Winter-Spring 2007

VRAN Newsletter

Vaccination Risk Awareness Network Inc.

VACCINES: HOW SAFE? HOW TOXIC?

By Peter and Hilary Butler
Excerpt from "Just a Little Prick"

Just a Little Prick
Chapter 74

"If they were willing to look at all the studies that were done with vaccines, they would find that they are, I think without question, the safest, best-tested thing we put into our bodies," says Offit. "I think they have a better safety record than vitamins"(1)

"The safest, best testing thing we put into our bodies." ?? Interesting statement don't you think, from a US vaccine expert. It seems Dr Offit wasn't at an FDA Scientific workshop in December 2002(2), convened to work out how to test vaccines for toxicity. Someone had done a review only to find that, apart from the pertussis tests mentioned previously in this book, there isn't that much testing done in terms of "toxicity". Why is that? And what do they mean by safety anyway?

The FDA definition(3) of safety, which is ***"relative freedom from harmful effect to persons affected directly or indirectly by a product when prudently administered, taking into consideration the character of the product in relation to the condition of the recipient at the time."***

Which can mean all things to all people depending on what they want to explain away.

The reason that this workshop was convened was that in the past, toxicity testing hasn't been done, because, as Dr Midthun says on page 4: ***"Historically, the non-clinical safety assessment for preventive vaccines has often not included toxicity studies in animal models. This is because vaccines have not been viewed as inherently toxic, and vaccines are generally administered in limited dosages over months or even years"***

Dr Sutkowski follows that up on page 6 with this statement:

". . . As Dr. Midthun mentioned, the Office of Vaccines is giving consideration to whether or not, prior to proceeding into phase I clinical trials, there is going to be extra consideration given to whether or not non-clinical safety assessments will need to be supported by toxicity testing in animals." And on page 10: "For which product category type should toxicity testing be performed? And, how to best design appropriate toxicity tests for preventive vaccines".

Later on page 23 when someone points out that since vaccines are given to newborns with fragile immune systems, shouldn't they be tested in juvenile animals to get some close approximation of similarity? Well, yes, says a Dr Verdier on page 23, but there is only one problem: ***"I think today we need to get more information about the immune system of juvenile animal models. We are not yet ready to use these juvenile animals in toxicology."*** And he also admits on page 17, that

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THE UNIQUENESS OF THE INFANT IMMUNE SYSTEM:

What Every Parent Should Know

By Edda West

Few people in the world have spent as much time in medical libraries researching the vaccine issue as Hilary Butler whose lead article in this newsletter gives us a glimpse of the appalling lack of knowledge and outright deception that rules vaccinology. The whole sordid business has been built on flawed assumptions, bravado, self aggrandizement and deceit. Since she first founded New Zealand's Immunisation Awareness Society, I have

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VRAN NEWSLETTER

Vaccination Risk Awareness Network Inc.
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Statement of Purpose

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

VRAN's Mandate is:

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

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

VRAN website: www.vran.org

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

" The time & effort put into the newsletter, website & all the work that goes beyond that is so appreciated. The great effort has truly empowered many of us to go forward with decisions that are in the highest good of our most incredible privileges - our children."
– from Stacia Keenan

Dear VRAN Members,

The kind thoughts expressed by VRAN member Stacia Keenan is a sentiment shared by so many of our members over the years. While all parents around the world strive to do the very best they can for their children, so few have access to information that affords them a glimpse of the bigger picture of health. The vaccine paradigm imprinted so deeply on us by monopoly medicine leaves no room for an alternative view of what comprises true health, and that it is much more than the absence of this or that infectious disease. Nor what it is we need to know and do as parents to insure that "the highest good" prevails for our children's health.

A reminder to everyone that your annual membership dues are due at the beginning of each year, regardless of when you first joined. Keeping up with your membership helps us immensely and is greatly appreciated.

Many VRAN members are still not on our email list. Our E-bulletins sent out to inform members of important news you'd want to have in between newsletter issues is appreciated by many. Please send us your email address so we can include you in our list. We don't swamp people with emails, but want to inform when an important issue comes up, such as the recent licensing of Gardasil vaccine, being heavily promoted by Merck and public health officials. Our new "Breaking News" section on the VRAN website gives an excellent overview of the issue as Canada embarks on another vaccine experiment on our children.

ANNUAL GENERAL MEETING

Our annual general meeting has been held by telephone conference for a number of years. It is the most practical solution for our AGM in that people don't have to travel great distances to gather for the meeting. The meeting date has been set for May 26. If you are interested in attending you will need to inform us so that we can book a space for you in the teleconference. Please call or email either Mary James at: (204) 895-9192 or email: or Edda West at: 250-355-2525

FUNDRAISING

VRAN fundraising is an ongoing effort as membership fees are not fully able to support VRAN's yearly operating budget. We are grateful for the generosity of members who have to date responded to our funding appeal in the Fall 2006 newsletter. Thank you all! We are hoping many more of you will respond to our 2007 funding appeal. VRAN operates on a very modest budget when compared to other not-for-profit organizations. Additionally, because of our criticism of government vaccine agendas, we have not been able to obtain "charitable status" from Ottawa, which often limits availability of funding from

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sources which would otherwise donate to VRAN.

VRAN needs to expand its membership base – the more members, the more possibilities for new funding sources. If every VRAN member brought in a few new members, our numbers would swell miraculously. We especially appeal to our professional members – those in the alternative healing professions who strongly support our work, and understand so well that the ever expanding vaccine agenda is a major player in the decline of children's health today. Our vision for VRAN is that we develop a broad membership base amongst alternative health professionals in Canada. If a majority of Canadian Chiropractors, Naturopaths and Homeopaths come on board in support of our work, not only would the information we offer be available to much larger numbers of people, but our yearly fund raising challenges would also be alleviated.

