VRAN Newsletter

April–June 2000

Vaccination Risk Awareness Network Inc.

AUTISM - PRESENT CHALLENGES, FUTURE NEEDS - WHY THE INCREASED RATES?

Washington, DC - April 6, 2000
Testimony presented to Government Reform Committee Hearing on Autism

Mr. Chairman, Honorable Dan Burton and members of the committee;

My name is Mary Norfleet Megson. I am a board-certified pediatrician, Fellowship trained in Child Development, a member of the American Academy of Pediatrics and Assistant Professor of Pediatrics at Medical College of Virginia. I have practiced pediatrics for twenty-two years, the last fifteen years seeing only children with Developmental Disabilities, which include learning disabilities, attention deficit hyperactivity disorder, cerebral palsy, mental retardation and autism.

In 1978, I learned as a resident at Boston Floating Hospital that the incidence of autism was one in 10,000 children. Over the last ten years I have watched the incidence of autism skyrocket to 1/300-1/600 children.(1) Over the last nine months, I have treated over 1,200 children in my office. Ninety percent of these children are autistic and from the Richmond area alone. The State Department of Education reports that there are only 1522 autistic students in the state of Virginia.

MHMR agencies have created local infant intervention programs, and have had a hard time keeping up with the numbers of delayed infants and toddlers. I have served as advisor to the City of Richmond and the surrounding counties as they have established entire programs for autistic children that fill multiple classes in several schools in each district. The segment of children with "regressive autism," the form where children develop normally for a period of time then lose skills and sink into autism most commonly at 18–24 months of age, is increasing at a phenomenal rate. I am seeing multiple children in the same family affected, including in the last week four cases of "autistic regression" developing in four-year-old children after their MMR and DPT vaccination. In the past, this was unheard of.

In the vast majority of these cases, one parent reports night blindness(2) or other rarer disorders which are caused by a genetic defect in a G protein(3), where they join cell membrane receptors, which are activated by retinoids, neurotransmitters, hormones, secretin and other protein messengers. G proteins are cellular proteins that upgrade or downgrade signals in sensory organs that regulate touch, taste, smell, hearing and vision. They are found all over the body, in high concentration in the gut and the brain(4), and turn on or off multiple metabolic pathways including those for glu-

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EDITORIAL

By Edda West

We must be approaching the kind of critical mass of awareness known as the morphogenetic field, also called the 100th monkey theory, where certain knowledge travels by mysterious means through the ethers and implants itself in the psyche of large numbers of people, inspiring new behaviours, new thought patterns. The heightened awareness that mass vaccination programs may carry unacceptable risks, is causing many parents to have second thoughts about handing their babies over for routine shots. The growing number of parents no longer willing to subject their children to the game of

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VRAN NEWSLETTER

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Mary James, Leona Rew, Edda West, Frank Luschak. Advisors and Core Members: Catherine Diodati, Rita Hoffman, Andreas Schuld, Julie Shams. With thanks to Catherine Orfald for the newsletter layout.

Statement of Purpose

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

VRAN's Mandate is:

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

VRAN NEWS

MANITOBA NEWS

The members of VRAN gratefully acknowledge and thank Lise Encontre from Ille de Chenne, MB. for her very generous donation of beautiful, hand crafted soap as a fund raiser to help incur the costs of VRAN incorporation. To date almost $500 has been raised on behalf of VRAN.

Also sincere thanks to Bernadette Cook for kindly donating money for the legal incorporation funds and Maria Longobaroi-De Stefano for her generous contribution to The Association for Vaccine Damaged Children. The financial contributions made by these individuals goes a long way in helping us to continue with our work in the vaccine awareness movement and we are indebted to them.

VRAN welcomes any financial contribution you are able to make. No amount is too small.

HEALTH AND WELLNESS EXPO

Leona Rew, Rose Stevens and Mary James spoke about vaccine risks, adverse reactions and alternatives to vaccination on April 15 and 16 at the Health and Wellness Expo held in St. Norbert, MB, just outside of Winnipeg. Many interested visitors stopped by our booth to chat, ask questions or purchase books, information packages or videos.

A video tape was made of our presentation and may be purchased for $20.00, (postage included). For further information contact Rose Stevens @ phone (204) 254 3996 or fax @ (204) 257 1905 or email @ jstevens@mb.simpaticoca.

We continue to hold our vaccination information meetings in the homes of interested individuals and in the past 21/2 months have made the following presentations:

Mary James and Leona Rew spoke twice in Selkirk, MB, and Mary James spoke at a Winnipeg chiropractor's office to interested clients who had concerns about adverse reactions to vaccinations. Leona Rew and Gloria Dignazio spoke at the Winnipeg Mennonite Elementary School parent meeting. Also Rose Stevens and Dr. Gerry Bohemier spoke on the University of Manitoba campus radio program re: vaccine risks, and Rose Stevens and homeopath Dr. Darlene Bouchard spoke to a mum's group in Winnipeg.

FEARING MUTINY: NATIONAL DEFENCE HEADQUARTERS APPEALS KIPLING COURT-MARTIAL

by Rose Stevens

Colonel Kim Carter, the director of military prosecutions filed notice with the Court Martial Appeal Court of Canada that the Department of National Defence will appeal a court martial ruling earlier this month (May 5,2000). Top military Judge Col Guy Brais stopped the court-martial after ruling the particular batch of vaccine, former airman Sergeant Mike Kipling refused while stationed in Kuwait in spring 1998 was "unsafe and hazardous. "The government could never be justified to impose inoculation of soldiers with unsafe and dangerous vaccines", Brais ruled. Testimony given to the court by Dr. Meryl Nass about problems with the vaccine, including regulatory concerns regarding its U.S. manufacturer, the fact that vials were past their expiry dates, mold growing

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on the vials, relabeling of outdated vials, and the fact it might not protect against anthrax attacks was instrumental in the decision Judge Brais made. However, the military feels justified to appeal the decision based upon concerns that the judge erred in interpreting two sections of the Canadian Charter. In a press release, the military said those two sections are subject to important qualifications that can have a direct impact on the operations on the Canadian Forces.

Art Hanger, our Canadian Alliance defense critic agrees with the appeal, but feels Kipling should not have been charged in the first place. Judy Wasylycia-Leis M.P. NDP Health Critic has taken up the torch in parliament to have this appeal ended. She says "What kind of signal is the government sending to our soldiers? You must be willing to fight to protect our rights but we don't care about yours?"

Kipling said that he believes the military is aware the case has put a severe financial strain on his family. The case has already cost him $50,000 although fundraising by the Eagle Foundation has helped to pay approximately 1/3 of the costs. Any donations to help with the Kipling Defence Fund can be mailed to the Eagle Foundation, 154 Provencher Winnipeg, Manitoba R2H 0G3 ph-204-233-3060 http://www.eaglefoundation.org

SCHEIBNER SEMINAR IN KELOWNA: REVIEW OF DR VIERA SCHEIBNER TALK ON APRIL 7/00 IN KELOWNA, BC

by Lana Belvis

On April 7/00 the Okanagan chapter of VRAN sponsored Dr Viera Scheibner to speak to a packed house in Kelowna. The event met and exceeded expectations with over 300 people in attendance. Dr Scheibner delivered a captivating presentation seasoned with humor and anecdotes that kept the audience rapt for over 3 hours. She showed graph after graph, explaining and illustrating, teaching and enlightening us about the very real dangers and blatant ineffectiveness of vaccination. In particular it was a delight to see her handle questions with her characteristic straight- forward precision. To those really seeking to understand she answered with compassion. To those seeking to distract the audience and be obviously adversarial she answered with blunt impatience. It was clear that her driving force is a heartfelt compassion for people, most especially children. Also clear is her thinning patience for those who hear but do not listen to the warnings about vaccines. She is sharply focused on her mission both on and off the podium. Her commitment is obvious and inspiring as she travels the world sharing her rock hard convictions on the true nature of vaccines and their ill-effects.

I feel grateful and privileged to have had the opportunity to facilitate others to hear her message and as well to have had the opportunity to meet and learn from such courageous and dynamic woman. I look forward to this Fall 2000 when she will again be in Canada to reach out to thousands more with her knowledge and understanding of why we must all question the unnecessary rite of vaccination.

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Editor's Note: With heartfelt grati - tude to the hard working committee who co-ordinated Viera's successful Kelowna seminar. Led by Lana Belvis with great help from Donna Starenky Roth, Joanne Mariutti, Mary Beliveau, Chris Johnson, Troy Wielgocz, Alisen Paynter and Juline. With Appreciation to Cecile and Bill Frey-McLean for making the first contact with Viera and making her travel arrangements and hosting her visit.

VIERA RETURNS TO CANADA IN OCTOBER

Her itinerary will include Vancouver -Oct. 15, Edmonton- Oct 16, Penticton -Oct. 17, Duncan - Oct 18, Castlegar - Oct. 19, Spokane/Coeur d'Alene- Oct 20-21, and possibly Calgary and Saskatoon Oct. 23 & 24. For more information about Viera's fall Canadian tour, please contact Cecile Frey-McLean at: 250-497-6451

RESPONSE FROM ONTARIO HEALTH MINISTER

For many years, VRAN members in Ontario have expressed concern and frustration that notices sent to parents demanding compliance with the Immunization of School Pupils Act, frequently do not include exemption information. Parents are told that their children will be excluded from school if they don't vaccinate their children. It is standard practice for exemption information to be withheld from parents. We decided it was time to take corrective measures to rectify this intolerable situation, and hired solicitor Lori Stoltz to send a strongly worded letter challenging the medical officer of health for failing to inform the public of its right to information about vaccine exemptions. Dr. D'Cunha's response completely skirted the issue at hand, and droned on ad nauseum about the benefits of vaccination. We then wrote to Elizabeth Witmer, Ontario's health minister, asking that the Ministry take appropriate measures to insure that all notices sent out by health units about vaccine compliance also include information about legally available exemptions.

Predictably, Ms. Witmer's reply also evaded the issue, and passed the buck to health care providers who administer vaccinations. These are the very people who frequently do not even know that exemptions exist, and who tell the public that vaccines are mandatory.

Lori Stoltz has suggested that we

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take our concerns to the Ontario Ombudsman. In initiating this process, it would be most helpful if Ontario VRAN members could be alert to any instances where the right of individuals to vaccine exemption is violated - in particular we are asking that parents save vaccine demand notices sent home from your children's school. We are gathering these notices to demonstrate the Ministry of Health's failure to uphold the law in making the right to vaccine exemption known to the public and for obstructing public access to their legal entitlement to exemptions.

We would appreciate all stories, information, news clips and demand notices that fail to properly inform the public of this right.

NVIC—INTERNATIONAL CONFERENCE

We are so pleased to announce that the second international public conference on vaccination will be hosted by the National Vaccine Information Center in Arlington, Virginia on September 8-10. This will be an opportunity to hear the latest about vaccines and autism, learning disabilities & ADHD, diabetes, asthma, Chron's disease, arthritis, chronic fatigue and cancer. Also topics delving into individualized treatment options and vaccine policies will be presented. A truly inspiring speakers lists includes many doctors, scientists and parents who have been at the forefront of recent Congressional inquiries into the quagmire of corporate controlled vaccine policies and the impact on children's health. For detailed conference information, speakers roster, registration, accommodation, please refer to the NVIC website at:

http://www.909shot.com/wwwnotice2.htm or call 1-800-909-SHOT

DR. ZOLTAN RONA'S NEW BOOK

Toronto physician Dr. Zoltan Rona has asked that we pass on this announcement of his new book. We are pleased to do so, and wish to thank Dr. Rona for sharing this important information with the us.

Dear Friends:

What do you do if you do not get vaccinations for either yourself or your children? To help answer this question, my new book, "Natural Alternatives to Vaccination" (Alive Books) is now available. It's 64 pages, color, glossy and easy to read by anyone with a high school education. It is Number 7 of the Alive Natural Health Guides Series and should now be available at your local health food store or mail order from SR Vitamins.

The book discusses the following topics:

- How Vaccines Work Against the Body
- Dangerous Additives
- The Flu Shot
- Optimizing the Immune System
- Interferon Boosters
- Homeopathic Nosodes
- Immune Boosting Recipes

Price is $9.95 Can.; $8.95 US. To order your copy, call toll-free at 1-877-920-8887. In the Toronto area, call 416-920-8887. To order via email, contact Emma or Paul at <info@srvitamins.com>. Please pass this on to anyone you think might be able to use the information.

Zoltan P. Rona, M.D., M.Sc.
(http://www.healthwisedigest.com) √

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vaccine roulette is heralding a major paradigm shift in how we view health and disease prevention.

During this past year, a series of Congressional hearings in the U.S. has focused on vaccine safety, hepatitis B vaccine, vaccines linked to autism, anthrax vaccine and conflicts of interest in vaccine development. The hearings have disclosed the depth of corruption at the CDC, FDA and Advisory Committee on Immunization Practices where a large percentage of officials who approve new vaccines, have financial ties to the pharmaceutical industry. The Congressional scrutiny has sent shock waves through the entrenched vaccine establishment, exposing the inadequate testing of many vaccines, and the fast track licensing of rotavirus vaccine, despite prelicensing information indicating that high rates of adverse reactions causing severe bowel obstruction in infants would likely occur.

U.S. Congressman Dan Burton, himself the grandfather of two autistic children, has headed up several of the hearings, including this most recent one on June 15th lifting the veil that has shrouded the vaccine policy making process, that until now, has not been subjected to public scrutiny.

Says Dan Burton, "We've looked very carefully at conflicts of interest. We've taken a good hard looked at whether the pharmaceutical industry has too much influence over these committees. From the evidence we found, I think they do."

In his opening statement at the hearings, Senator Burton said "I was appalled to learn that at least six of the ten individuals who participated in the working group for the rotavirus vaccine had financial ties to pharmaceutical companies developing rotavirus vaccines."

How confident in the safety and need for specific vaccines would doctors and parents be if they learned the following:

*That members, including the Chair,

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of the FDA and CDC advisory committees who make these decisions own stock in drug companies that make vaccines

* That individuals on both advisory committees own patents for vaccines under consideration or affected by the decisions of the committee

* That the CDC grants conflict-of-interest waivers to every member of their advisory committee a year at a time, and allows full participation in the discussions leading up to a vote by every member, whether they have a financial stake in the decision or not.

* That the CDC's advisory committee has no public members - no parents have a vote in whether or not a vaccine belongs on the childhood immunization schedule. The FDA's committee only has one public member.

These are just a few of the problems that the Hearings uncovered. The financial details of stock ownership in pharmaceutical companies by many of the officials is also now part of the public record, and can be viewed at the Committee on Government Reform website at:
<http://www.house.gov/reform/hearings/healthcare/00.06.15/index.htm>

"How confident can we be in the recommendations of the Food and Drug Administration when the chairman and other individuals on their advisory committee own stock in major manufacturers of vaccines?

How confident can we be in a system when the agency seems to feel that the number of experts is so few that everyone has a conflict and thus waivers must be granted. It almost appears that there is an "old boys network" of vaccine advisors that rotate between the CDC and FDA—at times serving simultaneously."

Concluded Senator Burton, "No individual who stands to gain financially from the decisions regarding vaccines that may be mandated for use should be participating in the discussion or policy making for vaccines. We have repeatedly heard in our hearings that vaccines are safe and needed to protect the public. If the panels that have made the decisions on all vaccines on the Childhood Immunization Schedule had as many conflicts as we found with rotavirus, then the entire process has been polluted and the public trust has been violated. I intend to find out if the individuals who have made these recommendations that effect every child in this country and around the world, stood to gain financially and professionally from the decisions of the committees they served on."

At an earlier Congressional Hearing on April 6, which delved into the recent unexplained enormous increase in autism, Dr. John O'Leary from Coome Women's Hospital in Dublin, Ireland, conclusively upheld Dr. Andrew Wakefield's findings of the presence of measles virus in gut biopsies of children with autistic enterocolitis. (1) Using state of the art molecular biological technologies, and "blinded protocol" where each sample was given unique numbers so that the scientists performing the investigation did not know from whom the samples came, his team found "twenty four of 25 (96%) autistic children were positive for measles virus." Of the control children one of 15 (6.6%) was positive for measles virus.

Undoubtedly it was sweet vindication for British gastroenterologist Dr. Andrew Wakefield who initially discovered measles virus in the intestinal tracts of children who developed severe bowel disorders and autism after MMR vaccine. When he published a paper on his findings, he was viciously attacked by the medical community and accused of trying to undermine vaccine programs.

Hell bent on damage control, the British government in partnership with the pharmaceutical industry commissioned a study headed up by Dr. Brent Taylor to disprove Wakefield's findings. The Taylor study was heralded as proof positive that the measles vaccine is unrelated to the autism epidemic. The Taylor study is the one most often cited by the media, and vaccine policy makers. However, serious criticism of the Taylor study have shown it to be a mumbo jumbo of statistical manipulation, omissions and confusing contradictions. Walter Spitzer, professor of epidemiology at McGill University in Montreal, said that the study was "uninterpretable due to its inferior scientific quality". It excludes a whole group of 1-4 year olds who had received the MMR vaccine. It is a blatant attempt by government and industry to cover up the vaccine/autism link. When asked by Chairman Burton to provide his original research protocols for review by independent scientists and the Congressional Committee, Dr. Taylor refused the request saying he had to "check with his employer." Whereas Doctors Wakefield, O'Leary and Singh agreed without hesitation to provide their study materials and protocols for review.

Dr. Megson's Congressional testimony featured in this issue of the VRAN newsletter, presents a new area of research in cell biology and the way that vaccines impact on cellular switches called G proteins. To complement and expand on this theme in Dr. Megson's testimony, Andreas Schuld has written an in depth analysis of the critical function of G proteins and the ways that toxic substances like fluoride and vaccines alter the functional dynamics of these cellular switches to create havoc in the delicate balance of the human metabolism—leading to disease processes.

Because of the Hearings we are learning about new scientific discoveries that will bring us many steps closer to identifying the physiological and biological mechanisms by which vaccines can impact on health at the cellular level. The Hearings have also confirmed what many of us have known for a long time—that vaccine politics is a ruthless game played on the backs of

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our innocent children. And most importantly, the Hearings have given a voice to the many families, the mothers and fathers whose children are vaccine wounded. They opened their hearts and shared their most profound grief—a grief that is echoing around the world.

Parents described the agony of learning their child was autistic, especially when they believed it was caused by a vaccine reaction. Shelly Reynolds shared her agony when she stated, "In Liam's case, we have no doubt that he developed his autism as the direct result of an adverse vaccine reaction. Personally, if I could strike the belief that my son's autism sprang from a routine childhood vaccination that I held him down on the table for, and had to go back to the Russian roulette of genetics, I would take it in a heartbeat. Because the pain knowing I inadvertently caused him harm, due to a blind trust in the medical community or a matter of the inconvenience of yet another office visit is nearly unbearable."

In sharp contrast to the many voices of parents and researchers who expressed their collective concern about the impact of current vaccine mandates on children's health and who are calling for independent scientific studies to evaluate mechanisms of vaccine injury, the vaccine lobby is blitzing the popular media with a barrage of urgent messages imploring the public to get vaccinated. "Vaccine Fears Put Children's Safety At Risk" warns one headline. "Vaccines A Bargain Top Public Health Nurse Says" heads up another article. "Vaccines Have Become Victims of Their Own Success" laments another heading.

"How To Manage Parents Unsure About Immunization", a feature article in the January issue of the Canadian Journal of Continuing Medical Education by Dr. Scott A. Halperin analyzes the growth of the "anti-immunization movement", and has devised guidelines to "evaluate and categorize" the types of patients that doctors encounter in their practices, and how to deal with them. The article is written as a primer, offering tips on how to answer parents questions about vaccination. He has developed an "Eight-Step Approach to Respond to Parents Unsure About Immunization." He instructs doctors to "Listen, Evaluate, Categorize"—the categories of people are: Uniformed but Educable, Misinformed but Correctable, Well-Read and Open-Minded, and finally those who are Convinced and Content. All the categories of people except the last one (Convinced and Content) are candidates to win over and agree to vaccination. (2)

While the Canadian public has not yet demanded parliamentary hearings on vaccine safety issues nor yet delved into the workings of vaccine policy committees in this country, the Canadian vaccine establishment has thrust its propaganda machine into high gear. A key strategy to counter the perceived threat of loss of public confidence in mass vaccination programs is to discredit the many parent groups whose vaccine injured children are the guiding inspiration to get vocal about this issue. The slanderous attacks on groups who advocate for vaccine risk education and informed choice reveals the dark shadow projections of their own denials of complicity in these tragedies, and their fear that the public is at long last waking up to the role of vaccines in the decline of the quality of children's health.

