Double Issue, Winter/Spring 2006

VRAN Newsletter

Vaccination Risk Awareness Network Inc.

ANAPHYLACTIC CHILDREN - CANARIES IN THE PUBLIC HEALTH MINE SHAFT?

Are Vaccines responsible for the epidemic of anaphylaxis in young children today?

In the presentation speech as winner of the 1913 Nobel Prize in Medicine for his work with anaphylaxis, Charles Robert Richet said, "We are so constituted that we can never receive other proteins into the blood than those that have been modified by digestive juices. Every time alien protein penetrates by effraction, the organism suffers and becomes resistant. This resistance lies in increased sensitivity, a sort of revolt against the second parenteral injection which would be fatal. At the first injection, the organism was taken by surprise and did not resist. At the second injection, the organism mans its defences and answers by the anaphylactic shock." In naming "anaphylaxis", Richet described, "Phylaxis, a word seldom used, stands in the Greek for protection. Anaphylaxis will thus stand for the opposite. Anaphylaxis, from its Greek etymological source, therefore means that state of an organism in which it is rendered hypersensitive, instead of being protected." Richet concluded his lecture by saying, "Seen in these terms, anaphylaxis is a universal defense mechanism against the penetration of heterogenous substances in the blood, whence they can not be eliminated." [1]

Has medicine, which has used vaccinations containing "alien proteins" as it's cornerstone to control infectious diseases, been on the wrong track by injecting heterogenous substances [originating in an outside source; especially: derived from another species] [2] into human beings to "control" disease? What would be the general state of health today if 200 years ago medicine had taken the path of discovering the keys to promoting a strong, undadulterated immune system in conjunction with increased nutrition, vitamin and mineral supplementation along with better sanitation? Has medicine produced false protection by injecting alien proteins via vaccination which, as Richet pointed out in his lecture, really render us hypersensitive instead of being protected?

This hypersensitive state called anaphylaxis is now epidemic in young children who live every day of their life under threat of death from everyday, normally harmless substances. The numbers are staggering. According to Health Canada's web site, "It is estimated that 600,000 Canadians (two percent of the population) may be affected by life-threatening allergies, and the numbers are increasing, especially among children." [3] In 2005 Ontario passed a law to protect anaphylactic students at school while The Toronto Star reported an estimated 40,000 children in Ontario with ana-

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CREEPING US OUT WITH VACCINES

By Edda West

Last week a young mother contacted VRAN to report her child's severe vaccine reaction. Her baby went into anaphylactic shock immediately after being vaccinated. He had to be injected with epinephrine to counteract the reaction, and was rushed to the local hospital. She was still in shock over what had happened to her child when she called me a week later. We talked at length about her son's reaction to a big dose of vaccines – specifically 6 vaccines given all at once.

The six vaccines packed into four shots and injected into her 18 month old toddler also contained four live

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VRAN NEWSLETTER

Vaccination Risk Awareness Network Inc.
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With thanks to Lisa Farr for the newsletter layout.

Statement of Purpose

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

VRAN's Mandate is:

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

VRAN publishes a newsletter 3 to 4 times a year as a means of distributing information to members and the community. Suggested annual membership fees, including quarterly newsletter and your on-going support to the Vaccination Risk Awareness Network:
$35.00—Individual $75.00—Professional
We would like to share the personal stories of our membership. If you would like to submit your story, please contact Edda West by phone or e-mail,as indicated above.

VRAN website: www.vran.org

DISCLAIMER

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

VRAN NEWS

VRAN FUNDRAISING

Dear VRAN Members,

Ours is a community of families who believe that health is a creative process achieved through lifestyle choices, building a strong immune foundation through breastfeeding, wholesome nutrition, organic foods, clean air and water and a loving family environment. True health is not a quick fix delivered by injection of multiple vaccines and toxic chemicals into the pure bodies of our children. Over the years, your commitment to the spirit of truth in a world dominated by Big Pharma has enabled us to keep getting the message about vaccine risks out to countless families across this country. Your support has enabled other families to protect their children from the aggressive tactics of vaccine promoters who are willfully blind to the decline in children's innate health they have caused.

A big THANK YOU to everyone who has contributed so far to this year's (2006) fundraising drive!! And a reminder to those who still wish to give a little extra, that your help is THE critical element that enables us to keep doing this work. Please remember, VRAN has no government or corporate donors – a good thing, as the information we bring you is free of conflicts of interest. With your ongoing support, VRAN will continue to inform you of relevant news and important new research through our newsletter, website and email. With your help we will remain steadfast as Canada's leading voice on the impact of vaccines on human health. We are here to advocate for freedom of choice in health care and to offer support to all those who wish to step out of monopoly medicine's vaccine/drug based paradigm and embrace true health creating principles.

We are pleased to offer you Wendy Lydall's book as a bonus gift for all donations of $150 or more. "Raising a Vaccine Free Child" analyzes and rebuts the twin myths of vaccine effectiveness and safety. Lydall's book gives us courage to know that we can raise healthy, vaccine free children and offers sage advice on how to bring children safely through childhood illnesses.

Please help us achieve our goal of raising $24,000 to support our budgetary needs for 2006.
Mail your donations to:

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

RENEW YOUR VRAN MEMBERSHIP

Please note that annual membership donations are due at the beginning of each calendar year. We thank those members who have already renewed their memberships for 2006, and remind those who have not yet sent in this year's membership, that your earliest possible contribution is deeply appreciated.

VRAN E-NEWS

If you have e-mail and wish to receive VRAN news bulletins from time to time, please do send us your email address. VRAN E-NEWS will

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send you important news items that you may wish to receive in between newsletters. The volume of new information coming out about vaccines is absolutely staggering. Thanks to Rita Hoffman, Sheri Nakken, Ingri Cassel, NVIC and other international networks who search the internet daily for vaccine related news as well as alternative health information and generously share their findings with us. We systematically review an enormous volume of material for the VRAN Newsletter, for our website and to send you via e-mail. To receive news updates, please send us your e-mail address to: info@vran.org

ANNUAL GENERAL MEETING BY TELECONFERENCE

The VRAN annual general meeting will once again be held by teleconference on Saturday, May 27th, 2006. The meeting is approximately 1 to 1-1/2 hours long and requires that we book a space for you. If you wish to participate, please contact Mary James at: (204)895-9192 or Edda West at: (250)355-2525

MANITOBA LAW REFORM COMMISSION REPORT IS ONLINE

Thanks to the tireless efforts of Mary James and Leona Rew of the Association for Vaccine Damaged Children, the Manitoba Law Reform Commission wrote a report in 2000 entitled "Compensation of Vaccine-Damaged Children". It recommends that legislation be enacted to establih a "no-fault" compensation plan for vaccine-damaged children. It recommends that compensation be paid to all persons under the age of 18, "in respect of death and serious adverse mental or physical consequences where the evidence suggests that there is a real possibility that the adverse consequences were caused by a vaccination". It recommends that the compensation plan be structured similar to the Personal Injury Protection Plan of Autopac. It also recommends that the vaccine delivery system provide parents "full and accurate information of the risks and benefits of each vaccine and the risks of the disease it is intended to prevent." The Report advocates the "full and complete reporting of all adverse events temporally related to vaccines". The Law Reform Commission recommendations have yet to be implemented.

Within the Report, a chart details the types of vaccine injury compensation systems established in countries around the world and gives insight into the ways other nations provide support, medical costs, disability and death benefits, lost wages to vaccine victims. The countries with established compensation systems are: Germany, France, Italy, Japan, Denmark, New Zealand, Norway, Switzerland Sweden, Taiwan, United Kingdom, United States. Canada is glaringly absent, except for the province of Quebec which has paid out minimal compensation to a small number of vaccine damage cases.

The reason Canada has not established a compensation system is because vaccine injury victims have not yet succeeded in winning court awarded damages. Without precedent setting legal cases in which the courts have upheld vaccine damage victims' right to compensation, the government has been enabled to ignore, sweep under the carpet and turn a blind eye to the plight of vaccine victims. The Manitoba Report needs to be read and adopted by lawmakers across this country. Read the Report at: http://www.gov.mb.ca/justice/mirc/reports/104.pdf

LUCIA MORGAN TRIAL & FUNDRAISING

Many VRAN members have by now received e-mail alerts about Lucia Morgan's hepatitis B vaccine injury lawsuit which started March 6, 2006 in Toronto. Lucia suffered severe neurological adverse reactions following the hepatitis B vaccinations she was forced to get as a condition of employment as a social worker. Due to her extensive brain injury, she has been unable to work for the past twelve years.

"*My intention in embarking on this case was to further the cause, and to prevent anyone else from suffering as I have*", says Lucia. **This is the most important precedent-setting case in Canada in the past 20 years,** and if won will open the legal door to help other vaccine victims bring their cases forward.

While Lucia's lawyer has not billed her for the extensive hours logged on her case, the cost of bringing in expert witnesses to testify on her behalf is prohibitive. *"I have paid $16,000 in disbursements to date and advanced another $5000 from my credit card. I have already paid $30,000 for medical assessments and related travel costs. The American expert witnesses will cost another $25,000 in US funds. Expenses continue to accumulate with this trial. I know this cause is an important one, but at this point, I fear financial ruin."*

> *"My intention in embarking on this case was to further the cause, and to prevent anyone else from suffering as I have"*

VRAN and the Association for Vaccine Damaged Children in Winnipeg have

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known Lucia during these many years of her disability and struggle. On her behalf, we have launched a funding appeal to help pay for the expert witnesses who came to testify on her behalf.

VRAN President, Mary James will administer Lucia Morgan's Legal fund through an account set up with the Scotia Bank at 2843 Leila Ave. in Winnipeg. If you wish to help Lucia in her struggle for justice, please make your cheque payable to VRAN and mail to:

Mary James
67 Shier Dr.
Winnipeg, MB, R3R 2H2

Enclosed with this issue of the VRAN Newsletter is an appeal letter which we ask you to share far and wide. Please read Lucia Morgan's vaccine injury story & press release at http://vran.org/newspart/stories/storylmorgan.htm

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phylaxis. [4]

The recent deaths of three Canadian teenagers exposed to minute quantities of allergen have caused a world wide media explosion of anaphylaxis stories. Everyone is asking - why do we have so many kids with peanut allergies? Why have schools banned peanut butter sandwiches? Why are kids dying? Charles Robert Richet knew that foreign proteins penetrating the body could cause anaphylaxis back in 1913. Some doctors, allergists and anaphylaxis organizations blame skin creams containing peanut oil and North America's roasting of peanuts for the epidemic of anaphylaxis. And perhaps weary of saying that increased consumption of peanuts is the cause of the increase in peanut allergy some are mentioning the "hygiene hypothesis" as a cause. A few are even mentioning the "v" word. Dr. Bruce Edwards was quoted in a February 21, 2006 Newsday article regarding the hygiene hypothesis. "The theory is that because U.S. children 'use antibacterial soap, get antibiotics at the first sign of a runny nose and are vaccinated for every potential thing out there,' their immune systems do not spend time producing anti-infectious responses to all the diseases they will never get. Instead, their immune systems may be 'shunting their responses to produce things [anti-infectious responses] which are more allergic in nature.'"

In a May 18, 2005 CNN article, in an attempt to explain the peanut allergy epidemic, Dr. Robert Woods of Johns Hopkins University stated, "The more your immune system is kept busy by exposure to germs and infections early in life, the less time it can devote to things like allergy." Anne Munoz-Furlong, CEO and founder of U.S. based The Food Allergy & Anaphylaxis Network (FAAN) in the same article says "Perhaps our homes are too clean - we've done too much to take away the job of the immune system. We don't have parasites, a lot of the childhood diseases you vaccinate and don't have, so maybe for some people, the immune system is looking for something to do and decides, 'Aha, I don't like milk' or 'I don't like peanuts,' and the body then attacks the food protein as if it were an enemy invader." Somehow I think our God given immune systems are smarter than that - that is, if left to do the job without any interference!

Anaphylaxis is not the only allergic disease on the rise. On March 31, 2006 Reuters reported that "Allergies such as hay fever are reaching epidemic proportions in Europe and a failure to treat them properly is creating a mounting bill for society and the healthcare system.. Around one third of the European population has some kind of allergy, while one in two children in Britain will have allergies by 2015, costing millions of euros in medical bills, lost work days and even impaired concentration in school pupils." The article goes on to describe, "Allergies were most prevalent in Britain and Ireland, as well as other English speaking countries like Canada, Australia and the United States, Burney said, adding they were also becoming more widespread in new European Union member states." On May 5, 2005 The Toronto Star devoted an entire section to allergies and asthma. An article about eczema states, "In Canada, this incurable skin condition that causes dryness, crusting and thickening afflicts between 2 million and 5 million people. Experts report its incidence has tripled since 1970."

In 2002, prominent Canadian allergist Dr. Peter Vadas went as far to say, in a television show on severe allergies, "There are factors to do with how we vaccinate our kids very early on in life, how much drugs, antibiotics we give the kids early on in life all of which tend to predispose more towards allergy." But when asked, "Do you think

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early vaccination is not a good thing?" he replied, "No, I think it's a wonderful thing. It's an absolutely crucial thing from the standpoint of public health to minimize the likelihood of severe infections, but on the other hand one of the spin offs is that there are a certain proportion of the population that are going to be more prone to developing allergies as a consequence of that. [5]

In a February 20, 2006 Globe and Mail article entitled "Is clean living making us sick? Hygiene hypothesis on food allergies", Dr. Vadas followed a "party line", eliminating the "v" word. The "party line" to explain this, he said "holds that consumption of peanuts and the peanut protein has increased in Western societies. As a result, the more exposure to peanuts, the more people will be found to be allergic to them." It sounds like a "party line" to protect the vaccine status quo. This does nothing to explain the explosion of other unusual anaphylactic allergies in children to foods like kiwi, sesame, soybean and tree nuts. Parents should be receiving information regarding all of the potential risks and benefits of vaccines to make an informed decision about vaccinating their children. I was never told that one of the potential "spin offs" of my child being vaccinated would be that he would live every day of his life under threat of death!

If increased consumption of peanut is the cause of peanut anaphylaxis, then why don't the Chinese and Indonesians, who consume large quantities of peanut, have the peanut anaphylaxis problems of the western industrialized nations? [6] [7] China and Indonesia do not routinely vaccinate for Hib (Haemophilus influenza type B), [8][9][10][11] Sweden is a country where 99% of the target population was vaccinated for Hib in 2001. [12] Sweden also has low peanut consumption, yet this low consumption has not prevented peanut allergy in that country. Van Odijk et al concluded that "the reaction pattern to peanuts in Sweden is similar to that in many other countries despite a reported steady and low consumption." [13] It appears that countries that introduced Hib vaccination in their infant schedules have high rates of peanut allergy regardless of consumption.

Children can react to peanut allergens on their first exposure. [14] Sensitization to peanut can occur during breastfeeding. [15] Yet sensitization through breast milk cannot possibly explain the increase in peanut anaphylaxis as mothers worldwide have been eating peanuts while breastfeeding for decades. Zimmerman et al (1989) found in their study that "these results suggest that highly atopic infants are at special risk for sensitization to peanut, even when they have never received peanut....." [16] K.L. Capozza, Health Scout News, in an article entitled "Study Acquits Peanuts in Allergic Reaction" described a recent study by Turncanu et al who took three types of children, those with peanut allergies, those that "outgrew" their allergy and those who have no peanut allergy. Capozza describes how "after magnifying these immune cells, or T-cells, the researchers observed that the T-cells of allergic patients became excited after exposure to peanut. Once the T-cells react to the peanut extract, a cascade of allergic responses ensue, from a skin rash to labored breathing." He describes how "the research shows, the condition stems from a person's abnormal immune response." [17][18]

What has happened to peanut allergic children to cause their T-cells, as Capozza described to become 'excited' to the extent that with some children just being in the same room with peanuts can cause a reaction? Could vaccines be the cause?

Dr. Philip Incao aptly describes how vaccines affect the immune response in his article "How Vaccines Work." "So the trick of a vaccination is to stimulate the immune system just enough so that it makes antibodies and 'remembers' the disease antigen but not so much that it provokes an acute inflammatory response by the cellular immune system and makes us sick with the disease we're trying to prevent! Thus a vaccination works by stimulating very much the antibody production (Th2) and by stimulating very little or not at all the digesting and discharging function of the cellular immune system (Th1). Vaccine antigens are designed to be 'unprovocative' or 'indigestible' for the cellular immune system (Th1) and highly stimulating for the antibody-mediated humoral immune system (Th2). Perhaps it is not difficult to see then why the repeated use of vaccinations would tend to shift the functional balance of the immune system toward the antibody-producing side (Th2) and away from the acute inflammatory discharging side (the cell-mediated side or Th1)." [19]

Atopic disorders are the cluster of 3 related disorders, allergies, asthma, and eczema with anaphylaxis being the most severe form of allergic reaction. Atopic disorders are pervasive and raise the alert that the immune system has been sensitized and has shifted away from its normal functioning TH1 mode into a chronically reactive TH2 mode.

Anaphylaxis to foods in young children seemed to be rare prior to the introduction of the first Hib polysaccharide vaccine in 1987 (Canada) to a schedule already containing vaccines for diphtheria, pertussis, tetanus and polio, measles, mumps and rubella. Beginning in 1992, many infants were given various Hib vaccines concurrently with DPT-P, and beginning in 1994 in a combined 5 in 1 vaccine called Penta. In 1997 the acellular pertussis 5 in 1 vaccine Pentacel was introduced. The cover story in the September 2000 issue of Professionally Speaking, the

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magazine of the Ontario College of Teachers was "An Abnormal Response to Normal Things." The article begins with "Teachers have to be aware that allergies can kill. A growing number of children are at risk - and a well prepared teacher can make all the difference." The article explains that "About a decade ago, the sudden surge in highly allergic children entering school systems across the province caught many educators off guard." Doesn't this "surge" correspond to the introduction of the Hib vaccine?

In Ontario, the Hepatitis B vaccination series is given in Grade 7, not at birth, so the Hepatitis B vaccine would not have an impact on the numbers of young children with peanut and nut anaphylaxis, yet it remains to be seen if this vaccine may be implicated in increased numbers of teenagers becoming anaphylactic.

Children in Ontario aged 18 and younger could have received up to five different types of Hib vaccines. The first Hib vaccine, introduced in 1987, was a one dose polysaccharide Hib vaccine for children age 2 and up. Infant immune systems did not mount an immune response to the polysaccharide vaccine, so vaccine researchers developed conjugate vaccines to "trick" the infant immune system into recognizing the Hib antibody.