A reminder that this year, we are very pleased to offer Dr. Sherri Tenpenny's outstanding book, *Fowl! Bird Flu: It's Not What You Think*, as the bonus gift offer for donations of $150 or more. Sherri Tenpenny's book is way beyond bird flu. She informs us about environmental contaminants that compromise our immune systems, ongoing contamination in vaccine production methods and the threat this poses to human health. Unequivocally, Fowl! is a must read for everyone seeking to deepen overall understanding of the vaccine issue.

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

LUCIA MORGAN

As many of you know from emails we sent out to those of you on our E-Bulletin list, last November (2006), Lucia Morgan's hepatitis B vaccine injury lawsuit against the City of Toronto was dismissed by Judge M.A. Sanderson. While the Judge sympathized with Lucia's disabilities, and even went so far as to note that, "I could pinpoint no other plausible cause for her condition apart from the vaccinations", she refused to find the City of Toronto liable for the brain damaged Lucia suffered.

In personal injury cases, Canadian courts require that the injured person must prove both causality and negligence. In other words, the victim must prove: a) that the medical procedure caused the injury and b) that there was negligence on the part of the person administering the procedure.

Reading the extensive 74 page transcript of the Judge's findings is an eye opener. It leaves the reader baffled and incredulous that she (the Judge) did not rule on behalf of Lucia and award her the damages she is seeking.

On a biomedical and molecular level, vaccine injury is almost impossible to "prove". However when a previously healthy and vibrant person is injected with a vaccine, and that person then experiences severe symptoms which result in brain damage, and without any other variable plausible factor to explain the injury, one must conclude on a balance of probabilities that the vaccine caused the injury. As well, in the case of hepatitis B vaccine, knowledge of extensive neurological injuries caused by this vaccine is well documented in the medical literature.

In terms of Lucia failing to prove "negligence", one is left with a helpless/hopeless feeling of any possibility of finding justice in the court system. The Judge lists the many ways the nurse vaccinator failed in her duty to provide Lucia with disclosure of material risks of the vaccine. For example, the nurse had not read the medical literature to inform herself about the risks associated with the vaccine, nor discussed possible risks and adverse reactions with those she vaccinated, nor could she (or the city) provide a consent form (Lucia never saw one or signed one). The nurse also discounted Lucia's report of her bad reaction to the first shot when she should have stopped right there and not proceeded with the second shot which is the one that caused the extensive brain damage.

It is quite clear to any reader that the nurse vaccinator was indeed negligent and didn't adhere to the minimum requirement a reasonable person would adhere to when injecting a drug that carries a risk of injury and death.

One wonders what extraordinary point of law would satisfy a Judge to rule in favour of a vaccine injury victim? The legal bar in these cases has been set higher than in a criminal proceeding, where it must be proven "beyond a reasonable doubt" that a crime was committed. In the case of vaccine injury victims, where lives have been shattered and futures destroyed, one could say the outcome is equivalent to a crime having been committed by a drug that is dispensed as easily as water without regard for its potential to maim and to kill. Certainly in Lucia's case one can say that the evidence does show beyond a reasonable doubt that hepatitis B vaccine caused her brain injury and the destruction of the quality and potential of her life.

What is it going to take for Canadian vaccine victims to obtain justice in this country?

Just a Little Prick cont. from page 1

vaccines were considered safe ***"ipso facto"***, seventy years ago, when the use of aluminium started, so few vaccines were given to babies, no one even thought to think about it.

And yes, on page 24 he agrees: ***"To what extent this (juvenile animal models) can be used for toxicology and to assess the potential risk that we have there, I think that there is a whole bunch of work to be done there. And we know that for some adjuvants it's probably important to look at young animals as well, because we see different types of reactions. But the knowledge is still quite limited."***

Dr Midthun(4) and others, admit that toxicity studies were never done on aluminium in vaccines or other potential toxicity issues for which they now have to formulate some guidelines. A bit late, don't you think?

None of this will come as a surprise now to Vancouver neuroscientist Chris Shaw, who was looking at the anthrax vaccine for something else(5), when he found that the aluminium hydroxide in the vaccine, which is the same as that in childhood vaccines, was causing symptoms associated with Parkinson's, amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease) and Alzheimer's. In a 20 week study of mice, 38 per cent had statistically significant increases in anxiety and memory deficits and 20 per cent had an increase in allergy. When they killed the mice and looked at the brains, in a part that controls movement, 35 per cent of the cells were destroying themselves. Two comments he made stand out:

"No one in my lab wants to get vaccinated," he said. "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!"

Then later when he said that he couldn't find any studies that looked further than immediately post vaccination, he said: ***"This is suspicious. Either this [link] is known by industry and it was never made public, or industry was never made to do these studies . . . I don't know which is scarier . . . if anyone has a study that shows something different . . . put it on the table. That's how you do science."***

In order to understand the "safety" of vaccines, you have to know several things, including how a baby's immune system works from birth onwards, and what vaccines do biochemically in the body. That work has never been done. In Italy in 1998 big-wigs from vaccine companies and interested parties attended a meeting(6) where vaccine issues were discussed. On the final day there was a nearly two hour "Concluding Round-table" euphemistically called "How to Move the Field." R Rappuoli, the Head of Research of *Chiron Vaccines* when asking himself what knowledge had been gained about the functioning of the immune system in infants below the age of 6 months, said that his answer would have to be nothing. Professor Nossal, an immunopathologist from the University of Melbourne, remarked that in Japan 36% of children had atopies(7) and in Australia, 25% of children had asthma. He said that more intensive research was needed in the field of allergy and that "It is strange how little we know about immunity in the first 6 months of life".

The Sunday Times(8), UK recently revealed that severe allergic reactions had increased 146% in the last ?ve years, and that epi-pen use had increased 122%. The article also reported a 2003 study which showed that admission of serious allergies had jumped dramatically over the previous decade. There are no grey areas with allergies in the UK. Children only get epi-pens after testing for high allergic sensitivity.