Dr. Goldbloom's accusation in the May issue of Reader's Digest, that "anti-vaccination groups" (he means people like us at VRAN), whose websites offer vaccine risk information, "prey on an unsuspecting public", is testament to the contempt that he and the vaccine establishment hold for the real suffering experienced by vaccine injured families, and our struggle to empower people to make informed, educated decisions when confronted with the strong arm fear tactics of health officials. In their obsession to conquer disease with an ever expanding vaccine arsenal, one wonders if the vaccinators have noticed that our children's immune/neurological systems are collapsing under their relentless siege.

In the absence of a mandatory and comprehensive reporting system of vaccine adverse reactions and injuries, Canadian health officials are able to turn a blind eye and deaf ear to the plight of the vaccine injured. As long as main stream medicine retains its incestuous ties to the highly profitable vaccine industry, while the victims of vaccine injury are denied any recognition or compensation in this country, one has to ask, who is preying on whom?

Vaccinators are criminally negligent in that they fail to inform parents of all material risks associate with vaccines, in violation of informed consent laws. They ignore and deny vaccine reactions when they occur. They continue to revaccinate children who have suffered adverse reactions risking more extensive injury. What malingers under the blanket of denial that shrouds vaccine adverse reactions, injuries, and loss of health is a medical system that violates fundamental bioethical principles of: non-maleficence, beneficene, respect for autonomy and justice, superbly analyzed by Catherine Diodati in her book "Immunization, History, Ethics, Law and Health". (3) Death following vaccination is not a reportable event in Canada. These deaths are tossed into the convenient wastebasket of Sudden Infant Death Syndrome (SIDS), or attributed to viral or bacterial infections of unknown origins. As long as we allow the system to violate these bioethical principles, the public can expect ongoing vaccine carnage.

Heartfelt advice from Michael Belkin, a bereaved father whose five week old baby daughter died following a hepatitis B vaccination and who initiated Congressional hearings to investigate this vaccine, "The whole medical

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profession is deluded about vaccination. It's their magic bullet. They are fundamentally flawed and cannot be trusted. Instead of blind faith and obedience to untrustworthy pediatricians, investigate for yourself the scientific risk of vaccine-induced encephalopathy and subsequent death or permanent brain damage before allowing the medical profession to use your children as guinea pigs in their obsessive/compulsive war on germs. PROTECT YOUR CHILDREN !!!"(4)

Dr. Kris Gaublomme MD Belgian physician and publisher of the International Vaccine Newsletter observes that, "Mass vaccination is a means of controlling the entire population and disciplining them, to have them all in line, to train them in obediance for whatever Big Brother tells them to do. This, obviously, has advantageous sides for a society that tends to become more authoritarian. The struggle for freedom of choice as to vaccination is more than the struggle for the most elementary rights of the individual. It is also a political struggle for an open, free and democratic society, in which coercion and emotional/economic blackmail have no place." (5)

References:

1. Congressional Hearings investigating the vaccine/autism link, April 6, 2000 <http://www.house.gov/reform/hearings/healthcare/00.06.04/>

2. Scott A. Halperin, MD—The Canadian Journal of Continuing Medical Education/January 2000 - Copies available from VRAN on request, please send S.A.S.E.

3. Catherine J.M. Diodati, M.A.—Immunization History, Ethics, Law and Health (1999). Catherine's book can be ordered from VRAN, please see VRAN order form for details.

4. Telephone interview with Michael Belkin

5. Dr. Kris Gaublomme: <http://users.pandora.be/vaccine.damage.prevention>

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VRAN's INCORPORATION AND BOARD OF DIRECTORS

In January of this year, VRAN was legally incorporated as a national, non profit society. Thanks to the diligent efforts of Winnipeg VRAN members Mary James, Leona Rew, and Gloria Dignazio who took care of the paper work, legal aspects, and so generously absorbed the costs incurred in the process. Within the next year, VRAN will hold a general meeting where board members will be elected for a three year term. In the interim, designated board members are: Mary James — President, Leona Rew—Vice President, Edda West—Secretary Treasurer, and Frank Luschak—board member.

We felt that VRAN members would be interested to hear a little about the history of involvement board members have with the vaccination issue, and as such we are so pleased to include their heartfelt stories in this issue of the newsletter.

MARY JAMES

My name is Mary James. I have been involved with the vaccine informed consent movement for 15 years. I graduated as a registered nurse in 1973 from Toronto General Hospital and worked as a general duty nurse on medical floors in Toronto, Halifax and Winnipeg. I stopped nursing 14 years ago when our 3rd child was born.

However, in that time. I did complete a BA in Sociology and Conflict Resolution. For 5 years I was a member of The Manitoba Association of Rights and Liberties, (MARL), on the Patients Rights Committee, now known as The Health Consumer's Rights Committee.

I am currently in the process of taking the refresher RN program through Red River Community College in Winnipeg and hope to work in community nursing or palliative care. My husband Terry and I are the proud parents of Peter, 18, Natalie 14, and Michael 8 years .

My entry point into the vaccination issue began 17 years ago when our second child Katie Marie was born on June 2, 1983. Katie was a beautiful baby girl, healthy and a contented. I was nursing her and she was developing according to schedule. We were thrilled with our good fortune. Katie's older brother Peter was 20 months old when she was born and we really felt like we had the perfect family.

At 2 months of age Katie's first well baby check up was due and of course that meant that her first vaccination.

With my back ground in nursing, I felt that vaccination was beneficial and I trusted that vaccines were safe and effective and would not harm my baby.

I was never warned about any serious adverse reactions to routine childhood vaccinations, and had never heard of any problems that other children experienced, so I didn't give it a second thought when I watched my family doctor vaccinate Katie with the DPT-Polio vaccine.

Katie's initial reaction was that she slept very soundly for a few days following her vaccination. I had to wake her up to nurse her. I did not realize that this sound sleep had a name, in the product insert it is called "excessive somnolence" and is indicative of encephalitis or swelling of the brain due to the vaccine.

Katie did not nurse as well as before the vaccine and in the weeks following her vaccination she failed to maintain her weight gain.

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Gradually her colour changed from an olive complexion to an alabaster colour.

But the drastic reaction occurred 2-1/2 weeks after the vaccination when I went to get her up from her nap and I discovered her left side was completely paralyzed. The left side of her face drooped, her left arm was complete flaccid and her left leg was weak with very little muscle tone. In the Children's Hospital Emergency Katie was diagnosed with "focal neurologic sign," or paralysis, and underwent extensive testing. The brain scan, blood tests, x-rays and spinal taps came back negative for pathology , so basically the neurologist and pediatrician could not give us an answer as to what had gone wrong with our little girl.

After 5 days Katie was discharged from the hospital. She was attending physiotherapy once a week and I was doing a range of motion exercises with her four times a day.

At 4 months of age the pediatrician told me to resume Katie's vaccinations with our family doctor. Because of Katie's neurological condition, she was contra-indicated for DPT-Polio vaccination and never should have received that second DPT-Polio vaccination. But I did not know that and I trusted the specialist and I complied.

It did not cross my mind that Katie's paralysis was due to her vaccination. So Katie received her second shot at 4-1/2 months of age.

Once again she experienced the sleepiness, and did not nurse well. Then about 2-1/2 weeks following her second DPT-Polio vaccination Katie screamed uncontrollably all night. I could not console her. It was a high pitched scream that she had never cried before. I have since learned that there is a name for that scream. It is called the encephalitic scream, and is caused by the swelling of the brain due to vaccination and causes the baby excruciating pain.

The following morning when I took Katie to our doctor and explained to him the frightening scenario of the previous night, he informed me that Katie was probably "teething." That night, the night after the screaming episode, on November 8, 1983 our Katie died.

The autopsy revealed that Katie had died of a virus, but the pathologist was unable to identify the virus.

Over a year after Katie died, in January 1985, I saw Edda Goldman, now Edda West on CBC debating Dr. Ronald Gold on the serious adverse reactions following childhood vaccination. I remember sitting stunned, watching the TV, not believing what I heard, yet knowing in the very core of my existence that what I was hearing was the truth.

I phoned Edda in Toronto, the next day and we spoke for an hour. Edda then became my lightening rod for me to start investigating the connection between vaccination and Katie's death. I am forever grateful for her wisdom and her kindness over the years for directing me towards the truth of what happened to little Katie.

We now know that Katie died as a direct result of the oral polio vaccine, which is a live attenuated or weakened virus. Oral polio vaccine is no longer used in Canada as it is very well recognized that the oral polio vaccine can cause polio, paralysis and death in recipients. To this date Katie's death has never been reported as due to her vaccination. Our family has never received an apology from the doctors we trusted.

In fact we have experienced denial and stonewalling and lack of follow up.

My family has been devastated by the death of our darling Katie. We have also been devastated by the lack of accountability by the medical profession. The fact that doctors still don't warn parents of the serious adverse reactions or report adverse reactions. We simply do not know the true number of children who are brain damaged, learning disable autistic, suffer permanent seizure disorders or who have died as a result of childhood vaccinations.

Leona Rew and I started a Chapter of The Association for Vaccine Damaged Children 15 years ago. At that time Ontario had the first Chapter and we felt that one was need in Manitoba as well. Our goal was to inform parents of risks and adverse reaction to childhood vaccinations so that they could make a truly informed choice when it came to deciding whether or not they wanted to vaccinate their children. We felt that it was very important for parents to know that in Canada vaccination is very much a choice and that you can refuse vaccination for your child on medical, philosophical or religious grounds. All parents should be given this information by their doctors or by the public health nurses who vaccinate. In fact it is there duty to inform you of all material risks of vaccination, even if you don't ask.

Over the years we have worked very closely with Edda West and VRAN. We do essentially the same work. For years we have talked of incorporating under the umbrella of VRAN. And so it was with much happiness that we finally accomplish that goal this past winter.

We will still retain our name but are incorporated under the name of VRAN. We look forward to continuing to work together in alerting the public to their rights when it comes to deciding to vaccinate their children and themselves, to attending international conferences with the latest data on research on vaccine

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associated illnesses and immune dysfunction, on networking with other groups such as ours world wide, and of providing support to families of vaccine injured individuals.

Sincerely, Mary James

LEONA REW

Leona Rew lives in Winnipeg with her husband and three children.

Born and raised in Winnipeg, my 14 years as a vaccine risk awareness activist and advocate were preceded by several years of working for a major Canadian airline as well as teaching which is what I still do. Unbeknownst to me, on March 25, 1986, motherhood and a seemingly innocuous well-baby check up launched me into medical politics. That was the day the universe changed. At 1:30 p.m., Ben, my oldest child received his first DPT shot and oral polio vaccine. Two hours later he began to cry. This cry of distress, even though it was treated with baby Tylenol, continued all evening and eventually developed into hi-pitched screaming, jack-knife seizures and arching of the back. I watched helplessly as a once healthy baby, screaming with his voice and eyes, was reduced to a mass of writing, jerking limbs. I had never seen an animal or human being in such unbelievably excruciating pain, unless they were being tortured. Ben was two months old. He did not yet weigh 10 pounds.

This event coupled with the lies and intimidation of the pediatrician who not only had failed to inform of these reactions but also urged me to continue vaccination launched me into medical politics. In 1987, Mary James and I formed a chapter of the Association for Vaccine Damaged Children in Winnipeg. Our purpose is to inform parents of the risks of vaccination as cited in the product information insert of each vial of vaccine; to alert them to the language of control by physicians and public health nurses to ensure compliance; to provide them with health care mentors within alternative medicine; and to empower women to reclaim their position as primary healer in the family.

This medical form of sanitized violence which dangerously ignores vaccine-drug reactions can successfully be prevented by women communicating the message that they are in control; that vaccination is a choice and by choosing drugless health care practitioners for their families' health care needs.

FRANK LUSCHAK

Frank Luschak is a father of three girls and a boy.

Passionate about the bagpipes & horses, this former bicycle racer and published poet graduated with honors as an archaeologist.

He has lived in Montana and Wyoming. He enjoys the art & history of the Old West; having visited almost every fort & historic site from the Canadian Prairies to Colorado. He is presently a school teacher cycling to and from work year-round. Frank became actively involved with Winnipeg's chapter of VRAN after one of his daughters suffered a severe reaction to a DPT shot. He began taking on an active role in publishing letters, articles and lecturing while acting as a media liaison for the VRAN chapter.

"It's my 'full-time-part-time job' and it is a position from which I shall never retire." Frank shares with us what happened to his daughter Alanna:

Alanna's Story

It was a hot July day in 1996 when I walked by the television set in our cabin at the lake. I froze in my tracks as I began to set the table for lunch. In a state of horror I called my wife to hear the blasphemy under discussion; three women were talking about the dangers of vaccines. We were appalled by the conversation and stated that the lot them should be incarcerated for conspiracy to commit child abuse. Off went the television. We had never heard of vaccine dangers—just benefits.

August passed by lazily and when September arrived my wife realized we were a month overdue for Alanna's 18 month DPT/IP/HIB vaccination. We then made an appointment and brought her down to the doctor's office at 4:10 p.m. She received her shot and we brought her home. As supper simmered she became unusually tired, and when it was served she was reluctant to eat and became rather irritable3. The doctor had told us on previous visits that this may occur after a shot and not to worry. Her temperature began to rise and by 7:00 p.m. she was sleeping with a fever hovering at or near 40 degrees celsius. She remained in this state of semi-consciousness with the high fever for four days and nights. Numerous phone calls to the doctor brought the same stock reply, "keep her cool and giver her Tylenol."

On the fifth morning she awoke, but remained rather listless and quiet for the following week. She seemed very withdrawn, the opposite of "he girl who tried to make everyone laugh'. As she regained her personality, she developed a cold, unusual for that time of year and stranger yet because nobody else was in the least bit ill. Her cold soon deteriorated into serious breathing complications. Her lungs were infected and she got on the antibiotic merry-go-round. She continued to suffer chronically for the next year. She was diagnosed with

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asthma and prescribed an array of antibiotics and corticosteroid puffers; all of which proved ineffective.

In November of 1997 her never-ending cold took a turn for the worse and she began a program in the respiratory therapy centre. The coughing continued and for the next seven months I'd sleep by her bed to help keep her breathing when she'd choke on mucous in the middle of the night. It was during this period I began thinking of those women I saw on television that summer's day and I began to recall Alanna's unusual reaction to her first infant shot at two months when she developed a serious cold and was prescribed Salbutamol. My brother-in-law, a technical director at the television station, gave me the phone number for one of the women we wanted imprisoned—Leona Rew. From that point my life changed and I started to read; "Read", Leona told me, "read". And so I read and write for those children who have no voice and for those parents who dare not question their doctor and simply bow, as we did, when the doctor parrots, "The benefits outweigh the risks."

On June 17, 1998, Alanna finally stopped coughing. It's a day as important to me as her birthday. One last set of x-rays revealed dime and nickel sized scar tissue riddled throughout her lungs. However, she has since recovered and does not have asthma. She has taken up Highland dancing, soccer and can easily outrun her older sister in a race. A far cry from the little girl who couldn't walk upstairs without choking. Nevertheless, one strange riddle remains unsolved; (as in the cases of other parents I've spoken to) when we subpoenaed her medical records, they mysteriously, could not be located.

EDDA WEST

My name is Edda West. I came to the realization that vaccines have the potential to endanger children's health when my youngest daughter Keri suffered a severe adverse reaction to MMR(measles, mumps & rubella) vaccine in 1977. She was 15 months old at the time.

Going in for a 'well baby' check up, I was surprised when the doctor announced he was giving her this shot, and questioned its necessity as both my older children had had measles, mumps and german measles (rubella) and had gotten through these illnesses without any problems. As a child, I too had contracted these diseases as had friends and neighbours and their children. In fact, these ordinary childhood diseases were considered to be a normal course of events, and desirable so that life long immunity could be obtained.

The doctor responded with typical fear tactics. I was told that children can be brain damaged and die from measles—and that I was not "up" on all the facts about how dangerous these diseases really are. I'd never heard this before, and in hindsight wished that I had listened to my niggling doubt and done some research, gathered more facts, and not allowed myself to be swayed by fear tactics. But I trusted the doctor and allowed my baby to be vaccinated against my own better judgement and intuition- still being in that mindset of 'doctor knows best'.

Within five days Keri developed a high fever with projectile vomiting and diarrhea. A few days later, she broke out in a measles like rash which spread over her entire body and which lasted for over a week. During this time, she lay listless and very ill. Day and night I cradled her in my arms, knowing that as long as she could nurse, she would pull through. As a breastfed baby she had been remarkably healthy, with rarely a cold or sniffles. When I called the doctor to say I suspected she had the measles and the only source could have been the vaccine, he berated me angrily, calling me a hysterical mother. I stood my ground and said that it was obvious to me that this was a case of measles caused by the vaccine - a very severe case that was making my baby sicker than anything my older children had ever experienced in all the childhood illnesses I had nursed them through, including measles.

My statement so outraged the doctor that he hung up the phone, terminating our relationship, and with it bringing to an end my blind trust in the medical establishment. This experience of seeing my healthy baby made so desperately ill by a vaccine, and my inquiry of the doctor sparking such hostility inspired me to begin gathering everything I could find written on the hazards of vaccination. It was the beginning of taking back responsibility for my family's health, of searching out health creating modalities, and reclaiming my place as primary healer in family.

In the 23 years following my daughter's vaccine reaction, and thankfully a full recovery, I have met many parents with similar stories to tell. For many, the tragedy of a vaccine reaction has resulted in permanent injury or death. Early on in my quest for knowledge, in 1979, I had the privilege of meeting Dr. Robert Mendelsohn, one of the few medical doctors in North America willing to speak out fearlessly and openly about the damage that vaccines are inflicting on our children. In the early 1980's, Doctor Mendelsohn infused us with the courage to take action and to form parent groups and committees to raise awareness about vaccine risks,

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and to buck legislation that imposed mandatory vaccination programs on the public. He always made himself available to provide us with new information, and was a guiding light of support and encouragement in our mission of empowering parents to take charge of their children's health and to inform the public about vaccine risks. His wonderful book "How to Raise a Healthy Child In Spite of Your Doctor", is a must read and should be in every family's health care repertoire.

In 1982, Dorothea Nusbaum - wonderful wise woman, several parents from the Toronto Waldorf and myself formed the Committee Against Compulsory Vaccination. Our purpose was to lobby for amendment of the compulsory Immunization of School Pupils Act to include an exemption for reasons of conscience. Our efforts paid off and in 1984 the hated Act was amended to include conscientious exemption from vaccines for all residents of Ontario. This accomplished, we thought our job was done. Little did we know that it was only the beginning.

Our work brought media attention, and with it many, many parents whose children had suffered vaccine adverse reactions and injuries. We were deluged with information requests, and desperate families seeking help for their injured children, and some kind of legal redress for the tragedy that had befallen them. We, and the injured families formed the Association for Vaccine Damaged Children, headed up in Ontario by Donna Rothwell whose son was catastrophically injured by a DPT shot, and whose case was already before the courts. Our goal was to bring the plight of the families to both the federal and provincial governments in the hope that some kind of a compensation program would be set up to help bear the crushing financial burden suffered by vaccine injured families. We hoped that the Rothwell case would set a precedent that would pave the way for other families seeking justice for their injured children. But the case was lost, and with it the hope of dozens of families was buried, as it became clear that the structure of the Canadian legal system is stacked against ordinary people seeking justice where government and big industry are bedfellows.

Today in Canada there is still no compensation program to help families when a child is vaccine injured. This injustice is compounded by the total erosion of medical ethics governing vaccine reactions and injuries over the last several decades. Whereas 20 years ago, one could still feel a sense of concern from doctors when presented with a child reacting to a vaccine, sometimes even an admittance that this does happen. Common sense and compassion were still operative, and doctors could make decisions to defer from further vaccination if a child had an adverse reaction.

But in 1993, the National Advisory Committee on Immunizations threw out almost all categories of vaccine reactions as irrelevant. Symbolically this signaled a death blow to the Hippocratic Oath of "First Do No Harm". It meant that our most vulnerable, most precious beings—our children, are no longer be protected by the most fundamental medical ethic. Instead, the message being sent to doctors from this turnabout was and continues to be "vaccine reactions are a myth" and "ignore reactions - they are just a 'coincidence' - keep up with the vaccine schedule, no matter what." The result? A new breed of "robodocs" whose first allegiance is to policy makers, government and industry.

We have come to the point where it is dangerous to blindly trust the orthodox medical establishment who are controlled and manipulated by giant pharmaceutical industry interests. Our mandate as parents is to nurture and nourish and protect our children from danger, which in today's complex, polluted and poisoned world also means protecting them from unnecessary medical procedures and drugs that can have devastating consequences. Vaccines are such drugs! Where there is a niggling doubt, it is best to wait until you have looked at all the facts and feel clear that you are making an informed decision. Listening to our own good judgement and deep intuition in matters of our children's health is vital as we strive to do the very best we can for them. √

M.D. Invitation

Editor's note: In anticipation of Dr. Viera Scheibner's lecture held on April 7 in Kelowna B.C., Lana Belvis, VRAN chapter leader in the Okanagan area sent the following invitation to M.D.'s and health units in the area. Close to 80 letters in all were sent.