Conjugate vaccines, according to a U.S. National Institute of Health website, link "a 'weak' polysaccharide to a protein easily recognized by the immature immune system."[20] The Hib conjugate vaccines results in "greatly enhanced antibody responses and establishment of immunological memory", and the four conjugate Hib vaccines given to children "differ in a number of ways, including the protein carrier, polysaccharide size and types of diluent and preservative. [21] Who's to say that this 'protein easily recognized by the immature immune system' won't "trick" the infants body into thinking that food eaten at the same time as the vaccine is an invader worthy of a 'greatly enhanced antibody response'?

Although Hib vaccines have been credited as being a public health miracle, the road to the development and implementation of these vaccines seems to have been anything but smooth. The lack of knowledge about this vaccine's interactions with the immune system is frightening. Here are just a few examples:

One of the most shocking studies I came across was Nicol et al concluding in 2002, a decade after infants were given this vaccine, that 1/10th of the dose of Haemophilus influenzae type B conjugate vaccine (PRP-T) was as immunogenic and safe as the full dose.[22] Considering that the Hib vaccine results in "greatly enhanced antibody responses", does this mean that children have been receiving 10 times the amount of Hib vaccine that would be necessary to provide that antibody response, thus creating a hypersensitivity to proteins encountered during and after vaccination in children, especially children with a tendency toward allergy?

Also shocking was Pichichero (2000) in his paper on new combination vaccines, describes...."the protective threshold for conjugated PRP [Hib] vaccines is not known....." [23]

Pabst and Spady (1990) studied infants immunized at 2,4, and 6 months with conjugate Haemophilus influenzae type B vaccine. They found that "antibody levels were significantly higher in the breast-fed (57 infants) than in the formula-fed group (24 infants) at 7 months and at 12 months" and that breastfeeding "enhances the active immune response in the first year of life, and therefore the feeding method must be taken into account in the evaluation of vaccine studies in infants." [24] Many anaphylactic children were breastfed as infants, which would have boosted this immune response even more! Breast fed and bottle fed babies receive the same doses of vaccines, even though thirteen years ago the above authors found that feeding methods should be evaluated in vaccine studies! This study was later challenged in Scheifele et al's letter to The Lancet in 1992 in which they conclude that "It seems that the earlier conclusions were incorrect and that breastfeeding does not enhance responses to haemophilus b conjugate vaccines, at least when assessed on completion of the primary series. [25] The Hib vaccine that Pabst and Spady studied was the CRM 197 mutant diphtheria toxin conjugate vaccine. Scheifele's study used the PRP-T (tetanus conjugate) vaccine. If Dr. Scheifele was going to discount Pabst and Spady's results why didn't he use the same vaccine? Oh, well, full speed ahead! One shot must fit all, breastfed or not! We must maintain the status quo!

Numerous studies have sounded warnings regarding combination or concurrently administered vaccines including Hib. Here are just three examples:

Even as late as May 2000, Rennels et al concluded that "In this trial concurrent IPV [inactivated polio vaccine] appeared to interfere with the anti-PRP [Hib] response to DTaP/Hib vaccine suggesting that introduction of new vaccines may require evaluation of immune responses to all concurrently administered vaccines."[26]

The 2004 American Academy of Pediatrics Annual Meeting report on New Combination Vaccines for Childhood Diseases raised red flags about combination vaccines, saying "However, the reactogenicity and potential side effects of the combined antigens have not yet been determined. Since there is the potential for physical and chemical interaction among the vaccine components and the buffers and preservatives, the immunogenic-

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ity of each component needs to be addressed to determine whether these are similar to and as effective as the components given individually."[27]

Redhead K et al (1994) in a very frightening study, state: "However, combination with the Hib vaccine comprising polysaccharide conjugated to tetanus toxoid had dramatic effects on tetanus potency and immunogenicity when assayed in mice. This combination resulted in a five-fold potentiation of the tetanus potency and a similarly large increase in the antibody responses to tetanus toxin and toxoid. The level of the antibody response to the Hib polysaccharide in this vaccine was also elevated, more than 20-fold, as a result of the combination."[28]

Shouldn't these studies be raising red flags? Antibody responses to Hib elevated more than 20 fold? Reactogenicity and potential side effects of combined antigens not yet determined? I haven't seen any studies that look at the IgE (allergy) levels post vaccination. Surely it's not much of a stretch to think that infant's immune systems might be hypersensitive after receiving these vaccines!

Now let's look at what vaccines could be cross reacting with peanut. When researchers study allergies and cross reactive proteins they determine the various molecular weights of the allergen. Foods with the same molecular weight can cause cross reactions in allergic persons. And it's not just foods cross reacting. In a January 22, 2002 news release, the American Academy of Allergy, Asthma and Immunology provided a list of the most common foods that are cross reactive to latex including banana, avocado, chestnut, kiwi and celery. They describe, "The immune system recognizes the 'cross-reactive' protein, symptoms manifest and an adverse reaction occurs. An active immune system may not distinguish the difference between the similar looking proteins, so an allergy to one member of the food family may result in the person being allergic to all the members of the same group."

I have often wondered why vaccines with latex stoppers have not been considered as a potential cause of the tremendous rise in latex allergy among highly vaccinated health care workers. Primeau et al (2001) found that "Natural rubber vial closures released allergenic latex proteins into the tested solutions in direct contact during storage in sufficient quantities to elicit positive intradermal skin reactions in some individuals with LA. These data support a recommendation to eliminate natural rubber from closures of pharmaceutical vials." [29] There are many vaccines that have latex stoppers that may be sensitizing people. Health Canada does not have a list, but the state of Massachusetts provides information regarding which vaccines contain latex or thimerosal [30]

If people with latex allergy can have cross reactions with foods, then one must ask if vaccine ingredients can cause cross reaction with foods having the same molecular weight?

Using PubMed I looked for molecular weights of ingredients in infant vaccines and some of the most common allergenic foods in small children. Measured in kilodaltons (kDa), the most striking molecular weight that could cross react is 50 kDa contained in the following: Hib, Diphtheria, Tetanus, Neisseria Meningitidis, peanut, almond, soybean and cashew. The molecular weight 43 kDa is present in both Hib and peanut. 20 kDa is present in both Hib and peanut. 37 kDa is present in both Hib and Almond. 49 kDa is present in Hib and Mango.

Molecular weight of proteins in vaccines	Molecular weights of food proteins triggering reactions
Haemophilus influenzae type B (Hib) 50, 49, 43, 37, 20, 16 kDa	Peanut 50, 43, 20, 16 kDa
Diphtheria 50, 27 kDa (also used as carrier protein in some Hib vaccines)	Almond 50, 37 kDa
Tetanus 50 kDa (also used as carrier protein in some Hib vaccines)	Soybean 50, 16.5 kDa
Cashew	50 kDa
Neisseria meningitidis	50 kDa
Mango (also used as carrier protein in some Hib vaccines)	49 kDa

References:
Hib [31-39] Diphtheria [40-41] Tetanus [42-45] Neisseria meningitides [46]
Peanut [47-50] Almond [51-53] Soybean [47] Cashew [54] Mango [55]

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So the first vaccines my child received, DPT-P + Hib contained Diphtheria (50 kDa), Tetanus (50 kDa), Pertussis, Polio, Mutant Diphtheria carrier protein in the Hibtitre vaccine (50 kDa) plus Hib (50 kDa). Is there any wonder, when my son encountered peanut (50 kDa), Almond (50 kda) and Cashew (50 kDa) via breastmilk while his body's immune system was processing the vaccines, that his body went on extreme high alert for anything with a 50 kDa molecular weight? Granoff and Munson (1986) describe when conjugate vaccines are prepared, "new antigenic determinants are formed..... but their presence raises the possibility that these neoantigens may elicit antibodies cross-reactive with human antigens." [31] Has anyone been watching for these conjugate vaccines to cross-reactive antigens with food?

Cross reactive proteins can be very dangerous for people with allergies. I know a young girl who had vomited after eating cashews as a toddler and was never given nuts after that time. Not long after her school age boosters of DTaP-Polio and MMR she was given a piece of mango and had to be rushed to the hospital. It was only after some investigating that the parents realized that mango and cashew can cross react. This girl's mother happens to love mango, and while she would not bring the fruit into her home she decided it was safe to eat some at her workplace for lunch, afterward carefully washing her hands. Upon arriving home several hours later, the mother kissed the little girl on the cheek. Swelling and hives ensued, and even with anti-histamines it was days before the child's reaction subsided. From a kiss on the cheek! Another child with a nut allergy had an anaphylactic reaction to a fruit juice containing mango, again the parents being unaware of the cashew/mango cross reaction. These bizarre immune responses put children at risk of dying every day.

Stories like these aren't too surprising once you look at the medical literature where the link between vaccination and anaphylaxis seems crystal clear in animal studies dating back as far as 1952. Saul Malkiel, Betty J. Hargis and Leon S. Kind completed numerous studies where vaccinated animals became anaphylactic, many funded in part by the National Institute of Health. Imagine reading, from 1959, "We have repeatedly observed in experiments on mice that a consequence of the administration of Hemophilus pertussis phase I organisms given in conjunction with a protein antigen is the enhancement of anaphylactic sensitization to the foreign protein antigen."[56] And we have allergists telling us that skin creams cause anaphylaxis? And I was furious when I read Kind and Roesner (1959), "It is now well known that mice inoculated with Hemophilus pertussis vaccine develop enhanced sensitivity to lethal effects of histamine, serotonin, endotoxin, peptone and anaphylactic shock. The ensuing data will demonstrate that pertussis-inoculated mice can also be killed with doses of water soluble extract of pollen rye grass which are not lethal to uninoculated animals." [57] Kind and Richards (1964) in the Journal *Nature*, state "It is now well known that mice injected with Bordetella pertussis vaccine plus an antigen will produce more antibodies to that antigen than mice injected with antigen alone." [58] Exchange the word mice for babies and you get more antibodies to the antigen if you inject the antigen with pertussis vaccine.

And how do researchers make anaphylactic animal models? They vaccinate the animals! Countless studies show anaphylaxis being induced in animals by using toxins and adjuvants used in human vaccines. Here is one example from hundreds:

Helm et al in *Environmental Health Perspectives* article "Nonmurine Animal Models of Food Allergy" discuss ways to create animal models of human food allergy. [59] Animal models are discussed extensively, including "the use of adjuvants (natural or artificial--alum, cholera toxin, Bordetella pertussis, and carrageenan are known IgE-selective adjuvants)" in those animal models. They go on to describe, "In the atopic dog model for food allergy (Ermel et al. 1997), newborn pups (day 1) were subcutaneously injected in the axillas with 1 µg of cow's milk, beef, ragweed, and wheat extracts in alum. Food antigen was again administered on days 22, 29, 50, 78, and 85. At ages 3, 7, and 11 weeks, all pups were vaccinated with attenuated distemper-hepatitis vaccine...Immunized pups responded with allergen-specific IgE by week 3 and peaked at week 26 of age...All clinical manifestations are consistent with infant, adolescent, and adult food allergy in humans."

It has been shown repeatedly that vaccination can cause sensitization, including anaphylaxis, to vaccine ingredients. Nelson et al (2000) discuss a 4 month old baby's anaphylactic reaction to the CRM 197 protein in the Hib vaccine. [60] As far back as 1940 Cooke et al noted that "The real object of this presentation is to acquaint the medical profession with proof of the fact that sensitivity can be induced as a result of the present procedures of active immunization to tetanus." [61] Cooke et al also mentioned Neill et all (1929) noted hypersensitivity to diphtheria bacilli. [62]

Patrizi et al (1999) and Osawa et al (1991) noted allergic sensitization to thimerosal. [63] [64] Martin-Munoz et al described allergic sensitization to tetanus and diphtheria toxoids simultaneously. [65] Kumagai et al (2002) found "gelatin-specific cell-mediated immunity develops in subjects inoculated with gelatin containing DTaP vaccine" and that the specific cellular immune responses persisted for more than 3

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years. [66] Sakaguchi et al (1996) concluded that "We reconfirmed a strong relationship between systemic immediate-type allergic reactions including anaphylaxis, to vaccines and the presence of specific IgE to gelatin." [67] Nakayama et al (1999) found that "DTaP vaccine may have a causal relationship to the development of this gelatin allergy." [68]

So, if there is anaphylactic sensitization to vaccine ingredients, then is it much of a leap to think that protein fragments in vaccines could be causing cross reactive sensitization with antigens with the same antigenic determinant? May I suggest that either researchers or doctors can't see the forest for the trees, or there is one huge cover-up going on here.

As Charles Robert Richet described back in his Nobel Lecture in 1913, "all proteins, without exception produce anaphylaxis: one had seen this with all sera, milks, organic extracts whatsoever, all vegetable extracts, microbial protein toxins, yeast cells, dead microbial bodies. It would be of more interest now to find a protein which does not produce anaphylaxis than to find one that does." He then chillingly states in his conclusion, "It does not matter much that the individual becomes more vulnerable in this regard. There is something more important than the salvation of the person and that is integral preservation of the race. In other words, to formulate the hypothesis in somewhat abstract terms but clear ones all the same: *the life of the individual is less important than the stability of the species*. Anaphylaxis, perhaps a sorry matter for the individual, is necessary to the species, often to the detriment of the individual. The individual may perish, it does not matter. The species must at any time keep its organic integrity intact. [1] Why has medicine, to which parents have entrusted their precious children, continued to vaccinate for more and more diseases, knowing that our "organic integrity" is at stake? With hundreds of new vaccines in the pipeline, how much longer can we continue to inject more and more foreign proteins via vaccination into human beings without eventually creating a totally defenseless population? How many more children will become anaphylactic, be rushed to emergency fighting for their lives or die before something is done?

Acknowledgments: Special thanks to Amy and John for their countless hours in the medical library, Cindy Stolten, Critical Desicions Count , Sandy Gottstein, www.vaccinationnews.com and especially to Edda West, www.vran.org for believing in "Martin's Story".

For further information, including medical journal articles showing a vaccine link to anaphylaxis, please visit VRAN's webpage at www.vran.org under the heading "Anaphylaxis".

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virus vaccines – chickenpox , measles, mumps & rubella (MMR) vaccines, as well as hepatitis B, and meningococcal C vaccines. First he was injected with chickenpox vaccine which immediately raised a hive on his skin, then the nurse quickly injected him with three more needles in separate locations. By the time she had injected all the vaccines, he was salivating, pointing to his neck and playing with his tongue – then his eyes started to roll back at which point she injected him with the epinephrine.

The mother wanted to know what long term health effects the anaphylactic reaction would have on her child. Might he go on to suffer some long term damage that wasn't yet obvious? What about the behaviour changes she was noticing already? In one week he had shifted from a gentle easy going baby to angry and aggressive. Had the vaccines and the reaction affected the dramatic change in his personality? What about autism and the link to MMR vaccine?

Susan, the mother talked about her initial ambivalence about taking him in for the shots which she had put off a number of times, feeling uneasy and unsure about them. But the health unit kept hounding her and eventually she agreed to take her child in. Her right to Informed Consent was clearly violated as she was not given any information about possible vaccine reactions. She was not even informed which vaccines her child was getting. She didn't know that he was slated to get chickenpox vaccine or that such a vaccine existed until the nurse injected it into her child. She had definitely not wanted the MMR vaccine for him and thought she was taking him in to get the meningococcal C and hepatitis B vaccines. She didn't know that her child was at zero risk for hepatitis B or that it primarily afflicts sex trade workers and I.V. drug users or that it has a long and nasty track record of triggering autoimmune diseases.

Susan talked about how much she regretted ignoring her intuition. Even as she approached the health unit to keep the appointment, a little niggling voice kept saying– "just keep driving, don't go in there….." She drove around the block several times hesitating – and almost drove away, but then she capitulated to her sense of duty and politeness. Not wanting to be rude or thought of as a "no show", she kept her appointment with disaster. As I listened to her story, I asked myself – how do you console a parent who has gone against her own better instinct, who cannot remove from her child's body the injected viral/chemical brew that caused a life threatening event, and who will live in silent anguish watching her child's development, tormented by the possibility of long term damage done to him? The only consolation I could offer was to reassure her that the fact she is still breastfeeding him is so very positive – that breastfeeding will bolster and strengthen his immune system and will go a long way in helping him recover from the vaccine assault. I also recommended that she contact a qualified classically trained homeopath who might be able to help antidote the effects of the vaccines with homeopathic remedies.

Susan's experience was a shattering, life altering event. I shared with her my own anguish when my youngest daughter suffered a severe reaction to MMR vaccine. Against my own better intuition, I'd allowed a fear mongering doctor to convince me that my baby could die without the vaccine. Susan said if only she had understood the vaccine paradigm in the context of other prevalent negative paradigms in our society. It might have helped her listen to her intuition and not so easily have given up her child to the system. Medical betrayal is devastating for parents who have trusted the system only to have their precious child nearly killed or maimed for life by a vaccine reaction.

As paradigms go, the military/medical/industrial/corporate systems are the most powerful manmade forces on the planet. They exert their power through fear, manipulation and intimidation. They are based on the dominator paradigm, pervasive in societies that value competition and aggression and support systems in which the strong rule the weak. "It's always somebody imposing their will, to rank themselves – to dominate over another", writes Riane Eisler in "Paradigm Shift - The Decline and Fall of the Dominator Culture".

Vaccination is the primary tool used by the dominant medical system to exert its power over parents with young children. It indoctrinates families/society into the allopathic drug based paradigm with the intention of creating lifelong dependency and need for its drugs. The "war on disease" is a military model of domination over the microbial world and vaccines are the primary weapon. Unfortunately the vast majority remains unaware that the diseases we so fear had long declined before mass vaccination programs and that the current epidemic of chronic neurological and immune system disorders is in fact rooted in and spawned by the vaccine paradigm.

Recent studies showing the destruction of neurons and immune cells by aluminum and mercury in vaccines, inch us a bit closer to understanding the widespread and pervasive damage mass vaccination programs have on human health.

"If two dozen once-jittery mice at UBC are telling the truth postmortem, the world's governments may soon be facing one hell of a lawsuit", writes Pieta Woolley in her recent article, '"Vaccines Show Sinister Side" – a provocative statement calculated to jolt us awake from vaccine damage denial.