A lawyer friend of mine, tracked down the 1998 – 2004 information. What was found, but not printed in the article is that 1 in 53 children in the UK; in other words, around 1 in 20 UK families now have a child with a life-threatening allergy. Also, roughly 99.5% of cases are in children under 16. Given that there were significant changes to the immunization schedule in the UK in the early 1990s, with a greatly increased intake of toxic chemicals like thiomersal, aluminium hydroxide etc at a much earlier age, I think some questions need to be asked of these "safer than vitamin" biological substances doctors want to spread with liberal abandon.

Allergy increase in children is not just a UK problem either. The Grand Forks Herald(9) reported that: ***"Physicians don't understand why food allergies are becoming more prevalent, though they have plenty of theories."*** Two weeks after the *Times* article, the *Observer*(10) analysed the data finding a 54 per cent increase in severe allergy between 2003–2005 and a 610 per cent increase between 1995–2005.

We have a situation where the experts know very little about a baby's immune system up to six months. They haven't tested the toxicity of adjuvants and other compounds in vaccines, because they assumed there was none. We DO know that to have serious allergies, a person has to have high levels of IgE antibodies, and to have a Th2 skewed immune system. And we also know that aluminium-adjuranted injected vaccines don't activate the first defences (Th1) that infections normally trigger in the cellular immune system. Instead they activate the last defences of the humoral system, antibodies, which are preferentially Th2. That is the job that aluminium is designed to do.(11) But no-one has looked to see if the increasing numbers of vaccines, by skewing the baby's immune system to exactly the state it needs to be to provoke serious allergy, are implicated.

What do doctors know about how vaccines work? You saw the explanation in the previous chapter, but is that explanation correct? According to these vaccine researchers, the antibody theory has some holes, which it would

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if you haven't any idea how vaccines work in the first place(12):

"Vaccines work simply by producing antibodies, right? Well, probably not. And this misconception coupled with basic ignorance of how they do work is stalling the urgent quest for an AIDS vaccine...

'I'm amazed by the amount of basic science we don't know,' Philippe Kourilsky, director of the Paris-based Pasteur Institute ... The assumption that successful vaccines work by simply producing antibodies is almost certainly wrong, Neal Nathanson, director of the US Of?ce of AIDS Research, warns. 'Hepatitis B vaccine is a good example. It's amazingly effective but no one knows how it works.'

The whole press release does media over-kill with ad nauseum phrases like ***"highly successful", "amazingly effective",*** as if they need to keep maximum hype to detract from the fact that they know very little about what vaccines **DO** in the body. Unfortunately, researchers have to admit what they don't know, if they want more money to ?gure it out. You mean, they really don't know how the immune system works?

You be the judge:

"It is known that in many instances, antigen-specific antibody titers do not correlate with protection. In addition, very little is known on parameters of cell-mediated immunity which could be considered as surrogates of protection."(13)

The Russians discovered a thing or two in the 1990s about how the body ?ghts diphtheria as evidenced by information provided to me by an Israeli doctor of Russian origin, Dr Alexander Kotok.

Studies on children with diphtheria in Russia in the 1990s proved quite clearly that there was no difference ***in the clinical course*** of diphtheria in the vaccinated and non-vaccinated.(14,15) Serious diphtheria was almost always seen in patients with pre-existing conditions like an immunodeficiency,(16) alcoholism, etc. Doctors found that the course of diphtheria did not depend on the level of the antitoxin antibodies, but on the cellular TH1 immunity; i.e. interferon, Patients who had serious problems with their body's ability to produce interferon fell victim to diphtheria regardless of their antitoxin antibody status.

Even more interesting was that in thymomegalia immunode?cient children, the DPT caused not only reactions but reduced immunity.(17) I wonder what they would ?nd if they studied other immunodeficiencies as well.

The only reason that the medical profession's basic ignorance about the immune system and vaccines hasn't been found out, is that parents don't know what doctors haven't studied. We assume that doctors wouldn't be doing something if they didn't know the basics.

American subscribers to Babytalk(18) magazine, woke up one morning in 2005 to read:

"In fact, Dr Offit's studies show that in theory, healthy infants could safely get up to 100,000 vaccines at once."

There was considerable discussion on Internet boards as to what this astonishing statement meant, and whether he really meant that. There can be no doubt that Dr Paul Offit meant that, because he is the Henle Professor of the Immunologic and Infectious Diseases at the Children's Hospital of Philadelphia and made sure that this article was put onto his section of the University's website(19).

What interested me even more, was that the original article in *Pediatrics*(20) (which said 10,000 vaccines, not 100,000) was apparently an estimate which appears to assume that the immune system of a baby/child is the same as that of a fully grown adult with HIV(21). Furthermore, Dr Offit appears to take no account of the fact that babies are far more sensitive to heavy metals and drugs than adults. Most mothers who are concerned have babies, who do not have the same immune system as adults(22). This article shows very clearly that neonatal peripheral blood leucocytes act quite differently to adults.

You may ask who is this man who considers vaccines safer than vitamins, and babies capable of receiving 10,000 vaccines in one day? And where are these studies that back up such theory?

Dr Offit is the USA's most prominent provaccine advocate and has received hundreds of thousands of dollars in grant money from Merck Vaccines Division, holds a vaccine patent, and acts as a consultant to them. He is also a member of the CDC Advisory Committee on Immunization Practice. He has written a book on vaccines, which a friend of mine borrowed from her doctor to find inside, a letter inside, donating the book to the doctor saying, "Merck Vaccine Division is pleased to present you with a copy of the recent publication, 'What Every Parent Should Know About Vaccines,' . . . The authors designed the book to answer questions parents have about vaccines and to dispel "misinformation" about vaccines that sometimes appears in the public media."

Dr Offit's view of his ACIP23 work is:

"It provides no conflict for me," he insists. "I have simply been informed by the process, not corrupted by it. When I sat around that table, my sole intent was trying to make recom***mendations that best benefited the children in this country. It's offensive to say that physicians and public-health people are in the pocket of industry and thus are making decisions that they know are unsafe for children. It's just not the way it works." . . . "Science," says Offit, "is***

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best left to scientists."