VACCINATION RISK AWARENESS NETWORK

Please take time to hear the presentation of Viera Scheibner, Ph. D. She is a Principal Research Scientist (retired) with a doctorate in Natural Sciences. During her distinguished career she wrote three books and had some 90 scientific papers published in refereed journals. She has read more than 100 000 pages of medical studies dealing with vaccines.

In Dr Scheibner's words, " I have gathered a solid, extensive and irrefutable block of scientific evidence documenting vaccines as ineffective to prevent any diseases, and which time and again issued warnings about a variety of real dangers... The biological mechanisms of these injuries are principally immunological and toxic-chemical."

Dr Scheibner invites and welcomes members of the medical profession to her public talks to debate the issue on the basis of published facts. In fact, she looks forward to it!

OPEN LETTER TO ALL MEMBERS OF THE MEDICAL ESTABLISHMENT

Medical doctors and nurses are the foot soldiers of the war on germs, encouraging patients to accept vaccines as the weapons of defence for infant and child health. If you regularly tell patients that "the benefits outweigh the risks" and that bad reactions are "only 1 in a million", I urge you to hold those assertions up to the light of honest scientific scrutiny. If you are willing to look past the one-sided "vaccines are good", "vaccines save lives" mentality of your medical education, you will see a very different story of tragic consequences. Tell me how you can measure the non-event of how many children or people do not catch a disease. Let the parents of vaccine damaged children tell you how they cannot measure the loss of a child or the devastation of lost potential for the lives of children who "co-incidentally" develop seizures or autism, or asthma, or allergies after the supposedly safe , supposedly necessary 'immunizations' that you recommended for their children.

If you say to me, "vaccines do not cause Sudden Infant Death, vaccines do not cause autism, vaccines do not cause asthma and allergies", then I will know that you are wilfully blind to the truth or simply are not educated to the reams of peer-reviewed published data that could convince you otherwise. I personally urge you, from the bottom of my heart, to take the time to evaluate the scientific evidence that should be raising a red flag in your mind on the practice of vaccination. Step outside of the comfort of towing the line amongst peers and make a commitment to inform yourself of the true incidence of vaccine side effects. Listen to your patients; hear them when they say "my baby was fine until he had his last shot"; don't dismiss the symptoms as co-incidental. Parents know their babies better than you do. If only you will open your eyes to the possibility of a connection, you may see the truth as the parents know it. Some parents will get the information on their own of vaccine risk ; some will listen to the conventional wisdom of the medical profession. Some babies will be spared the harm of further vaccination; some babies will be subjected to further assault and the whole family will bear the suffering.

My sincerest hope is that doctors and nurses like yourselves will take the opportunity to be educated and enlightened as to the truth behind the "immunization theory". Likewise I hope that you will encourage your patients to investigate the vaccine issue and encourage them to take responsibility for making informed health care choices. If you are worried that informed patients will be non-compliant patients, evaluate that for what it is and see that obviously there is a problem with a system that gains compliance through deception. Parents are not being dealt the whole truth on vaccine risk, not even offered the package insert unless they ask.

The purpose of the Vaccination Risk Awareness Network is to offer parents information and resources on the issue of vaccination. We exist because patients are not able to get the answers they need from you, the medical profession. Please take the steps to open your mind to the possibility that vaccines do cause damage and that many of the chronically ill and mentally challenged children you see may in fact be the victims of "preventive" medicine.

Sincerely,
Lana Belvis, Volunteer for V.R.A.N.
3784 Wetton Road, Westbank, BC,
V4T 2C1 (250) 707-0228

Autism-Present Challenges cont. from page 1

cose, lipid, protein metabolism(5) and cell growth and survival. (6) Close to the age of "autistic regression," we add pertussis toxin, which completely disrupts G Alpha signals.(7) The opposite G proteins are on without inhibition leading to: (8)

1. Glycogen breakdown or gluconeogenesis. Many of these children have elevated blood sugars. There is sixty-eight percent incidence of diabetes in parents and grandparents of these children.

2. Lipid breakdown which increases blood fats that lead to hyperlipidemia. One-third of families has either a parent or grandparent who died from myocardial infarction at less than 55 years of age and was diagnosed with hyperlipidemia.

3. Cell growth differentiation and survival which leads to uncontrolled cell growth. There are 62 cases of malignancies associated with ras-oncogene in 60 families of these autistic children.(9) The measles antibody cross reacts with intermediate filaments which are the glue that hold cells together in the gut wall.(10) The loss of cell to cell connection interrupts apoptosis or the ability of neighboring cells to kill off abnormal cells. The MMR vaccine at 15 months precedes the DPT at 18 months, which turns on uncontrolled cell growth differentiation and survival.

Most families report cancer in the parents or grandparents, the most common being colon cancer.(10)The genetic defect, found in 30-50% of adult cancers, is a cancer gene (ras-oncogene). It is the same defect as that for congenital stationary night blindness.(11)

G protein defects cause severe loss of rod function in most autistic children.(12) They lose night vision, and light to dark shading on objects in the daylight. They sink into a "magic eye puzzle," seeing only color and shape in all of their visual field, except for a "box" in the middle, the only place they get the impression of the three dimensional nature of objects. Only when they look at television or a computer do they predictably hear the right language for what they see. They try to make sense of the world around them by lining up toys, sorting by color. They have to "see" objects by adding boxes together, thus "thinking in pictures." Their avoidance of eye contact is an attempt to get light to land off center in the retina where they have some rod function. Suddenly mothers touch feels like sandpaper on their skin. Common sounds become like nails scraped on a blackboard. We think they cannot abstract, but we are sinking these children into an abstract painting at 18 months of age and they are left trying to figure out if the language they are hearing is connected to what they are looking at, at the same time.

The defect for congenital stationary night blindness on the short arm of the X chromosome affects cell membrane calcium channels(13) which, if not functioning, block NMDA/glutamate receptors in the hippocampus,(14) where pathways connect the left and right brain with the frontal lobe. Margaret Bauman has described a lack of cell growth and differentiation in the hippocampus seen on autopsy in autistic children.(15) The frontal lobe is the seat of attention, inhibition of impulse, social judgement and all executive function.

When stimulated, these NMDA receptors, through G proteins stimulate nuclear Vitamin A receptors discovered by Ron Evans, et al Dec 1998.(16) When blocked, in the animal model, mice are unable to learn and remember changes in their environment. They act as if they have significant visual perceptual problems and have spatial learning deficits.(17)

Of concern the Hepatitis B virus protein sequence was originally isolated in the gene for a similar retinoid receptor (RAR beta),(18) which is the critical receptor important for brain plasticity and retinoid signaling in the hippocampus.(19) After the mercury is removed, I understand we will restart Hepatitis B vaccine at day one of life. Studies need to be done to determine if this plays an additive roll in the marked increase in autism.

I am using natural lipid soluble concentrated cis form of Vitamin A in cod liver oil to bypass blocked G protein pathways and turn on these central retinoid receptors. In a few days, most of these children regain eye contact and some say their "box" of clear vision grows. After two months on Vitamin A treatment some of these children, when given a single dose of bethanechol to stimulate pathways in the parasympathetic system in the gut, focus, laugh, concentrate, show a sense of humor, and talk after 30 minutes as if reconnected.(20)

This improves cognition, but they are still physically ill. When these children get the MMR vaccine, their Vitamin A stores are depleted; they can not compensate for blocked pathways. Lack of Vitamin A which has been called "the anti-infective agent," leaves them immuno-suppressed. They lack cell-mediated immunity. T cell activation, important for long term immune memory, requires 14-hydroxy retro-retinol. On cod liver oil, the only natural source of this natural substance, the children get well. The parasympathetic nervous system is blocked by the second G protein defect. These children are unable to relax, focus and digest their food. Instead, they

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are in sympathetic overdrive with a constant outpouring of adrenaline and stress hormones. They are anxious, pace, have dilated pupils, high blood pressure and heart rate. These and other symptoms of attention deficit hyperactivity disorder are part of this constant "fright or flight" response. These symptoms improve on bethanechol.

I live in a small middle class neighborhood with twenty-three houses. I recently counted thirty children who live in this community who are on medication for ADHD. One week ago, my oldest son who is gifted but dyslexic had twelve neighborhood friends over for dinner. As I looked around the table, all of these children, but one had dilated pupils. After two and one half months of taking vitamin A and D in cod liver oil, my son announced, "I can read now. The letters don't jump around on the page anymore." He is able to focus and his handwriting has improved dramatically. In his high school for college bound dyslexic students, 68 of 70 teenagers report seeing headlights with starbursts, a symptom of congenital stationary night blindness.

I think we are staring a disaster in the face that has affected thousands of Americans. The children with autism or dyslexia/ADHD are lucky. There are many other children not identified, just disconnected.

We must direct all of our resources and efforts to establish multidisciplinary centers to treat these children. Insurance companies should pay for evaluations, both medical and psychiatric, and treatment. These children are physically ill, immuno-suppressed with a chronic autoimmune disorder affecting multiple organ systems. Funding to look at etiology of autism, to identify children at risk prior to "autistic regression," and to prevent this disorder is imperative. Implementing vaccine policies that are safe for all children should become our first priority.

Mothers from all over the country have brought pictures of their autistic children to Washington this weekend. Most of these children were born normal and lost to "autistic regression." Look into their eyes and you will hear their silence.

Thank you,
Mary N. Megson, MD., F.A.A.P

Editor's note: We wish to thank Dr. Megson for her kind permission in allowing us to reprint her Congressional testimony in this issue of the VRAN newsletter. Dr. Megson's research paper titled "Is Autism A G-Alpha Protein Defect Reversible With Natural Vitamin A?" can be viewed at her website: http://www.megson.com Her office may be contacted in Richmond, Virginia - Fax: (804)673-9195

References:

1. Rollins R.A. report to the California state legislature 3/1/99, personal communication.
2. Megson M. Is autism a G alpha protein defect reverisble with natural Vitamin A? J. Med Hypo 2000 Mar.
3. Farvel, Z, Bourne, HR, Iiri, T. The Expanding Spectrum of G Protein Diseases. N Engl J Med 1999; 340: 1013
4. Farvel, Z, Bourne, HR, Iiri, T. The Expanding Spectrum of G Protein Diseases. N Engl J Med 1999; 340: 1012
5. Meisenberg, G, Simmons, W. Principles of Biochemistry, St. Louis: Mosby, 1998:586
6. Fauci, AS. Harrison's Principles of Internal Medicine, 14th
7. Farvel, Z, Bourne, HR, Iiri, T. The Expanding Spectrum of G Protein Diseases. N Engl J Med 1999; 340: 1018.
8. Meisenberg, G, Simmons, W. Principles of Biochemistry, St. Louis: Mosby, 1998:586
9. Fauci, AS. Harrison's Principles of Internal Medicine, 14th edn. New York: McGraw Hill, 1998:509.
10. Cohen, A., Bennett, J. Rheumatology and Immunology, 2nd edn. Orlando:Grune and Stratton, 1986: 442.
11. Drujo TP, Hahn LB, Reboul t, Arnaud B. Missense mutation in the gene encoding the alpha subunit of rod transducin in the naugareit form of congenital stationary night blindness. Nat Gent. 1996 July; 13(3): 348-60.
12. RealmutoGm Purple R, Knoblock W. Electroretinograms in four autistic probands and six first degree relatives - Can J Psy. 1989; 34; 435-9.
13. Bech-Hansen NT, Naylor MJ, Maybaum TA, et al. Loss of function mutations in a calcium channel alpha 1-subunit gene in Xp 11.23 causes incomplete congenital stationary night blindness. Nat Genet 1998; 19(3): 264-7.
14. Meisenberg, G, Simmons, W. Principles of Biochemistry, St. Louis: Mosby, 1998:587.
15. Bauman M. The Neurobiology of Autism Spectrum of Developmental Disorders. {Brochure}. XVII. Baltimore: Johns Hopkins, 1995 1-2.
16. Chiang, MY, Misner, D, Kemperman, et al. An Essential Role for retinoid receptors RARfl and RXRy in long-term potentiation and depression. Neuron, 1998; Dec. 21: 1351-53.
17. Chiang, MY, Misner, D, Kemperman, et al. An Essential Role for retinoid receptors RARfl and RXRy in long-term potentiation and depression. Neuron, 1998; Dec. 21: 1351.
18. Sporn M, Roberts A, Goodman D. the Retinoids, 2nd ed. New York: Raven Press, 1994:339
19. Sporn M, Roberts A, Goodman D. the Retinoids, 2nd ed. New York: Raven Press, 1994:526
20. Sporn M, Roberts A, Goodman D. the Retinoids, 2nd ed. New York: Raven Press, 1994:339

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FIRST DO NO HARM

By Bernard Rimland Ph.D

DO CHILDREN'S SHOTS INVITE AUTISM?
VACCINES: CHRONIC DISEASES HAVE RISEN WITH INCREASED VACCINATIONS AGAINST ACUTE DISEASES.

If the multibillion-dollar vaccine industry had heeded Hippocrates' ancient dictum and concentrated on making vaccines safe, the 300% to 500% nationwide increase in autism probably would not have occurred. Concern for vaccine safety might have prevented the simultaneous sharp rise in other chronic and debilitating diseases such as asthma, allergies, attention deficit/hyperactivity disorder, learning disabilities, arthritis and Crohn's disease.

The cause of the skyrocketing rates of these disorders, like the rise in autism, has mystified the experts. Many thoughtful and informed people believe that medical overexuberance has resulted in an unintended trade-off:

Vaccination against acute diseases such as measles and rubella has increased susceptibility to chronic disorders such as autism, asthma, arthritis and ADHD.

Am I overstating the case? I don't think so. We learned in the latter half of the 20th century that one must be careful in tinkering with Mother Nature. Those marvelous pesticides, herbicides, gasoline additives and other miracles of modern chemistry have a downside. While we now know that toxic pollution of the environment is bad news, we are just beginning to learn that pumping toxins-viruses, bacteria, mercury, aluminum and formaldehyde, for example-into the body in the form of vaccinations for immediate gain may prove to be costly in the long term.

Those who share my view do not oppose vaccines. What we oppose is over-vaccination and unsafe vaccines.

Most people are shocked to learn that in recent years, the number of vaccine doses a child receives before entering school has risen to 33. There are more than 200 other vaccines-expensive and profitable-under development.

In 1965, parents began telling me that their children became autistic upon getting the DPT (diphtheria, pertussis, tetanus) shot-a triple vaccine. When another triple vaccine, MMR, (measles, mumps, rubella) was introduced in the 1980s, the alarming reports from parents and the prevalence figures for autism rose sharply. Corroborating evidence is plentiful.

In his testimony before the House Government Reform Committee, Paul Offit, the chief of infectious diseases at Children's Hospital of Philadelphia-who acknowledged at the hearing that he also is paid by the Merck Co. to educate doctors about vaccines-attacked the "notion" that giving three vaccines at once is unsafe: "The newborn has billions of immunologic cells that are capable of responding to millions of different microorganisms. By quickly making an immune response... babies keep those bacteria from... causing serious disease. Therefore, the combination of the three vaccines contained in the MMR or even the 10 vaccines given in the first 2 years of life, is literally a raindrop in the ocean of what infants successfully encounter in their environment every day."

That is an absurd argument. If every child has such a marvelously effective immune system, why should we vaccinate them at all? Especially, why should we use vaccines containing levels of mercury that vastly exceed the upper limit of safety? Even minute amounts of mercury are highly toxic to nerve and immune system tissue.

Don't just tell us vaccines are safe. Where are the scientific data? There are none. It is no secret that the government's Vaccine Adverse Event Reporting System is not enforced and that doctors report only 1% to 10% of the adverse reactions they learn about.

Rep. Henry Waxman (D-Los Angeles), in his defense of vaccines, cites the American Medical Assn., the American Academy of Pediatrics and the Centers for Disease Control as asserting that vaccines are safe. These organizations have much credibility to lose by acknowledging how weak and how sparse are the data on vaccine safety.

Congress made a major mistake in enacting the National Vaccine Injury Compensation Act in the 1980s. It transferred liability for unsafe vaccines from the manufacturer to families through a surcharge on each vaccination. Why would the drug companies pay for vaccine safety testing if the public will pick up the tab for the damage their vaccines cause? Would Ford or General Motors do research on product safety such as faulty gas tanks if they were automatically indemnified by consumers?

We cannot afford to deny, dismiss or sidestep the issue of vaccine safety. Research on this critical problem must be undertaken as the highest priority.

Editor's note:
Dr. Bernard Rimland is Director of the Autism Research Institute, Based in San Diego; Editor of the Autism Research Review International; Founder of the Autism Society of America, and Father of a 44-year-old Autistic Son. We appre - ciate Dr. Rimland's kind permission in allowing us to reprint the foregoing Opinion Editorial that recently appeared in the Los Angeles Times (May, 2000). Phone(819) 281-7165 - Fax: (619) 563-6840 website: www.autism.com/ari/ Dr. Rimland's Congressional testimony at recent hear - ings on autism can be viewed at: <http://www.house.gov/reform/hear - ings/healthcare/00.06.04/> √

AUTISM AND G PROTEINS

or "Giving a thief the wiring diagram to the alarm system in the bank"
By Andreas Schuld

Some of you might remember our first article mentioning G proteins in the August 1999 issue of the VRAN newsletter. At the time we briefly described G proteins and the capacity of fluoride-aluminum compounds to activate such G proteins. We also mentioned that such compounds are easily formed in the organism after the administration of a vaccine high in aluminum, such as the hepatitis B vaccine.

In this issue of VRAN you will find the testimony of Dr. Megson who testified in April 2000 during the Government Reform Committee hearing on Autism held by Senator Dan Burton.

Dr. Megson's testimony centered around G proteins and the fact that in the vast majority of her cases parents have reported night blindness or other disorders, which are now known to be caused by G protein defects. She stated that Autism might be caused by inserting a G-alpha protein defect, the pertussis toxin found in the DPT vaccine, into genetically at -risk children. Dr. Megson identified those "most-at-risk" as those who report a family history of at least one parent with a pre-existing G-alpha protein defect, including night blindness, adenoma of the thyroid or pituitary gland or pseudohypoparathyroidism.

To us this was highly relevant, as we ourselves have believed over the last two years that Autism is closely associated with G proteins. Parents had reported vast improvements in their child's autism when fluoride was eliminated from the diet. As we reported earlier fluorides have been established as the "universal" G protein activator in laboratory investigations, meaning it can activate all G protein families.

While Dr. Megson's testimony focused on what she calls an G-alpha defect, we tend to believe that the majority of the symptoms of autism are related to a specific family of G proteins which is thought of as being "insensitive" to pertussin stimulation, namely Gq/11. These are G proteins involved in thyroid function. However, they ARE activated by fluoride, and much more so when bound to aluminum, and as mentioned, such compounds can easily form in the system after administration of a vaccine high in aluminum.

WHAT ARE G PROTEINS?

In essence, G proteins are "On/Off" switches which regulate cellular communication—relaying information received from outside the cell to the inside, or from one cell to another. They are called G proteins because they bind to guanine nucleotides, a major component of the DNA and RNA, comprised of an organic base (guanine), a sugar and one or more phosphates. This process of cell communication is called "signal transduction", a term first applied in molecular biology by Martin Rodbell, who with Alfred Gilman received the 1994 Nobel Prize in medicine and physiology for their independent work leading to the discovery of G proteins. The G protein design explains how such extracellular "first messengers" as hormones generate intracellular "second messengers" such as cyclic AMP (cAMP) or Ca2+, an idea originally proposed by Earl Sutherland in the 1950s (Nobel Prize,1971). In turn, these "second messengers" alter the behaviour of other target proteins within the cell. They activate so-called "cascades".

G-proteins are divided into three subunits: alpha, beta, and gamma, named after the first three letters of the Greek alphabet.

THE BODY AS A "PROGRAMMABLE" COMPUTER

Rodbell had compared the fundamental information processing system in the biological organism to that of a computer, a metaphor which he employed throughout his career. Using the analogy of the "transducer", he described how individual cells were made up of three distinct molecular components: discriminators (receptors), transducers, and amplifiers (effectors). The discriminator, or cell receptor, receives information from outside the cell; a cell transducer processes this information across the cell membrane; and the amplifier intensifies these signals to initiate reactions within the cell or to transmit information to other cells.(1)

Rodbell further used this "computer" metaphor describing the idea of working cells as "programmable messengers". As he stated in 1992, "The living cell is in essence a communicating device, built primarily of organic matter rather than the silicon of today's computers. Pliable in structure with multiple types of storage forms that have infinite possibilities for change and adaptation, the natural process evolved essentially passively into states of complexity that no human could have imagined." (1)

While knowledge of G proteins is virtually non-existent not only among the general public, but also among general practitioners, research on them has been one of the hottest biological pursuits of the past decades, mainly because of experience gained from advanced investigations into G proteins as "programmable messengers". Pharmacologists estimate that up to 60% of all medicines used today exert their effects through G protein signaling pathways (2).