Vancouver neuroscientist Chris Shaw had just dropped a bomb on monopoly medicine's favourite myth – the safety of vaccines. You could just feel the collective hackles of the vaccine estab-

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lishment go straight up. And it was a double whammy. Shaw's research team has linked a common vaccine ingredient used since the early 1900's to symptoms of neurological damage. And it seems, no one has done any meaningful safety research in the many decades aluminum adjuvants have been injected into countless millions of people. Hmmmm – sound familiar? Shades of the thimerosal scandal perhaps?

Chris Shaw's line of research into Gulf War Syndrome, Parkinson's, amyotrophic lateral sclerosis (ALS, or Lou Gehrig's disease), and Alzheimer's led his research team to study the neurotoxic effects of vaccine ingredients. Because Gulf War Syndrome looks a lot like ALS, the neuroscientists felt they had a chance to isolate a possible cause. All troops sent to the Gulf were vaccinated with aluminum hydroxide containing vaccines as were those not deployed to war. According to Shaw, both groups developed similar symptoms at a similar rate.

But when Shaw started searching the published scientific literature for studies on the safety of aluminum hydroxide, he couldn't find any that reached beyond a few weeks. Even a meta-analysis of a broad base of existing research did not produce any studies proving that it's safe in the long term to inject aluminum adjuvants into adults or children, let alone infants.

To test the link theory, Shaw and his four-scientist team from the University of British Columbia and Louisiana State University embarked on basic research that should have been done decades ago. They set up a six month study and found that mice injected with the aluminum adjuvant suffered neurological damage. They found - "statistically significant increases in anxiety (38 percent); memory deficits (41 times the errors as in the control group); and an allergic skin reaction (20 percent). Tissue samples after the mice were "sacrificed" showed neurological cells were dying. Inside the mice's brains, in a part that controls movement, 35 percent of the cells were destroying themselves."

Aluminum hydroxide heightens immune response to vaccines, yet the "overall role of adjuvants on the immune system response remains surprisingly unclear", says Shaw. "Considering that aluminum adjuvants have been used for over 80 years, the notion that they might never have been rigorously tested in humans or animals for nervous system toxicity seemed difficult to accept. This is suspicious," said Shaw. "Either this [link] is known by industry and it was never made public, or industry was never made to do these studies by Health Canada. I'm not sure which is scarier."

In a candid comment that must have left vaccine officials frothing, Shaw said, "No one in my lab wants to get vaccinated - this totally creeped us out. We weren't out there to poke holes in vaccines. But all of a sudden, oh my God-we've got neuron death!"

To demonstrate the depth of ignorance among experts, Shaw gives an example from a new book he is writing. "Maybe the best description of the confused state of the field for aluminum adjuvant safety was one that served as the summary statement arising from a workshop held in Puerto Rico in 2002. The authors of the review noted that the entire study of aluminum safety in adjuvants suffered from a problem they termed "pervasive uncertainty". Pervasive uncertainty? Does this mean that no one knows? Let's see: The study concluded with what the workshop participants were sure they knew. One of these "known" was this: "There is a 70 year history of safe and effective use of aluminum salts in vaccines which continue to save millions of lives annually". Further down the page, the authors list "what we don't know", and the first item was this: "Toxicology and pharmokinetics of aluminum adjuvants. Specifically, the processing of aluminum by infants and children". In other words, the workshop participants didn't know anything about the possibility of aluminum toxicity in children. Added to this the GAO's statement that nothing was known about the very same topic in pregnant women and you have almost a complete sweep. How does the known square with the unknown? It doesn't. Pervasive uncertainty, indeed."

He continues, "In general, safety concerns for adjuvants are twofold: First, the possible toxicity of the compounds themselves and, especially for the purpose of the present discussion, neurotoxicity in its various forms. A second concern is the more general issue of the type immune response elicited, in particular if the adjuvant induces either allergic or autoimmune responses. In regard to the latter, abnormal autoimmune responses as a result of vaccines are now considered by some investigators to play a role in Guillan-Barre disease and multiple sclerosis, as well as Gulf War Syndrome."

Shaw then refers to Dr. Mehl Madrona who writes that, "the vaccine-adjuvant complex can interfere with the development and integration of the immune, nervous, endocrine, and other body systems leading to profound neurological damage". Shaw says, "This range of disturbance may arise because adjuvants may not only be immune system potentiators, but under some conditions may be immune system suppressors as well. Immune suppression could leave the body exposed to other infections."

Shaw's team plans to repeat the study and expand it. This is good news because the public needs to grasp what happens on the cellular level when toxic vaccine components are injected into living organisms. Perhaps this will bring us closer to understanding the big picture of vaccine damage. Vaccine activists have been calling for this type of research for decades, but whether it

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will shift the entrenched vaccine paradigm with its stranglehold dominance over public health policies, is another matter.

And then there's the recent UCLA study in which a team of cell biologists, toxicologists and molecular bioscientists have linked thimerosal to disruptions of essential immune cells known as dendritic cells obtained from mice. This study provides the first evidence that dendritic cells show unprecedented sensitivity to thimerosal, resulting in **fundamental changes in the immune system's ability to respond to external factors.**

"This is the first time that thimerosal has been shown to selectively alter the normal functions of dendritic cells," said Isaac Pessah, a toxicologist with the UC Davis School of Veterinary Medicine, director of the Children's Center for Environmental Health and Disease Prevention and senior author of the study. **"Dendritic cells play pivotal roles in overcoming viral and bacterial invaders by coordinating the immune system's overall combat response." One dendritic cell can activate as many as 300 T-cells--white blood cells that help find and kill external agents that attack the immune system--making them the most effective immune system activators.**

The researchers also discovered that extremely small levels of thimerosal interfere significantly with calcium channel function after just a few minutes of exposure. They also observed that immature dendritic cells are particularly sensitive to thimerosal. The study shows how intricate connections between calcium channels in dendritic cells change when exposed to thimerosal. "The slightest fluctuation in how calcium channels 'communicate' can alter the growth, maturation and activation of dendritic cells," explained Pessah. "Thimerosal dramatically alters how two key calcium channels, code-named RyR1 and IP3R1, found in dendritic cells function as a team by 'garbling' the normal signaling system between them."

The researchers caution that this does not prove thimerosal containing vaccines cause autism as cell functions can differ across organisms. They will next study dendritic cells isolated from the blood of children with and without autism to confirm if the intercellular changes are the same in humans.

As current science gets closer to proving vaccine damage on the cellular level, the obvious questions are: Will these studies in any way alter entrenched policies of the vaccine establishment? Will this new cell based research, showing neuron death from aluminum hydroxide and dramatic alterations to dendritic cells' functional ability to "coordinate the immune system's overall combat response", influence a shift in the status quo?

If the recent unified chorus of pro-thimerosal propaganda emanating from the vaccine establishment is any indicator, we'll probably have to wait "till hell freezes over". Over 30 years ago, Dr. Robert Mendelsohn predicted that if the public lost confidence in the vaccine paradigm, it would collapse allopathic medicine – which is why the major medical societies are desperately trying to stop thimerosal bans in vaccines. If the public loses confidence and trust in vaccines, the dominant drug based medical system could take a serious beating.

For months now, as various states move toward banning mercury from vaccines slated for use by pregnant women and children, in particular flu vaccines, the American Academy of Pediatrics has led the charge in a huge lobby effort to oppose thimerosal bans. Backed by their public and private allies (the pharmaceutical industry), the AAP is battling state by state to stop mercury bans. Not surprisingly, their action is wholeheartedly endorsed by the CDC (Centers for Disease Control & Prevention) and WHO (World Health Organization), the most powerful players in global vaccine politics.

A coalition of the leading autism groups in the U.S. is saying, "We are completely mystified about why the CDC and American Academy of Pediatrics are fighting state laws trying to ban mercury in vaccines", particularly at a time when pregnant women are being warned not to eat fish because the mercury could harm the fetus. "The image of pediatricians and public officials as valiant defenders of mercury takes a bit of getting used to", commented Dan Olmstead in his Age of Autism column.

Robert Kennedy's interview with an anonymous health official gives insight into the CDC's role in the thimerosal scandal. "Immediate withdrawal [of thimerosal] would send a strong message; 'We messed up!'" the health official told me. "And I don't think they wanted to send that message to parents, the public or those considering legal action".

"There was also concern," says the federal official, "that an immediate withdrawal might discredit the international vaccine programs for which CDC is an important partner." The World Health Organization has urged CDC against the banning of Thimerosal in U.S. vaccines since that prohibition might discredit WHO's third world inoculation programs. WHO, with U.S. funding, is now injecting children in developing countries with the same amounts of Thimerosal we were giving American kids at their highest exposures, but in a shorter time period. In May 2001, WHO committed to "develop a strong advocacy campaign to support the ongoing use of Thimerosal."

The icing on this bitter pill of betrayal however, is a stunning letter sent to Congress and signed by 22 leading medical associations in the U.S. which promotes the continued use of mercury in vaccines. Among these groups is the American Academy of Family Physicians, American

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Academy of Physician Assistants, American College of Allergy, Asthma, and Immunology, and get this, the American College of Preventive Medicine. Here we have a bunch of powerful medical groups ganging up to defend the indefensible - the continued use of nerve poison in vaccines.

This gang, led by high profile vaccine developer and patent holder, Dr. Paul Offit who outraged parents around the world when he stated, **"each infant would have the theoretical capacity to respond to about 10,000 vaccines at any one time"**, has now reaffirmed the depth of its malevolence. Offit is director of the Vaccine Education Center at the Children's Hospital of Philadelphia, also a signatory to the pro-thimerosal letter. Not least on board with these groups, is the Immunization Action Coalition, THE major pro-vaccine advocacy group. Its multi-million dollar budget is funded to the tune of $628,000 by the CDC, and large undisclosed amounts from vaccine makers, Merck, GlaxoSmithKline, Sanofi Pasteur, Chiron Corp. and Wyeth Pharmaceuticals.

In an excellent counter-argument, the National Autism Association gives a point form rebuttal to the pro-mercury letter. As an example of its toxicity they write, "The amount of mercury in a vial of flu vaccines that contains thimerosal is equal to a concentration of 50,000 part per billion (ppb). To put this in perspective, liquid waste that exceeds 200 ppb of mercury must be disposed of in a special hazardous waste landfill and drinking water cannot exceed 2 pbb. Unused flu vaccine must be disposed of as a hazardous waste. One must ask if most people would want their infant to be the recipient of a product that can be classified as a hazardous waste?"

That these so called health experts now position themselves as defenders of mercury in vaccines, betrays every measure of human decency, trashes the foundation medical ethic of "first do no harm", and shreds the *Precautionary Principle. Their insistence that it is perfectly safe to inject pregnant women, infants and children with this nerve poison, while ramping up their political activity to keep mercury in vaccines, stands at the pinnacle of medical malfeasance.

Here in a nutshell is a glimpse into the twisted politics of the vaccine establishment. It justifies the continued injection of one of the most toxic substances on the planet into the most vulnerable members of society in order to protect the image and viability of its global vaccination programs. If North Americans were to outright reject mercury laced vaccines, but still keep shipping it to developing countries, they might accuse us of poisoning their children. And they would be right! Let's not mince words anymore. Vaccines have been poisoning children for a long time, but it is only in the last few decades that we have begun to see the collapse of children's health on an unprecedented scale.

We can only hope that this arrogant and callous display of collective insanity gripping the medical profession will rebound a thousand fold and serve to awaken the public to the iatrogenic health disaster caused by out of control vaccine policies.

Notes:

-Riane Eisler, Paradigm Shift - The Decline and Fall of the Dominator Culture
http://www.partnershipway.org/html/subpages/articles/paradymshift.htm

-Vaccines Show Sinister Side by Pieta Woolley – Georgia Straight
http://www.straight.com/content.cfm?id=16717

-Press Release, March 22, 2006 announcing UCLA/M.I.N.D study: "Uncoupling of ATP-mediated Calcium Signaling and Dysregulated IL-6 Secretion in Dendritic Cells by Nanomolar Thimerosal" can be downloaded at ehponline.org/docs/2006/8881/abstract.html also see
mindinstiture.org

- Robert F. Kennedy Jr.: Time for CDC to Come Clean: http://www.huffingtonpost.com/robert-f-kennedy-jr/time-for-cdc-to-come-clea_b_16550.html

-The Age of Autism: Doctors for mercury, By Dan Olmstead http://www.sciencedaily.com/upi/index.php?feed=Science&article=UPI-1-20060317-22550900-be-ageofautism.xml

-National Autism Association: Opposition to Anti-Thimerosal Legislation, April 4, 2006 http://www.nationalautismassociation.org/

-22 Medical Associations' Letter to Congress Promoting the Continued Use of Thimerosal in Vaccines: http://www.nationalautismassociation.org/Vaccines%20and%20thimerosal%20letter.pdf

- Paul Offitt MD et al. Addressing Parents' Concerns: Do Multiple Vaccines Overwhelm or Weaken the Infant's Immune System? PEDIATRICS Vol. 109 No. 1 January 2002, pp. 124-129
http://pediatrics.aappublications.org/cgi/content/full/109/1/124

-*Precautionary Principle - The precautionary principle essentially states that complete evidence of risk does not have to exist to institute measures to protect individuals and society from that risk.

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National Autism Association Research Summary

n summary: The National Academy of Sciences acknowledges "windows of vulnerability" to mercury toxicity during neurological development. Specific types of neurodevelopmental outcomes may have different (and specific) windows. These critical periods for mercury effects have not been established and may be relatively short in duration. Because thimerosal from vaccines has been documented to cross the blood brain barrier and result in significant accumulation of inorganic mercury in the brains of infant primates, excessive exposure during one or more windows of neurodevelopmental vulnerability may have occurred. The fact that thimerosal may contribute to adverse neurodevelopmental outcomes is compounded by the recognition that even relatively minor effects early in life can have profound affects on society when amortized across the entire population and life span.

Note: the mercury dose from vaccines produces acute ethylmercury blood levels in the nanomolar range. The half life is 5-7 days, meaning that half the injected dose of mercury leaves the blood in that time period, on average. There is considerable individual variation. Any background mercury exposures from non-vaccine sources would increase the blood mercury levels.

1. Baskin (2003) – thimerosal disrupts cell membranes, damages DNA, and alters cell shape at concentrations only 4 times those expected from vaccines. Greater effects were seen as the length of time of exposure grew, suggesting that under real conditions the concentration needed for the observed alterations would be much lower. This has been shown in subsequent research, that exposure of cells to nanomolar levels of thimerosal after 24 hours results in cell alterations.

2. Burbacher (2005): infant monkeys dosed with vaccine-level thimerosal were compared with infant monkeys dosed with equal levels of methylmercury. The thimerosal dose resulted in lower blood levels but more than twice the inorganic, or long term, mercury levels in the brain, relative to the methylmercury. The study showed the potential for significant brain accumulation from thimerosal and demonstrated that exposure/safety assessments for methylmercury may not apply to thimerosal.

3. Havarinasab & Hultman (2005): thimerosal given to mice alters immune function more than equal doses of methylmercury.

4. Hornig (2005): dosing of autoimmune-prone infant mice with thimerosal-containing vaccines, at the dose given to humans adjusted for mouse weight, resulted in a number of observable effects including growth delay, reduced movement, exaggerated responses, and brain alterations such as increased neuron density and changes in receptors and transporters.

5. Humphrey & Kiningham (2005): after only short (2 hour) exposures, thimerosal at micromolar concentrations caused neuronal membrane damage and alterations leading to cell death.

6. James (2005): the viability of neuronal cell lines was decreased after just 3 hour exposure to 2.5 micromolar concentrations of thimerosal.

7. Makani & Yel (2002) – thimerosal at micromolar amounts causes cell death (apoptosis) in immune cells (T cells).

8. Mutkus & Aschner (2005) – thimerosal alters glutamate transporter function at low micromolar concentrations. Glutamate is a neurotransmitter and is necessary for proper brain functioning.

9. Parran (2005)- thimerosal causes DNA fragmentation of neuronal cells and disrupts neuronal growth factor signaling at micromolar and even nanomolar concentrations.

10. Ueha-Ishibashi (2004: thimerosal at low concentrations is as toxic to rat neurons as methylmercury. The FDA and EPA use methylmercury as their toxicity standard, so demonstration of equivalence shows the potential of thimerosal to cause the same harm as methylmercury, for which more research exists.

11. Waly & Deth (2004): thimerosal inhibits critical DNA methylation and attentional pathways at nanomolar concentrations, leading to alterations in brain function.

12. Westphal (2003) – thimerosal at nanomolar concentrations causes DNA damage in immune cells (lymphocytes) leading to cell death.

WHY DO PEDIATRITIANS DENY THE OBVIOUS?

by Judy Converse

It's 2006, and for the first time in history, U.S. children are sicker than the generation before them.

They're not just a little worse off, they are precipitously worse off physically, emotionally, educationally and developmentally. The statistics have been repeated so often, they are almost boring. Obesity affects nearly a fifth of children, triple the prevalence in 1980. (1,2) Juvenile diabetes is up 104 percent since 1980. (3,4) Autism, once regarded as having a purely genetic etiology, increased more than a thousandfold in less than a generation. (5,6) The incidence of asthma is up nearly 75 percent. (7,8) Life-threatening food allergies doubled in the past decade. (9) The prevalence of allergies increased nearly sixfold. (9) Almost one in 10 children — between four and five million kids — have been diagnosed with attention-deficit disorder. (10) Nutrient deficiencies, not seen for decades in U.S. children, are prevalent again, or still persisting. (11-14)

Much of this happens more often to boys than girls, between whom gaps have widened steadily since 1990: Boys are 47 percent more likely to have learning and developmental disabilities than girls, 60 percent more likely to have repeated a grade, twice as at risk for autism, and 200 percent more likely to commit suicide. (15) They may also have poor vitamin A status more often than girls, (16) which increases risk of infection and life-threatening complications like pneumonia. (17)

What happened? Many have argued that the increasingly aggressive vaccination schedule is partly to blame. (18-23) In the 1980s, more vaccines were given earlier in infancy, as were more multivalent doses, most of which contained mercury. In the 1990s, genetically recombined vaccines came into use for the first time, and were used universally on day-old infants, who had never before been vaccinated with anything. Indeed, children are currently advised to get 54 vaccine doses by age 12 — a circumstance unprecedented in human history, and one that coincides neatly with the escalation in child health problems. If true, by vaccinating so zealously, rather than making children healthier, as school districts, federal health programs, corporate health infrastructures, and pediatricians insist, we have traded mostly benign or treatable childhood illnesses for incurable, lifelong, extremely costly disability and disease. **It means that current vaccine policy and practice create more morbidity and mortality than they prevent in U.S. children.**

Compelling evidence to support this has been much discussed on this site, and dutifully brought to the attention of vaccine policy authors: the Centers for Disease Control and Prevention (CDC), the National Institutes of Health's Institute of Medicine, the American Academy of Pediatrics, the Advisory Committee on Immunization Practices. Even governing public health bodies in the U.K. have now heard the dissenting voice of Peter Fletcher, MD, former chief scientific officer at Britain's Department of Health. He recently chastised his peers for turning a blind eye to the avalanche of published science and anecdotal evidence showing that MMR vaccine can cause inflammatory bowel disease and autism. (24) Efforts to refute these concerns (25) were dubiously funded by vaccine makers and had fatal design flaws that made autism incidence vanish in the data set. (26) This rebuttal was never widely read by pediatricians, who continue to believe MMR, and all other vaccines, are not only safe but essential.