Because parents bring up their children they have every right to research all issues and ask scientists questions like, "What does mercury or aluminium in vaccines do in the body?" They are also entitled to honest answers . . . The medical establishment continues to say that mercury in vaccines has nothing to do with autism, and that it's quite safe. The problem is there are many studies from way before 1999 that show thiomersal had problems:

"The present study24 confirms the high frequency of sensitization to thimerosal in atopic children and suggest that vaccination can cause clinical symptoms in sensitized children."

Of course the medical establishment concluded that that doesn't prevent those children from continuing to be vaccinated. If they hadn't said that, the study probably wouldn't have been published.

The first study showing thiomersal allergy and vaccination reactions in the UK was in 198825 which said, ***"individual cases of severe reactions to thiomersal demonstrate a need for vaccines with an alternative preservative."*** Even more forthright was a 1990 study(26) which pointed out that the reactions can be ***"very long lasting"***.

Twenty-three years ago Russian researchers(27) said that thiomersal was highly toxic and should not be used in children's vaccines.

Others can argue the toss as to whether thiomersal in vaccine causes immune dysfunction contributing to autism but the fact is that scientists know that thiomersal is immunosuppressive and provokes autoimmunity in mice.(25) The study showed that in terms of the immune system, thiomerosal (EtHg) leads to a much stronger immunostimulation and autoimmunity than organic mercury (MeHg), but now, what possible relevance could mice have to babies?

Doctors like to brush aside worries about aluminium by talking about "70 years of use" and aluminium being very common. There's two problems with these sorts of dismissals. When you check the articles quoted you find the studies discussed hypothetical statements based on 1960 studies with single antigens on mice. In those days babies started a limited schedule at an age when the now-crowded primary neonatal schedule is finished. Furthermore, it is not possible to compare aluminium in food or water, to an injection. As one study says,(28) ***"Accumulation of aluminium in the body tends to occur when the gastrointestinal barrier is circumvented."***

Medical people also like to say there is no replacement candidate for aluminium. There is. It's called Inulin. What is inulin? Fructose with small amounts of glucose. Inulin has been extensively tested before and since 1991(29), using many different candidate vaccines in mice, rats, rabbits, dogs, horses, monkeys and man. With the exception of small granulomas when very high doses are injected subcutaneously, inulin has none of the problems of aluminium. If you are someone who wants to have a vaccine, inulin adjuvant creates Th1 cellular immunity as well as Th230.

Sometimes it seems the wheels of change suffer from the severe lack of an axle jack. Instead we read that some would like to revisit previously rejected Freund's incomplete adjuvant,(31) but in general all articles rave over aluminium considering it safe, very efficient at making the immune system take notice, which it is, but best of all, very cheap.(32) This same author dismisses many side effects saying, ***"Some side-effects seen after vaccination with adjuvanted vaccines, must, however be attributed to the vaccine preservatives, like thiomersal, beta-propriolactone or formaldehyde or . . . to bacterial toxins from the antigen preparation."*** (p. 3665)

Theoretically the most interesting issue is that aluminium is only of any "use" for the first shot of any series. It "wakes up" the immune system. After that, it's not needed in booster shots.(33) But it's given, because it's cheap and much less complicated to only have one set of bottles, rather than a primary dose, and aluminium free booster doses. Never mind that since 1965(34) it's been known that you can induce an encephalopathy and neurofibrillary tangles in the brains of animals by injecting aluminium salts. Or that since 1973(35) neurofibrillary degeneration after injection of aluminium can result in decline in learning and memory. So really, Vancouver neuroscientist Chris Shaw shouldn't have been too surprised to find that aluminium hydroxide injected as a vaccine into mice could do exactly this.

You have to understand what aluminium can do in a body to see the multi-facetted significance of aluminium. In the previous chapter, when the pretty coloured body was making antibodies, they missed out the bit where the nasty is handed to what we call an antigen presenting cell. Rather like a postie who is given a letter to deliver to where its supposed to go. These are called "dendritic" cells. Aluminium switches them on, and leaves them on.

In some people dendritic cells won't turn off. And when they don't, you can land up with something called Systemic lupus erythematosus (SLE). The problem with lupus is that the antigen presenting cells get switched on, stay on, and eventually abnormal autoimmune antibodies form. The scientists have no idea why that happens. It's clear an environmental trigger plays a role, but none of them are looking at aluminium, even though aluminium's function is to overstimulate antigen-presenting cells to force the immune system to respond to antigens it wouldn't otherwise take note of. That's why almost all vaccines contain aluminium.

However, aluminium also affects other cells called "macrophages", which become loaded with aluminium

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which disrupts their function. When those macrophages cross into the brain, they take the aluminium with them, which can demyelinate neurons, which could result in diverse disorders. Aluminium also makes the blood-brain barrier weaker,(36) making the brain more accessible to other toxins. Aluminium hydroxide in vaccines is highly reactive and separates spontaneously. And since it is injected through the skin right into your tissue, it is instantly absorbed and enters the brain.(37,38,39)

The fact that thiomersal is immunosuppressive, and that injected aluminium has a high af?nity for brain cells, has been known since 1980.(40)

In terms of research looking at what vaccines do in babies, the early research before 1970 wasn't reassuring. And for whatever reason, that work hasn't been repeated, even though babies are now getting so many more vaccines than 35 years ago. So why hasn't the research been repeated? And why don't doctors even know about the research that was done then?

A very interesting report published in 1969(41) showed very significant changes. For instance:

"It is necessary to admit firstly that vaccination is always a trauma of considerable intensity . . . Satisfactory safety of vaccines on a mass level does not necessarily coincide with total safety on an individual level."

