historians point to smallpox, diphtheria toxoids, tetanus and whooping cough vaccines causing "provocation polio" as paralysis would often affect the injected limb of the recently vaccinated person. In 1949 noticing that polio strikes most in the summer, when children increase their intake of sugar, Dr. Sandler warned people to cut down on sugar ice cream and soft drink consumption in North Carolina. Polio cases dramatically decreased to 249 (as compared to 2,498 in the year before). The sugar link is particularly interesting as Dr. Cheraskin noted many years later that the white blood cell count is dramatically reduced by the consumption of refined sugar. One to two teaspoons of sugar can reduce white blood cell activity by 50% within an hour, and take up to 5 or 6 hours to rise to a normal level, thereby impairing immune function. Other researchers have pointed to the use of denatured foods like degerminated flour as a cause. The routine removal of tonsils as a first line of defense in

young children has also been linked to polio. As well, it has been linked to poisoning by DDT which was in liberal and uncontrolled use in that era.

In a recent television interview on Light Talk in Winnipeg, Dr. Bill Deagle who specializes in environmental toxicology talked about the destructive impact vaccines have had on human health. He explained that vaccines are neurotoxins that create "anti-tissue antibodies". "There is a generational effect, as every generation of children is getting weaker and weaker." He predicts that "one half of adults will die of cancer as vaccines have turned off the genes we have to prevent cancer." In this same vein, other researchers have found that "SV40 causes cell transformation in tissue culture and tumors in animals, because SV40 Tag binds and inactivates the cellular tumor suppressor gene products, Rb and p53. We found that SV40 Tag binds p53 and Rb in human mesotheliomas, possibly contributing to the malignant phenotype. (2)"

As a young girl getting the series of polio vaccines in the fifties, how could I have ever imagined that 40 years later I would be wondering what impact SV40 might have on my health, my life, and on the lives of my children and their future children— all of us innocent victims of science obsessed with its relentless vaccine wars on the microbial world.

References:

Quotes from Dr. Bernice Eddy and Dr. Albert Sabin were taken from *The Health Century*, by Edward Shorter, Ph.D

SOURCE: Monaldi Arch Chest Dis; 53(2):193-7 1998 UI: 98354233
AUTHOR: Matker CM, Rizzo P, Pass HI, Di Resta I, Powers A, Mutti L,

Kast WM, Carbone M. TITLE: The biological activities of simian virus 40 large-T antigen and its possible oncogenic effects in humans.

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Editor's note: Special thanks to Andreas Schuld for sending in the following medical abstract on SV40 virus research.

AUTHOR: Mutti L, Carbone M, Giordano GG, Giordano A

TITLE: Simian virus 40 and human cancer.

SOURCE: Monaldi Arch Chest Dis; 53(2):198-201 1998 UI: 98354234

ABSTRACT: Deoxyribonucleic acid (DNA) oncoviruses can induce neoplastic transformation by interfering with proliferative proteins. Simian virus 40 (SV40) has been shown to induce brain tumors, osteosarcoma, lymphoid tumors and malignant mesothelioma in hamsters and SV40-like DNA sequences corresponding to the Rb-pocket binding domain of SV40 T-antigen (Tag) have been detected in the same human tumors. Since only a small percentage of people exposed to asbestos fibers develop a malignant mesothelioma, SV40 has been suspected to co-operate with the fibers in the neoplastic transformation or even to itself induce the onset of malignant mesothelioma in patients without expositive history. The mechanism that seems to be involved in the SV40-induced carcinogenesis process is mediated by interaction of Tag, both with p53 and Rb proteins, leading to their functional inactivation that is responsible for the removal of their inhibitory cell cycle effect which determines the increase of the number of cells entering the G1-S phase. Up to now the source of SV40 human infections has not yet been completely identified even though administration from 1957-1965 of SV40 contaminated polio vaccines is highly suspected.