With our children's very lives at stake, why do parents and governments remain loyal to the medical culture that may have led them to this? And as the ship sinks beneath their feet, how do pediatric providers manage to deny the obvious: Many children in their highly vaccinated practices are sick a lot, don't develop normally, can't sleep, can't tolerate or won't eat a typical diet, become overweight, acquire preventable nutrition problems that cause lifelong damage? Worse, how do they defend that they have virtually nothing to offer, other than symptom-masking drugs?

When I was to become a mom, I asked a relative with three children what her most sage advice might be. "Throw out your television," she declared. To this I might add, "Fire your pediatrician". Besides stumbling under the influence of the pharmaceutical trade, which positions itself alluringly at every step of a doctor's education and practice, pediatricians have succumbed to managed care structures that discourage referrals, dictate visit duration and procedures, and restrict prescribing.

As low-tech skills have faded from pediatric practice — things like spending more than three minutes discussing questions, (27,28) listening to parents, completing a thorough exam for signs and symptoms of nutrient deficiencies, interpreting the growth chart rather than just adding a dot to it — so has quality of care. This has left many children slipping through the cracks of a fracturing health care system, (29) and dumped them into a bin where they languish with autism, chronic illness and infection, growth regression, unexplained skin rashes and allergies, and myriad, difficult to label developmental, learning or functional delays — problems that place children at even higher nutritional risk. (30,31)

It often felt like my office was this bin. Coming to me via referrals from my state's zero-to-three program, nonprofits serving children with developmental delays, schools, occupational therapists, speech therapists, and parents through word of mouth, my nutri-

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tion practice served children from all northeast states and beyond from 1999 to 2005. These children were from mostly insured, educated families with good enough incomes to pay me, since most insurance policies refused nutrition care, except for the most horrific of diagnoses in children. They were also usually followed at one of the region's major medical centers because most of them had serious developmental delays and had to see a litany of specialists. In other words, they got a lot of top-notch health care.

Every child I met had nutritional failure issues. Not one of their pediatricians noticed.

Every child I encountered had a nutrition issue severe enough to impact growth, learning, development, behavior — or all of the above. Nutrition problems in these children preceded developmental lapses by several weeks, months or years. In every case, the parent brought concerns for changing signs and symptoms to the doctor's attention. No treatment was offered these families regarding appropriate nutrition measures. Indeed, parents usually reported being told it was of no consequence or that there was "no proof" nutrition measures could help.

This is astounding because it simply could not be more wrong. Decades of classic nutrition science, too voluminous to cite here, are the bedrock of U.S. government and worldwide programs that have existed for decades: World Health Organization; UNICEF; Supplemental Food Program for Women, Infants, and Children; School Lunch; Head Start; Zero to Three; the National Health and Nutrition Examination Survey (NHANES); Pediatric National Nutrition Survey. The creators of these programs knew that malnutrition in children affects weight first, then height, then head circumference — i.e., the brain — last. More subtly and especially in children, it affects cognition, self regulation, epithelial tissues, hair, skin, nails, bowel habits, immune function and many other functions and tissues even earlier. By the time a child's development or outward appearance has been impaired by a nutrition deficit, the deficit has already been there a long time. This does not have to look like kwashiorkor to create lifelong disabilities for kids: Chronic marginal nutrition status is a powerful deterrent to growth, learning, infection fighting and development.

Pediatricians are not paying this much mind, if we are to believe our largest data set on child nutrition status: According to the most recent NHANES, poor status and/or poor intakes for iron and vitamins A, D, E, and C were present (32) — all of these being, at the very least, critical micronutrients for immune function. Even the most obvious of child nutrition issues — obesity — is addressed by pediatricians with their overweight patients only about a third of the time. (33)

Applied nutrition is a low-tech tool, and it pulled most children I worked with out of the health care system dumpster. Why isn't it part of every pediatrician's repertoire?

First, it takes too long. A nutrition care visit requires a bare minimum of 20 minutes; I typically took 90 minutes for new patients and an hour for follow-ups. Parents were eager to pay for the help because it worked. Their children stopped getting sick, grew again, stopped having allergy symptoms, slept better, ate better, and focused better in school — all without medication.

Second, pediatricians — indeed, all physicians — are not required to study nutrition beyond a cursory level, nor are they expected to apply it therapeutically in practice. This means they may well miss subtle or overt signs of nutrition problems and, if even if they notice them, they won't know how to correct them.

Third, unlike drugs, foods and nutrients can't be patented, so there is no profit in recommending them. No profit means precious few clinical trials, no free conferences to educate doctors about nutrition, no complimentary lavish buffets, no free air line tickets or corporate jet travel for senators or doctors, no seductive sales reps in the office handing out samples of omega-3 oils for your kids — but if you wait a few minutes, you might score some free Abilify or Risperdal.

Fourth, routine pediatric care is now focused on vaccination above all else — this being the number one topic discussed at well baby visits (34) — and with marginal to no training in clinical or applied nutrition, pediatricians let the most pedestrian of child health problems metastasize unchecked, sometimes to tragic proportions, as I routinely observed. (See paragraph two)

In 1998, the American Dietetic Association released a position paper affirming that health practitioners [be] able to identify nutrition risk and recognize when nutrition referrals are necessary. (35) National child health trends — not to mention the children in my own practice — unabashedly illustrate that this is far from being a reality. When given a test on infant nutrition, pediatricians scored just above an average grade and lower than medical residents. (36) They showed "discrepancies" in their knowledge and practice of infant nutrition, which prompted the survey authors to caution that quality of care could not be maintained.

Perhaps this explains why a young toddler came to me with a gastrectomy tube left in for 12 months, on the wrong formula, with no plan for transition to oral feeding. Or why a constantly sick two-and-a-half-year-old I met was offered only growth hormone injections for growth regression of a year's duration, when a simple lab test confirmed that he just needed a gluten-free diet. There was the five-year-old who had gained 30 pounds because of a Neurontin prescription she didn't need (prescribed for "possible" seizures that were not detectable on EEG,

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but concerning signs of which resolved with removal of dietary opiates). And there were many infants who could not tolerate breast milk or cow's milk formula only to be given equally irritating soy milk, when what they really needed was elemental formula — expensive, but effective; finally, their families could get some sleep and the babies stopped getting ear infections.

There was the school-age boy who was incontinent, had garbled speech, dysgraphia, and a developmental diagnosis that markedly impeded academic effort. No one noticed that he ate fewer than half the calories he needed daily and had a litany of food intolerances. A new meal plan, high-calorie hydrolyzed soy formula and supplementation permitted him to remain dry all night and, at school, to write neatly, and speak more clearly — all without Concerta or Straterra, which is where his pediatrician's referrals had led. Another child with autism on multiple psychiatric medications saw vast improvement using nutrition measures — for the first time in years, he stopped a daily ritual of smearing feces on his bedroom wall. Still his psychiatrist was incredulous and refused to be supportive when I asked if — given the improvements — this family could initiate a review of his medication doses. In each case, nutrition measures reversed the chronic health and even many of the developmental problems these children had, but not soon enough to avoid preventable, egregious, and costly suffering for entire families.

Vaccines may create nutritional failure by inflicting early and severe injury to gut tissue and digestive function, (19,20) by increasing the risk for bilirubin neurotoxicity at birth, (37-39) by setting off inflammatory responses that consume nutrient stores (40-42) or secondarily via brain injuries impair feeding skill and gut motility. (43) If overvaccination is triggering food allergies in children, this too creates nutritional risk: Children with food allergies have significantly lower height for age and have poor intakes of essential nutrients compared to kids without food allergy. (30) This means they don't grow as well and may not learn as well as peers. Biased to a belief that vaccine injuries only exist as extremely rare and severe anaphylactic events, and lacking skill to recognize disabling nutrition failures in children, pediatricians are least equipped to help the burgeoning generation of sick children they are arguably creating.

Vaccines do not create health in children. Nutrition status does. Immune function depends on nutrition status, not on how many vaccines a child receives. Even though adults and children are more vaccinated now than ever, the CDC found a nearly 20 percent increase in number of reported "unhealthy" days between 1993 and 2001. (45) We're just plain sicker than we used to be, despite using more and more vaccines. The sooner families have more options for child health, the better. Whether they find a pediatrician willing to listen and read independent research on vaccines, or whether they work with a pediatric naturopath or other providers skilled in tools beyond pharmaceuticals, change is urgently needed.

Next: Vaccines, chronic inflammatory responses and nutrient status: Do shots rob infants and children of critical nutrients?

About the Author

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Her practice assists agencies and hospitals serving those with autism and provides therapeutic diets for affected children. She holds graduate and undergraduate degrees in nutrition and has worked in cardiac nutrition, diabetes, and infant/toddler nutrition. A vaccine safety advocate, she has testified before state and federal legislators on infant hepatitis B vaccination. She lives in Colorado with husband Chris and son Ben, who survived a nearly fatal hepatitis B vaccine adverse reaction at birth.

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Judy has written a book, "When Your Doctor Is Wrong, Hepatitis B Vaccine and Autism"- see Barnes & Nobel site for details: http://search.barnesandnoble.com/booksearch/isbnInquiry.asp?z&isbn=1401029736&itm=1

We appreciate the author's kind permission allowing us to reprint this article which was first published March 8, 2006 at: www.redflagsdaily.com

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TESTIMONY BEFORE HOUSE OF REPRESENTATIVES

by Judy Converse

March 27, 2001

Canadian provinces are moving toward including hepatitis B vaccine into the early infancy vaccine schedule. Parents need to be alert to the risks posed to their children by this genetically engineered, immune system altering vaccine.

Hepatitis B virus is not a childhood disease. No agency, the CDC included, lists children or infants among individuals at risk. It is an adult lifestyle disease spread in the US primarily by sexual contact and sharing of needles. Because of this, adults age 20-40 are typically affected. Over 90% recover with no permanent effects. Even for adults, hepatitis B virus incidence is almost a non-issue in the US.

Nationwide, some 6000 cases (not deaths) were reported last year, which means that there are currently about 2 cases of hepatitis B virus per 100,000 persons in the US. Hepatitis B infection in MA follows the national trend, which has shown a steady decline in cases on average of 10% per year since 1986. This is not due to vaccination: Vaccine compliance in the 1980s was poor for high risk groups (injection drug users, sexually promiscuous homosexual and heterosexual men) and the vaccine was not given to children until 1991. According to the CDC, incidence dropped in these groups due to safe sex and needle use practices promoted through AIDS prevention awareness.

Incidence in the US for hepatitis B is so low, there is no reliable way to report it, according to the CDC. Childhood is not a risk factor for hepatitis B virus. In the US, this truly is a vaccine without a market. Once the manufacturer realized this in the late 1980s, it requested permission to sell

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this vaccine to the perfect market: Infants and children. Once a department of health or department of education requires a vaccine for school entrance, the money flows without hindrance into the manufacturers1 coffers. The FDA, the CDC, the Advisory committee on Immunization Practices knew full well that children did not need this vaccine. This is admitted in their own documents. But they viewed childhood as a convenient time to give shots. The FDA licensed this vaccine for use in children in a record breaking 5-months1 time. Inadequate safety testing prevailed – no independent testing was done, just a 5-day trial by the manufacturer on a small sample of children, with no control subjects.

This is the first recombinant vaccine marketed, and as such, it was assumed to be safer than a live virus vaccine. It was the first of any type ever given to newborn babies. It was the first time a vaccine was given in childhood to prevent an adult lifestyle disease. Even though this is like taking an aspirin on Monday to prevent a hangover on Friday, all of these firsts were overlooked in pursuit of a phenomenal sales opportunity and potentially phenomenal health outcome. It was an experiment: Could hepatitis B be wiped out, if we vaccinate everyone from birth? Could this work for any disease? Not foreseen were the grievous safety issues that have emerged with using a vaccine containing genetically recombined viral material during the delicate, critical neonatal period and developmental years. Many safety issues have indeed emerged. Without imminent risk for contracting this virus, any school system which requires this vaccine for entrance is, in my opinion, acting criminally, and putting its students at hazard for outcomes like autism, degenerative neuromuscular diseases, chronic fatigue syndrome, deafness, and more. All of these have been linked to hepatitis B vaccine injury, as you can see in the list of references provided today.

I have illustrated that this vaccine is, from public health and safety perspectives, utterly inappropriate for universal use in US children. Now I would like to tell you more about myself. In addition to my public health credential, I am a registered dietitian in private practice. Though I have some typical nutrition diagnoses in my case-load, like FTT, chronic diarrhea, or food allergies, I specialize in dietary intervention for autism. This was not an area of practice included in my training; it is simply too new and many providers who normally see autistic children do not embrace it. I have come into this by way of my own son, who nearly died from one dose of hepatitis B vaccine given at birth. Though he was the healthy product of a normal full term pregnancy and spontaneous delivery without complications, he quickly succumbed to the adverse effects of this vaccine, given without our knowledge or consent because it was recommended by the CDC, when he was less than 2 days old. As I told a Congressional Subcommittee investigating hepatitis B vaccine in 1999, his symptoms matched federal criteria for hepatitis B vaccine injury to the letter with one exception: Symptoms did not all occur within 4 hours of receiving the shot. Because of this arbitrary and scientifically invalid criterion, placed in the vaccine injury tables, some say, to protect vaccine manufacturers, no physician diagnosed his reaction for nearly three years.

My son's infancy was fraught with complex feeding problems, growth failure, allergies, seizure and breath-holding events, peculiar sensitivities, motor delays, social phobias, and extreme hyperaccusis. He qualified for Department of Health Early Intervention services at age 10 months, and MassHealth coverage soon after, which paid for his occupational therapy and sensory integration treatment at $200/hour, twice weekly, for over a year. By age 2.9 he was diagnosed on the autism spectrum as PDD-NOS at Boston Children1s Hospital. He now attends school on an IEP, which includes a shared aid, occupational therapy services, and physical therapy services. His IEP paid over $1000 for auditory integration training, so that he could tolerate the sounds of school, and function there without seizing or persevering (hearing changes are a documented feature of hepatitis B vaccine injury). Massachusetts health and education programs have been paying for my son1s vaccine injury nearly all of his life. He is only one of thousands of children in this state similarly affected, by a vaccine that they don1t even need.

Without imminent risk for contracting this virus, any school system which requires this vaccine for entrance is, in my opinion, acting criminally...

This sounds bad, but my son is lucky. He is 4 years old and doing very well, thanks to relentless, aggressive, and costly interventions that we have pursued since the day his health was shattered by this vaccine. In Falmouth, my son receives the least services of all children on the autism spectrum whom I know. In other words, he comes cheap as a spectrum kid for DOE. It is much worse for other kids who have

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not had the benefit of aggressive early intervention and thus need constant, costly supports at school.

It is plain to me that the children who come to my office for nutrition care are suffering from injuries similar to my son's. The diagnostics, nutrition status, immune panel, growth and gain, gastrointestinal dysfunction, development, and clinical history fit the same pattern, over and over. When infants react adversely to this shot, they face a life of compromised functioning. They will not develop typically. They will need elaborate special education services, early intervention, and constant care. Their parents will be pulled from productive lives and into full time case management. The losses are staggering, and they statistically outpace cases of hepatitis B infection nationwide. I repeat: A child in Massachusetts has a greater chance of reacting adversely to this vaccine and suffering lifelong injury or impairment, than they have of contracting the disease itself. This is public health practice at its worst, the tail wagging the dog. I urge this committee to act responsibly and omit this vaccine from school entrance requirements, for the health and safety of all Massachusetts children. Even one case of childhood hepatitis B is not worth the hundreds or thousands of injuries you will incur if you require this shot for school entrance.

For full transcript of Judy Converse's testimony go to: http://www.aapsonline.org/stateis/matest.htm

THE VALUE OF BREASTMILK

How breastfeeding helped my son overcome his eczema.

by Ingrid Schebesch - Scotland

When I became a mother I knew little about breastfeeding and vaccination but I knew that I wanted to breastfeed my baby.

I managed to overcome initial breastfeeding difficulties. And as I became more confident in my mothering and breastfeeding abilities, I also began to learn about the amazing properties and immune-boosting abilities of human milk. My precious little boy thrived on my milk alone and his skin was as soft as silk - even the health visitor (nurse) commented on this.

We were very proud of our little sunshine and of our parenting abilities and thought we knew enough about looking after a baby to be good parents. So when I took Antonio, for his first DTP/Polio jab at just 8 weeks old, I didn't think anything of it except that I was doing the best for him. The same night Antonio started to cry like I had never heard him before and no amount of consoling helped. He refused feeds and arched his back; we thought he had meningitis. The next morning was the same and it took a lot of persuasion from me to encourage him to nurse again.

This kind of behaviour was repeated at the next 2 booster jabs he got at 3 and 4 months. The only difference was that after the 2nd booster his face started showing signs of a rash which the doctor diagnosed as eczema and prescribed steroid cream and moisturising lotions. Then the eczema worsened. It covered his whole body after the 3rd booster and my baby's face turned from velvet soft to a rough, scratched, bleeding, and sore.

I felt angry, helpless and betrayed that exclusive breastfeeding had not managed to prevent this, as I had read so many times in breastfeeding publications. A long journey of discovery began which led me to investigate possible treatments and alternatives to steroid cream, but most importantly the root cause of all this.

By this time I was already in touch with La Leche League for other breastfeeding help and when discussing my son's eczema with my local LLL Leader, she recommended that the best thing I could do for him was to breastfeed him for as long as possible, which I did for much longer than is the norm in our society.

This was the best advice I could have been given as it really was the only thing that has prevented Antonio from going to hospital. His eczema was quite bad but not as bad as it could have been without the breastmilk. It did not seem to make any difference either when I left all dairy products, eggs and fish out of my diet but then, it might have been a lot worse had I continued to eat these foods.