This activity had been predicted by Gilman and warned against by Rodbell.

In a 1992 Scientific American article on G proteins written by Gilman and

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Maurine Linder, the authors had predicted that scientists would eventually diagram the cellular players involved in communication and be able to predict how those cells will operate in response to different combinations of signals.(3)

"For those who would hope to develop drug therapies such discoveries would be like giving a thief a wiring diagram to the alarm system at a bank", the authors wrote.(4)

Gilman further said, "The ultimate dream is to design drugs that will prevent aberrant G-protein action."

In a press conference in Maryland, following the announcement of the 1994 Nobel Prize, Rodbell had criticized the current state of the commercialization of science..." The tenor is changed, the world ain't the same, everything is targeted, everything is bottom line, how to make a buck, "he said, adding that it is crucial to "capture knowledge for its own sake and for humanity." (4)

G PROTEINS AND DISEASE

It is now established that disturbances in the function of G-proteins can lead to many diseases.

There are two broad groups of G proteins : stimulating ones ->, G(s) and inhibiting ones, ->G(i).(5)

Stimulatory G proteins are permanently activated by cholera toxin, inhibitory ones by pertussis toxin.

A G(s) describes a G protein which stimulates the receptor activation of the enzyme adenylate cyclase. Adenylate cyclase produces the second messenger cyclic AMP (cAMP) which triggers a number of biochemical activities that are part of the relay of cellular information. For example, when it is stimulated in the heart muscle, cardiac output increases. In the case of cholera a G (s) protein remains stuck in its active "On" state, so cAMP is overproduced, leading to massive sodium water transport across intestinal epithelial cells; hence diarrhea and the often life-threatening loss of water and salts.

By contrast pertussis toxin (whooping cough) does the same thing to G(i), preventing its interaction with adenylate cyclase, so that the cells cannot inhibit the cyclase activity, resulting in the accumulation of pulmonary fluid as seen in whooping cough.

Activation of inhibiting G proteins can lead to a compromised immune defense. Even some of the symptoms of common diseases such as diabetes or alcoholism may depend on altered transduction of signals through G-proteins.

Of great importance is the influence of G proteins in cancer, as over 30% of all cancers are thought to be caused by G protein mutations ("stuck switches").

The ras oncogene (another member of the G protein family), was first found in human bladder cancer cells and is now thought to be responsible for up to 40% of all colon cancers. Studer et al (6) found ALL goiter nodules examined to contain areas where the epithelial cells were morphologically grossly altered and heavily loaded with p21ras. Fluoride compounds are known p21ras activators. (7, 8, 9,10, 11). Constitutive activation of adenylate cyclase leads to cancer growth. There are many studies clearly showing fluoride's stimulating effects on adenylate cyclase in thyroid adenomas and carcinomas (12,13,14,15).

Kinlen in 1974 (16) showed an increase of nearly 19% in thyroid cancer rates in fluoridated areas, which is not surprising when one considers the fluoride activity on G proteins.

While normally a hormone needs a receptor (which is coupled to a G protein) to exert its influence, in the case of fluorides a receptor is not required, and G proteins are activated DIRECTLY.

THE THYROID AND VACCINES

Fluorides were used for many decades as an approved and effective anti-thyroid medication in hyperthyropid patients (over-functioning thryoid gland), in countries such as Germany, Austria, Switzerland, and Argentina (17, 18), even at doses lower than the dose deemed "optimal" for caries prevention, 1mg/day (Adults). (Please remember that there is not even one double-blind study anywhere which shows caries reduction due to water fluoridation!)

As this "optimal" intake is already surpassed in most toddlers, this fact alone should be reason enough to not administer any vaccines to children, as it is well known and listed in all anti-thyroid medication inserts that people on anti-thyroid medication should NOT receive immunizations:

"While you are being treated with antithyroid agents, and after you stop treatment with it, do not have any immunizations (vaccinations) without your doctor's approval. Antithyroid agents may lower your body's resistance and there is a chance you might get the infection the immunization is meant to prevent. In addition, other persons living in your household should not take or have recently taken oral polio vaccine since there is a chance they could pass the polio virus on to you. Also, avoid other persons who have taken oral polio vaccine. Do not get close to them, and do not stay in the same room with them for very long. If you cannot take these precautions, you should consider wearing a protective face mask that covers the nose and mouth." (18a)

Fluorides are not only a powerful anti-thyroid agent, but also a most powerful adjuvant, as discussed in our first article on this subject.

Many studies and patents provide testimony to the efficacy of fluoride as a vaccine adjuvant. Butler et al documented this in 1990 (19) when he tested for this in rats and found significantly elevated serum antibody activity They wrote, "The supplemental fluoride prescribed for infants and especially that which is inadvertently ingested by children and adults given fluoride gels, is within the concentra-

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tion range of that which produced the effects we observed in rats. The adjuvant effect we describe thus has relevance for fluoride therapy worldwide." Fluorides also enhance the uptake of toxins into a cell, a process called endocytosis.(20)

Nobody is considering the high levels of fluoride present already in the plasma of the infant or toddler before a vaccine containing aluminum is administered. When vaccine programs were first implemented G proteins were not even known. Its high time that a new review into vaccines takes place based on current knowledge in biochemistry. The evidence is all there, if scientists were only to look for it and start reading each others journals.

THYROID AND G PROTEINS

G-proteins are absolutely essential components of the thyroid hormone signaling process (21).

All thyroid function, growth and hormone synthesis is regulated by G proteins. For example, iodide uptake is a cAMP mediated event.

Thyrotropin, the thryoid-stimulating-hormone (TSH) stimulates the thyroid gland by binding to its TSH-receptor which then activates G proteins to produce the thyroid hormones T4 and T3, which are released into the bloodstream. T4 and T3 circulate in the blood to all the organs of the body, including teeth and brain. T3 is considered the bioactive form of thyroid hormone, while T4 is mainly a prohormone.T4 to T3 conversion occurs only to 20% in the thyroid gland itself, the rest is done in peripheral tissue, mainly the liver. This process is referred to as thyroid hormone synthesis. All this is done through G protein activity. TSH is considered the NATURAL "universal" G protein activator, capable of stimulating all four G protein subfamilies.(22)

In human thyroid, TSH receptor activation leads to stimulation of the enzyme adenylate cyclase at lower doses [G(s)] and phospholipase C [Gq/11] at high doses (22, 23). The same relationship has been shown for the other, artificial "universal" G protein activator, fluorides (24, 25).

As mentioned above, there are three components which comprise the G protein-coupled pathway: the G protein-coupled receptor (discriminator), the G protein (transducer), and the effector (amplifier). Abnormalities in any of these three components alter signal transduction and can lead to thyroid disease. For example, mutations of G protein-coupled receptors that promote G protein activation can cause hyperthyroidism due to hyperfunctioning thyroid adenomas and thyroid hyperplasia (26).

FLUORIDE AND ALUMINUM

As stated before, fluorine action is greatly potentiated by the presence of trace amounts of aluminum, a factor not considered in current assessments of fluoride toxicity nor assessing vaccine adverse events. For example, endocrinological studies by Chen et al, (27) on the effects of fluoride on parathyroid hormone (PTH) secretion showed that fluoride produces a dose-dependent inhibition of PTH release with a maximal inhibitory effect (67%) at 5 mM. However, while 1 mM F- suppresses PTH secretion by only 21%, and 10 microM Al3+ has virtually no effect at all, TOGETHER they inhibit PTH release approximately to the level (63% inhibition) observed with 5 mM NaF alone, documenting the great augmenting effects of aluminum on fluoride activity.

ONE SCENARIO

Here is a scenario to consider:

An infant is delivered by Caesarian birth using a fluorinated anesthetic such as enflurane. As fluorides transfer across the placenta immediately, the infant has now high levels of fluoride in the system. These levels will not return to baseline until 48 hours after administration of the anesthetic. (Average for mean peak plasma inorganic fluoride concentrations are seen at 29.3 +/- 1.8 mumol/L , two hours after anesthesia, which decrease to 18 mumol/L concentration by 8 h after anesthesia.) Levels are usually higher in the liver, trhe major organ for thyroid hormone synthesis.(T4 -> T3)

During this time the infant receives a Hepatitis B vaccine containing 0.25mg of aluminum.

When aluminum hydroxide is injected intraperitoneally in rats, the highest aluminum concentration have been observed in the liver. [NOTE: Besides this, it is stated in official US governmental literature that when aluminum compounds are intravenously injected, a small portion of ionic aluminum is bound to albumin (which also carries thyroid hormones) and is transported out of the blood into soft tissues, including the brain.(28)]

We now have very high levels of fluoride and aluminum in the liver, forming toxic aluminum-fluoride compounds. This, applying to thyroid function, literally represents an extremely high "pulse dose" of TSH to the system, activating G proteins.

Infants do NOT have the same thyroid hormone biochemistry as adults. Normally the mean TSH level is higher in cord than in maternal blood. Levels in infants during the first half-hour of life are several fold above the upper range observed in adults, and do not decline to near the normal adult range until about the third day of life. (29) It is while the TSH is already high in the infant's system, an additional dose of a TSH "mimic" is now being administered. This is bound to have physiological and pathological consequences.

We therefore started looking at Hep B vaccine adverse reactions related to thyroid function/G proteins in the most recent medical literature. We found:

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SUBACUTE THYROIDITIS (30)
RHEUMATOID ARTHRITIS (31) and other rheumatic disorders (32)
CRYOGLOBULINEMIA (33) [-> abnormal plasma globulin (IgG or IgM)]
LICHEN PLANUS (34) and other skin diseases (35)
EOSINOPHILIA (36) [eosinophils secrete chemical mediators that can cause bronchoconstriction in asthma.]
ASCEPTIC MENINGITIS (37)
ERYTHERMALGIA (38)
BILATERAL NEURO-PAPILLITIS (39)
JUVENILE DERMATOMYOSITIS (40)[-> disease of connective tissue characterised by swelling, dermatitis and inflammation of muscle tissue. Symptoms include fever, malaise, difficulty swallowing, general weakness, muscle weakness (pelvic and shoulder girdle muscles) and skin and mucosal lesion],
POLYARTHRITIS (41) [-> an inflammation of several joints together],
ACUTE PERICARDITIS (42) [pericardium: a double membranous sac which envelops and protects the heart]
VASCULITIS (43) [inflamation of vessels]
SUBACUTE HEARING LOSS (44)
CHRONIC FATIGUE SYNDROME (45,46)
PERIPHERAL FACIAL PARALYSIS (47)
LIVER DYSFUNCTION AND PROBLEMS(48,49,50, 33)
ACUTE MYELITIS (51) [-> infection of bone marrow],
HEPATITIS B POSITIVITY (52)
OPTIC NEURITIS (53)
ENCEPHALITIS (54)[-> inflammation of the brain]

AUTISM AND THYROID

Returning briefly to Dr. Megson's testimony, and the importance of G proteins in thyroid function, there should also be evidence of thyroid dysfunction in Autism. This is indeed the case.

In 1992 Gilberg and others from the Child Neuropsychiatry Centre in Sweden described five children (three boys and two girls) with autism or autistic-like conditions. Three of them had congenital hypothyroidism and two had mothers who had probably been hypothyroid in pregnancy (55). A study published last year in the Journal of Child Neurology again found hypothyroidism as being among the most common medical risk factors in autism (56). Nir et al (57) reported that a parallel was evidenced between thyroid function and impairment in verbal communication in autism. Others had also found endocrinologial disturbances in autism (58,59).

Dr. Megson further reported that natural Vitamin A supplementation might be able to reverse the G protein defects observed in autistic children, and that Vitamin A may reconnect the retinoid receptors critical for vision, sensory perception, language processing and attention.

Interestingly, there are many reports in the European literature from the 1930s in which the role of Vitamin A was discussed in the treatment of thyroid dysfunction, after von Euler and Clusmann showed in experiments that thyroxin (T4) and Vitamin A had beneficial effects in maintaining metabolism balance (1932). Many had believed that a lack of Vitamin A was cause of goiter, but it was shown that Vitamin A, although beneficial in the treatment, was not by itself a cure. (60)

Fluorides are setting the stage for vaccine adverse events, and such events ARE now documentable.

Editor's note: Heartfelt appreciation goes to Andreas Schuld, founder of Parents of Fluoride Poisoned Children, for his outstanding work in research - ing the world scientific literature on the effects of fluoride on human health. His work enables us to under - stand the physiological mechanisms by which fluoride/aluminum compounds and vaccines disrupt and disable criti - cal functions of cell metabolism, set - ting the stage for many diseases. His work serves to bridge the knowledge gap between what is already docu - mented in the scientific literature and what we need to know to protect our children from sources of toxic assault. Please refer to PFPC website for more information on the impact of fluoride on human health: <http://www.bruha.com/fluoride/html/pfpc__3.htm>

References:

1) RODBELL AND G Proteins "Signal Transduction and the Discovery of G-Proteins, 1969-1980" <http://www.profiles.nlm.nih.gov/GG/Views/Exhibit/disc.html> RODBELL AND G PROTEINS #2 (1981-1994) <http://www.profiles.nlm.nih.gov/GG/Views/Exhibit/cells.html> RODBELL PROFILE AND PAPERS <http://www.profiles.nlm.nih.gov/GG/>

2) Roush W - "Regulating G protein signaling" Science 271 (5252):1056-8 (1996)

3) Linder ME, Gilman AG - "G proteins" Sci Am 267(1):56-61, 64-5 (1992)

4) BOSTON GLOBE, October 11, 1994 <http://w:www.boston.com/globe/search/stories/nobel/1994/1994l.html>

5) G PROTEINS, http://www.graylab.ac.uk/cgi-bin/omd?GTP+binding+protein

6) Studer H, Gerber H, Zbaeren J, Peter HJ - "Histomorphological and immunohistochemical evidence that human nodular goiters grow by episodic replication of multiple clusters of thyroid follicular cells." J Clin Endocrinol Metab 75(4):1151-8 (1992)

7) Xu S, Khoo S, Dang A, Witt S, Do V, Zhen E, Schaefer EM, Cobb MH - "Differential regulation of mitogen-activated protein/ERK kinase (MEK)1 and MEK2 and activation by a Ras-independent mechanism" Mol Endocrinol (1997)11(11):1618-25

8) Kleuss C, Raw AS, Lee E, Sprang SR, Gilman AG - "Mechanism of GTP hydrolysis by G-protein alpha subunits" Proc Natl Acad Sci U S A 91(21):9828-31 (1994)

9) Coleman DE, Berghuis AM, Lee E, Linder ME, Gilman AG, Sprang SR - "Structures of active conformations of Gi alpha 1 and the mechanism of GTP hydrolysis" Science 265(5177):1405-12 (1994)

10) Diaz JF, Escalona MM, Kuppens S, Engelborghs Y - "Role of the switch II region in the conformational transition of activation of Ha-ras-p21" Protein Sci 9(2):361-8 (2000)

11) Kuppens S, Diaz JF, Engelborghs Y - "Characterization of the hinges of the effector loop in the reaction pathway of the activation of ras-proteins. Kinetics of binding of beryllium trifluoride to V29G and I36G mutants of Ha-ras-p21" Protein Sci 8(9):1860-6 (1999)

12) Macchia V, Mandato E, Carella C, Pisano G, Biscaglia G - "The adenylate cyclase-cyclic AMP-phosphodiesterase system in pathological human thyroid" J Endocrinol Invest 1(4):337-45 (1978)

13)Walinder O, Karlsson FA, Dahlberg PA - "Adenyl cyclase activity in human thyroid plasma membranes from normal human thyroid tissue and thyroid adenomas" Acta Endocrinol (Copenh) 92(1):95-104 (1979)

"The adenylcyclase (AC) activity of crude human thyroid plasma membranes were studied in some detail and conditions for optimal cyclic AMP-production established. Membranes from eight "cold" and two "hot" thyroid adenomas were investigated and compared to membranes from corresponding normal, paranodular tissues. The investigated membranes were

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found to contain similar basal AC activities, which were stimulated three to five times with TSH and **20—30 times with fluoride***." (!!!)

14) Toccafondi RS, Rotella CM, Tanini A, Fani P, Arcangeli P - "Thyrotrophin-responsive adenylate cyclase activity in thyroid toxic adenoma" Acta Endocrinol (Copenh) 92(4):658-68 (1979)

15) Kalderon AE, Sheth V - "Secretion and adenylate cyclase in thyroid nodules" Arch Pathol Lab Med 102(7):381-86 (1978)

16) Kinlen L - " Cancer incidence in relation to fluoride level in water supplies" Community Health 6:69 (1974)

17) May W - "Die Basedowsche Krankheit - Jod und Fluor" Aulendorf, Würtemberg, Germany (1951)

18) PFPC NEWSLETTER #3 - Fluorides: Anti-thyroid Medication"
<http://www.bruha.com/fluoride/html/pfpc__3.htm>

18a) ANTI-THYROID AGENTS PRODUCT INFO
http://www.mayohealth.org/usp/html/202067.htm

19) Butler JE, Satam M, Ekstrand J - "Fluoride: an adjuvant for mucosal and systemic immunity" Immunol Lett 26(3):217-20 (1990)

20) Trusal LR, Martin LJ -"Effects of Sodium Fluoride on Uptake of T-2 Mycotoxin in cultured cells"
Army Medical Research Inst of Infectious Deseases Fort Detrick MD , AD Number: 187292 (1987)

21) Totsuka Y, Nielsen TB, Field JB - "Roles of GTP and GDP in the regulation of the thyroid adenylate cyclase system" Biochim Biophys Acta 718(2):135-43 (1982)

22) Laugwitz KL, Allgeier A, Offermanns S, Spicher K, Van Sande J, Dumont JE, Schultz G - "The human thyrotropin receptor: a heptahelical receptor capable of stimulating members of all four G protein families" Proc Natl Acad Sci U S A 93(1):116-20 (1996)
<http://www.ncbi.nlm.nih.gov/htbin-post/Entrez/query?uid=8552586&form=6&db=m&Dopt> =b

23) Allgeier A, Offermanns S, Van Sande J, Spicher K, Schultz G, Dumont JE- "The human thyrotropin receptor activates G-proteins Gs and Gq/11" J Biol Chem 269(19):13733-5 (1994)

24) Martin BR, Stein JM, Kennedy EL, Doberska CA - "The effect of fluoride on the state of aggregation of adenylate cyclase in rat liver plasma membranes" Biochem J 188(1):137-40(1980)

25) Jenq SF, Jap TS, Hsieh MS, Chiang H - "The characterization of adenyl cyclase activity in FRTL-5 cell line." Chung Hua I Hsueh Tsa Chih (Taipei) 51(3):159-65 (1993)

"Sodium fluoride stimulation study demonstrated dual actions of fluoride on adenylate cyclase; when the cells were assayed with increasing concentration of NaF, the AC activity increased as the concentration of NaF increased from 0.01 to 1 mM, but decreased strikingly as that concentration increased from 1 mM to 100 mM...."

26) Laue L - "Ligand-independent hormone secretion" Curr Opin Pediatr 7(4):434-9 (1995)

27) Chen CJ, Anast CS, Brown EM -"Effects of fluoride on parathyroid hormone secretion and intracellular second messengers in bovine parathyroid cells" J Bone Miner Res 3(3):279-88(1988)

28) Aluminum Fact Sheet,
<http://risk.lsd.ornl.gov/tox/profiles/aluminum.doc>
Risk Assessment Information System (RAIS), maintained by the Oak Ridge National Laboratory is a U.S. Department of Energy multiprogram laboratory managed by Lockheed Martin Energy Research (LMER) Corporation in Oak Ridge, Tennessee.