Dr Del Campo found albumen decreases, heavy rise in the sedimentation rate, decreased transferring, retention in the tissues of various electrolytes, alkali reserve decreased conspicuously and for a rather long time. Serum glucose and serum cholesterol decreased, but lipemia increased steadily. Some enzymes showed an increase while others showed a decrease. Prothrombin time was lengthened. Changes in the EEG reading of the cerebral cortex of the brain were seen. There was in increased excretion of 11 cortico-costeroid, and rises in serum complement for an extended time. Phagocytic activity increased at a marked rate. He showed that properdin and lysozyme decreased, which explains the easy occurrence of secondary infections after vaccinations.

But he also stated that:

"every effort must be made to prevent individuals just vaccinated from being exposed to a new stress be this of a physical or infectious type while weakening of the natural defence and the disorder of the biochemical activities are still operating. Only in this way does it seem possible on the one hand to reduce the intensity and the duration of this post-vaccinal syndrome, and on the other to limit its consequences and the danger of the real clinical complications which arise from it."

And that was in the days when they only used a few vaccines. Safer than vitamins eh?

Furthermore, as was stated in a letter to the doctor about the testing of the Hep B vaccine in babies, not only had Merck not looked at the effect of the Hepatitis B vaccine on immune parameters, but that:

"Estimates of the frequency of various complaints following vaccination have usually been based on uncontrolled studies, i.e. there has been no parallel unvaccinated group in the study."(42)

Bearing in mind that the studying of a large group of people cannot assess the exact outcome for any individual, it's interesting to consider the following.

There are vast numbers of medical articles showing, for instance, high and unexpected duration of the IgE responses to DT boosters(43) in humans, which from animal studies(44) would indicate that allergies would worsen. There are an equally large number of more recent ones showing the opposite. It's always been the case with vaccines, that when something is hypothesized, you will get a downpour of studies pouring scorn on the hypothesis. It's become such a pattern now, that I usually look for information on who has funded any material before I minutely scrutinize the full body of the article.

However, it pays to think seriously about the positive studies, because regardless of the hail of negative studies, you have to consider that where there is smoke in the absence of knowledge, there may well be a lot more ?re, in the absence of water.

There was some hope that the IgE production after pertussis vaccination would decrease with the new acellular vaccines, but that hasn't turned out to be so. In fact, the acellular pertussis vaccines provoke a lot more Pertussis Toxin-stimulated IgE than the so-called crude whole-cell vaccines.(45)

Bearing in mind the recent vaccine drive in Auckland with the BCG,(46) of a vaccine that's only marginally better than useless, it should be noted that the BCG increases sensitivity to house dust mites.(47)

Another study showed:(48)

"The odds of having a history of asthma was twice as great among vaccinated subjects than among unvaccinated subjects (adjusted odds ratio, 2.00; 95% confidence interval, 0.59 to 6.74). The odds of having had any allergy-related respiratory symptom in the past 12 months was 63% greater among vaccinated subjects than unvaccinated subjects (adjusted odds ratio, 1.63; 95% con?dence interval, 1.05 to 2.54). The associations between vaccination and subsequent allergies and symptoms were greatest among children aged 5 through 10 years."

Almost as if the authors suffered an allergic reaction to their own ?ndings, they conclude:

"CONCLUSIONS: DTP or tetanus vaccination appears to increase the

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risk of allergies and related respiratory symptoms in children and adolescents. Although it is unlikely that these results are entirely because of any sources of bias, the small number of unvaccinated subjects and the study design limit our ability to make ?rm causal inferences about the true magnitude of effect." (Underlining mine.)

A study in Sweden, however, didn't find an increase in allergies, but did find a positive association between whooping cough vaccine and asthma by 21/2 years of age.(49)

As to all the other immunological pointers that are missing in this discussion, don't even get me started. The issue of how safe vaccines are won't be sorted out as long as medical people only want to play number crunching games like giving 10,000 kids a lolly. Looking at actual individual risk to real people seems to be much too dangerous. Perhaps something might be found that they would rather not see.

You be the judge. Are vaccines the safest, best tested thing you've had put in your body?

References:

1 Dr Paul Offit, USA's most outspoken vaccine pusher. (CBS) 60 Minutes, 20 October 2004*

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looked forward to her articles, always rich with impeccably researched information. These have nourished the broadening of my own knowledge of this complex issue and have validated my own sense that medical science has gone off the proverbial "deep end" with its vaccine obsession.

Seven years ago when I first read Butler's Position Paper on The Role of Vaccines in SIDS, which she presented at the Sixth SIDS International Conference at Auckland University in New Zealand, a whole new level of understanding of this issue was revealed to me. In this paper, Hilary discusses the flawed assumptions made by medical science which discounts the impact of vaccines on the infant immune system and demonstrates the link to sudden infant death syndrome (SIDS) and artificial infant feeding. To put it all in context she offers insight into the unique workings of the infant immune system, and its vulnerability to damage from vaccines. Even now, seven years later, this crucial information has not filtered out to the rank and file of pediatricians, and family doctors, let alone the average parent under pressure to vaccinate a new baby.

In this enlightening paper she pinpoints what sets the infant immune system apart from that of an older child, or adult. When I read her paper, I knew that if parents had a grasp of this knowledge, they would have a fighting chance of protecting their babies from immune damaging vaccine cocktails and the resulting spiral of impaired health. As well, they would have a better grasp of the potential for vaccines to "skew" or damage the immature and fragile infant immune system. They would also gain a renewed respect for nature's infinite wisdom. Such knowledge could spawn a medical revolution, a rebellion against the vaccine paradigm and force a badly needed shakeup of an arrogant

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and unaccountable medical system.

In both her SIDS paper and the chapter from her new book which we are featuring as the lead article in this issue of our newsletter, Hilary Butler emphasizes that very little is known about the workings of the infant immune system in the first six months of life, that vaccines have NOT been adequately tested toxicologically, nor for their impact on the immune system. Gross assumptions continue to be made about safety.