It was my La Leche League group Leader as well, who suggested there might be a link between Antonio's vaccinations and his eczema and who gave me a pile of information material in which I immersed myself. I read everything I could. I learned so much during this time, not just about vaccination but also about the value of childhood diseases to the maturation of the immune system. I learned about alternatives to fever suppressors (and their dangers) and how the overuse of antibiotics impacts on children's health today. I started losing my fear of disease as this was gradually replaced by wisdom and empowerment through information. My husband was very receptive to my decision not to give the MMR or any other vaccinations ever. He has embraced all the information I have shared with him and is fully aware of the dangers of vaccination and suppressive medicine. My husband

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has been a great source of support for me.

Antonio's eczema started to improve when he turned 2 and only remained on his hands, but the extended, continued breastfeeding took care of that so now, at age 7, his skin is 99% healed and almost as soft as it was when he was a baby. He has had several serious chest infections (a leftover from his vaccinations) over the years but never once have I suppressed his fever with drugs or given antibiotics , but instead I relied on the breastmilk to make him better, which it always did within a day. He is now stronger and healthier for it.

It was a very long journey of discovery but one which I am glad I had to go through as I have learned so much since then and I am still continuing to learn. I feel very strongly that it is every baby's birthright to be healthy, to be breastfed and achieve health without the influence of the pharmaceutical or baby food industries in who's interest it is to make profit at the expense of babies' health, the most vulnerable member of society. When will babies and children have this God given right protected by law and honoured?

I feel very strongly about this and try to alert other parents to the dangers and risks associated with vaccination but it is a slow process due to the fear that the majority of parents have about ordinary childhood diseases - something that doctors are only too happy to feed. What has to happen to stop many more babies being hurt unnecessarily by vaccination? When will parents reclaim their right to an informed choice?

I am forever grateful for having followed my LLL Leader's recommendation to breastfeed Antonio long after his first birthday; also, that I found the information about the risks of vaccination I needed to turn around my son's health so that today he is a healthy, strong, intelligent, happy child who loves life and is full of vitality.

"EXPERT" BELIEVES INFANTS CAN TOLERATE 10,000 VACCINES

by Sherri Tenpenny, DO

Editor's note: When vaccine patent holder & developer Dr. Paul Offit's article, "Do Multiple Vaccines Overwhelm or Weaken the Infant's Immune System", appeared in the journal Pediatrics in 2002, he claimed that infants can be injected with as many as 10,000 vaccines at one time, without ill effect. Cries of outrage rose from parents and researchers already deeply concerned about the volume of vaccines currently being injected into young children.

Dr. Tenpenny's intelligent and eloquent rebuttal follows:

It always amazes me when highly respected journals such as Pediatrics are willing to publish articles such as this. And what is even more amazing is that the people who write this information call themselves "physicians" and "scientists."

Passive protection conveyed by the mother is dismissed as less effective than a vaccine.

However, much research clearly documents that more protection is conferred through breast milk than through artificially-induced antibodies. Breast milk contains large quantities of secretory IgA, lysozyme-secreting macrophages, and both T- and B-lymphocytes. The lymphocytes release of gamma interferon, migration inhibition factors and monocyte chemotatic factors, all of which strengthen the intrinsic immune response of the infant. [1]

In addition, the protection provided by breast milk is not short-lived. There is evidence that the enhanced protection it provides lasts for years.[2] In addition, concentrations of antibodies found at six weeks of lactation are the same levels as those at six months, so any amount of breast-feeding contributes to immune enhancement. [3]

Children less than 2 years of age are considered to be more susceptible to infections by H. influenza type b and Streptococcus pneumoniae bacterium, both major causes of otitis media and invasive bacterial diseases. Although the infant's immune system may be less capable of "mounting a response" to the polysaccharide cell walls of the bacteria than an adult's immune system, infection can again be offset by breast milk. Components within the milk have been found to inhibit both colonization and tissue adherence. [4,5] The premise that conjugate vaccines are essential for the protection of an infant omits this important fact.

Vaccine-specific antibody protection is considered to be the cornerstone of vaccination success. In all studies published on vaccines, "efficacy" is considered to be the development antibodies. When vaccines are given together, the combination is considered "effective" if both antigens generate an antibody response at least equal to the response seen if a single antigen vaccine is given alone.

However, is this an antibody response a valid presumption of disease protection?

Even experts in the field admit that they don't know. During a discussion regarding the approval of yet another acellular pertussis vaccine, a panel member said,

"…A basic question is: Is antibody correlated with protection? In the year 2000, we don't really know which antibodies protect, let alone exactly what level of an antibody protects." Another panelist went on to say, "The protective mechanisms [of the immune system] are not understood. Is it antibody or is it cell mediated or some assessment of memory that can occur in response to infection?" [6]

The Advisory Committee on Immunization Practices (ACIP) discloses this regarding the pertussis vaccine,

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"The findings of efficacy studies have not demonstrated a direct correlation between antibody response and protection against pertussis disease."

Antibody studies are only useful to compare immune responses elicited between similar vaccines. Efficacy studies to measure clinical protection conferred by each pertussis vaccine have not been done. [7]

Therefore, antibodies apparently mean nothing.

The H. flu vaccine has been found to have high avidity in vitro. This means that there is a high affinity of attachment between the antigen and the antibody. However, "the contribution [of this] to clinical protection is unknown." [8]

Again, "efficacy" as defined by the development of antibodies apparently means nothing in relation to disease protection. Therefore, using the antigen binding capacity of the immune system and its ability to create an antibody response as a measure of safety, also means nothing.

The concept that 10,000 antigens could theoretically be deposited uneventfully into the blood stream of either an infant or an adult defies logic and is a blatant disregard for mechanisms of human physiology.

By injecting a vaccine into the body, the first four lines of normal immune defense are by-passed:

- ✦ Skin,
- ✦ Mucous membranes,
- ✦ Gut lymphoid tissue and
- ✦ Lymphatic neutralization

This abnormal introduction of pathogens and adjuvants into the blood stream does not "trick" the immune system: it contaminates it.

And contaminate it we do. Children now receive 52 vaccines, in the form of 15 shots, buy the time they are 6 months of age if they receive all the recommend shots, including the Prevnar® (the pediatric pneumonia shot.) That is because each viral or bacterial particle contained in the vaccine elicits an immune response.

So, the measles, mumps and rubella vaccines are three separate vaccines. The injectable polio vaccine (IPV) contains three strains of polio, thus it is three vaccines. And this overwhelming amount of biological material does not include the adjuvants, which can included MSG, aluminum, formaldehyde, sucrose and phenoxyethanol, which is antifreeze, among many others.

The potential for disaster looms as multiple live and attenuated viruses are combined during multiple vaccinations on the same day. In a study reported in Science Magazine, two avirulent herpes viruses were simultaneously injected in the footpads of mice. Many (62%) of the mice that had received equal doses of each virus died while none died that had received up to 100 times the diluted dose of just one virus.

Eleven recombinant viruses were isolated from the dead mice. Three of these isolates were lethal when injected into the next set of mice. This study demonstrates that in vivo, two avirulent viruses can recombine with deadly results. [9] If two vaccine antigens can cause a serious outcome when given simultaneously, then what about "only 123-126"? Or 10,000?

Once again, a "ground breaking" medical study has drawn media attention by posting conclusions that are not supported by facts. Stating that an infant has a large capacity to respond to antigens, i.e. create an antibody response, does nothing to allay reasonable fears and doubts by investigative parents.

Any "thinking doctor" should recognize this "study" for what it is: another opportunity to spread the mantra of "safe and effective" vaccines. Perhaps in this way we won't question the more than 200 vaccines that are currently in development or resist the more than 20 that are anticipated to become part of the childhood vaccination schedule by 2010.

A "thinking parent" might conclude that, "if the immune system is that strong, why do we need to vaccinate at all?

See complete articles at: http://www.mercola.com/2002/mar/27/vaccine_infants.htm

Summary of the Pediatrics article

Recent national surveys show that about 25% of the parents are questioning whether all these shots are necessary and if the vaccines might actually weaken the immune system.

Dr. Offit attempts to explain the effect of vaccines on the infant's immune system and the capacity of the immune system to respond safely to multiple vaccines.

Dr. Offit states that maternal antibodies offer limited and short-term immunologic protection when compared with protection afforded by an infant's active immune response to vaccines.

Dr. Offit then goes on to explain that a young infant is fully capable of generating protective humoral and cellular immune responses to multiple vaccines simultaneously. He then uses some physiological immune facts to come to the outrageous conclusion that an infant would have the **theoretical capacity to respond to about 10, 000 vaccines at any one time, and then goes on to say that this is a conservative estimate!**

See: Dr. Paul Offit, et. al. , Vol. 109 No. 1, Jan. 2002

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VACCINATING FOR PROFIT- FROM CRADLE TO COFFIN

by Evelyn Pringle - February 2, 2006

Due to the flooding of special education classrooms, along with the rising medical costs of treating injured children, local taxes will soon go through the roof, at which time the public will be forced to face the unthinkable truth about the poisoned generation.

And when that happens, government officials had better not even think about trying to feign ignorance because parents, scientists, and medical experts have been screaming about the epidemic in vaccine injuries, from one end of the country to the other, since the 1990s, and the fact is that lawmakers knowingly allowed it to happen.

Over the past twenty years, our government has facilitated a nationwide experiment on our country's youngest citizens via the Mandatory Childhood Vaccine Schedule, and the tragic results of the experiment can be equally credited to the joint efforts of compromised regulatory officials and politicians, and the pharmaceutical industry that stood to make billions.

In a perverse twist of fate, the vaccine program has evolved into a grand profiteering scheme, second only to the military industrial complex's war on terror fiasco. Instead of prevention, the program has resulted in an epidemic of serious health problems for an entire generation of children and at the same time, produced an infinite market expansion for the sale of other prescription drugs, for the scheme's developers.

The start of the epidemic can be traced to the late 1980s, when public health officials dramatically increased the number of vaccines, which contained the mercury-based preservative thimerosal, without taking into consideration the impact of the cumulative mercury load on developing brains of infants.

Once the mercury poisoning was discovered by the FDA in 1999, vaccine-makers claimed they were eliminating thimerosal from vaccines but they never recalled the vaccines already on the market and children continued to receive mercury in vaccines for several more years. Even today, the flu vaccine recommended for 6-month-old babies and pregnant women still contain a full dose of thimerosal.

Instead of ordering drug companies to get the preservative out of all vaccines, Congressional Republicans and President George W Bush spent much of the past 3 years working on strategies to give the pharmaceutical industry protection against lawsuits from vaccine injured children. A handful of shameless Congressional Republicans remained lurking around in the shadows for years, just waiting for the right moment to attach the protective provision to some "anti-terror" spending bill until they succeeded in December 2005.

Before the age of two in this country, children receive at least 20 injections involving twelve diseases. By the time they reach first grade, they have had at least 24 vaccinations, if they are in compliance with the CDC's 2005 Immunization Schedule.

For good reason, many parents do not want their children to receive 24 injections for diseases they have never heard of. However, government officials use every trick in the book to force them to inject these poisonous concoctions into their children, including economic sanctions for refusing to comply.

Refusing vaccination can result in citizens being denied enrollment in daycare, elementary school, and college; denial of health insurance; denial of employment; and denial of federal and state benefits for poor children including cutting off medical care under Medicaid, and food, under the Women, Infants and Children (WIC) program.

Medical professionals have been trying to get lawmakers to take notice of the health problems caused by vaccines since the 1990s. On June 14, 1999, Jane Orient, MD, Executive Director of the Associating of American Physicians and Surgeons, testified before the Subcommittee on Criminal Justice, Drug Policy, and Human Resources of the Committee on Government reform and said:

"Striking increases in chronic illnesses have occurred in temporal association with an increase in vaccination rates," she said. "Asthma and insulin-dependent diabetes mellitus, causes of lifelong morbidity and frequent premature death, have nearly doubled in incidence since the introduction of many new, mandatory vaccines."

"There is no explanation for this increase," Orient added.

"Even more alarming," she told lawmakers, "is the huge increase in reports of autism and attention deficit/hyperactivity disorder, with devastating, life-long impacts."

"Measles, mumps, rubella, hepatitis B, and the whole panoply of childhood diseases are a far less serious threat," Orient warned, "than having a large fraction (say 10%) of a generation afflicted with learning disability and/or uncontrollable aggressive behavior because of an impassioned crusade for universal vaccination."

About 3 years later, across the country on the West Coast, Barbara Loe Fisher, President of the National Vaccine Information Center, testified before the California Senate Committee on Childhood Immunization Mandates: Politics vs Public Health on January 23, 2002. Fisher acknowledged that the CDC, and American Academy of Pediatrics, vigorously deny that the vaccines could have anything to do with more children being chronically ill.

"Yet, the haunting question

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remains," she said, "if we have wiped out polio and almost eliminated measles, mumps, rubella, whooping cough and other childhood diseases with vaccines - why are so many of our children stuck on sick?"

"Why are our special education classrooms so crowded that we can't find enough money or train teachers fast enough to care for these learning disabled, hyperactive, autistic, asthmatic, diabetic, emotionally disturbed, sick children?" Fisher asked.

Since 1982, she charged, "the numbers of American children with learning disabilities, attention deficit disorder and asthma have doubled; diabetes has tripled; and the incidence of autism has reached epidemic proportions, increasing 200 to 600 percent in every state, marking a staggering 3400 percent increase in the prevalence of autism in our children."

Scientist have also been warning lawmakers about the vaccine injuries. Dr Mark Geier, holds a PhD in genetics, and was a researcher at the National Institutes of Health for10 years. He has studied vaccines for over 30 years. Dr. Geier and his son, David Geier, are the only independent researchers who have gained access to the Vaccine Safety Datalink database controlled by the CDC, to conduct studies on the connection between vaccines and the epidemic in neurological problems.

In a March 22, 2003 letter to Senator Hillary Clinton, the Geiers reported: "we have concluded in our studies that a causal relationship exists between mercury from thimerosal in childhood vaccines and neurodevelopmental disorders."

"Our best estimates are that the thimerosal contributed to about 75% of the cases of neurodevelpmental disorders while the MMR contributed to about 15%," they said. "The remaining 10% of the cases were related to mercury in Rhogam, a shot given to Rh-negative women, and to other sources of neurotoxicity."

On June 18, 2004, Representative Dave Weldon (R-FL), a doctor by calling, was on the floor of Congress waving red flags, and literally begging Congress to recognize the seriousness of the epidemic in children with neurological disorders all over the country.

"Mr. Speaker, something dreadful is happening to our youngest generation, and we must sound the alarm and figure out what is going on with our children," he said.

He quoted the Department of Health and Human Services when explaining that one in every 167 children was being diagnosed with an autism spectrum disorder. "Furthermore," Weldon reported, "one in 7 children is being diagnosed with either a learning disability or a behavioral disability."

On June 19, 2002, James Bradstreet, MD, Clinical Director of The International Child Development Resource Center in Florida, testified in Washington before the Government Reform Committee, and warned lawmakers about the cost of the autism epidemic back then.

"ICDRC estimates the minimal cost in present value, to care for those 420,000 existing children with autism is $1,260,000,000,000 (based on $3million/lifetime and 420,000 children affected)."

"So a little over a $1 trillion in the next 50 years would be required if we stopped creating new cases today," Bradstreet said.

"Because autism is doubling every four years, this is likely an overly conservative estimate" he added. "The societal cost could easily be $3-4 trillion."

On June 20, 2005, Robert F Kennedy, Jr, a relatively new advocate calling for the removal of thimerosal from vaccines, appeared on the Don Imus Show on MSNBC, and warned the public that our government is allowing drug companies to ship thimerosal-containing vaccines for use on children in other countries.

"They're giving this now to kids all over the third world," Kennedy warned. "In China, autism was unknown five years ago," he said. "They started giving them American vaccines containing thimerosal and now they've got 1.8 million cases of autism," he added.

Autism is also exploding in Argentina, India, and Nigeria, Kennedy said.

"What's going to happen when our enemies around the world realize that the United State's most heralded foreign policy which is vaccinating the children of the world is poisoning the brains of developing third world children?" he warned.

"This is just a disaster," Kennedy told Imus.

But it gets worse. Over the past 15 years, the vaccine scheme has resulted in a full-circle cycle of profits for the pharmaceutical industry. After poisoning an entire generation, drug companies are now making record profits from drugging their victims.

And the true irony of the situation is that due to their partnership with compromised officials and lawmakers, they were able to pull most of it off on the tax payer's dime. Federal and State government programs, are the largest buyers of vaccines, administered "free" beginning with pregnant women all the way up to seniors citizens in nursing homes.

The vaccine racket is raging on at full-throttle. In 2005, more vaccines were administered to infants under the age of 1 in the US than in any other country. The current immunization schedule calls for 3 doses of Hepatitis B, the first at birth, 3 doses each of DTAP, HIB, IPV, Prevnar, and one dose of flu vaccine before a child's first birthday.

The first year of childhood vaccines costs $620, and the second year costs $340, according to Pediatric Preventive Care Cost, Estimated US Average, 2005, by Patient Age,

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Recommendations for Preventive Pediatric Health Care (RE9939) and Recommended Childhood and Adolescent Immunization Schedule, US, 2005.

For the year 2004, the CDC reported the US birth rate to be 4,115,590. Without an industrial size calculator, it would be impossible to do the math to multiply the birth rate by the vaccine costs above. Suffice to say that the total amount represents major profits for vaccine makers especially when most of the bill is sent directly to the tax payers.

As for making money off the vaccine-injured children, between 2000 and 2003, the number of children treated for "severe behavioral conditions" related to conduct disorder and autism rose more than 60%, according to Behavior Drugs Lead in Sales for Children, New York Times, May 17, 2004.

Tax dollars are being directly funneled to the pharmaceutical industry through the damaged children. Public funds currently account for 63% of all mental health spending and Medicaid spending has risen more than 50% since 2000 to more than $300 billion per year, according to Parity-Plus: A Third Way Approach to Fix America's Mental Health System, Progressive Policy Institute, June 22, 2005; Medicaid Largest US Payer, Daily Health Policy Report, March 30, 20005.

Drug companies have also been raking in major profits from the sale of attention deficit drugs, with much of it coming from the public trough. The National Center for Health Statistics, reports that the number of children aged 3 to 17 with ADHD went from 3.3 million in 1997 to 4.4 million in 2002. Between 2000 and 2004, use of attention deficit stimulant drugs rose 56% among children, according to data compiled Medco Health Solutions, one of the largest prescription benefit managers in the nation.