29) THYROID MANAGER, <http://www.thyroid-manager.org/Chapter6/Ch-6-9.htm>

30) Toft J, et al. - " Subacute thyroiditis after hepatitis B vaccination" Endocr J.45(1):135 (1998)

31) Treves R, et al. - "Erosive nodular rheumatoid arthritis triggered by hepatitis B vaccination" Presse Med. 26(14):670 (1997)

32) Maillefert JF, et al. - "Rheumatic disorders developed after hepatitis B vaccination" Rheumatology (Oxford) 38(10):978-83 (1999)

33) Mathieu E, et al. -" Cryoglobulinemia after hepatitis B vaccination" N Engl J Med. 335(5):355 (1996)

34) Ferrando MF, et al.- "Lichen planus following hepatitis B vaccination" Br J Dermatol. 139(2):350 (1998)

35) Noble JF, et al.- "Skin diseases related to hepatitis B vaccine" Gastroenterol Clin Biol. 21(1):87 (1997)

36) Nagafuchi S, et al. - "Eosinophilia after intradermal hepatitis B vaccination' Lancet. 342(8877):998 (1993)

37) Heinzlef O, et al. - "Acute aseptic meningitis after hepatitis B vaccination" Presse Med. 26(7):328 (1997)

38) Rabaud C, et al. -"First case of erythermalgia related to hepatitis B vaccination" J Rheumatol. 26(1):233-4 (1999)

39) Berkman N, et al. -"Bilateral neuro-papillitis after hepatitis B vaccination" Presse Med. 25(28):1301 (1996)

40) Fernandez-Funez A, et al. - "Juvenile dermatomyositis concomitant with hepatitis B vaccination" Med Clin (Barc). 111(17):675 (1998)

41) Soubrier M, et al. - " Erosive polyarthritis triggered by vaccination against hepatitis B" Presse Med. 26(2):75 (1997)

42) Peyriere H, et al. -"Acute pericarditis after vaccination against hepatitis B: a rare effect to be known" Rev Med Interne. 18(8):675-6 (1997)

43) Masse I, et al. - "Hypersensitivity vasculitis after hepatitis B vaccination" Presse Med. 27(20):965-6 (1998)

44) Orlando MP, et al. -"Sudden hearing loss in childhood consequent to hepatitis B vaccination: a case report" Ann N Y Acad Sci. 830:319-21(1997)

45) "Report of the working group on the possible relationship between hepatitis B vaccination and the chronic fatigue syndrome" CMAJ. 149(3):314-9 (1993)

46) Delage G, et al. - "The possible relation between hepatitis B vaccination and chronic fatigue syndrome" Union Med Can. 122(4):278-9 (1993)

47) Ganry O, et al.- "Peripheral facial paralysis following vaccination against hepatitis B. Apropos of a case" Therapie. 47(5):437-8 (1992)

48) Lilic D, et al. - " Liver dysfunction and DNA antibodies after hepatitis B vaccination" Lancet. 344(8932):1292-3 (1994)

49) Evans AA, et al.- "Hepatitis B vaccine and liver problems in U.S. children less than 6 years old" Epidemiology. 10(6):790-1 (1999)

50)) Fisher MA, Eklund SA - "Hepatitis B vaccine and liver problems in U.S. children less than 6 years old, 1993 and 1994" Epidemiology 10(3):337-9 (1999)

51) Song HK, et al.- "Acute Myelitis after hepatitis B vaccination" J Korean Med Sci. 12(3):249-51(1997)

52) Dow BC, et al. "Several assays show hepatitis B positivity soon after vaccination" BMJ. 316(7127):311 (1998)

53) Stewart O, et al. - "Simultaneous administration of hepatitis B and polio vaccines associated with bilateral optic neuritis" Br J Ophthalmol. 83(10):1200-1 (1999)

54) Tourbah A, et al.-"Encephalitis after hepatitis B vaccination: recurrent disseminated encephalitis or MS?" Neurology 53(2):396-401 (1999)

55) Gillberg IC, Gillberg C, Kopp S - "Hypothyroidism and autism spectrum disorders."J Child Psychol Psychiatry 33(3):531-42 (1992) Department of Child and Adolescent Psychiatry, Child Neuropsychiatry Centre, Goteborg, Sweden.

56) Comi AM, Zimmerman AW, Frye VH, Law PA, Peeden JN - "Familial clustering of autoimmune disorders and evaluation of medical risk factors in autism." J Child Neurol 14(6):388-94 (1999) Johns Hopkins Hospital, Division of Pediatric Neurology, Baltimore, MD 21212, USA.

57) Nir I, Meir D, Zilber N, Knobler H, Hadjez J, Lerner Y - "Brief report: circadian melatonin, thyroid-stimulating hormone, prolactin, and cortisol levels in serum of young adults with autism" J Autism Dev Disord 25(6):641-54 (1995)

58) Aihara R, Hashimoto T - "Neuroendocrinologic studies on autism" No To Hattatsu (2):154-62 (1989)

59) Hashimoto T, Aihara R, Tayama M, Miyazaki M, Shirakawa Y, Kuroda Y - "Reduced thyroid-stimulating hormone response to thyrotropin-releasing hormone in autistic boys" Dev Med Child Neurol 33:4 313-9 (1991)

60) May W - "Die Basedowsche Krankheit - Jod und Fluor" Aulendorf, Würtemberg, Germany (1951) "hepatic retinol-binding protein synthesis is impaired in protein-calorie malnutrition." (Liver, again) Smith FR, Suskind R, Thanangkul O, Leitzmann C, Goodman DS, Olson RE - "Plasma vitamin A, retinol-binding protein and prealbumin concentrations in protein-calorie malnutrition. III. Response to varying dietary treatments" Am J Clin Nutr 28(7):732-8 (1975)

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HOMEOPATHIC FAMILY MEDICINE: CHICKENPOX

By Dr. Will Taylor, MD

While it is true that we cannot select a homeopathic remedy merely on the basis of the name of the disease—we need to select the one remedy that is homeopathic to the disharmony of the patient we are treating—it is also the case that the epidemic illness of chickenpox impresses a distinct enough stamp on the organism that we—even in our individuality—have a small enough range of common responses that it is meaningful to talk about them. With some understanding of acute-care prescribing & a rather small materia medica, it is possible to effectively treat most cases of chickenpox at home.

Good resources for the materia medica (information on appropriate remedies) needed for home prescribing for patients with chickenpox can be found in any of the following books:

* Miranda Castro, The Complete Homeopathy Handbook (my favorite home-care reference by a long shot - this takes a classical approach to acute-care prescribing, and if you only have one home-care book, it should be this one). If you find my comments below interesting, and wish to proceed with preparing yourself to do homeopathic home care, buy this book and perhaps one or two of the following list as well.

- Phyllis Speight, Homoeopathic Remedies for Children
- Christopher Hammond, How to Use Homoeopathy
- Cummings & Ullman, Everybody's Guide to Homeopathic Medicines
- Dana Ullman, Homeopathic Medicine for Children and Infants
- Panos & Heimlich, Homeopathic Medicine at Home

Knowing that the following list does not include every remedy that a homeopath might use to treat patients with chickenpox, I would recommend you have the following in your medicine kit to be reasonably prepared:

(1) "An empty bottle" (I'm kind of teasing here)—not every person with chickenpox needs to be treated, and in my experience most do not. A very healthy response to this virus involves a small smattering of spots, a runny nose, a low-grade fever & perhaps some small drop in energy that may last a few days. If the picture of a homeopathic remedy does not emerge clearly in the child, don't treat them. Give them hugs, fluids, baths with oatmeal* for itching, one of those really neat bed-tables you make out of a cut-out cardboard packing box with cut-outs for a bowl & cup, read to them from Winnie-the-Pooh, etc. (especially "Wheezles & Sneezles" from Now we are Six). For my oldest boy (now 10), raspberry sherbet & a backrub is the most consistently effective remedy for any ailment that comes along.

* - grind rolled oats in a blender or food processor, put a couple tablespoons in a hank or dishrag & hang it from the faucet when you draw the bath.

If the illness takes a course departing from this normal pattern of response - e.g. excessive itching, horrible-looking eruption, a disturbing cough, mental/emotional difficulties such as excessive irritability or clinginess, difficulties with sleeping, or whatever, the organism is asking for help, and the appropriate remedy will get things back on track. The following short list of 8 remedies will cover about 95% of the cases of chickenpox you'll encounter; the remaining 5% will need any one of a huge variety of remedies at the discretion of a trained homeopath. I generally recommend that my patients who stock remedies for home care get them in 12C potencies. Most of the following will be in a kit put together for homecare, such as the 50-remedy kit of 12C potencies put together by Washington Homeopathic Products. Dosing, repetition of dose, etc. are discussed in the home-care manuals above, most thoroughly in Miranda Castro's book.

These are listed in order of the frequency with which I've prescribed them for patients with chickenpox, from most frequent to least frequent. The pictures below are fragmentary pictures of how kids needing these remedies will look in a bout of chickenpox—don't rely just on them, but use them as a jumping-off point in working with your reading resources.

(2) Pulsatilla nigrans (perhaps 60% of the cases I've treated)

When the child has developed the disharmony calling for this remedy, it is usually the mental/emotional and general symptoms of the person that identify the match to this remedy. The classical symptoms of "Chickenpox" are not that remarkable - modest rash, modest fever. However, the child is weepy, clingy, wants to be held & to sleep with the parent. The itching is worse from heat, such as a hot bath or heat of the bed, so they are likely to uncover, sleep poorly in a warm room, prefer a tepid bath, etc. Bedtime is especially hard, because of separation from the parents & warmth of the bed, but it's just a hard time of the day for them anyway. Despite fever they may not be very thirsty. There may be some cough, worse on lying down at night & from the heat of the bed, better with cooler & moving air & on sitting up.

(3) Rhus toxicodendron (perhaps 15% of the cases I've treated)

The striking symptoms indicating that the child is in a state calling for this remedy are generally tremendous

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itching and a physical and emotional restlessness. Bedtime may be hard again, but this time because restlessness makes it difficult physically to lie in bed & fall asleep. They may wake exhausted with busy dreams & have to get up—they may come into the parents' room, but not so much for the snuggle as out of restlessness driving them out of their own bed. Itching is awful, especially at night, but not because of the heat of the bed; itching is worse with cold, and relieved by an extremely hot bath, worse when at rest, and they feel they have to scratch & will excoriate their rash by scratching. The pox may be especially large & filled with thin or thick pus-like fluid which may run when the blisters break. I have never seen the red-tipped tongue keynote reported in the literature in this acute presentation of a Rhus-tox picture.

(4) Antimonium tartaricum (<10%)

Here it is the cough that will most often alert you to the need for this remedy. the cough may be very moist-sounding and rattley, raising the concern about bronchitis or pneumonia (both of which may complicate Chickenpox—this will often be the remedy when that is the case, but do not ignore conventional medical supportive care [I'm referring to supportive care, not to allopathic treatment] if this is a concern). The rash may be large, and may weep a yellow fluid crusting like dried honey - sometimes it is only the appearance of an extensive eruption of this character that alerts to the need for this remedy, even in the absence of problematic cough. The child will often be mildly ill-tempered, not wanting to be looked at or touched. A white coating is often seen on the tongue.

(5) Antimonium crudum (pretty unusual)

Very much like Antimonium tartaricum, above, but when the ill-temper is much more evident.

(6) Mercurius vivus (or Mercurius solubilis) (<5%)

High fevers, at night, with profuse sweat. Large eruptions with pus-filled blisters and pus-like discharge that may be irritating, with soreness of the affected skin. Much redness about the eruptions. Narrow range of temperature comfort—worse with cool and with heat. These kids are normally pretty sick.

(7) Aconite

Usually a phase very early in the illness, folks in this state generally are well past it & onto another phase of the illness by the time they get into my office, so when I've given this it's usually an 11pm phone prescription. Very sudden onset of high fever, most often around 11pm to midnight, with fear, night-terrors or nightmares, & though apparently awake they don't respond as if they were, being inconsolable in their fear. The illness often begins following exposure to cold wind. At this point, you probably wouldn't know it's chickenpox yet, they probably won't break out until the next day; if the rash has already come out, the symptoms above eclipse the concerns that the rash might raise directly.

(8) Belladonna

Very hot, dry fever, without thirst, usually of rapid onset, worse in the mid-afternoon & on into evening (3pm, fever on waking from the afternoon nap). Dry, flushed red skin, burning up though the hands & feet may be cool. Headache, twitchings & startings in feverish sleep. Usually early in the illness,and though the rash has often come out at this point, the rash itself doesn't seem as significant as the feverish symptoms above.

(9) Sulphur

Usually recognized as the remedy when the illness has dragged on with slow recovery, the eruption crusty & weeping after scratching. Warm, uncovering at night, worse from heat (itching & generally), itching with redness about the eruption which is worse with heat of bed or bath.

Good luck with your kids! Working with an illness such as this, where you can exercise a classical homeopathic approach within a limited range of possible remedy pictures, is a great way to introduce yourself to learning good homeopathy.

Editor's note: We wish to thank Dr. Taylor for his kind permission in allowing us to reprint his highly informative article on the homeopathic treatment of chickenpox. Dr. Taylor's website is an excellent resource for parents looking for supportive homeopathic information for family health. http://www.simillibus.com/ √

CLAYTON'S STORY

June, 2000

What I'm about to write, may shock some readers. However, these are harsh realities for many families, and this is strictly for public awareness, not shock value.

17 years ago my son Clayton was born. His birth was difficult, and he was born, blue, unresponsive, and needed to be resuscitated. He was brought around. In the weeks that followed my baby was a very happy, easy going little guy, who nursed well, gained weight and slept well. Little did I know, at 19, what I was in for.

His first shot was administered at 8 weeks. Within hours, I could not hold him, try as I might, for he was arched over backwards, screaming non-stop, at an unnatural pitch I'd never heard before. I called my pediatrician at 2 a.m. asking if I should bring him to the ER. No, I was told, this was normal, and to let him 'cry it out.' He would be alright. This went on for 16 hours! Still another call to the pediatrician, with more of the same; being told to relax, as my hysterics could be exacerbating the problem. I was exhausted, and fearful. All I could do was sit on the bed and cry, I'd never felt so helpless.

My son grew very quiet, and I was finally able to nurse him briefly. He seemed very weak, and fell asleep quickly. I changed him and put him into his bassinet. Too nervous to sleep, I paced the floor, still unsure if he was okay. Not long after he'd fallen asleep, his skin turned gray, and his lips blue. I sat next to him, and watched as he stopped breathing. I couldn't believe this was happening! (SIDS??) I nudged him, he gasped and began breathing again. It happened over and over, until I decided that this was NOT normal. I called the doctor yet again, and frantically explained what was happening to my baby. I told him that my nudgings seemed to get him breathing again, but shouldn't I bring him to the hospital? I was told to keep nudging him - he'd be fine, and NOT to bring him to the hospital—STILL told it was normal. My baby slept nearly 18 hours, was limp and unresponsive. Another call to the doctor and this time I said I was taking him to ER. "No, no" I was told, "just let him sleep." I was told again, "this is very normal." I was told to relax, (I was too uptight) and to get some sleep.

My son survived, and a few weeks later, was vaccinated again. His reaction this time was different. He stared, and became weak, and tired. I assumed it was better than the first time. Within 24 hours Clayton became violently ill with projectile vomiting and explosive diarrhea. We brought him to the pediatrician who diagnosed an ear infection and prescribed an antibiotic. And still he got worse. I took him to the ER, where our pediatrician gave me a new script. I was told to relax—again my nervousness could make the situation worse.

At home I started him on the new medication, and was up most of the night with him. As fast as I'd get a diaper on, he would soil it again. His bottom was literally coming off on the wash cloth. Later at the hospital a doctor told me that Clayton had a Candida infection that was the cause of his severe diaper rash, where his bottom was wiping off. I called the doctor and was told to stop breastfeeding and to feed him Pedialyte (a rehydration substance) which he refused to accept, so I continued to nurse him. Another call and I was told that something in his room, or crib was scaring him, and making him sick. I got rid of the mobile, put white sheets on the crib. Still no change. I was accused by the pediatrician of being a hysterical mother, and it was my inexperience that was causing my sons illness!

I'd had enough, and took him back to the ER. This time he was admitted. All day, I'd rock and nurse him, until 11:00 p.m, pumping breast milk for a 2 a.m. feeding. No cot was ever offered for me to be able to stay around the clock with my critically ill baby. Late at night, exhausted, I would leave to try and get a little rest at home, and encountered cruel comments from a few nurses who implied that they were babysitting so I could go out and party!! One or two kind nurses did encourage me to go home and get some sleep, but once at home I'd fall into bed, unable to sleep knowing Clayton was not in his room.

I saw little improvement. Clayton had dark circles under his eyes, his bowels were much too frequent, and he'd lost too much weight. After nearly a week, I was told his bowels hadn't moved all night—I could take my son home. We were back—in under an hour. A new doctor in the ER took one look at my little guy, and rushed tests on him. I was berated for 'letting it go so long', and told we were lucky to get there when we did. The doctor was shocked to learn he'd just been released! Test results showed a gastrointestinal illness, caused by bacteria. The doctor condescendingly asked ME how it got there? I was so relieved to finally have answers. There was no way for me to even qualify that! All I knew was that I'd nearly lost my baby, and now could anticipate his recovery.

Still, my son was kept on a very strict vaccine schedule. Most of his first two years of life were spent in the ER, or a doctor's waiting room. Our medicine chest was overflowing with medications to treat Clayton's constant ear, nose and throat infections. Another shot, at about age two caused his leg to swell so badly that he could not walk for days. These are examples of the many 'normal' reactions my son had. None were ever classified as vaccine reactions. I was told that these were definitely NOT vaccine reactions, but mere coincidence. Later when I questioned Clayton being given yet another shot, I was told there was nothing in his files pertaining to reactions of any sort. I also found that none of my middle-of-the-night calls were documented in his chart. I assumed at the time that Clayton would have had to react severely right in the doc-

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tor's office to be classified reactive. No explanations were ever offered, other than I was making Clayton nervous.

I have found, in my many years of research that with my brother's history, my own children should never have been vaccinated. Two of my three children, have been vaccinated. Our son Clayton has several neurological disorders, Tourette's Syndrome, and ADD/HD, as well as Oppositional Defiant Disorder. There is also the possibility of Raynaud's Disorder.

My brother was vaccine damaged and developed encephalitis after his pre-kindergarten shot. We were told it came from a mosquito bite—in mid October and not in a Third World country. He had previously been diagnosed autistic at around age two.

As an infant, he wore out a LazyBoy rocking chair. I recall clearly how he'd sit on the floor and roll a battery back & forth. He could speak only one word—Volkswagen... Strangely enough—the farther away from his shots, the more normal he became. The autistic label was eventually removed, however he is still somewhat disabled, though considered functional.

I accidentally learned, just after his 5th Birthday, that my son is Vaccine Reactive. The risk runs in my family. I myself am vaccine injured and now suffer from Chronic Fatigue Syndrome and arthritis following a tetanus shot. A week after the shot, I became violently ill with a severe gastric flu. I became so weak I could only crawl to feed my children (I was a single mom at this time) and finally called out for help. For 2 years, I could barely get out of bed. I'd get up, feed my children, collapse on the couch and go back to sleep. I'd have one ear on the situation with my children, and would get up to take care of problems. But I feel my children were robbed of me during this time. I developed muscular weakness, and phantom burning pain which travels around my body. I react horribly to cold, and even in summer if there's a breeze blowing on my feet, I will get a 'burn' somewhere in my body in the next 12 or so hours. Some days I can't lift my arms to do my hair, or walk up the stairs.

I now know that Clayton developed Tourette's Syndrome around the age of six or seven months. That's when the night terrors began. Shrill screaming at all hours of the night. He'd seem to panic, and scream for about 20–30 seconds, and fall back to sleep. This could happen anywhere from 7–10 times a night. It was terrifying for me, as I had no idea where it was coming from. No explanations from doctors on this one either. Around age 2 the tics developed. He'd twitch his nose and stretch his mouth open so wide it was always split at the corners. Clicking noises in the back of his throat, and a lot of obsessive compulsive disorders, rhythmic tappings and repetitions. He'd also throw himself on the floor in his classes when he began school, right up to age 13. He had no idea he was doing it, and swore the teachers were lying. I don't know if he still does it these days, since I don't think he goes to classes. He is now in a Young offenders unit for 2 months. There was some progress, as he managed to stay out for 4 months. The longest he's ever been out prior to this, was 24 hours!

It's been a very difficult 17 years. Over the years, there have been numerous scary incidences where we had no idea where Clayton was, or if he was still alive. That was gut-wrenching!

Once he was gone for a week before the police found him. Clayton's future is very uncertain, as he is severely limited with many learning disabilities, and obsessive compulsive disorders, as well as chronic allergies. He reacts (with much aggression and violence) to anything with food dyes or preservatives. I've found that he is aggravated by foods that contain preservatives. Sodium benzoate in particular will cause violent outbursts, to the point where he once bit deeply into his sister's back. The tics would also increase, as would his night terrors. It's my understanding that one of the causes of vaccine reactions is the preservatives they contain.

Over the years we've done elimination diets with him, and seen pretty good results, where he's calmer, and the tics become almost non-existent. But the first time he eats something with a preservative, he kicks walls, swears, or hurts someone. This makes me wonder if the toxic chemicals in vaccines could be at the root of these kinds of neurological injuries.