In order to understand the uniqueness of the infant immune system, one must understand some immunology relating to pregnancy and newborn babies, how a baby develops immunity, as well as the factors which can disrupt a normal maturation and functioning of the immune system.

It is generally acknowledged that the immune system can be divided into two broad areas. The primary line of defense, known as "cell-mediated" immunity or the Th1 system, searches out and destroys invading pathogens. It expels foreign antigens from the body through the activity of cells found in the thymus gland, tonsils, adenoids, spleen, and lymph system throughout the body. Our Th1 "cellular" immune system is our first line of defense. **In newborns the Th1 system is not yet functional.**

The deeper layer of the immune system is known as the Th2 aspect or the "humoral" system. The Th2 system is thought of as the end point of the complex immune process and engages once the first levels of defense have successfully conquered the invader(s). The Th2 system holds the immunologic memory of the defeated pathogens and is where antibodies are created enabling our immune system to remember the pathogens successfully conquered. The antibodies created by the Th2 system recognize and alert the immune system of the presence of foreign antigens previously encountered and give appropriate signals to the Th1 system.

However, during pregnancy, the mother's immune system is suppressed and is dominated by Th2 cytokines. This insures that during fetal life in the womb, the mother's body doesn't reject and expel the baby as a foreign object. The infant is also born with its immune system "skewed" so that its Th2 immune system is dominant, while the **Th1 aspect with the ability to search out and destroy invaders has not yet developed.**

"The key to fighting infectious diseases is to have a strong Th1 immune system. The assistant to helping prevent a repeat attack is the Th2 aspect; they work hand-in-hand. A healthy immune system is Th1 focused, since "search and destroy" is the most needed capacity of the immune system in every day life."

Once the "Th2-skewed" baby is born, "breastmilk quickly helps start the process of changing the baby's immune balance towards a Th1 dominance." Breastfeeding is essential to the emerging immune system as it facilitates the shift to a normal functioning balance between the Th1 and Th2 aspects of the immune system. The human infant's vulnerability to infection and to sudden infant death syndrome, hinges on whether or not he/she is breastfed.

"Most parents aren't told what breastfeeding does, or why this little immune system all-of-its-own is so vital. It is breastfeeding which helps give a baby the most sophisticated defense system from birth, which helps protect the baby, and **helps teach the immune system how to work.** It is breastfeeding which helps modify the baby's environment in such a way that the immune system learns the correct way to process and neutralize antigens, pathogens, and any other bug coming in that way."

Even though the infant is born with a Th2 "skewed" immune system, nature has provided breastfeeding as a unique living immune system which responds to pathogens the baby is exposed to and provides specific antibodies and protective enzymes. Breastmilk is constantly changing, depending on the baby's needs, stages of growth and development, and germs he/she is exposed to. In other words, breastmilk itself can be viewed as a supplementary Th1 immune system provided by the mother to protect the health and enhance survival of her infant.

Breastfeeding is THE crucial immunological bridge which insures that the new baby has the following: a plentiful supply of the first line of defense against infectious organisms known as cell mediating secretory IgA; tremendous amounts of live cells called macrophages which search out, engulf and destroy viruses and bacteria the baby may be exposed to; and an enzyme system which provides appropriate nutrients while also functioning in multiple immune capacities. An example of this is lactoferrin, the remarkable iron-binding protein that insures iron remains unavailable to bacteria, hence minimizing risk of infection, while also serving as an essential nutrient.

Breastfeeding plays an essential role in the development of healthy gut flora - a key to overall immune health. Breastmilk coats the baby's gut and prevents antigens from seeping through the gut wall so that allergic mechanisms cannot be triggered. Fundamentally, human milk insures continuing oral passive immunity as it lays down essential gut protection which prevents enteroviruses (gut viruses) from taking hold. And most importantly, it inhibits the proliferation of E.coli implicated in sudden infant death. Breastmilk is THE most vital element by which immune strength and integrity is built. It sets the immune foundation for life!

"The first 24 months of life are the most crucial time for a baby to learn "natural" immunity. The portal of entry, and learning pathways of the Th1 system teach and mature the immune system, and help to prevent both allergy-development and auto-

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immune disease. Inhaled and swallowed "antigens" of many different kinds are processed, with the help of immunological factors in breast-milk, the baby's cued-in immune system, through the mucous membranes and the various "layers" of the internal immune system, which then turns over to the Th2 system to produce an end-point called antibodies."

How Vaccines Wreak Havoc on the Immune System

Since the early 90's, it has been known that "A healthy immune system has a "bias" towards Th1. People who have allergies, asthma and diseases with an auto-immune origin have what is known as a Th2-skewed immune system." As well, they test positive for IgE antibodies, a recognised marker for atopic (allergic) diseases. It has long been known that babies deprived of breastmilk are at high risk for developing allergic diseases, and other diseases of auto-immune origin such as diabetes.

With the huge increase of allergic and autoimmune diseases today, an obvious question that must be asked is, how does an immune system get "skewed" towards Th2? If babies are vaccinated from birth, there is a likelihood that the immune system will react incorrectly. The result might be a Th2 skewed immune system.

When vaccines are injected into small infants, they bypass the normal "search and destroy" portals of entry of the Th1 system. "They do not in any way, shape or form resemble an inhaled or swallowed bacteria or virus because they are changed, attenuated, and injected as multi-antigens into the body along with heavy metal derivatives, other contaminants and antibiotics."

Butler has found that the medical histories of babies who have had bad vaccine reactions have had "markers" all along the way, indicating that the early vaccines have driven the pattern toward Th2. These markers are "wheeze, eczema, allergies, milk intolerance, wheat intolerance, chronic ear infections, glue ear, and chronic runny noses. Most of these babies have had months and months of antibiotics to the point where their parents are experts on the side-effects of them as well. But the babies that react worst of all, are always the bottle-fed babies. Some babies seem to do okay to begin with, THEN they have an MMR, or some other vaccine, which is the final domino sending the whole immune system haywire."