According to testimony at the February 18, 2004, FDA hearing, by Dr Gianna Rigoni, of the FDA's Office of Drug Safety, a combined total of approximately 10.8 million prescriptions were dispensed for SSRI antidepressants and atypical antipsychotics to the 1 to 17-year-old population in 2002, and children between 1 and 11-years-old, accounted for about 2.7 million of those prescriptions.

In 2004, SSRIs and antipsychotics became the third-and fourth-biggest classes of drugs in the country, with sales of $20.7 billion. And much of that cost was borne by government health-care plans, according to the July 27, 2005 Wall Street Journal.

As for the continued use of thimerosal-laced flu vaccines with infants, according to the ACIP report of July 29, 2005 / 54(RR08);1-40, actual deaths from influenza are uncommon among children with and without high-risk conditions. A study that modeled influenza-related deaths estimated that annually, an average of 92 deaths, or 0.4 deaths per 100,000, occurred among children under 5 during the 1990's.

So, are the risks associated with injecting a full dose of thimerosal into 4,115,590 six-month-old babies worth it when weighed against the benefits, if any, of flu vaccines? More and more parents think not.

Article reprinted with appreciation from : http://www.lawyersandsettlements.com/articles/vaccine-profit.html

THE AGE OF AUTISM

ALLERGIC RESPONSES

By Dan Olmstead
UPI Senior Editor
March 21, 2006

A plausible link is emerging between widely used childhood medicines and the risk of developing allergies and especially asthma. But you'd never know it from listening to federal health authorities or reading the mainstream press.

The latest case in point: USA Today this week is tackling the roots of allergies and examining new treatments based on the idea that children may be getting too little -- not too much -- exposure to allergens.

"To head off allergies, expose your kids to pets and dirt early. Really." That was the headline on the front-and-center page 1 story Monday by Steve Steinberg. "The new approach to allergy prevention and treatment arises from a paradox," Steinberg writes. "Known as the hygiene hypothesis, it suggests that growing up in cities and suburbs, away from fields and farm animals, leaves people more susceptible to a host of immune disorders, including allergies and asthma."

The article goes on to ask: "What about urban life is triggering a rash of allergies and autoimmune diseases? It's a good question, and not an easy one to answer." (Disclosure: I was an editor at USA Today in the 1980s.)

While the hygiene hypothesis may help explain the huge rise in allergies and asthma, particularly among children, since 1980, there could be more going on here than an absence of cows and cornfields.

Just last week researchers reported a possible link between antibiotics and asthma -- "A new study has found that infants younger than 12 months who have had antibiotics may be more likely to develop asthma when they get

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older," the Salt Lake Tribune reported.

This was not some flaky anti-antibiotic study -- it was done by researchers at the University of British Columbia and published in CHEST, the journal of the American College of Chest Physicians. The researchers reviewed seven studies that compared kids who got antibiotics before age one with kids who didn't get any, and they were careful to report only an "association," not proof of a cause-and-effect relationship. In fact, antibiotic use may simply be a marker for kids who tend to have more infections -- that could be the real link to developing asthma.

No question, mainstream medical authorities call this idea junk science. But independent researchers keep saying the darndest things. The latest case in point: A study in January showing that European kids who follow the so-called anthroposophic lifestyle -- which severely restricts use of such medicines as antibiotics and fever reducers -- have a lower risk of developing allergies.

Again, it's just a study, but then again, the study was in the Journal of Allergy and Clinical Immunology, the peer-reviewed, scientific journal of the American Academy of Allergy, Asthma and Immunology.

...you really cannot overlook the iatrogenic hypothesis - the idea that medicine might be at least partly responsible for a problem medicine is trying to solve.

But if you're going to ask why "a host of immune disorders, including allergies and asthma," are rising, you really cannot overlook the iatrogenic hypothesis -- the idea that medicine might be at least partly responsible for a problem medicine is trying to solve.

A related possibility -- warning, here comes the third rail of American public health policy -- is that vaccines may play a role, and for a similar reason. If the immune system gets stimulated too early and too often but never by the real thing -- say, by the chicken pox vaccination rather than by chicken pox itself -- it could get stuck in battle mode and start attacking its own tissues.

That might lead to allergies, asthma and a host of other autoimmune disorders like juvenile rheumatoid arthritis, skin disorders, juvenile diabetes -- and, conceivably, autism, if autism reflects the outcome of an autoimmune inflammatory process in the brain.

The overlooked last sentence of the researchers' press release reads: "Early use of antibiotics and fever reducers, along with the measles, mumps and rubella vaccination were also associated with increased risks of several allergic symptoms and doctor's diagnoses."

There you have it -- a responsible report of a possible allergy risk not just from antibiotics and fever reducers but from the MMR vaccine, which every child in America is supposed to get. Coincidence or not, the MMR came into wide use around 1980, and in the mid-1990s, the CDC moved the recommended age forward to 12 to 15 months, from 15 to 18 months.

This study fits with something we reported last fall from Homefirst, a medical practice in Chicago that follows a similar philosophy and has thousands of never-vaccinated children. The group's medical director, Dr. Mayer Eisenstein, said he couldn't think of a single case of autism in children who had never been vaccinated. Ditto asthma. The asthma rate among Homefirst patients is so low it was noticed by the Blue Cross group with which Homefirst is affiliated, according to Eisenstein.

"In the alternative-medicine network which Homefirst is part of, there are virtually no cases of childhood asthma, in contrast to the overall Blue Cross rate of childhood asthma which is approximately 10 percent," he said.

"At first I thought it was because they (Homefirst's children) were breast-fed, but even among the breast-fed we've had asthma. **We have virtually no asthma if you're breast-fed and not vaccinated.**"

Several studies have suggested a link between vaccines and asthma while others -- notably one conducted by the Centers for Disease Control and Prevention -- do not. The CDC study, as we've noted before, eliminated never-vaccinated kids from consideration, allegedly because their medical records were inherently unreliable.

But note: The study above that found an association between antibiotics and asthma used control groups of kids who never, ever got any antibiotics. That's the kind of comparison federal health authorities seem to be assiduously avoiding when it comes to studying possible autoimmune risks of all kinds from vaccines.

When that happens, it's up to the press to dig deeper than pets and dirt. Really.

http://www.upi.com/ConsumerHealthDaily/view.php?StoryID=20060321-104858-2346r

*Dan Olmstead is writing a series of articles titled **The Age of Autism** which explores the link between autism and vaccines. To read other articles in this series go to:*

http://search.upi.com/vivisimo/cgi-bin/search?input-form=simple&v%3Asources=upi-database&v%3Aproject=upi&query=age+of+autism

FORMER SCIENCE CHIEF -
"MMR FEARS COMING TRUE"

by Sue Corrigan, Dailymail (Sunday), UK - February 5, 2006

A former Government medical officer responsible for deciding whether medicines are safe has accused the Government of "utterly inexplicable complacency" over the MMR triple vaccine for children. Dr Peter Fletcher, who was Chief Scientific Officer at the Department of Health, said if it is proven that the jab causes autism, "the refusal by governments to evaluate the risks properly will make this one of the greatest scandals in medical history".

He added that after agreeing to be an expert witness on drug-safety trials for parents' lawyers, he had received and studied thousands of documents relating to the case which he believed the public had a right to see. He said he has seen a "steady accumulation of evidence" from scientists worldwide that the measles, mumps and rubella jab is causing brain damage in certain children.

But he added: "There are very powerful people in positions of great authority in Britain and elsewhere who have staked their reputations and careers on the safety of MMR and they are willing to do almost anything to protect themselves."

His warning follows reports that the Government is this week planning to announce the addition of a jab against pneumococcal meningitis for babies, probably from next April. It is also considering flu jabs for under-twos - not to protect the children, but adults they may infect.

In the late Seventies, Dr Fletcher served as Chief Scientific Officer at the DoH and Medical Assessor to the Committee on Safety of Medicines, meaning he was responsible for deciding if new vaccines were safe. He first expressed concerns about MMR in 2001, saying safety trials before the vaccine's introduction in Britain were inadequate.

Now he says the theoretical fears he raised appear to be becoming reality. He said the rising tide of autism cases and growing scientific understanding of autism-related bowel disease have convinced him the MMR vaccine may be to blame.

"Clinical and scientific data is steadily accumulating that the live measles virus in MMR can cause brain, gut and immune system damage in a subset of vulnerable children," he said. "There's no one conclusive piece of scientific evidence, no 'smoking gun', because there very rarely is when adverse drug reactions are first suspected. When vaccine damage in very young children is involved, it is harder to prove the links."

"But it is the steady accumulation of evidence, from a number of respected universities, teaching hospitals and laboratories around the world, that matters here. There's far too much to ignore. Yet government health authorities are, it seems, more than happy to do so."

'"Why isn't the Government taking this massive public health problem more seriously?'"Dr Fletcher said he found "this official complacency utterly inexplicable" in the light of an explosive worldwide increase in regressive autism and inflammatory bowel disease in children, which was first linked to the live measles virus in the MMR jab by clinical researcher Dr Andrew Wakefield in1998.

"When scientists first raised fears of a possible link between mad cow disease and an apparently new, variant form of CJD they had detected in just 20 or 30 patients, everybody panicked and millions of cows were slaughtered," said Dr Fletcher.

"Yet there has been a tenfold increase in autism and related forms of brain damage over the past 15 years, roughly coinciding with MMR's introduction, and an extremely worrying increase in childhood inflammatory bowel diseases and immune disorders such as diabetes, and no one in authority will even admit it's happening, let alone try to investigate the causes."

He said there was "no way" the tenfold leap in autistic children could be the result of better recognition and definitional changes, as claimed by health authorities. "It is highly likely that at least part of this increase is a vaccine related problem." he said. "But whatever it is, why isn't the Government taking this massive public health problem more seriously?"

His outspokenness will infuriate health authorities, who have spent millions of pounds shoring up confidence in MMR since Dr Wakefield's 1998 statement. But Dr Fletcher said the Government is undermining public confidence in vaccine safety by refusing to do in-depth clinical research to rule out fears of MMR damage to children.

He added that the risks of brain and gut damage from MMR injections seem to be much higher in children where a brother or sister has diabetes, an immune disorder.

"That is a very strong clinical signal

MMR Fears Coming True cont. on page 29

"But whatever it is, why isn't the Government taking this massive public health problem more seriously?"

MMR Fears Coming True cont. from page 28

that some children are immunologically at risk from MMR," he said. "Why is the Government not investigating it further - diverting some of the millions of pounds spent on advertising and PR campaigns to promote MMR uptake into detailed clinical research instead?"

Now retired after a distinguished 40-year career in science and medicine in Britain, Europe and the US, Dr Fletcher said that without such research, health authorities could not possibly rule out fears about MMR. He said: "It is entirely possible that the immune systems of a small minority simply cannot cope with the challenge of the three live viruses in the MMR jab, and the ever-increasing vaccine load in general." He said he had decided to speak out because of his deep concern at the lack of treatment for autistic children with bowel disease, as revealed in The Mail on Sunday two weeks ago.

He called the sudden termination of legal aid to parents of allegedly vaccine-damaged children in late 2003 "a monstrous injustice". After agreeing to be a witness for the parents, he received thousands of documents relating to the case.

"Now, it seems, unless the parents force the Government to restore legal aid, much of this revealing evidence may never come out," he said.

The Department of Health said: "MMR remains the best protection against measles, mumps and rubella. It is recognised by the World Health Organisation as having an outstanding safety record and there is a wealth of evidence showing children who receive the MMR vaccine are no more at risk of autism than those who don't."

Reader comments:

Ugly facts have a habit of ruining a nice theory and the truth regarding the risks of the ever increasing plethora of vaccines for everything, is now surfacing. Peter Fletcher is to be congratulated on his courage to go public on the MMR risks. However, presumably all the children having the MMR were already vaccinated. It has been established that these children's immune system has thus been skewed from TH1 towards the TH2 side and thus a heightened incidence of atopy or allergy. This fact has been linked to the thimerosal mercury preservative. Geier and Geier (J. Am. Phys. and Surg. Spring 2006) have now confirmed what many were hoping for namely that the incidence of autism is falling from the 2001 peak as the post-thimerosal removal birth cohort reach age 3. Maybe children's immune systems would better cope with the MMR challenge if they hadn't already been altered by bolus injections of mercury?

Dr. M.E.Godfrey
Tauranga, New Zealand

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I am glad I did not have to make a decision over the MMR jab for my children but think I would have decided against it simply because the idea that every small child's immune system could cope seems very foolish. Our youngest daughter was told that her youngest son could not be registered with their doctor if she refused to allow him to have the jab. Happily she took further advice - but also changed the doctor!

Eleanor Mary Davies
Abergele, North Wales

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I have closely followed the debate on MMR and autism for some years now. My nine year old daughter was diagnosed with ADHD/Autism at the age of 4 years. She received MMR vaccine at the usual recommended age. It is very sad when commercial and political considerations are used to suppress the truth. The truth will however come out sooner than later. When parents of autistic children raised concerns about certain diets exacerbating symptoms they were dismissed by paediatricians. Now science has vindicated the parents through the association of bowel disease and autism.

It is very sad when commercial and polical considerations are used to suppress the truth.

Nelson Gitonga
KENYA

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I would like to thank Dr Fletcher for coming forward and confirming my greatest fears. My son Thomas was given the MMR jab 1997. At the age of 4 yrs he was diagnosed with regressive autism. Following the MMR he had a very high temperature and over the following 2yrs suffered with a lot of sickness/bowel problems as well as having real problems controlling his temperature. He lost his power of speech and the skills he had learnt up to the age of 4. He attends a special needs school where he receives speech therapy (not to the extent required as this is paid for by the NHS! and recently lost his occupational therapy provision because the funding was cut yet again by the NHS!) We receive little support except from his school who are marvelous. What has happened to Thomas has destroyed our family and Thomas's relationship with his twin brother James. The NHS urgently need to improve the level of medical support available for Thomas and all the other autistic children out there!

Linda Gillard
Chandlers Ford, Hants, UK

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MMR Fears Coming True cont. on page 30

MMR Fears Coming True cont. from page 29

Having 3 children on the autistic spectrum, and having to set up our own specialized school to educate them, I would like to see the Government spend more money on finding the cause of this awful lifelong disability, rather than endless amounts on advertising the safety of the MMR. Whether it is the MMR or not, we need to find out why all of these children have autism. These children are our future, there is not enough help educationally or medically for them. Personally I think we need to look not just at the MMR but at all the injections our children over the years have had pumped into them.

S Hilton, Crowborough
United Kingdom

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Drs. Fletcher and Wakefield are beginning to understand what homeopaths have understood for generations - vaccines do not come without risks. I treat many autistic children and MMR is frequently implicated. Dr. Fletcher is correct - a family history of diabetes is a risk factor, as is cancer, and heart disease.

Local ailments such as fevers or colds put the children receiving vaccines at greater risk; that is, children are more likely to be injured by a vaccine if their bodies are already busy "fighting a bug." Since the immune system has definite limits, the extra burden to deal with the provocation from a vaccine will overstress the body and frequently, neurological damage will result. It's all the worse if fever suppressants such as acetominophen are used concurrently - the damage is greater and recovery is more difficult.

That MMR related autism symptoms creep up slowly from 12 to18 months makes it difficult to identify MMR as a cause, unless you know what to look for.

John Melnychuk R.S. Hom, (N.A), Cch
Palo Alto, CA, USA

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Thank God Dr. Fletcher has spoken up for what is VERIFIABLY the DOCUMENTED truth for all parents of those "certain children" in whom the MMR has caused brain damage. As a parent who has been in "the autism wars" for half-a-decade now, I couldn't agree more with Dr. Fletcher's spot-on explanation for the rise in autism: that a small minority of children have immune systems which simply CANNOT handle the live viruses in MMR, and whose systems simply CANNOT handle ever increasing vaccine loads in general. There's a medical term for that: "excessive immune stimulation". He is also spot-on in saying that powerful people in positions of authority in Britain and elsewhere will do "almost anything" to protect themselves. Friends, (all) the evidence to prove that Dr. Fletcher is telling the truth is out here. It's just that it's usually only parents of children harmed by MMR and excessive vaccines have motivation enough to collect and analyze the "real" evidence--which will NEVER go away(!)

Albert Edward Potts
San Antonio USA

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A child does not regress without a reason. My son started to bang his head for no reason two weeks after the MMR and slowly regressed. I am a Biology teacher and have spent 16 years teaching Science. The most ridiculous thing is to be told that Science shows the MMR to be safe. What Science? Epidemiology studies are not hard Science. The work of both Dr Wakefield and Dr Vijendra Singh is sound Science. The studies quoted by the government as showing the MMR to be safe can easily be pulled to pieces and are never truly independent anyway.These "powerful people" rely on the fact that there are very few people who have the Scientific training to be able to see through the the obvious flaws in the weak studies offered in support of the MMR.

Susan Radic
Girvan South Ayrshire

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I am so glad to see more and more information coming public about the dangers of vaccines. I am also glad to see from the comments above that more people are making an informed choice about vaccinating their children. Kudos to those who print this controversial material and to those parents who take the time to get informed and not just blindly follow the advice of the drug pushers (MD's) for big pharma!

Nikki Nielsen, Dc
Barcelona, Spain

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It is refreshing to see more articles such as this one. I have been researching the dangers of vaccination for 14 years and have decided together with my wife, to not vaccinate either of our daughters. They are simply the healthiest children I know and have had only very minor short lived colds that were improved remarkably fast with Chiropractic adjustments.

As for other letters I have seen regarding school attendance in non-vaccinated children, in Canada it is NOT mandatory for kids to have shots. Go to the Ministry of Health website and download the immunization exemption form and have a lawyer notarize it. No school can restrict an unvaccinated child from attending.

Dr. Peter Hryciuk, B.Sc. D.C.
Toronto, Canada

http://www.dailymail.co.uk/pages/live/articles/health/healthmain.html?in_article_id=376203&in_page_id=1774&in_a_source=%3E

FOWL - BIRD FLU WHAT IT'S REALLY ALL ABOUT

Dr. Sherri Tenpenny cracks the bird flu code in this explosive interview with Idaho Observer editor Don Harkins and sheds amazing light on what is turning out to be one of the biggest propaganda campaigns in the history of modern medicine.