Horizontal infection by sexual transmission has been also hypothesized. Due to the important public health implications further investigations are required in order to establish both the source and the carcinogenetic role of simian virus 40 in humans. (38 Refs)✓

NATIONAL VACCINE INFORMATION CENTER

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"In mandatory immunization programs, a system of conscription is employed to recruit soldiers for this anti-disease campaign. Most of the recruits in the war on infectious disease are children...As in all wars, some soldiers are injured...At present, the draftees who are injured in the war on infectious diseases are in effect told by the conscripting authorities, 'Thank you for your contribution to the war effort, and best of success in coping with your disability.' In the military context, such treatment of wounded soldiers and their families would be unthinkable."

Dr. Leroy B. Walters, Center for Bioethics, Washington, 1979.

WASHINGTON — When the concerned Dr. Walters made this statement, American children were vaccinated against a half-dozen or so diseases. Today, the mandatory number is 10 disease, with multiple shots. Parents and pediatricians—some of whom are already complaining—ain't seen nuthin' yet. After the first decade of the new century, there may be two dozen more new childhood vaccines.

The National Institutes on Health says that estimate may be conservative. At midsummer, the National Institute for Allergy and Infectious Diseases counted 104 separate vaccines various stages of research and development for everything from herpes to ricketts to stomach ulcers. Private lab researchers in Massachusetts are even working on a vaccine that would protect against cocaine addiction by eliciting antibodies that would prevent the drug from triggering response in the brain's pleasure centers. Administration of such a shot is another problem.

In all, 98 separate vaccines are

licensed by the Food and Drug Administration against 28 diseases. Not all of the new vaccines in the pipeline are aimed at children, of course, but the idea of a "supervaccine"—given orally at birth, perhaps, with microscopic time-release particles dissolving over time—is increasingly talked of in federal health circles. The Children's Vaccine Initiative, a global organization of several private and government groups, spurred on by estimates from the World Health Organization that as many as 8 million children around the planet die each year from preventable diseases, envisions development within a decade, costing perhaps \$500 million.

The "supervaccine" would not only cover the existing childhood protections against mumps, measles, rubella, chicken pox, polio, whooping cough, tetanus, diphtheria, hepatitis B, and meningitis. It would target several varieties of other illnesses, including pneumonia, typhoid, encephalitis, diarrhea, strep and influenza. Others think success will be much more incremental. A supervaccine, said John LaMontagne, director of the NIH division of microbiology and infectious diseases, is "many, many years down the road." What's far more likely, he said, are four new childhood vaccines within the next five years:

- Rotavirus (a form of diarrhea), which the FDA licenses Monday.
- Children's Influenza (probably a nasal flu mist).
- Pneumococcal infections (including one that leads to the middle-ear affliction called "otitis media," today's single leading cause of pediatric visits).
- Respiratory Syncytial Virus (a form of viral pneumonia, or "croup").

With 2-year-olds facing as many as four injections in a single pediatric visit, the number of shots is already a problem. Bruce G. Weniger, the Centers for Disease Control's assistant chief for vaccine development, said earlier this

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summer that many parents and physicians balk at this number. "Children are not pincushions," he said.

As a result, scientists and federal health policy makers are trying to combine new and existing vaccines. Weniger and a team of CDC researchers listed all the existing brands, types and combinations of required vaccines, and found more than 16,000 distinct vaccine stocking lists are possible for providers to assemble. This, Weniger said, amounts to "combination chaos." Costs for all childhood shots, from birth to 6 years, range from roughly \$450 to \$530, the CDC estimates. No one has assembled a projected cost for the new vaccines listed above.

Some scientists are squawking now about the number of shots babies will have to take. One is Dr. J. Anthony Morris, the former FDA research virologist who first labeled the notorious swine flu vaccine dangerous in 1976. He thinks undeveloped immune systems of those so young are particularly susceptible to damage from overload. "That is absolutely the wrong approach, to give so many new vaccines," he said.

LaMontagne at NIH thinks there's little to worry about. "There is a lot we need to learn about the maturing immune system of a child," he acknowledged. "But I don't know there is a limit on the number of antigens a child can respond to. There is a day-in, day-out continual assault on the immune system in natural surroundings anyway. I don't know that vaccines are that much worse."

Editor's note: This concluding statement from the NIH official is typical of the mind set that dominates the orthodox medical view that children can be injected with unlimited quantities of vaccine antigens without any regard to the impact on the immune system and overall quality of health.

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available from the Association for Vaccine Damaged Children
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The Immunization Resource Guide

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