The most difficult part of parenting this young man, is to step back—and allow my higher power to take over. I pray daily for my son's safety. I pray for a miracle. I've also prayed for this nightmare to end—that I'll awaken and know that it's just a bad dream. And that really he's right here, safe and sound... If I had my life to live over I would never have vaccinated my son. And my handsome boy would have a normal life with a chance at a decent future... All the WHAT IFS??? Believe me, we have exhausted all the agencies in our area trying to get help. There is nothing left. And at six foot two and 170 pounds, I cannot sit on him and make him take medication. He is seventeen now, and he has to decide to want help. If and when he tires of running the streets...

Our second child (who has severe milk allergies) also had reactions, albeit less severe, and has recovered. Children with milk allergies are at a significantly higher risk of reactions. She had had two shots before I learned the grave significance of my naivete and blind faith. Our nine year old has never been vaccinated, and she has more robust health than either of my vaccinated children. She has only been to the doctor once in her entire life... to verify her home birth, so we could be issued a birth certificate.

In Ontario, unvaccinated children can attend school, but parents are required to submit the form that allows exemptions for reasons of conscience, religion and in rare cases medical.

Despite our legal right to exemption, the first few years were a nightmare, and we were constantly harassed by the

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Winnipeg - MLA promotes BioChem Pharma & 9 new vaccines

From Rose Stevens, Winnipeg, June 10, 2000:

Just received a fax from a friend who received a letter from Reg Alcock, one of Winnipeg's federal MLAs. The title reads "An ounce of Prevention: Nine new vaccines on the Horizon".

Here is one paragraph of the letter:

"Biochem Pharma will produce nine vaccines that promise safer, cheaper and more effective protection for people around the world for such diseases as meningitis, pneumonia and streptococcal infections. These diseases are health priorities according to the World Health Organization. the first vaccine could be ready for use by 2006. In addition to promoting health, the Biochem Pharma project will benefit our economy. Specifically, 450 highly-skilled jobs will be created and research center will be established in Canada. Support of BioChem Pharma will also benefit universities and small businesses involved in vaccine development, making Canada a world leader in vaccine technology."

Perhaps some of you would like to e-mail Reg Alcock at the following Address: <wpgoffice@reg-alock.ca>

Ask him if he has shares invested in BioChem Pharma??? Let them know that they will have a fight on their hands promoting these new vaccines. Lets keep up the pressure and continue to fight for the health of our children.

Rose Stevens, Association for Vaccine Damaged Children

Dr. Gerry Bohemier (Eagle Foundation) responds to Reg Alcock:

Reg:

With all due respect, the announcement of the Government support for this Pharmaceutical manufacturer is tragic! Our children are mandated (not obligated) to receive over 30 vaccines before they reach high school. Now you and your government are excited and proud to announce that you will bend over backwards to accommodate a vaccine manufacturer to produce test and distribute "seven" new vaccines recommended and soon to be mandated by the WHO. Oh good, just the thing our poor under-vaccinated children need. 35 new "safe and effective" routine shoots. This will add up to almost 75 shots recommended by WHO and supported blindly by our well meaning politicians for our kids before they graduate from high school. "35" is 7 new vaccines times the three separate dose regime followed by boosters at five and ten year intervals, added to the 30 to 36 shots now "required".

All this and still not a stitch of solid scientific evidence on the long term safety and effectiveness of the original 8 to ten childhood vaccines now mandated. Fifty years of vaccine administration and still no hard core scientific follow up studies to see whether or not the experiment was truly a success. But a steadily growing and shocking amount of evidence that the experiment is a disaster.

Reg, this is fraudulent science. This "exciting announcement is sure to please the pharmaceutical giants but I will predict that the very children you propose to benefit from this "Tax payer" funded project are going to be the future "damaged Work Force" that the CCRA desperately needs to meet their demands of the IMF. You know, our Creditors. Remember 500,000,000,000+ and counting.

Reg, You most certainly don't know the whole story on Vaccines and their inherent potential to do long term damage to their recipients. These are our children Reg, the one's who now, in increasing numbers, suffer debilitating ALLERGIES, ASTHMA, ADD. ADHD, SEIZURE DISORDERS, AUTISM, SIDS, AUTOIMUNE DISORDERS, CANCERS ETC.

All of these diseases have been linked to the experimental (but beneficial!!) administration of vaccines for the last fifty years. Yet our government and health leaders continue to chant the mantra "there are no scientific studies which show a relationship of those noted diseases and vaccines" This might be true however there are NO scientific studies which have been done to show that these vaccines DO NOT cause those diseases.

Reg, It's all a game of semantics. Whose responsibility is it to do the scientific studies needed to answer the critic's concerns? The answer is obvious. The manufactures and the mandators of the experiment must do their basic homework. How is it that they have gotten away thus far in not doing the necessary and definitive studies which would once and for all "PROVE beyond a shadow of a doubt", that what they have been doing to our kids (theoretical experiment) is in fact beneficial in the short and long term and not in fact, as many purport, the very events which have disabled, crippled or killed so many of our future work force.

Reg, I could go on for hours, but I believe you get the idea that I am not of those who welcome the announcement of yet another seven vaccines poised to be developed, tested and ultimately mandated here in Canada. It would be wiser and more prudent to thoroughly check out the ones we have before welcoming with open arms the very companies that a growing number of your well read constituents have serious concerns about.

Call me if you have concerns about the health of our future work force.

Respectfully submitted; Dr. Gerry Bohemier D.C.,
www.eaglefoundation.org √

MULTIPLE VACCINATION EFFECTS ON ATOPY

A.W. Taylor-Robinson,
School of Biology,
University of Leeds, Leeds, UK

Editor's note: We wish to thank Sebastiana Pienaar in Australia for posting this article on the Vaccination Onelist on the internet. Published in Allergy - April 1999, Vol. 54, pp. 398-399, this article underscores the grow - ing concern that multiple vaccine doses cause the immune system to shift into a chronically reactive state, setting the stage for atopic diseases like asthma, allergies, eczema, and likely pave the wave for autoimmune diseases. Sebastiana has compiled an excellent list of medical journal articles address - ing this issue and can be accessed at her website: http://www.omen.net.au/~pienaar/index.html/

Asthma, tuberculosis, cancer, myalgic encephalomyelitis, and Gulf War syndrome have all been linked recently to a shift in the immune profile favouring a T helper 2 (Th2) cell bias (1). In the UK, this situation has been associated with the multiple vaccinations given to troops before Gulf combat (2). This has led to the suggestion to manipulate the immune response in order to encourage the development of Th1 cells and thereby to counter the effects of these conditions, but this has led to concern that this will not be achieved without some form of immunologic penalty (1).

My concern, however, is the price we may be already paying for the immune deviation toward a Th2 profile.

The soldiers in question were immunized against anthrax, cholera, plague, tetanus, typhoid, and pertussis (whooping cough), all of which require potent Th2-inducing vaccines. This large antigen loading further favours a systemic shift toward a Th2 predominance and associated cytokine profile (1) and has raised questions regarding the safety of the procedure. A UK government report confirms that troops received a pertussis vaccine as an adjuvant for the anthrax vaccine, so that the latter was effective from 7 weeks instead of 32 weeks. The use of pertussis vaccine in this way was highly experimental, relying on the preliminary findings of Ministry of Defence-sponsored research, and was performed despite a warning by the National Institute for Biological Standards and Control, a UK regulatory control body (2).

This highlights a possible serious drawback of combined pertussis vaccine use and is of considerable concern since pertussis vaccination is known to be an etiologic factor in the development of childhood asthma (3). The incidence of asthma is on the increase and so is the use of multiple vaccination procedures. When pertussis is combined with diphtheria and tetanus (the DTP vaccination given in the UK to 8-week-old babies along with Hib and, in some cases, tuberculosis), the same immune deviation develops, a bias towards Th2 responsiveness. The pertussis vaccine may not be the culprit in the case of asthma, but may be a marker for the effects of multiple vaccination, as it is not usually given in isolation.

Apprehension about this apparent shift in immune cell populations is clear. In a Th2-dominant system, interleukins (IL) 4, 5, and 13 are upregulated, along with excessive synthesis of IgE via clonal expansion and secretion of IL-4 (4). Combine this with the resultant enhanced eosinophil activity, and all the ingredients are present for atopic conditions such as asthma, eczema, hay fever, and food intolerances to develop. By contrast, a bias toward Th1-regulated cytokine synthesis would inhibit type 1 hypersensitivity reactions via IFN gamma, which counterregulates IL-4 and thereby decreases IgE production. The balance between IFN gamma and IL-4 determines the level of IgE synthesis. This interrelationship is key since these cytokines are secreted by Th1 and Th2 cells, respectively, supporting the concept that immune balance is crucial if atopy is to be avoided (4).

Multiple vaccinations shift this delicate balance, favouring the development of atopy and, perhaps, autoimmunity through vaccine-induced polyclonal activation leading to autoantibody production. An increase in the incidence of childhood atopic diseases may be expected as a result of concurrent vaccination strategies that induce a Th2-biased immune response. What should be discussed is whether the prize of a reduction of common infectious diseases through a policy of mass vaccination from birth is worth the price of a higher prevalence of atopy.

References

1. Rook GAW, Zumla A. Gulf War syndrome: is it due to a systemic shift in cytokine balance towards a Th2 profile? Lancet 1997;349:1831-1833.

2. Butler D. Admission on Gulf War vaccines spurs debate on medical records. Nature 1997;390:3-4.

3. Kemp T, Pearce N, Fitzharris Pet al. Is infant immunization a risk factor for childhood asthma or allergy? Epidemiology 1997;8:678-680.

4. Del Prete G. The concept of type-1 and type-2 helper T cells and their cytokines in humans. Int Rev Immunol 1998;16:427-455.

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Clayton's Story cont. from page 24

school board, wanting time and time again for us to produce our exemption papers. They must have six copies by now! The last few times that happened I told them to stop harassing us, and simply look in their files. And that was the end of that. I've had parents tell me that my children are a threat to their children... if they only knew...

Recently I read an article which stated that many parents are making uninformed decisions, and not vaccinating their children. Over the years, I've met many families who have come to the same conclusions as I, and who have put in their fair share of investigating this vaccine issue. From our earliest recollection, we are told we must get our shots, or we will get very sick. This is repeated from one generation to the next. This indoctrination is embedded deep in our psyche and it is very difficult to break free of it. Parents must educate themselves, and not just rely on information provided by the pharmaceutical companies whose motives are profit driven.

Many excellent books have been written on the subject some of which are available at your local library. And the world wide web is also a useful tool to find information. For our children's sake, don't just read information on the benefits of vaccination, read also about the risks. We must not allow ourselves to succumb to bullying scare tactics used by so many doctors. Our children. Our choice. Our right.

And my message to VRAN: God Bless all of you! For brave people, such as yourselves, who provide people like myself with life altering information. I'm sure you have saved many families a lot of grief. I am only too happy to give back what I was given. If one parent reads this and makes a decision not to vaccinate, then Clayton's Story will not be spoken for naught...

Deana Latta-Poole
Calyton's Mom √

VACCINE NEWS AND CLIPS FROM THE INTERNET

ITALIANS FIND ACELLULAR PERTUSSIS VACCINE JUST AS REACTIVE

Claudia Benatti, President of Vaccinetwork, the Italian vaccine awareness group sent in the following news. We are also pleased to refer Italian speaking people to their excellent website at: http://www.vaccinetwork.org

"There is a refrain about the acelullar Pertussis vaccine that has been used in these last six years: "it is sure, without any risk." The old whole cell pertussis vaccine was terrible. Well, now we can read what is written in a document by the Italian Institute of Health (ISS) titled: "Progetto Pertosse 1992-1994 - Rapporto Istisan" (Pertussis Project 1992-1994—Istisan Report). In this study ISS tested (often without informed consent) the new acellular vaccine on more than 15,000 children. The conclusion was (pg. 18): "The frequence of heavy adverse reactions was exactly identical for the two vaccines, acellular and cellular".

MEASLES VIRUS IMPAIRS IMMUNITY

The following excerpt from Teresa Binstock's article "Mechanisms of Vaccination Sequelae: A sampling from scientific literature", gives us important clues about the ways that MMR vaccine can sabotage the immature immune system of pre-toddlers. Teresa Binstock is a researcher in Developmental and Behavioral Neuroanatomy. Full text of her article with references can be viewed at: http://www.jorsm.com/~binstock/vaccletter.htm —"Measles virus and measles vaccination impair immunity"

For nearly two decades, Diane E. Griffin and colleagues at Johns Hopkins have been documenting the mechanisms by which measles and measles vaccinations impair immunity, thereby increasing risk of reactivation of current infections and increasing the likelihood that a newly acquired infection will be more serious (25-29).

By subjecting an infant to an MMR around the time of his or her 1st birthday, a physician not only causes the pre-toddler to have impaired immunity for several weeks or months thereafter, but this impairment in immunity occurs during what for some children is an extended period of normally occurring "transient hypogammaglobulinemia of infancy", ie, a time between (a) the decline of maternal antibodies in the infant's blood, and (b) the gradual strengthening of the infant's own immune defenses (eg,30-32).

In other words, a naturally occurring period of increased susceptibility to infection in some pre-toddlers is the very time at which the MMR and its immune-impairment are mandated. To administer the MMR during a time of naturally lower immunity (in some children) means that those children would be at increased risk of having an increased pathogen load in peripheral tissues as the MMR-induced pulse of interferon gamma increased permeability in the intestinal and blood-brain barriers."

EXPOSURE TO MERCURY AFTER HEPATITIS B VACCINATION IN PRETERM INFANTS

Journal of Pediatrics - Abstract May 2000 . Volume 136 . Number 5

Clinical and Laboratory Observations

Thimerosal, a derivative of mercury, is used as a preservative in hepatitis B vaccines. We measured total mercury levels before and after the administration of this vaccine in 15 preterm and 5 term infants. Comparison of pre- and post-vacci-

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Vaccine Clips cont. from page 27

nation mercury levels showed a significant increase in both preterm and term infants after vaccination. Additionally, post-vaccination mercury levels were significantly higher in preterm infants as compared with term infants. Because mercury is known to be a potential neurotoxin to infants, further study of its pharmacodynamics is warranted. (J Pediatr 2000;136;679-81)

ORAL SALMONELLA-HIV VACCINE TRIAL PLANNED FOR US AND UGANDA

(excerpt from Reuters Health May 19 - for full text refer to: http://id.medscape.com/21891.rhtml)

"An inexpensive new oral preventative AIDS vaccine that uses Salmonella bacteria is being prepared for phase I trials in Uganda and Baltimore, Maryland, according to an announcement Friday at the Institute of Human Virology (IHV).

The new vaccine uses a unique method of action and could be produced and administered for a fraction of the price of other AIDS vaccines currently in the research pipeline, IHV Director Dr. Robert Gallo said. The vaccine can also be delivered intranasally.

"The new vaccine, Salmonella-HIV-1, acts as a Trojan horse that will deliver genetic material encoding the vaccine DNA," Dr. Gallo said. "Unlike delivery systems made from viruses, bacteria can hold large amounts of important DNA, are highly stable and, very importantly, simple and inexpensive to manufacture."

According to information issued by IHV, the "bactofection" technique uses invasive attenuated bacteria such as Salmonella to deliver genes encoding viral proteins—in this case, HIV surface protein—to target cells, where the viral proteins are expressed and generate an immune response.

Dr. Gallo added that oral administration of the AIDS vaccine is expected to elicit mucosal immune responses, which may be the first line of defense against sexually transmitted HIV."

David Foster's comments: "Recently some had asked whether this vaccine was live...it is not. It uses salmonella bacteria to carry HIV surface proteins to target cells. Is it just me, or does this seem destined to become a medical fiasco on the scale of SV40 and SIV, or even worse?"

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LYME VACCINE PROTEIN TRIGGERS GENETIC MARKER

Lyme disease vaccine producer SmithKline has recently been hit with a rash of lawsuits by people who have developed autoimmune arthritis after vaccination. Michael Belkin writes:

"The key point to the Lyme disease vaccine lawsuit against SmithKline is the following paragraph, which might have important ramifications for genetic susceptibility in all vaccine adverse reactions."

"Originally hailed as protection from the debilitating Lyme disease, some doctors are now saying LYMErix may do more harm than good in some people because of the OspA protein. According to a report from Quest Diagnostics, a major lab in Horsham, Pa., about 30 percent of the general population is a genetic type called HLA-DR4+. Dr. Christine DeMarco, a member of the New Jersey Governor's Council on Lyme Disease, says OspA triggers autoimmune arthritis in individuals with this genetic marker. "SmithKline has made no effort to make doctors aware of this," DeMarco says. Because of the prohibitive cost of testing for HLA-DR4+—about $300.00—she claims the drug company does not tell physicians of the preventable risk patients take when choosing to be vaccinated. According to DeMarco, patients who live in Lyme areas now know what to do to prevent the disease, such as wearing protective clothing and checking for ticks. "Even at late stages, though, Lyme can be treated, while autoimmune arthritis cannot." "Several people have become disabled and will continue to degenerate," says Steven Sheller of Philadelphia,, the lawyer in the class action suit against SmithKline Beecham. "These are outdoor people, healthy people. So we are taking people amongst our healthiest population."

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Michael Belkin wrote:

Next on the Vaccine Gestapo agenda: adverse reactions in the womb?

"Babies born with relatively low levels of specific bacteria-fighting antibodies in their blood are at higher risk of developing ear infections in their first year of life, researchers report. Those infants with the lowest levels of antibodies that recognize pneumococcal bacteria in their blood had a 23% increase in middle ear infections before age 1, according to a study presented at the American Society of Pediatric Otolaryngology meeting in Orlando, Florida.

The finding suggests that immunizing pregnant women may help boost antibody levels in newborns, and possibly reduce the risk of ear infections-though much more study is needed to determine if this is true... Daly believes that "testing for antibodies during pregnancy... may help predict which children will be at higher risk for otitis media." She added that "maternal immunization is an area to be explored (that) may hold promise in the future for pre-

Vaccine Clips continued on page 29

Vaccine Clips cont. from page 28

venting infant diseases.""

http://www.reutershealth.com/archive/2000/05/19/eline/links/20000519elin030

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Michael Belkin wrote:

A dirty little secret about hepatitis B and C is that in areas of the world where the disease is endemic, the populations were previously subject to mass immunization and/or disease eradication programs where the medical authorities re-used the same needles. In other words, the current universal immunization program against hepatitis B (and all the adverse reactions) is directly related to a previous medical policy screw-up. This article deals with hepatitis C in Egypt, but the WHO has published material suggesting the high incidence of hepatitis B in Asia was spread by shared needle immunizations.

"New research published in the British medical journal, The Lancet, has revealed that a huge campaign in Egypt decades ago to eradicate the waterborne parasite, bilharzia, was the cause of another major health problem, hepatitis C, which is now endemic in the country. Bilharzia used to be Egypt's biggest public health problem, affecting villagers the length of the Nile. Now, according to the Health Ministry, the major problem is hepatitis C, which has spread dramatically, in a tragic irony, as a result of the campaign against bilharzia."

http://news.bbc.co.uk/hi/english/world/middle_east/newsid_672000/672241.stm

http://www.thelancet.com/newlancet/reg/issues/vol355no9207/menu_NOD999.html

THE THIRD ANNUAL CONFERENCE ON VACCINE RESEARCH

The Conference was held in Washington DC, April 30-May 3, 2000. Some of the topics presented were: HIV Vaccines—Promising Approaches, Eradication of Polio, Measles and Hib, Preventing Respiratory Infections With Vaccines, Emerging STD Vaccines and Mucosal Immunity, as well as numerous other links to a wide range of new information in vaccine development. For access to lectures and articles, please refer to:

http://id.medscape.com/Medscape/CNO/2000/CVR/public/index-CVR.html

Editor's note: Perhaps the most stunning news, and presented at this same conference, is the proposal to grow live vaccines in human tumour cells. The following excerpt from a Reuters Health article on May 4 gives us a glimpse of what science is planning.

IABS SAYS HUMAN TUMOR CELLS CAN BE USED SAFELY IN LIVE VACCINES:

"Despite concerns about potential risks, Dr. John Petricciani of the International Association for Biological Standardization (IABS) in Geneva, Switzerland, said that he believes that human tumor cells can be used safely in live vaccines.

Speaking at the Third Annual Conference on Vaccine Research in Washington, DC, this week, Dr. Petricciani said, "There are many reasons to believe that live vaccines can be manufactured in human cancer cells," such as HeLa cells. However, he noted that there is a need for tools to identify risk factors and the technology to eliminate risk factors.

The concerns over the use of human and animal tumor cells in live vaccines include the potential for inducing known or unknown oncogenic agents, as well as the possibility of recombination to form novel pathogens. Some experts in the field also worry about the potential for incorporating cellular oncogenes into virions and the generation of prions.