FOWL!, a new book by Dr. Sherri Tenpenny, is an investigative report into how dioxins, POPs and other environment chemicals are contributing to illness in migratory birds, chickens and humans by making them more susceptible to the effects of influenza viruses. FOWL! examines the specter of mandatory vaccination and exposes how pharmaceutical companies, chemical companies, and agribusinesses are not separate industries but function more as "sister enterprises," working together for mutual benefit, profit, and power

At this time, the people of the world are being prepared for the inevitability of a coming avian flu pandemic and avian flu propaganda is reaching a fevered pitch. Because Dr. Tenpenny, a practicing physician, has dedicated so much time to the study of this issue, people will have the opportunity to discover what is really happening and why the sick birds of the world are being wrongly blamed for spreading the disease. The following interview by Don Harkins of The Idaho Observer with Dr. Tenpenny will give readers a heads up on how to read between the lines of bird flu hype.

Harkins: Dr. Tenpenny, I want to personally thank you for your dedication in getting this important information out to the masses and devoting the many hundreds of hours it took to get your research into book form in such a short period of time. Before getting into what you discovered about avian flu after spending months reading hundreds of scientific articles and news reports, it is important to start out by describing for our readers the bird flu theory as it's being hyped by public health officials through corporate news sources.

Tenpenny: In essence, "bird flu" is caused by a specific version of influenza type A virus thought by researchers to be particularly aggressive. Influenza A subtypes are designated as either "mildly pathogenic," meaning they cause minimal or no disease, or "highly pathogenic," meaning their presence has been associated with widespread death among birds.

Influenza A viruses are divided into subtypes based on different combinations of two surface proteins called antigens. One is called "hemagglutinin," signified by the abbreviation (H) or (HA); the other is called "neuraminidase," identified as (N) or (NA). Fifteen different H antigens (referred to as H1 to H15) and nine different N proteins (referred as to N1 to N9) are commonly known to exist; all combinations of (H) antigens and (N) antigens are known to exist in birds.

The virus of current concern is H5N1, considered to be a "highly pathogenic" type. Nearly 100 people have died worldwide, reportedly due to the inflammatory effects this virus seems to have on lung tissue.

Scientists are concerned that H5N1 will evolve into a virus capable of human-to-human transmission (a characteristic not presently associated with the H5N1 virus) and lead to an influenza pandemic.

Harkins: Are migratory birds responsible for the spread of the H5N1 virus?

Tenpenny: Because they travel over great distances and a few dead birds have tested positive for the H5N1 virus, migratory birds are being blamed as the vector for transmitting the virus far and wide. However, actual migratory patterns of bird species through the flyways are not known. The theory is not well supported as outbreaks have not coincided with the arrival of the migratory birds to specific areas. As stated succinctly by author Wendy Orent in The LA Times, "Sick birds don't fly far and dead birds don't fly at all."

Most importantly, a growing number of scientists are coming forward stating that the spread of H5N1 by migratory birds is, essentially, nonsense. In fact, claims that the recent outbreak in Nigeria was caused by migratory birds has been refuted and is now said to be caused by illegally-imported day-old chickens.

Harkins: Is the H5N1 virus a new virus or has it been around for a long time?

Tenpenny: H5N1 has been identified in domestic fowl before. The first outbreak of an H5N1 bird flu was recorded by the WHO in 1959 in Scotland and then in 1991 in England. More recent outbreaks were identified in Hong Kong in chickens in 1997 and 2002. All of the influenza A viruses are known to exist in the intestines of wild birds symbiotically and asymptomatically. This virus, which has been around a long time, is being used to advance political and mega-corporate agendas.

Harkins: What are those "political and corporate" agendas?

Tenpenny: It appears that the lobbying power of pharmaceutical companies and the global poultry and egg-producing companies have influenced the development of the bird flu scare. The world is being convinced that the H5N1 virus will mutate so that it can spread from human-to-human. The corporate benefit to the pharmaceutical companies is selling billions of dollars worth of drugs and vaccines. The huge, multinational poultry pro-

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FOWL! Bird Flu cont. from page 31

ducers will survive the costs associated with the mass killing of their factory-farmed, genetically-modified birds while most small poultry producers will be forced out of business and into servitude to multinational agribusiness. Politically, bird-flu hysteria will allow governments to grow as they develop new schemes to regulate entire industries, implement mass vaccination programs and put into operation police states as a consequence of the predicted pandemic.

Harkins: If the truth about avian flu were known, how do you think the world would respond?

Tenpenny: That is an interesting question. If people understood how illness develops and what determines the severity of symptoms, they would not have an irrational fear of bird flu. They would know how to build their immunity through diet and lifestyle and be confident they could properly treat the flu if they got sick. They would also realize that vaccines do not prevent diseases. If the prevailing belief about health and disease were based upon the comments I just made, people would begin to wonder why both migratory and factory farmed birds in certain locations throughout the world are becoming so sick. They would begin to suspect that environmental exposures to chemicals and conditions within the vertically-integrated poultry production practices may be the root cause of the avian flu.

If governments responded appropriately to the will of well-informed people, they would enforce policies intended to protect the people and birds from avian flu by placing strict regulations on the use and disposal of toxic chemicals. In addition, they would order the immediate reform of corporate poultry production practices.

Harkins: What you are saying is that the underlying cause of birds becoming sick with H5N1 is the level of chemicals present in their bodies. If the world understood the relevance of this, we would not be faced with the task of euthanizing millions of birds and vaccinating millions of adults and children. The community of nations would instead be challenged to clean up the toxic chemicals in the environment and reform poultry farming practices.

Tenpenny: That is correct.

Harkins: Those are pretty bold statements. What research have you done to support those claims?

Tenpenny: For the last year I have been on a "connect-the-dots" adventure as I have reviewed hundreds of seemingly unconnected scientific papers, medical reports and newspaper articles. It took awhile but, eventually, patterns began to emerge. My research was guided by two main questions: Who benefits the most from all the dead, rural chickens and why is this concentrated in humans living in Asia? With these two questions always in the back of my mind, the pieces began falling into place.

Harkins: The majority of reported cases of bird flu in humans has been reported from Vietnam. Is there a reason for that, or is it just a coincidence?

Tenpenny: I have been able to show that clusters of reported cases of human avian flu in Vietnam appear to fall where the U.S. military concentrated it's spraying of Agent Orange during the Vietnam War. From 1964 until the war officially ended on August 15, 1973, 6.1 billion tons of explosives were detonated throughout Southeast Asia, including more than 19 million liters of herbicides containing the most toxic form of dioxin, TCDD. The chemical that received the most attention was Agent Orange, identified by the color of the stripe painted on the barrel. Little known is that the area was also sprayed with other horrific chemicals-Agent Blue, Agent White, Agent Purple and Agent Pink, all containing dioxin.

Research has confirmed that even trace amounts of TCDD-only two to three parts per trillion (ppt)-are extremely toxic in laboratory animals. More than 30 years later, dioxin continues to be persistent in the food chain, causing potentially deadly contamination of wildlife. In subsurface soil, dioxin has a great affinity for organic matter and remains unchanged, virtually forever. Its persistence in the soil of riverbanks makes it particularly toxic to waterfowl.

Canadian researchers have found dioxin levels in soil collected throughout different regions of southern Vietnam to be as high as 898 ppt. But the most extreme levels of dioxin contamination were found in the area of Bien Hung Lake, formerly Saigon, where dioxin levels were measured to be greater than 1.1 million ppt.

It has long been presumed that death due to influenza is a result of rampant proliferation of viruses that overwhelm the capacity of the body to respond. In other words, the immune system is so significantly compromised that the virus "takes over," rampantly replicating and killing the host. Interestingly, studies have determined that this is not the case. For an influenza illness to result in death requires the presence of additional components. Pertinent to our discussion here, a study in mice conducted by Luebke (2002) examined fluid extracted directly from the lungs of deceased mice. The results proved that the increased mortality seen in TCDD-exposed mice was due to the intense inflammatory action of dioxin.

In other words, *the combination of an influenza infection and dioxin caused so much inflammation in the lungs*-that even normal lung tissue was destroyed, leading to the death of the mice.

Considering that food for waterfowl-which includes shore grasses, algae, and other aquatic plants, small fish, tadpoles, and insects-readily absorbs chemicals from the environment, dioxin and other persistent

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FOWL! Bird Flu cont. from page 32

organic pollutants, or "POPs" (such as dibenzofurans, hexachlorobenzine, DDT and polychlorinated biphenyls) can progress through the food chain and accumulate in the fat of birds. A reasonable assumption can be made that migratory birds have bioaccumulated dioxin in concentrations similar to those measured in the fat of domestic ducks where dioxin levels have been tested to be between 276 ppt and 331 ppt.

Harkins: Would you say that the concentration of dioxin and possibly other POPs in the tissues of migratory birds and waterfowl is the most decisive factor that will determine which birds will die of H5N1?

Tenpenny: Yes. Even though "safe" levels in animal muscle should be less than 0.1 ppt, dioxin has been shown to disrupt the immune system at concentrations as low as 1.0 ppt. The research is clear: If migratory birds-as well as domestic chickens and ducks-are sickened by H5N1, then their mortality rate due to their dioxin-laden tissues **doubles**. That's based on several research articles published over the last several years in the *Journal of Toxicological Sciences*.

Harkins: Does that also mean that the levels of toxic chemicals in the tissues of humans could determine the severity of symptoms they will experience when they get sick?

Tenpenny: There are many variables, of course, such as lifestyles, diets, genetic strengths and weaknesses and the type of care one receives when he is ill, but the research suggests that the greater the toxic burden being carried by people, the more likely the symptoms of an illness will be severe or even fatal. I am in the process of investigating where people can have their chemical burden levels tested at a reasonable cost. Hopefully, this information will be available in the next several months.

Harkins: Besides toxic chemicals, are there any other environmental contaminants associated with bird flu?

Tenpenny: The Tibetan Plateau is the planet's largest and highest plateau. It is home to the 14 highest peaks in the world, all over 26,000 feet and the ten major rivers flowing from its glaciers, sustaining 85 percent of Asia's population-47 percent of the world's population. With Asia so heavily dependent upon Tibet for its water, nuclear-related pollutants dumped into its lakes have massive implications for nations downstream. Lake Kokonor, a 135,000 square acre lake on the plateau, is a watershed that eventually becomes the Yellow River, one of the two largest rivers in all of China. A survey completed in 1994 found that only 32 percent of China's river water met the national standards for drinking water. The health of these water systems determines the survival of most inhabitants-human, animal, and bird-throughout China and Southeast Asia.

Adding to the menu of toxic chemicals that weaken the immune systems of birds, particularly migratory birds, is exposure to radioactive particles. Like dioxin, radiation-in the form of radionuclides-can pass up the food chain from sediments into wild birds. Weeds and other algae have a remarkable capacity to concentrate radionuclides up to 100,000 times the levels found in the water. Large populations of migratory birds have died at Lake Kokonor, quite possibly due to its waters being contaminated with radionuclides from nuclear weapons production facilities located on its shores.

...environmental exposures to chemicals and conditions within the vertically intigrated poultry production practices may be the root cause of the avian flu.

Couple this with the toxic chemicals the birds consume during the summer in Southeast Asia and it is no wonder that the birds are sick.

Though it is too early to know for sure, we can predict that the U.S. military machine will be connected to increasing the risk of bird flu by its exploding tons of depleted uranium-coated munitions in former Yugoslavia, Afghanistan and Iraq. This horrific avenue of investigation was extremely enlightening and I have detailed these revelations in my book.

Harkins: We have been hearing about hundreds of thousands of domestic fowl being euthanized to prevent the spread of avian flu. What could be causing avian influenza among birds being raised for their meat and eggs?

Tenpenny: Until conducting research for this topic, I had never considered what happens to these creatures during their short, genetically-modified lifespan. There are no words to express the horror that modern poultry production factories really are. These genetically-modified birds are packed in tiny cages where they are scientifically manipulated for accelerated growth. A report from the University of Arkansas Division of Agriculture puts the rapid growth rate of today's chickens into perspective: "If a [human] grew as fast as a [genetically-modified] chicken, you would weigh 349 pounds at age two."

They are in pain because their muscles (meat) grow so fast their skeletons and internal organs cannot keep

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up. Under natural conditions in the 1950s, it took 84 days to raise a five-pound chicken. Today, due to genetic engineering and growth-enhancement drugs, a chicken can reach market weight in as little as 45 days. During their short lives, they are repeatedly vaccinated, given hormones and fed chemically-treated food in houses where the lights never go out. The air they breathe is saturated with ammonia from their accumulated feces.

Since bird flu is a respiratory illness and; since the air these GM chickens are forced to breathe is so loaded with ammonia, is it any wonder that modern factory chicken farms are breeding grounds for highly-pathogenic influenza viruses? One thing is for sure-a cut and wrapped package of chicken looks a lot different once you understand how they got to the grocery store. If agribusiness has its way, all the chickens available for consumption will be patented organisms raised in vertically-integrated industrial farms and the supply of poultry products people consume will be their intellectual property.

Harkins: And all this is cited and referenced in your book?

Tenpenny: Yes-in great detail. Once you piece all this together you find that the true causes and real effects can be readily illustrated. But the truth is far different than what we are being told about bird flu. I have carefully-and painstakingly-documented every important point so others may duplicate the data to determine for themselves if my observations and interpretations are accurate.

Harkins: If the truth is in plain sight, do you think that people will continue to believe the bird flu hype?

Tenpenny: The global bird flu scare is not simply a natural reaction to reports that a virus can "jump species" and infect humans. The world is being conditioned to expect the worst. So they will be ready to accept mass vaccinations as the most "responsible" means of protecting public health. Everything we are being told about bird flu and every element of the campaign is designed to frighten people. I call this the "New Playbook."

Harkins: The new playbook?

Tenpenny: Yes. In 2004 the CDC devised a plan for ramping up sales of the flu shot. The plan was referred to as the "Seven Step Recipe for Generating Interest In and Demand For Flu (or any other) Vaccination." The plan is designed to promote the economic success of the season's flu campaign by using major media to convince people that the flu is deadly and to believe that getting a flu shot is the only way to survive.

The plan has been used so effectively that the masses have demanded flu shots and have demanded that government makes sure that industry produces sufficient supplies of flu vaccine. The plan has not been as effective this year. Sales of flu vaccine were down in 2005 and people were not standing in line to make sure they got their shot like they did in 2004. When the plan was initiated in early 2005 to hype the bird flu, people just didn't get very excited. Perhaps they remembered the SARS hype in 2003 and reasoned that there is no cause for alarm since the social, political and economic consequences of preparing for a SARS pandemic that never happened were too costly.

The CDC needed a "new plan" to make people take the threat of bird flu more seriously and to compel government officials to appropriate massive amounts of money to develop an entire spectrum of pandemic preparedness activities. Enter "risk communication" and the new playbook.

Risk communication is a field that has evolved from several different fields of study such as health education, public relations, and psychology. A plan for communicating the "international risk" of bird flu has led to the development of a new 10-step "recipe" crafted by Princeton-based risk communication experts Peter M. Sandman, Ph.D, and his spouse, Jody Lanard, MD, a psychiatrist. In brief, the 10 steps, which can be found online at www.psandman.com, are:

1) Start where your audience is.
In other words, turn the public's lack of concern into serious concern by first bonding with it. Do not tell them answers, lead them to conclusions and then talk about how much more serious the next flu pandemic may be compared with the annual flu.

2) Don't be afraid to frighten people.
The plan acknowledges that ".we cannot frighten people enough about H5N1" and "the research evidence that [fear appeals] work is overwhelming."

3) Acknowledge uncertainty.
Uncertainty feeds fear. Admitting that there is so much about bird flu that is still a mystery will help encourage fear for the unknown.

4) Share dilemmas.
In crisis communication, the goal is to humanize organizations and create empathetic bonds with the public. This way, a feeling that "we are all on the same team" is fostered and, the playbook states, ".dilemma sharing reduces the outrage if you turn out to be wrong."

5) Give people something to do.
Fear is not enough-people's energies must be directed so they have a physical, as well as emotional, investment in the avian flu scare. This step was recently employed by Department of Health and Human Services Secretary Mike Leavitt-with humorous results. Leavitt advised people to prepare for the avian flu by buying extra cans of tuna and powdered milk and storing them under their beds. This was similar to the silly suggestion that we should go out and purchase quantities

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of plastic and duct tape in case of an anthrax attack.

6) Be willing to speculate-responsibly. Floating ideas of what could happen helps to feed imaginations already running away with fear.

7) Don't get caught in the numbers game.
This is an interesting concept intended to help spokespersons avoid making statements that dissidents can use to damage the credibility of their claims. It is analogous to boxer Muhammed Ali's "rope-a-dope" strategy.

8) Stress magnitude more than probability.
An emphasis of step 6, fueling people's imaginations so they can hype their own irrational fears is good for the bird flu business.

9) Guide the adjustment reaction. Steps 6-9 are used to facilitate step 2. Step 9 is designed to take the worried masses, compound their fear and compel them to take actions such as storing food and water. Another priority of the plan is to encourage the public to demand the stockpiling of drugs and vaccines and to convince people that preparing for a pandemic is a civic duty.

10) Aim for total candor and transparency.
Again, an emphasis on making people feel like they are part of the team; the government is made up of humans who make mistakes and that we all must work together if we are to survive the coming disaster. We really have to wonder if the government, backed by special interest money, can really be candid and transparent.

Harkins: That is a very comprehensive plan. Now that it has been spelled out for us, we can look and listen to bird flu hype and understand what the government is saying and the media is reporting.

Tenpenny: That is true. This is not objective reporting of avian flu news as it develops, but part of a methodical process to get people to accept the "official" explanation for bird flu. The government's pandemic preparedness activities (and expenditures) and its plans to deal with the emergency when it arrives-including quite possibly mandatory vaccinations-are being implemented with the anticipation of minimal resistance.

Harkins: In June, 2004, the city of Sandpoint, Idaho, hosted a live smallpox epidemic rehearsal and members of the public who participated were treated to a free bag lunch. Witnesses reported that the police powers of the state were also rehearsing that day. *The Bonner Daily Bee*, the daily newspaper in Sandpoint, explained that dress rehearsals of this kind were being staged all over the country. Have you heard about them?

Tenpenny: Yes. It's this concept of practicing for disaster that is embodied in step 5 of the new playbook. Practicing for disaster is meant to give a "sense of empowerment," to the people though it may have little practical value. The images of school children hiding under their desks during nuclear drills and their parents' building bomb shelters in the 1950s comes to mind.

Harkins: But it also appears that these drills do have practical value-they help police to prepare for a state of martial law while helping people become used to the idea that they will have no civil rights if and when the government declares such a medical emergency.