The popular so called "Hygiene Hypothesis" simplistically speculates that we are too obsessed with cleanliness and disinfection which deprives the immune system of exposure to germs and natural learning and is the cause of the tremendous increase in allergic diseases. It fails to address the most obvious fundamental questions:

✧ Do multiple vaccines injected during infancy interfere with the necessary realignment of the developmental stages and maturation of the infant immune system as it shifts from Th2 to Th1?

✧ What is the cost to infant/young child health and human health in the long run when the innate biological programming of the immune system is interfered with by the artificial stimulation of vaccines injected deeply into the infant's body and which are also known to further stimulate Th2 immune responses?

Butler writes that, "Published medical research makes it clear that vaccines can and do skew the immune system towards the Th2 system…. [and] ….all immunological models state that disruption early in life can have life-long permanent effects…….it is sufficient to say that injectable vaccines by-pass not only the Th1 immune system, but also the primary guard of a baby's supplementary immune system – breastfeeding. Vaccines are in every sense of the word and world unnatural, and cause the baby to produce unnatural immunity which is "back to front". The body does not deal with vaccine antigens in the normal sequence of infection. Each [vaccine] component, being an antigen in its own right, requires a separate immune response." In other words, every single component of a vaccine forces the infant immune system to mount a response to it.

Vaccines contain multiple components, including "adjuvants" added to many vaccine formulas specifically to boost and greatly magnify immune responses. Additionally, a quote from a medical journal cited in Butler's paper informs us that, "Most of the vaccines that are administered to children are Th2 inducing; furthermore the only adjuvant licensed for use in adults is alum (aluminum phosphate) which is a Th2 adjuvant. As well, pertussis is given to children at the same time as other vaccines in order to exploit its adjuvant effect, but this is also Th2 inducing." It is disturbing to know that aluminum based adjuvants have never been safety tested for use in infants, yet continue to be used with impunity.

It is only in the last two decades that a "full realization of the difference between the Th1 and Th2 immune system" began to be articulated in the medical literature. For example, Butler points to a 1987 article in Immunotoxicology warning about the complexities of immune dysfunction, …."chemically induced immune defects can occur at any stage in life. However, there is evidence that the newborn and the senescent may be more susceptible to chemically induced immunological injury…..the health implications of immune dysfunctions are increased risk of infectious diseases, development of neoplasia, autoimmune disorders and allergies….It needs to be recognized that many of the components of the immune system are, as yet, poorly defined and in consequence the study of their complicated interactions is greatly hampered….."

"As to HOW any vaccine could potentially effect a baby – that was still considered irrelevant. It was assumed to be the same as natural infection,

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because you "got" antibodies. All that was studied or considered necessary was an "end-product" (antibodies) detectable on existing tests. After the disaster in Africa in the late 80's when a trial of a new high potency measles vaccines (Edmonston-Zagreb) caused hundreds, if not thousands of children to die as a result of immune suppression, scientists finally admitted that they didn't have the foggiest as to how the measles virus effected the immune system, or how the vaccine effected the immune system in the body", writes Butler.

"So long as doctors assume that antibodies are the "be-all and end-all" of vaccine induced immunity and refuse to look at anything else, they will not understand the basis of vaccine reactions, allergy, or auto-immunity", writes Butler.

"Immunologists are now discovering that vaccines can indeed prime the immune system in the wrong way, which DOES make the ***"vaccines are normal, natural and safe"*** *theory of the past, a potential time bomb even though not one immunologist has the courage to clearly spell out or elaborate on the obvious – mixed amongst their medicalese."*

"I believe parents are not being told what immunologists know in a way they can understand it, because the establishment doesn't want parents to know. They hope that they can minimize, undo, or prevent future damage…..And they appear to think that their new ideas are as fool-proof, and flawless as they viewed their ideas of the past, and that the new solutions to their "created" problems will ***not*** *have some nasty little tricks of their own."*

Butler discusses the implications of skewing Th1/Th2 immunity. She emphasizes that, "In order for there to be a long lasting antibody response, there must be a strong Th1 (cellular) response. **Th2 is the memory line of defense, which also "shuts" down the Th1 side of the immune system."** Acquiring a natural infection such as measles in childhood which enters through the respiratory tract, first stimulates the Th1 system, then eventually the Th2 system which then enables the formation of natural antibodies and most importantly, long lasting immunity to the disease.

The deaths of the African babies cited above clearly demonstrates the disastrous consequences of Th1 shut down when a high potency "experimental" measles vaccine was injected into this large group of babies in the 1980's. While the vaccine induced a very strong antibody response, the babies died like flies from other infections. Why? Because the Th2 immune system had been forced to mount a huge antibody response, which then effectively shut down the Th1 "search and destroy" system, resulting in the children succumbing to and dying from other infections.

In another example of vaccine induced immune system manipulation, Butler discusses the excessive amount of interferon gamma produced in the body after vaccination. It is known that when a child is vaccinated with MMR vaccine (combination of 3 live viral vaccines), the child's immune system "produces large amounts of interferon gamma for a **prolonged** time, yet the immune response to the measles vaccine is clearly not the same as that from natural immunity. We don't know why." Yet vaccinologists **do not know** the amount of interferon gamma produced in a baby injected with a combination of Hepatitis B, Hib(haemophilus influenza B), Diphtheria, Tetanus and Polio vaccines. If the immune system reacts to each vaccine, "the **cumulative** amount of interferon gamma produced could be far in excess of anything resulting from one natural infection. But no-one has studied this as far as I know", says Butler.

What is known is that "interferon gamma directly affects the barrier function of intestinal cells and that it also increases the permeability of the blood/brain barrier." Butler refers to a number of studies which have shown that, "increased permeability of the blood/brain barrier is associated with a variety of illnesses resulting in invasion of the Central Nervous System."