Dr. Petricciani said that the solutions to these concerns consist of thorough data collection. This would include precise cell characterization data, he said. "There are already established guidance documents on this issue and they should be followed rigorously."

<http://www.oncolink.upenn.edu/cancer_news/reuters/2000/may/2000504scie007.html> √

Shaken Baby Syndrome or Vaccine Induced Encephalitis: The Story of Baby Alan

Harold E. Buttram, M.D. & F. Edward Yazbak, M.D.
Date: 05/25/2000

The shaken baby syndrome (SBS), as reviewed in the Journal of the Royal Society of Medicine, (David TJ, November, 1999) commonly describes a combination of subdural hematoma, retinal hemorrhage, and diffuse axonal injury as the triad of diagnostic criteria. The basic issue to be addressed in this article is whether or not some instances, where parents have been accused of child abuse in the shaken baby syndrome, have not in fact been the result of vaccine injuries.

By definition, the word "syndrome" refers to a group of signs and symptoms that occur together and characterize a particular abnormality. The question in the present instance is whether or not the diagnostic criteria of SBS may have more than one possible cause.

Vera Scheibner, Ph.D., Australian Researcher, in an article reviewing the shaken baby syndrome, (Scheibner V, Nexus, Aug-Sept, 1998) stated her opinion that many of the cases attributed to this cause have actually been vaccine-related injuries or deaths. After having reviewed the medical records of the Baby Alan case, she came to the same conclusion. She offered the following comments in support of this opinion:

"Indeed, vaccines like pertussis are actually used to induce encephalitis (experimental allergic encephalomyelitis) in laboratory animals. (Levine S, Amer J Path, 1973) This is characterized by brain swelling and hemorrhaging of an extent similar to that caused by mechanical injuries." (Iwasa, Japan J Med Sci Biol, April, 1985)

In a bulletin from the National Vaccine Information Center, similar instances of mistaken diagnoses were sited; that is, instances where vaccine injuries were mistakenly diagnosed as shaken baby syndrome, resulting in imprisonments. (Hanchette J, Nat'l Vaccine Inform Center, undated) One of these instances was reviewed in the article:

"Dr. Thomas Schweller, a San Diego pediatric neurologist, who testified (in a case in which a father was accused of brain injuring his child) that the brain damage from interior bleeding was likely triggered by the DPT shot, stressed this in a Gannett News Service Interview:

"'There is a tendency in some medical arenas to discount completely the history provided by the family if you find evidence of subdural hematoma - no matter what history is provided. Even a three-foot fall can cause fractures. It doesn't need to come from some shaking event. I'm always leery in medicine of saying something is always due to some factor, or that something is 100 percent.'"

In the present case it is important to point out that a vaccine reaction was never mentioned by any witness as a possible factor in the baby's death.

Instances of shaken baby syndrome, tragically, do occur. However, it is also tragic when fathers or other family members are falsely accused and imprisoned as the result of mistaken diagnosis, where the true cause of the brain injuries arose from vaccines.

The present case, which the authors have carefully reviewed, will be used as a model. Let the facts, as we understand them, speak for themselves.

THE STORY OF BABY ALAN

Baby Alan was born on September 16, 1997. Due to the finding of oligohydramnion (lack of amniotic fluid) on an ultrasound test, which suggested a possible premature rupture of the membranes, labor was induced at 35 weeks gestation. In addition to prematurity, the baby was born in a high-risk setting including maternal gestational diabetes, group B Streptococcal vaginal infection, and maternal urinary tract infection. It should be stressed that each one of these conditions alone would have placed the baby in a high-risk category, so that in their totality they placed a guarded prognosis on the baby.

The birth weight was 5 lbs, 8 ounces; APGAR 8 and 9. However, following birth the baby was noted to have grunting respirations with sternal and rib retractions. The mother noted a persistent grayish color to the baby. At approximately 2 hours after birth an Accu-Chek was 37; a follow-up blood glucose was 32. Arterial blood gasses on room air revealed severe hypoxia and acidosis with pH 7.38, CO2 42, pO2 43, and bicarbonate 21. The infant was placed in an oxyhood with 50%O2; he was started on ampicillin and gentamycin.

The baby's 7-day hospital course was complicated by continued respiratory distress, spending 3 days in the intensive care unit. 3 daily chest X-rays showed persistent pulmonary infiltrates Also the baby had neonatal jaundice with "indirect hyperbilirubinemia," with a maximum bilirubin of 17.4 and a decrease to 13.2 before discharge.

According to the mother, symptoms of chest congestion never did clear following discharge from the hospital. Also, the baby remained grossly jaundiced several weeks after returning home.

On November 11, 1997, at approximately 8 weeks age, the baby was

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Shaken Baby Syndrome cont. from page 30

simultaneously administered 6 vaccines including DPT, Hib, OPV and Hepatitis B. As related by the mother, about 10 or 11 days following the vaccines the baby developed a high-pitched cry, which she had been told might ensue following the vaccines; also the skin became warm to touch, and there was an increasing lethargy with a falling off of feeding patterns, which had been a combination of breast and formula.

This pattern continued until 3 days later, on November 24th, when the father was home alone with baby Alan and his 4-year old sister. In rapid succession the father noticed that the baby began wheezing, next spit up, and then stopped breathing. In attempts to restore breathing, the father first slapped the baby's face, then held it by its ankles and spanked its bottom, all without success. The father next ran to a neighbor's house to borrow a car (he had none of his own) and with the borrowed car rushed the baby to a local hospital where, after a few minutes additional delay (5 minutes according to emergency room records), the baby was resuscitated. However, according to family estimates, the baby must have been apneic about 20 minutes, considering delays and distances, before resuscitation was accomplished. Incidentally, emergency room records recorded 5 minutes of apnea, presumably the time between arrival in the E.R. and resuscitation.

Initial laboratory tests showed anemia with a hemoglobin of 7.8, elevated white blood count of 20,900 (with 61% lymphocytes, 26% neutrophils, 5% bands, and 8% mononuclears), markedly elevated liver enzymes, bilirubin 0.6, blood sugar of 337, mildly prolonged prothrombin time (a bleeding study), and elevated fibrin-split products. A blood culture reported light growth of gram positive cocci, coagulase negative.

It should be pointed out that the predominance of lymphocytes (61%) in the white blood count is a hallmark of a pertussis reactions (reference 38).

The baby was transferred to the Florida Hospital, Orlando, where it was placed on life support. Admitting temperature was 105 degrees. A brain Ct scan was interpreted as showing a small right subdural and one or two possible parenchymal sites of bleeding. Chest X-ray showed bilateral pulmonary infiltrates (bilateral pneumonitis) and healing fractures of the 6th and 7th ribs. A spinal tap was not done due to the difficulties and hazards of performing it while the baby was on life support. Following a hospital admission of 75 hours the baby was pronounced dead, being 10 weeks of age at time of death.

Post-Mortem Findings included minor contusions of both temporal areas of the head, small ecchymosis of the right lower eyelid, fresh subdural hemorrhages of the right and left cerebral hemispheres and at base of brain and some areas of spinal cord, and retinal bleeding. The brain was grossly edematous. In addition there were several old, healing fractures of the 5th, 6th, 7th and 10th ribs, all posterior and on the left. The lungs were mildly hemorrhagic and were congested with scattered inflammatory cells, indicative of interstitial pneumonitis. (It is important to point out that, according to the medical examiner, slides of the brain showed "no evidence of inflammatory cell infiltration." The reader is requested to keep this in mind, as will be pointed out later). There was no description of the liver.

Based on the autopsy findings, it was the medical examiner's conclusion that the baby had died of the "shaken baby syndrome."

Before proceeding further, it should be pointed out that, at the medical examiner's court deposition, he testified that there was no evidence of meningitis on autopsy (in sharp contrast to testimony of another witness, who showed photographs to the jury of heavy inflammatory cell infiltration into meningeal membranes); but while denying the presence of meningitis, at the same time he admitted that he had not examined the spinal fluid, nor was there any description of meningeal membranes in the autopsy report.

Jury Trial: In the subsequent trial, which took place February 22nd to 24th, 1999, the state attorney provided four major witnesses testifying for the state. Against these the defense provided a single witness. More than this, two of the state witnesses were called for repeat appearances before the jury following that of the defense witness, making a total of six witness hearings for the state, one for the defense.

To the writers of this review, it is a matter of great concern that none of the state witnesses had sought nor studied the medical records from the neonatal hospital hospitalizations, as far as can be determined from the court records. Therefore they could not have known about the multiple complications surrounding the neonatal period, including the documentation of neonatal hypoxia and ongoing respiratory distress during and following hospitalization. Their apparent unawareness of these earlier complications places serious question about their understanding of the case and the sequence of events leading to the baby's death, which may have resulted in faulty conclusions. One state witness, for instance, denied he found any evidence of neonatal hypoxia, in spite of the fact that newborn records reported severe clinical hypoxia, which was also documented by arterial blood gas studies.

Still another area of concern is that none of the state witnesses, at any time during the court hearings, men-

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Shaken Baby Syndrome cont. from page 31

tioned the prolonged apnea of the baby preceding the terminal hospital admission, or that the apnea in and of itself could have resulted in the complications and pathologic findings described to the jury by one of the state witnesses, including the acute degenerative changes of the nerve cells with reddish discoloration, and the swelling of the blood vessels found on autopsy slides. One wonders if the connection between these findings and the apneic period ever occurred to them, and if it did, why they did not mention it, as surely it was of major importance in interpretation of the findings and the outcome of the trial.

During the trial, all of the state witnesses agreed with the medical examiner that the father was guilty of child abuse and that the baby had died of the shaken baby syndrome. The defense witness disagreed with this conclusion. It was his opinion that the baby had died of "natural causes."

Although there were a number of issues raised during the trial, for the most part, guilt or innocence of the father revolved around three major issues: the rib fractures, the cerebral hemorrhages, and the meningitis. We will first address the rib fractures:

The Issue of the Rib Fractures: At autopsy four rib fractures were found, all on the posterior left. All witnesses agreed that these fractures were at least 10 to 14 days old, as indicated by the degree of callus formation. However, the state witnesses pointed out that there was a difference in the sizes of the calluses, which (they suggested) indicated that the rib fractures had occurred at different times, thus indicating a pattern of child abuse.

There are several considerations which weigh strongly against this. First, the difference is sizes of the calluses might just as readily be explained by a difference in severity of the injuries as a difference in time of occurrence. Next, if there had been serious chest injuries the baby was brought home from the hospital, the mother, who was breast feeding, would surely have noticed some indication of pain and distress in the baby when he was handled, and this was not the case. In addition, strong evidence against child abuse is found in the Journal of Trauma, (1990) in an article entitled" rib fractures in children: a marker for severe trauma." The article reviewed a study of 2,080 children seen at a pediatric trauma center 1985-1988. Among 33 children, who were found to have multiple rib fractures, these injuries were accompanied in the by severe internal thoracic injuries in 85% of the case. Evidence of such injuries were notably absent, before death as well as at autopsy.

It was the suggestion of the defense witness that the rib fractures took place during labor, prior to birth. This hypothesis would tend to be supported by the work of Marvin Miller, M.D. with the Children's Medical Center, Dayton, Ohio, who reviewed 26 cases of infants with multiple unexplained fractures that fit the criteria of a recently described condition, the temporary brittle bone disease (TBBD). (Miller, Seminars in Neonatology, April, 1999) (Miller, Calcif Tissue Int, 1999) The results of this study showed a striking association between TBBD and decreased fetal movement during pregnancy, something observed by the mother of Baby Alan during her pregnancy.

Issue of the Cerebral Hemorrhages: The defense witness held steadfastly to the view that the cerebral hemorrhages were not the result of trauma but were to the combined effects of the prolonged apnea preceding the terminal hospital admission and the advanced and extensive meningitis (to be described next). Either one of these, and certainly both together would result in swelling of the blood vessels with increasing friability and fragility, making them prone to spontaneous bleeding. The hemorrhages described by the defense witness were all fresh, probably taking place within hours of death, certainly no longer than 1 or 2 days before demise, due to a lack of inflammatory cell infiltration in the area and the fresh appearance of the red blood cells. This would necessarily place the hemorrhages within a time frame following hospitalization.

The state witnesses, in contrast, attributed the bleeding to trauma. However, two of those testifying could give no more than a rough estimate of the duration of the major hemorrhages, one estimating 2 to 3 days, another 2 to 5 days, thus implicitly admitting that the hemorrhages could have taken place after hospital admission. As previously pointed out, none mentioned the possible role of the apneic episode preceding hospitalization and its possible role in the hemorrhages and pathological findings.

The Issue of Meningitis: During the trial the defense witness described in some detail his finding of extensive and widespread infiltration of inflammatory cells into the meningeal membranes, which he felt represented meningitis, possibly viral in origin. Due to the appearances of the nerve cells, he said that it was necessarily an old process, perhaps weeks in duration, certainly present before hospital admission.

The medical examiner, during his court testimony as a state witness, denied any findings of meningitis. However, as previously pointed out, he admitted that he had not examined the spinal fluid, nor was there a description of the meningeal membranes in the pathological report.

A second state witness, a neuropathologist, when asked about the presence of meningitis, replied that there are three possible types: (1)

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Shaken Baby Syndrome cont. from page 32

Bacterial, or purulent, of which there was no evidence on autopsy or on the slides, (2) viral, in the form of aseptic meningitis, and (3) homogenic, the result of meningeal irritation from the subdural hemorrhages. The witness stated that, in his opinion, the inflammatory meningeal changes in this case were the result of the latter. However, he also said that "we don't see homogenic meningitis for 3 or 4 days following hemorrhage." If one compares this statement with the facts that the initial hemorrhage shown in Ct scan was a small one, and that both defense and state witnesses admitted that most of the subsequent hemorrhaging was fresh, it would appear to the present reviewers that there would not have been time for the blood to have brought about the extensive inflammatory changes in the meningeal membranes described by the defense witness.

Once again, neither the state witness nor the defense witness mentioned the possibility that the same findings could represent a vaccine-induced encephalitis.

In the defense witness's conclusion that the baby had died from natural causes, he based this decision on several factors:

- The baby was admitted to the hospital with two advanced and long-standing conditions: bilateral pneumonia and meningitis. According to his words, either one might have been fatal to the infant, but both together mad death inevitable.
- The brain hemorrhages were in all probablility spontaneous, due to a combination of meningitis and the apneic episode before hospital admission.
- The baby had several features of "failure to thrive," including immaturity of the kidneys, and a failure in real weight gain. He hypothesized that the failure to thrive may have been the result of prolonged pneumonia and also a neonatal hypoxic event, the latter indicated by nerve degeneration in the spinal column accompanied by extensive re-vascularization. Since re-vascularization is a slow process, it would necessarily reflect an old process, something that must have occurred around birth.

Trial Conclusion: In spite of a brilliant presentation by the defense witness, according to our viewpoint correct in every particular from birth to death, the jury found the defendant guilty of murder. We can only speculate as to the reasons for this verdict. The defendant witness's brilliance may have worked against him in the sense that his descriptions were highly technical, and the jury may have understood little of it. Also, the state witnesses had 6 appearances before the jury to 1 for the defense witness. In this instance, numbers may have counted.

Since the defendant refused to plea-bargain, maintaining his innocence, the laws mandated a life-sentence, and the court had no choice to impose this sentence. In our view, the refusal of the father to plea-bargain for a lesser sentence was a courageous act, one which have been made only by a person conscious of his own innocence.

REVIEW AND DISCUSSION

In a summary review of the baby's illness, very clearly the infant remained seriously ill after its discharge from the hospital following its newborn period. Three serial chest X-rays in the hospital showed persistent pulmonary infiltrates, which were again found on postmortem examination, indicating a persistent process which had been present since birth. In addition there were indications of brain damage from neonatal hypoxia and of failure to thrive, as pointed out by the defense witness. The baby was born prematurely. Not to be dismissed were the mother's observations of the baby's persistent chest congestion after being taken home.

Under these conditions the baby was administered six vaccines, including the DPT, Hib, OPV and hepatitis B at approximately 8 weeks age. A serious, possibly catastrophic reaction to the vaccines would have been predictable under these circumstances. Almost certainly a medical consensus would agree that immunizations would have been contraindicated under such conditions and should not have been given. In this regards, the Physicians' Desk Reference provides warnings or precautions for all of these vaccines to inquire as to the health of the recipient before their administration. For DPT there is the warning that immunizations should be deferred during any febrile illness or acute infection, the clear implication being that there is heightened risk of reactions in the presence of infection or serious illness. Prematurity has also been listed as a contraindication for vaccines during infancy. (The New Complete Medical and Health Encyclpedia, 1997)

RATIONALE THAT BABY ALAN'S DEATH WAS VACCINE RELATED

There are two possible mechanisms, either separately or in combination, by which the vaccines could have provoked the train of events which culminated in death. The first would have been an "immune paralysis" from the vaccines, which could have resulted in a fulminating spread of infection from the lungs to other parts of the body including the brain. The resulting meningitis would have been viral and not bacterial, based on the predominance of lymphocytic infiltration in the meninges.

The second mechanism would have been a vaccine-induced encephalitis, for which the pertussis, hepatitis B, and Hemophilus influenza bacillus vaccines would be prime suspects,

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Shaken Baby Syndrome cont. from page 33

either individually or in combination. This requires an acceptance of the validity of the 10 or 11 day latent period, which ensued between the vaccines and onset of signs/symptoms of encephalitis in Baby Alan. It is freely admitted that this latter interpretation flies in the face of the currently accepted 3-7 day limitations, imposed by current guidelines of the Congressional Childhood Vaccine Injury Act of 1986, whereby signs of encephalitis must come within a 3-day period following the pertussis vaccine for the vaccine to be acknowledged as the cause of the encephalitis. However, based on recent medical literature, some of which will be reviewed here, there are grounds for believing that this limitation is both outdated and unrealistic.

"IMMUNE PARALYSIS" FROM VACCINES, A POSSIBLE ROLE IN SPREAD OF INFECTION

There is a small but firm body of medical literature that vaccines can bring about a form of immune paralysis, opening the way for invasion by micro-organisms which the body may be harboring, micro-organisms which otherwise might remain relatively harmless. One of the most intriguing of these was reported from Germany in a little noted Letter-to-the-Editor to the New England Journal of Medicine.(Eibl, 1986) In this study a significant though temporary drop of T-helper lymphocytes was reported in 11 healthy adults following routine tetanus vaccinations. Special concern rests in the fact that, among 4 of the subjects, the T-helper lymphocytes dropped to levels seen in active AIDS patients. As far as we are aware, this study still stands alone, never having been repeated.

Parenthetically, if such results ensued from a single vaccine in healthy adults, it is frightening and sobering to think of the consequences of the multiple vaccines to this vulnerable infant.

Historically, one of the earliest reports of spread of disease following vaccines is found in an older book, The hazards of Immunization, by Sir Graham Wilson. (1967) Although not necessarily opposed to vaccines, the author did give an extensive review of the potential side effects from the vaccines, including a chapter entitled,

Provocation Disease," in which he described complications such as paralysis from poliomyelitis in an arm into which vaccines had been given. This was noted most frequently after the DPT vaccine. (Wilson, Hazards of Immunization, 1967)

In more recent times, a similar phenomenon was observed in Oman during a polio epidemic, in which it was found that a significantly higher proportion of the polio cases had received the DPT vaccine within 30 days before paralysis than did controls. (Sutter, J Infect Dis, 1992)

In the present case, we know that the baby had a smoldering bilateral pneumonia at the time of the vaccines, as well as failure to thrive. The defense witness, we believe correctly, testified that the baby had had neurologic from neonatal hypoxia. The profound immuno-suppressive action from multiple vaccines into a highly vulnerable infant might well have brought about a fulminating spread of the lung infection to other parts of the body, including the brain.

VACCINES AS A POTENTIAL SOURCE FOR CEREBRAL HEMORRHAGE, AUTOIMMUNITY, AND VASCULOPATHIES

In a collection of abstracts from Med-line research from 1990 to October, 1997, on adverse reactions from the recombinant hepatitis B vaccine, Dr. Andrea Valeri of Italy catalogued a total of 45 different types of reactions in the world literature.(Valeri, (1990-October, 1997) Among these were necrotizing vasculitis, (Kerleau, Rev Med Interne, 1997) vaccine induced autoimmunity, (Cohen, J Autoimmunity, Dec., 1996) and segmentry occlusion of the central retinal vein. (Disdier, Presse Med, Feb. 1, 1997) In a report of 18 deaths of neonates following the hepatitis B vaccine by the Vaccine Adverse Event Reporting System, 1991-1998, hemorrhagic phenomena were common including 2 with cerebral hemorrhages, 4 with intra-pulmonary bleeding, 1 with bloody diarrhea, and several with blood in upper airway passages. (Niu, Arch Pediatr Adolesc Med, Dec., 1999) A report in PostGraduate Medicine in 1973 on acute hemorrhagic encephalitis cites vaccines as one of the possible causes. (Behan, PostGraduate Medicine, Oct., 1973) The Physicians' Desk Reference, 2000, on page 1881 lists hypersensitivity and angioedema as possible complications of the hepatitis B vaccine.