Let's talk about the issue central to the new playbook's goals: Getting people to accept that mandatory vaccination will be the only way to stop a pandemic once it begins. Current flu vaccines are grown in chicken eggs and contain mercury as a preservative. Do you know how this pandemic vaccine will be made and what will be in it?

Tenpenny: Egg-based influenza vaccine manufacture has been around for more than 50 years. But it is a slow process, taking about eight months per batch.

To increase the amount of vaccine that can be made quickly, a new "cell line" technology is being developed. The candidates in the running include PER.C6T, made from the retina of aborted human fetal tissue; FluBlok®, made from caterpillars; and MDCK cells, extracted from dog kidneys. The FDA [Food and Drug Administration] has admitted through an internal memo that these tissues could contain viral contaminants that could cause cancer.

Even worse, the FDA admits that these cell lines could theoretically be contaminated with "TSE agents (transmissible spongiform encephalopathy)" the equivalent of mad cow disease in humans. In a study published in 2004, researchers found that ***any cell line*** could potentially support the propagation of TSE agents.

Harkins: That's incredible. So our own FDA is fully aware of the potential ramifications of forcing the entire population to be injected with a new flu vaccine that has been rushed to market prior to being thoroughly tested. And, yet, our government agencies are moving forward with their "playbook." But how concerned should we be about the potential of contracting the H5N1 virus? Is there a possibility of this virus overwhelming the immune system?

Tenpenny: Actually, the H5N1 virus doesn't seem to stimulate a very strong response from the immune system. It takes 12 times the normal "dose" of the virus to generate the same type of antibody response induced by the annual flu shot. To boost the response, manufacturers are planning to add an adjuvant. The most likely candidate is MF59, the squalene-based adjuvant found in the anthrax vaccine given to

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our military. Many researchers such as Pam Asa, MD, and Gary Matsumoto have attributed the debilitating autoimmune diseases seen in Gulf War I and II veterans to the varying levels of squalene found in the anthrax vaccines administered to our troops. Research has shown that when only 10 to 20 parts per billion of squalene are injected into humans, destructive immune responses, such as autoimmune arthritis and lupus, occur.

Harkins: Among the immune system-compromising toxins you mentioned was radiation. The western world is subjecting itself to unprecedented daily doses of radiation in the use of wireless computers, cellular telephones and the sudden proliferation of radio frequency ID chips. Would you say that the bodies of those living in the west and the Middle East are being prepped for becoming suitable hosts for pandemic illness?

Tenpenny: Though I have my own opinions, I have not found any data to support a claim that "governments of the western world are chemically-contaminating and irradiating people to prepare them for becoming bird flu statistics." But, the relationship between chemical burdens, radiation exposure and the severity of symptoms when exposed to influenza has already been documented. We also know that the truth about bird flu is being withheld from people so they will remain ignorant, fearful and misinformed about how they can decrease their vulnerability to severe illness should they become sick. If chemical and radiation exposures are not "intentional prep work", then they can be considered an unintended consequence.

Harkins: If environmental toxicity and contamination is the problem, what is the solution?

Tenpenny: The first Stockholm Convention on Persistent Organic Pollutants (POPs), held in Argentina in May, 2001, was convened to address POPs that are (1) intentionally produced, such as pesticides, herbicides, and insecticides; (2) intentionally produced but restricted in use, such as DDT for control of malaria; and (3) unintentionally produced and released, such as dioxins from herbicides and from burning plastics. An international treaty, which went into force in May 2004, was developed to reduce and eventually eliminate a group of chemicals coined as the "Dirty Dozen" by the United Nations Environmental Program. As consumers of these toxic chemicals we must encourage the enforcement of this treaty and other such laws by minimizing and, eventually, eliminating our use of these substances.

Harkins: Dr. Tenpenny, I believe we have gotten the attention of our readers and see the logic of your reasoning, but we are now more concerned about the apocalyptic implications of what bird flu really is: The chemical age coming home to roost on a wireless perch. Aside from encouraging people to seek out the book when it's released in mid-April, what thoughts would you like to leave them with, keeping in mind that many of our readers have a solid understanding of health and the human frame?

Tenpenny: I would like to encourage people to seek out food suppliers who do not engage in factory or chemical farming practices or raise genetically-modified food-plant or animal. It is my opinion that plants and animals need natural environments. The food we raise has always required natural environments in which to thrive. Since our planet is being poisoned, plants and animals are no longer able to thrive and are becoming commercially unviable. So, rather than remove the poisons, plants and animals are being altered genetically in order to survive in chemically-contaminated environments. Commercially-grown, inorganic GM fruits and vegetables may look good, but they are becoming increasingly devoid of nutritional value. Even migrating birds and deer will not forage in fields of genetically modified food crops. What this means is that our food supply is being altered in ways that will not sustain us and the corporate monoliths we are allowing to take control our food will reap tremendous short-term profits that will begin to sag when the "marketplace" simply dies.

In the meantime, eat as healthy as you can-including organic fresh fruits and veggies and work to keep your body's pH between 7.0 and 7.5. Avoid white sugar, white flour, polished white rice and all processed foods and beverages. I advise my patients to "shop around the edges" of a grocery store Drink lots of purified water, take supplements that contain vitamin C. Influenza viruses are very susceptible to soap; wash your hands before touching your face. Probably the easiest and most effective support to your immune system is to get plenty of rest.

Most importantly, do not buy into the fear mongering about the bird flu. You will have nothing to fear from the avian flu or any other illness if you adopt a holistic approach to your life and learn the basics on how to take good care of yourself and your family-in sickness and in health.

Harkins: Well, that certainly sounds like practical advice although this may require major lifestyle adjustments for many Americans. However, for most of us, once we have assimilated the incredible repercussions of the chemical/nuclear age on the viability of all life on our planet, we feel somewhat powerless to avert this looming disaster. What do you suggest that we, as individuals, do to reverse the direction our corporate-backed governments are taking us?

Tenpenny: We need to recognize that pharmaceutical companies, chemical companies and agribusinesses are not

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separate industries but function more as sister enterprises working together for their mutual benefit, profit and accumulation of power. They are not competitors, but synergists, creating massive wealth through designing drugs as solutions for the health problems caused by their products.

The quest for power and profit among these synergists is causing the nature of the food supply to change to the detriment of all life on Earth. It is obvious that we must reverse this process and bring our food and the environment back into a sense of balance that promotes health and vitality.

The question is, what can we do? My suggestion is to get involved. Find an issue that grabs you-GM foods, childhood vaccination, factory farming, animal rights, environmental cleanup projects-and go out there and give it your all. If you have a passion for a particular issue, there are groups out there who need your support, your financial contributions and, most importantly, your time. It is going to take all of us, following our passion to heal this world and restore the environment.

The time has come for everyone to participate. There is no time left for passivity. Each person must step outside his or her comfort zone and get involved. What is happening is both a temporal and spiritual battle. If you can't get motivated enough through your own self-interest, then do it for your children and grandchildren.

Select a form of healing for yourself and your family that is outside the western paradigm of using chemicals called "drugs" for something called "medicine." Although occasionally necessary for critical health problems, prescription drugs given for chronic conditions do nothing to correct the underlying cause of the problem. Health is defined as being well in the absence of pharmaceuticals; health is not defined as the absence of symptoms in the presence of drugs.

The amount of work we are able to accomplish today to clean up the environment and find environmentally-sustainable alternatives to toxic technologies, I believe, will determine whether or not our children and grandchildren will have the opportunity to lead happy, healthy lives. It is up to each and every one of us to get intimately involved in disseminating this important information and get active politically. I wrote *Fowl!* As a means to both educate people on these issues and stimulate their participation in turning the tide of current events.

Dr. Sherri Tenpenny is an osteopathic physician from Middleburg Heights near Cleveland, Ohio. She is widely known for her work regarding the dangers and health risks associated with vaccines in her two DVD presentations, "Vaccines: What CDC Documents and Science Reveal" and "Vaccines: The Risks, the Benefits, the Choices." Dr. Tenpenny's research makes it clear that, according to government documents and published medical literature, many of the nation's leading public health officials know that vaccines are neither safe, nor do they prevent infectious diseases. In fact, the opposite has been demonstrated to be true: Vaccines are unsafe and have been linked to epidemics of chronic illnesses and developmental anomalies currently plaguing Americans.

Note: "*FOWL! Bird Flu-It's Not What You Think*," will be available mid April, 2006. To order, contact Idaho Observer at: http://proliberty.com/observer/20060312.htm or see Dr. Tenpenny's Bird Flu Hype: www.birdfluhype.com/

NEWSCLIPS

Health officials lament low vaccination rates

March 06, 2006 - A CanWest News Service article says new Ontario research shows that one third of infants and toddlers aren't receiving all their recommended vaccinations. Researchers tracked 100,000 Ontario babies born during a one-year period found only 66 per cent had up-to-date shots by their second birthday, despite making an average of 19 visits to doctors during their first two years of life.

Researchers with the Toronto-based Institute for Clinical Evaluative Sciences found that while 20 per cent were missing just one shot, more than five per cent had no immunizations, and another six per cent had only one or two by age two. "As a nation that provides universal access to health care, we may be complacent about how well we perform on a very basic measure of primary health care for children."

At three months, just 12.5 per cent of children had no immunizations. By seven months, 32 per cent were behind schedule. At 13 and 19 months, less than one-half were up to date, "which suggests that even those who were (up to date) at two years had periods of suboptimal coverage," the researchers report.

Children whose doctors had a lot of children in their practice were twice as likely to be on schedule with their vaccines. And children who went to the same doctor for all their visits were twice as likely as others to be on schedule. **Children who saw pediatricians -- who are more likely than other doctors to have tracking systems and to use visits when children are sick with colds or coughs to vaccinate kids** -- were also more likely to be up to date.

The researchers found that children who were up to date on immunizations tended to live in higher-income neighbourhoods, have more well-baby visits

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and are seen by doctors with higher volumes of pediatric patients, whether they were general practitioners or pediatricians.

"Doctors who see children should have it at the forefront that this is the most important intervention they can do for young children," ICES scientist Dr. Astrid Guttman says.

"Herd immunity starts to wane at 60 per cent (coverage) and we're pretty close to that," Guttman says. The researchers would like to see a national immunization registry that would help track immunization rates across the country-- a program that is being worked on by the Public Health Agency of Canada.

http://www.canada.com/edmontonjournal/news/story.html?id=2bbfc759-9597-4d29-878e-1dfa6a531c02&k=67814

Editor's note: *The "herd immunity" myth is used by vaccine promoters to increase the public's compliance with vaccine schedules. There is widespread evidence that even when high numbers of people (95-98%) are vaccinated, diseases will still break through.*

* *

Baby antibiotics 'link to asthma'

Excerpted from BBC News
March 14, 2006.

There is mounting evidence of a link between antibiotic use in infancy and asthma in children, studies suggest. A Canadian study of 12,082 children suggests those treated with antibiotics under the age of one are twice as likely to develop asthma in childhood. And researchers writing in US journal Chest found additional courses of antibiotics in the first year of life increased asthma risk still further. Earlier studies suggested the drugs may affect the way the immune system works. Experts believe they kill off beneficial bacteria in the intestine and that this may lead to changes in the way the body deals with disease.

Lead study author Carlo Marra, of the University of British Columbia, Vancouver, said: "Antibiotic use in children has been found to coincide with an increased incidence of childhood asthma. "Although the causal nature between antibiotics and asthma is still unclear, our overall results show that treatment with at least one antibiotic as an infant appears to be associated with the development of childhood asthma."

The Canadian team reviewed seven studies comparing exposure to at least one antibiotic to no exposure in the first year of life. This analysis looked at 12,082 children and found 1,817 asthma cases were reported. Overall, infants who were exposed to at least one antibiotic were twice as likely as unexposed infants to develop asthma during childhood.

The team also analysed data from five studies including 27,167 children looking at antibiotic doses. It found that for each extra course of antibiotics during the first year of life a child was 1.16 times more likely to develop asthma. Co-author Fawziah Marra said that, although antibiotics were commonly used to treat ear and respiratory infections and bronchitis, not every childhood infection needed antibiotics. He said: "Current guidelines recommend that children under age two receive an antibiotic for diagnosed ear infection.

"However, the majority of upper respiratory tract infections and bronchitis are viral, for which antibiotics are ineffective." Michael Alberts, president of the American College of Chest Physicians, pointed out that asthma was one of the most common chronic childhood diseases and affected millions of children in the US.
http://news.bbc.ca.uk/2/hi/health/4801118.stm

Anthroposophic lifestyle reduces risk of allergic disease in children

Certain features of the anthroposophic lifestyle, such as restrictive use of antibiotics and fever reducing drugs, reduce the risk of allergic disease in children, says a new study featured in the January 2006 Journal of Allergy & Clinical Immunology (JACI)

The study focused on more than 6,600 children from five European countries ages 5 to 13, showed that children in the Steiner (Waldorf)schools, raised in an anthroposophic lifestyle, have a lower risk of allergy. Austrian scientist and philosopher Rudolf Steiner developed the anthroposophic lifestyle in which health is a combination of mind, body and spiritual balance; his followers integrate both modern medicine with alternative, nature-based treatments. The study compared the Steiner school children with their non-Steiner counterparts who lived in the same region.

Information about environmental exposure, history of infections, diet, animal contact, anthroposophic lifestyle and symptoms and diagnoses of allergic diseases was collected through a parental questionnaire. A blood sample was also collected from the children who resided in Austria, Germany, Sweden, Switzerland and The Netherlands. Researchers observed a lower prevalence of current symptoms and doctor's diagnosis of rhinoconjunctivitis, atopic eczema and asthma and atopic sensitization in the Steiner school children compared to non-Steiner children.

Early use of antibiotics and fever reducers, along with the measles, mumps and rubella vaccination were also associated with increased risks of several allergic symptoms and doctor's diagnoses.
http:/www.eurekalert.org/pub_releases/2006-01aaoa-alr011006.php

Editor's note: *Families of Steiner based communities are also more likely to delay or reject vaccination of their young children.*

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Elderberries could combat bird flu

Standardized black elderberry extract known as Sambucol has been shown to be a natural remedy against different strains of influenza virus. Sambucol was shown to be effective in vitro against 10 strains of influenza virus. In a double-blind, placebo-controlled, randomized study, Sambucol reduced the duration of flu symptoms to 3-4 days. Convalescent phase serum showed a higher antibody level to influenza virus in the Sambucol group, than in the control group.

For some years now, researchers have found that an extract made from black elderberries has anti-viral properties. A human clinical study published in European Cytokine Network (Volume 12, Issue 2, June 2001)) found that Sambucol Black Elderberry extract was shown to enhance immunity by stimulating increased production of certain white blood cells (cytokines). Study researchers concluded that "... in addition to its antiviral properties, Sambucol Elderberry Extract and its formulation activate the healthy immune system by increasing inflammatory cytokine production. Sambucol might therefore be beneficial to the immune system activation and in the inflammatory process in healthy individuals or in patients with various diseases."

Sambucol was developed by world-renowned virologist, Dr. Madeline Mumcuolgu, who produces the unique black elderberry extract in Israel. Sambucol products are sold in North America as natural dietary supplements and are available in major health and nutrition stores. Lab studies in 2001 had shown that Sambucol neutralized the West Nile virus. And more recently, a study looked at whether the food supplement could combat the deadly H5N1 strain of bird flu when added to canine cells in laboratory tests.

The team, from research institute Retroscreen Virology, found that the elderberry-based product was at least 99 per cent effective at reducing the virus in the cells. But experts warned that many more studies were needed to find out whether the formula was effective in combating H5N1 in humans.

* *

Vaccination alone will not curb polio

Exerpted from CNN-IBN - Shan-e-Ali had been given 15 doses of polio vaccine since his birth, yet he suffers from polio. Moradabad: Shan-e-Ali had been given 15 doses of polio vaccine since his birth. There was no chance that he would suffer from polio. However, the one-and-a-half-year-old is now paralysed below the waist. "He didn't miss it a single time," says Shan-e-Ali's mother, Shannu.

What is surprising is that all the cases of polio that have been detected in India in the past few years, have contracted it despite being vaccinated. The polio vaccine is meant to target three strains of polio - P1, P2 and P3. In 2005, 66 new cases of polio were detected, 62 of which were of the P1 strain.

It was then that the government introduced the monovalent vaccine, which targets this particular strain. But despite the introduction of the new vaccine, 16 new cases of polio were detected in 2006. All of these were of the P1 type.

Most of the cases of polio are reported from the high risk endemic areas of UP and Bihar. This is a clear indicator of the fact that in the effectiveness of the vaccine is under question where issues of nutrition and sanitation are not being addressed alongside.

Babara Loe Fisher of NVIC notes that: "The live oral polio vaccine can cause vaccine strain polio when a child is suffering from immune deficiency or other health problems. Poor, under nourished children in India and Africa and other developing countries often are vaccinated repeatedly with the live oral polio vaccine (OPV) without regard for individual health, including the presence of autoimmunity, vitamin deficiency or other coinciding viral and bacterial infections. Good health is not dependent upon vaccination but more on quality of life, including the quality of water, air, food, and access to appropriate health care. Polio will not be eradicated in these countries by siimply repeatedly pouring vaccine down the throats of children living in substandard living conditions.

http://www/ibnlive.com/article.php?id=7992&section_id=3

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Bill Gates Funds Top Scientists - Vaccines Big on the List

Abraham L. Sonenshein of Tufts University received $5 million to develop bacterial spores vaccines. "Our ideal vaccine would be a packet of spores that could be emptied into a glass of juice and drunk down," he said. His chosen vehicle, bacillus subtilis, is found all over the world in dirt. "Safety is a nonissue," he said. "A large fraction of the Japanese population eats it every day for breakfast." The bacteria are used to ferment soybeans for a dish called natto. But rather than simply drying an existing vaccine, he wants to splice into the subtilis bacterium's DNA the ability to make the fragments of viral protein that provoke the immune reaction. Dried bacterial spores could survive indefinitely - and then bloom in the gut and start assembling the proteins. He has already inserted the genes for diphtheria and tetanus vaccines, and is working on adding whooping cough and rotavirus.

http://www.gainesville.com/apps/pbcs.dll/article?AID=/20051208/ZNYT04/512080307/-1/wire03

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)

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 maturation 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 infectious 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

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5 medical doctors discuss the dangers vaccines pose to health

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By Canadian author, Catherine Diodati M.A " A must read for those who wish to be aware, responsible and informed" Dr. E.S. Anderson-Peacock

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