In the case of Baby Alan, the hemorrhagic consequences could have been the result of (1) increased friability of blood vessels, (2) brain edema with resultant shearing effects, and (3) slight but possibly significant prolongation of prothrombin time.

Of perhaps passing interest is another report which challenges the notion that cardiopulmonary resuscitation rarely causes the same retinal hemorrhagic findings as seen in SBS, (Nelson Textbook of Pediatrics, 2000) In a study of 20 children resuscitated following events other than trauma, such as drowning, asthma, sudden infant death syndrome, and other causes, two children (10%) were found with retinal hemorrhages. (Goetting, Pediatrics, April, 1990)

Consideration must also be given to the possibility that the various vaccinations, given in combination, may be synergistic in causing hypersensitivity and autoimmunity. At

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least two of the vaccines (Hib and DPT) when given together, have been found to increase their sensitizing potentialities. (Terpstra, Clin Exp Pharm Physiol, March-April, 1979) In the same study it was found that the Hemophilus influenza vaccine has even greater proneness to provoke hypersensitivy than the pertussis vaccine, which is known for its sensitivity provoking qualities.

VACCINES, SCURVY, AND HEMORRHAGIC DIATHESES

In the 1970's a major contribution was made to medicine by the Australian, Archie Kalokerinos, M.D. in his work as a health officer among the Australian aborigines. After working a number of years among these people, Dr. Kalokerinos became appalled by the very high rate of infant mortality, in some areas approaching 50%. Having observed cases of scurvy among the children, who were living on very poor diets of processed foods; and noting that the children frequently died following vaccines, especially if they had colds, he intuitively made a connection between vitamin C deficiency and deaths following vaccines. After improving diets and adding regular vitamin C supplementation, infant mortality was virtually abolished. (Kalokerinos, Every Second Child, 1974)

As a result of these findings, Dr. Kalokerinos hypothesized that if infants and children were marginally deficient in vitamin C at time of vaccines, the activation of the immune system by the vaccines would consume the little amount of vitamin C that was present, throwing the child into acute scurvy, with its hemorrhagic complications.

In the present case, the mother recalls that she did not take her prenatal vitamins, as they made her sick. Following birth she put both breast milk and formula into the microwave to warm them before feeding the baby, which undoubtedly reduced the vitamin C content. Consequently there may have been an element of scurvy in the hemorrhagic complications in Baby Alan, as well as the rib fractures. In the latter instance, deficient vitamin C during the mother's pregnancy could have resulted in relatively weak connective tissue in the fetal bones, making them prone to "green stick fractures" during the birth process.

THE CONTROVERSY OF THE LATENT PERIOD FOLLOWING IMMUNIZATIONS

In the text, Vaccination and Behavior Disorders by Greg Wilson (publication pending), the author wrote the following about the latent period: (Wilson G, publication pending).

"The early reports of post-vaccinal encephalitis were consistent in finding that the onset of symptoms were followed by a latent period."

'What is immediately striking is the strong tendency for the nervous manifestations to declare themselves between the tenth and thirteenth, and especially on the eleventh and twelfth days after vaccination.' (Flexner, JAMA, 1930)

'One of the most constant facts with regard to this type of encephalitis is the incubation period. In 108 cases recorded before 1929, this period was strikingly constant, the onset usually being observed on the tenth, eleventh, or twelfth day after vaccination. It was often related that the child was ill on the seventh or eighth day with fever but recovered more or less completely, so that the onset of encephalitis was separated from the first period of disease by several days of well-being.' (Gorter, JAMA, 1933)

In 1929 an editorial in the Journal of the American Association reported an increase in severe neurological complications following infections and inoculations, occurring on about the 11th day after vaccination.

Over 50 years later, Munoz, in a mice study of experimental encephalomyelitis elicited by injection of pertussigen (pertussis toxin), found the same latent period of 11 to 13 days. (Munoz, Cellular Immunology, 1984)

Literature in the 1980's and 1990's reported an entirely different pattern, with the onset of encephalopathy largely falling with a 3 day period following vaccines. (Menkes, Neuropediatrics, 1990) (Menkes, Ann Neurology, 1990) (Cody, Pediatrics, Nov., 1981) We can only speculate as to this changing pattern of reports. Children were given more vaccines simultaneously in the 1980's and 1990's than 50 or so years previously, which may have changed the pattern. Perhaps it could be attributed to the fact that, in those early years, children were given only the DPT vaccine or at most the DPT with the oral polio vaccine, whereas in more recent years they have been receiving the Hib and hepatitis B vaccines in addition. As previously reviewed, the hepatitis B has been implicated in hemorrhagic diatheses, autoimmune disorders, and other complications; the Hib has been shown to have unusually high hypersensitizing qualities.

Greg Wilson continued, "Miller and Stanton (Quart J Med, 1954) cited stereotyped latent periods associated with various inoculations as evidence of hypersensitivity as the cause of the vaccine reactions.

Wilson further commented, "today this latent period is rarely mentioned in connection with neurological complications of immunization... Contemporary studies on the pertussis vaccine select an arbitrary time limit in which reactions have to occur to be considered as vaccine related. This time limit is usually 48 hours but sometimes is extended to 7 days.

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(Editorial comment: Under the National Childhood Vaccine Injury Act of 1986, the current guidelines require that symptoms of encephalitis from DPT vaccine must occur within 3 days to qualify for vaccine injury compensation). (Public Health and Welfare Manuel)

"Perhaps the only study which explores the dynamics of post DPT reactions is an independent Australian study by Karlsson and Scheibner which, with a monitor which followed breathing volumes, found particular times of stress-induced breathing following DPT injections:"

'Of special importance are days 2,5, 6, and 8, 11, 13-16 and 18-21. (Scheibner, Immunization Conf., Canberra, Australia, 1991)

Another study showing light on the latent period is one coming from Japan, from which it was found that increased histamine sensitivity in mice, brought about by the pertussis vaccine, had two peaks, one in four days following vaccine and a second on the twelfth day. (Horiuchi, Japan J Med Sci Biol, 1993)

In order to provide an overview of the latent period issue, there are two basic classes of immune systems, the humoral or antibody-producing system, which tends to produce immediate-type reactions, and cellular immunity, in which reactions are delayed. Either class is capable of producing autoimmunity. (Janeway, Immunobiology, 1999) Obviously, the usual 3 to 7-day limitation, which now stands as a medical-legal standard, excludes a recognition of the delayed-type autoimmune reactions and, by inference, even denies their existence. In the previously quoted article of Cohen and Shoenfeld, (J Autoimmunity, Dec., 1996), an article dealing with vaccine-induced autoimmunity, the authors pointed out that it is a subject which has received comparatively little attention in clinical or laboratory studies. For this reason there are grounds for believing that it is an area where large numbers of reactions may be taking place, unrecognized and unreported due to this lack of study.

LYMPHOCYTOSIS FOLLOWING PERTUSSIS IMMUNIZATION

Bringing back to mind the inflammatory cell infiltrations in the retinal and meningeal areas in the present case, as described by the defense witness, it is of interest to review the literature on this subject:

'Components of the B pertussis include agglutinogens (protein surface antigens), filamentous hemagglutinin (a cell-surface protein) and endotoxin (an envelope protein).' (Cherry, Pediatrics, 1988)

Greg Wilson comments on this, "The main interest in this discussion is on the main biologically active component, lymphocytosis promoting factor, or LPF. (Wilson G, Publication pending)... Wilson continued, "Around the turn of the century it was first noted that a marked leukocytosis and lymphocytosis occurred in the blood of children (with pertussis), and this has been the marker of the disease ever since."

Perhaps the most telling report concerning the present case is found in an issue of Cellular Immunology, (Munoz, 1984). In this study, previously quoted, an experimental encephalomyelitis was elicited in mice by the injection of pertussigen, a derivative of Bordetella pertussis, along with mouse spinal cord extract. Of special note is a latent period of 11 to 13 days before appearance of "severe disease," the same time period as in the present case, and histological findings of perivascular infiltrates, consisting mainly of mononuclear (inflammatory) cells in the brain and spinal cord, also reminiscent of the present case.

Although the Munoz report mentions nothing about the presence or absence of brain edema, that of Iwasa (reference 4) mentions and stresses this aspect; that is, the brain edema as a part of pertussis-induced encephalopathy.

With this information as a background, there is a basis of assuming the possibility or likelihood that the meningitis described from the pathological slides, with heavy infiltration of "inflammatory cells," as well as the brain edema, could have represented a vaccine-induced process.

An alternate explanation for the heavy infiltration of inflammatory cells in the meningeal membranes, as postulated by the defense witness, is that they represented a viral meningitis. Here again, the vaccines could have been instrumental in bringing this about, as previously reviewed.

ALLERGIC SENSITIZATION BROUGHT ABOUT BY VACCINES

The increasing incidence of allergic disorders in Western nations is now universally recognized, with every third child in industrialized societies having an allergic (atopic) disorder. (ISAAC, Lancet, 1998) Since this trend coincides with vaccine programs introduced into virtually all Western nations, reports are now appearing addressing the question of a possible relation between vaccines and increasing allergies. Among these are four controlled studies, from widely separated geographic areas, showing a marked increase in atopic disorders among fully vaccinated children as compared to those with limited or no vaccinations. (Odent, JAMA, 1994, Alm, Lancet, 1999, Kemp, Epidemiology, Nov 1997, Hurwitz, Manip Physiol Ther, 2000)

Although these surveys should be considered early and preliminary, they do show a consistent pattern of increasing atopic disorders in fully vaccinated children.

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Further indications of the propensities of vaccines, especially pertussis and Hib, to induce hypersensitivity reactions and/or encephalitis are to be found in laboratory studies, the natures of which are indicated by their titles:

"Pertussis adjuvant prolongs intestinal hypersensitivity." (Kosecka, Int Arch Allergy Immunol, 1999)

"Anaphylaxis or so-called encephalopathy in mice sensitized to an antigen with the aid of pertussigen (pertussis toxin)." (Munoz, Infect Immunol, April, 1987)

"Immunoglobulin E and G responses to pertussis toxin after booster immunization in relation to atopy, local reactions and aluminum content of the vaccines." (A human study from Sweden) (Odelram, Pediatr Allergy Immunol, 1994)

"Comparison of vaccination of mice and rats with Haemophilus influenzae and Bordetella pertussis as models of atopy." (Terpstra, Clin Exp Pharmacol Physiol, 1979)

"Sensitization to thimerosal in atopic children. (Patrizi, Contact Dermatitis, 1999) (A human study from Italy)

Regarding the Hemophilus influenza vaccine, possibly the result of its unusually high sensitizing potential, (reference 21) it has been found that most children and adults experience a temporary decrease in the antibody to the capsule of the Hemophilus influenza bacillus following Hib vaccination. (Daum, J Pediatrics, May, 1999) The authors cautioned that this decrease might transiently increase the risk of invasive disease if it happened during an asymptomatic colonization with H influenza type b.

Finally, in 1991 a report by the National Institute of Medicine, the committee did find evidence of a causal relation between DPT and anaphylaxis, a potentially life-threatening allergic reaction. (Institute of medicine, 1991)

OLDER MEDICAL LITERATURE AND VACCINE-INDUCED ENCEPHALITIS

Of all the early studies, none is more intriguing than the report of Low (Low, J Pediatrics, 1955) in which he performed electroencephalographic studies on 83 infants before and after pertussis vaccinations. From these he found 2 children with abnormal tracings without a marked reaction to the vaccine. From these he concluded, "This study shows that mild, but possibly significant, cerebral reactions occur in addition to the reported very severe neurological changes." He did not advise that the vaccine be abandoned but did advise a search for a safer material, a recommendation made 45 years ago.

The implications of this study are enormous. At a time when myriads of our children are suffering from minimal brain dysfunction and related disorders, it is possible that unrecognized vaccine reactions are occurring on a large scale and are contributing to this pool of unfortunate children. As Wilson commented, "Studies such as Low's, which closely examine individual children, are extremely rare in the study of vaccine reactions and virtually non-existent in today's literature." (Wilson, Vaccination and Behavior Disorders, publication pending)

It is if there has been a silent ban on studies which might reveal adverse side effects from the vaccines, and in the revealing raise questions whether or not, among some of the present vaccines, the harm may outweigh the benefits.

CONCLUSION

From all the studies quoted above, especially the German study showing significant drops in T-helper lymphocytes following routine tetanus booster injections in healthy adults, and the study of Low just quoted, (neither of which have had follow-up studies as they should have had), a large number of adverse reactions may be taking place unsuspected and unrecognized. The adverse events from vaccines that have been reported may represent the tip of the ice burg, as compared with a much larger number that are actually taking place.

We have previously observed that the train of events in the present case, culminating in death, could be explained by pneumonia together with viral meningitis and/or a vaccine-induced encephalitis. Shaken baby syndrome has never caused pneumonia and meningitis. Baby Alan died of a vaccine reaction.

Editor's note: We wish to thank Dr. Buttram for permitting this article to be reprinted in this issue of the VRAN newsletter. Dr. Buttram is affiliated with the Woodlands Healing Research Center in Quakertown. Phone: 215-536-1890 - Web site: www.woodmed.com √

RESOURCE & INFORMATION LIST

Immunization: History, Ethics, Law & Health
by Catherine Diodati. Best new book about vaccines. Please order from VRAN
Cost: $35 + $5 postage

Immunization—The Reality Behind The Myth
by Walene James.

What Every Parent Should Know About Childhood Immunization
by Jamie Murphy

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

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

Universal Immunization — Medical Miracle or Masterful Mirage?
by Dr. Raymond Obomsawin available from Health Action Network - (604) 435-0512

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

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

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

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

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

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

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

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

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

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

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

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

Vaccination—The Hidden Truth
New Video. Five medical doctors speak out about vaccine risks.
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SIX REASONS TO QUESTION VACCINATION

By Walene James

1. Vaccinations are forced. For example, there are compulsory vaccination laws in every state. If something is good it doesn't have to be forced*.
2. Vaccinations are toxins by definition.
3. Vaccinations are indigenous to only one model of healthcare—the allopathic medical model—and its practitioner's particular understanding of disease phenomena.
4. Vaccinations are promoted by fear, guilt, and 'creative' statistics.
5. Vaccinations are represented as safe and effective when evidence suggests they are neither.
6. Vaccinations are aggressively pushed by public health departments and other government agencies as though they were a public health issue when they are not. This is done to insure a high rate of compliance.

*Vaccination is not mandatory anywhere in Canada.

TEN REASONS TO JUST SAY 'NO' TO VACCINATIONS

By Walene James

1. Vaccinations are toxins by definition.
2. Vaccinations are aggressively promoted by those who have a financial stake in their consumption.
3. Vaccinations are promoted using fear, intimidation, and coercion.
4. Vaccinations are big business.
5. Vaccine manufacturers are nearly liability proof for their products.
6. Vaccinations are not only forced upon us, but those who deny us the exercise of our free will refuse to take responsibility for the consequences of their actions.
7. Evidence suggests that vaccinations damage the immune system, the nervous system and the spirit-mind-body connection.
8. Compulsory vaccinations ignore biochemical and psychospiritual individuality.
9. Vaccinations are misrepresented by government agencies as a public health issue which they are not.
10. Vaccinations are heavily subsidized, heavily propagandized and can be seen as a wake-up call for us to see how we allow ourselves to be programmed by huge vested interests.

Philosophical questions:

"Perhaps more important than anything else is for our group to consider the larger picture: What lessons do we need to learn trying to stem the tide of coercion from an out-of-control medical-pharmaceutical industry and the Mass Mind that allows this? How does understanding and working with the vaccination issue contribute to our mat - uration as spiritually aware and fully alive human beings?"

~Walene James

Walene James has authored an exceptional book that is a must read for everyone involved in educating themselves, their families and communities about vaccine risks and health creating alternatives to vaccination. She helps us take a quatum leap out of the fear-based vaccine paradigm. Walene's insightful analysis of the history of vaccines and infec - tious disease is complemented by a thorough investigation of the factors that create health in human populations, and what we all need to do to create health in our families. For more information, contact Ingri Cassel at Vaccination Liberation in Idaho: 208-267-8037

IMMUNIZATION INFORMATION ON THE INTERNET

Compiled by: VRAN (web site hosted by Freedom of Choice in Health Care: <http://www.freedomofchoice.org>)

Eagle Foundation
http://www.eaglefoundation.org
Canadian organization in support of vaccine injured families.

WHALE Vaccination Resource
http://www.whaleto.freeserve.co.uk/vaccines.html
Excellent site.

New Atlantean Immunisation Resources
http://www.new-atlantean.com/global/vaccine.html
A good list of resources; global pro-choice vaccine groups books, tapes and videos.

Vaccination Information Paradigm
http://www.cco.net/~trufax/vaccine/vacindex.html
Very good information, updated regularly.

Sebastiana's Medical Journal listings of vaccine risks
http://www.omen.net.au/~pienaar/index.html

National Vaccine Information Center
http://www.909shot.com
Excellent site run by the largest N.A. group.

Attachment Parenting & Natural Nurturing & Vaccine Links
www.geocities.com/Heartland/Fields/2460
Excellent site offering concepts that create health in the family and access to Vaccination OneList network.

Natural Immunity Network
http://www.i-wayco.com/niin/index.html

Concerned Parents for Vaccine Safety
http://home.sprynet.com/sprynet/Gyrene/Home.htm
Excellent site—links to many others.

Informed Parents Home Page
http://www.unc.edu/~aphillip/www/vaccine/informed.htm
Excellent site—well researched.

Immunisation Awareness Society
http://www.ias.org.nz
Excellent site—offers international research.

FEAT (Families for Early Autism Treatment)
http://www.feat.org

Dr. Harris Coulter's Website
http://home.earthlink.net/~emptherapies/

Leading edge Research Group: The Biological Manipulation of Human Populations
http://www.trufax.org/menu/bio.html

Center For Complex Infectious Diseases—info re. stealth viruses & Dr. John Martin's research
http://www.ccid.org

Tetrahedron — AIDS, Ebola, vaccines, Gulf War Syndrome
http://tetrahedron.org/

International Advocates for Health Freedom — John Hammell
http://www.iahf.com/index1.html
Networking between health freedom activists

Health World Online- Discussion Forums on Vaccines
http://www.healthy.net/

Vaccination Information & Awareness—Links to many sites
http://www.access1.net/via

Vaccine Safety Website—Dr. B. Classen
http://vaccines.net/risks.htm

Australian Vaccination Network
http://www.avn.org.au/
This group is forging ahead with legal actions challenging government violation of informed consent laws.

MEDICAL INFORMATION & PRO-VACCINE LINKS:

WHO & Communicable Diseases Surveillance
http://www.who.int/emc/

Vaccine News Updates— Immunization Briefs
www.infoinc.com/imnews2

Vaccine Weekly Magazine—For the medical world
http://www.holonet.net/homepage/1v.htm
Covers new vaccines.

Infectious Diseases in Children
http://www.slackinc.com/child/idc/199805/vaccine.htm#speclink

Immunization Action Coalition—Pro-Vaccine site
http://www.immunize.org/

Achoo & MD
http://www.achoo.com
Consultation source for travel vaccines

Medscape—Online medical info
http://www.medscape.com √

DID YOU KNOW ?

There is no law that can force you to vaccinate your children. The only laws relating to vaccination govern school pupils, not infants, and these can be waived through available exemptions. If your child has exhibited any of the following adverse reactions or conditions, you may wish to defer from continuing the course of vaccinations.

- If your child is ill or running a fever.
- If the child collapses or goes into a shock-like state following a vaccine.
- If the child has high pitched screaming for several hours; and cannot be comforted
- If the child has a temperature of 38° C or higher after vaccination.
- If the child develops pain, redness, swelling, lump at the needle site
- If the child develops severe diarrhea and/or vomiting
- If the child has one or more convulsions or has a family history of convulsive disorders (eg. epilepsy); if the child has an evolving neurological condition.
- If there is a family history of severe allergies and/or history of vaccine reactions.
- If the child has signs of brain injury such as a bulge in the soft spots of the head or a severe change of consciousness.
- If the child is receiving treatments that suppress the immune system
- If the child has a widespread allergic reaction, rashes, hives, wheezing, trouble breathing.
- If the child develops swollen joints/arthritis like symptoms
- If the child has an irregular heartbeat within several hours after vaccination.
- If the child is excessively sleepy following vaccination.
- If the child has an episode of sleep apnoea (stops breathing during sleep)