The biochemical problems created by an excess accumulation of interferon should have sobering implications in terms of today's epidemic of autism spectrum disorders, and the search for causes. We must ask whether vaccine induced excesses of interferon gamma are damaging the fragile intestinal barrier and blood/brain barrier of infants and young children, thus setting the stage for autistic and demyelination disorders increasingly so common today?

The infant vaccine schedule in Canada and the U.S. calls for eight vaccines to be injected into two month old babies, often given in one fell swoop. All contain aluminum based adjuvants which artificially stimulate the immune system to mount a strong antibody response to the disease antigens. Aluminum is a known neurotoxin that kills brain cells. Injected into small infants whose brains and neurological systems are immature and extremely fragile, one can only be horrified by the implications. On the one hand the multiple vaccines may be causing a pathological excess accumulation of interferon gamma that weakens protective blood/brain barriers, and on the other hand, once the barriers are weakened, the neurotoxic aluminum has easy access to the brain.

SIDS, E. Coli, Vaccines & Deprivation of Breastfeeding

Hilary Butler's research leads her to conclude that "suppressive or skewed immune responses in a baby provoked by any vaccines are biochemically capable of causing SIDS and are in urgent need of study." Drawing on the research of Dr. R.C. Reisinger and others who have investigated the

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mechanisms of sudden infant death (SIDS), Butler interprets their findings, which to date remain obscure, unrecognized by main stream medicine, and unknown to most doctors and parents.

Since early in the last century, it has been "reported that bottle-fed babies have much higher levels of intestinal E. coli than breastfed babies." Others have found that bottle-fed babies have a three times higher of risk of SIDS than breastfed babies. Add multiple vaccine cocktails to this mix with the capability of temporarily shutting down crucial liver detoxifying pathways, and you have a disaster in the making.

So what does E. coli have to do with SIDS? Formula feeding alters a baby's gut dramatically and allows the proliferation of E. coli which is intrinsically toxic, in particular the endoxotin (outer coating) of the organism. If the liver is partly shut down while trying to deal with E.coli endotoxin, it can result in endotoxic shock and lead to death. Conversely, breastmilk with its complex immune factors and low protein content, enhances optimal gut flora, keeps E. coli in check, and prevents a runaway growth of E. coli and other harmful organisms.

Several studies have shown that babies who have died of SIDS have a high prevalence of E. coli in the flora of the gut. "But the key to the toxicity level is the speed with which it can multiply, given the right circumstances. These factors include bottle feeding, stress, overheating, viruses, vitamin deficiencies and the suppressive actions of vaccines on the liver (reticuloendothelial system)." Dr. Reisinger in his 1974 landmark paper , A Final Mechanism of Cardiac and Respiratory Failure describes the final mechanism of death in infants who have temporary liver dysfunction, and E. coli in the gut. He defines the complex mechanisms by which endotoxic shock leads to "profound bradycardia, hypotension and cardiovascular collapse".

The liver is the great detoxifying organ. Vaccines can cause the liver to partially shut down. Since 1955, it has been known that "administration of Diphtheria-Pertussis-Tetanus Toxoid (DPT) can cause temporary liver dysfunction in infants, similar to those resulting from viral hepatitis….[and remains]… three to five times as sensitive to endotoxins for approximately 14 days." (Am. J. Dis Child, 1955). Another researcher observed, "severe cardio-respiratory symptoms of apnea, bradycardia and oxygen desaturation (compatible with E. coli endotoxemia) following administration of DPT vaccines, and Hib, Hepatitis B and IPV (injectable polio vaccine)."

Butler explains that, "The P450 enzyme pathway is the only way a baby has to deal with endotoxin from the gut and is one of several liver enzymes shut down temporarily by vaccines." E. coli endotoxin is "normally trapped in the liver by cells called phagocytes, and destroyed. If the liver stops working, the endotoxin can pass through the liver into the blood", resulting potentially in endotoxic shock.

She discusses a study of premature infants given DPT vaccine. Many of these babies showed classic signs of E. coli endotoxemia, exhibiting "signs of apnea, bradycardia and oxygen desaturation that required vigorous stimulation, initiation, or increase in oxygen supplementation." Without realizing it, "the researchers of this study were observing the precise "final mechanism" that Dr. Reisinger described in 1974. These babies given whole-cell DPT, or Hib, HBV and IPV showed signs compatible with endotoxemia."

Because vaccines have the capacity to "temporarily disarm the reticuloendothelial system (the liver), which is also the primary detoxification agent of E. coli endotoxin from the gut, an acute rise in E, coli endotoxin unprocessed by the liver, would then enter into the blood-stream exacerbating the effects of the injection. The symptoms exhibited by these babies reflect the classically known clinical signs of endotoxemia/endoxic shock, and had there not been stimulation and oxygen saturation, they would probably have died from the "final mechanism" described by Dr. Robert Reisinger."

Butler holds the belief that "A basic lack of endotoxin, vaccine, immunological and breastfeeding knowledge means that all current epidemiological studies are missing vital puzzle pieces, because the right questions have not been asked."

This article is a brief overview of Hilary Butler's Position Paper and I encourage everyone to read the whole Paper. It is worth reading carefully. It may be the most important information available about the infant immune system that you'll find anywhere. It will further the efforts of all parents seeking in depth and vital information to help protect their babies from the ravages of monopoly medicine.

Note: *All quotes are from Hilary Butler's Position Paper on The Role of Vaccines in SIDS, Presented at Sixth SIDS International Conference, Aukland University, New Zealand, Feb. 11, 2000*

We appreciate Hilary Butler's generosity in permitting us to reprint Chapter 74 of her book, Just A Little Prick, in this issue of the VRAN Newsletter. "Just A Little Prick" by Peter & Hilary Butler can be ordered by email. Contact Hilary butler at: Cost is approximately $30 (Ca.) & includes postage.

The Position Paper on The Role of Vaccines in SIDS and other articles by Hilary Butler can be accessed on the internet: http://www.whale.to/vaccines/butler3.html

NEWLY RELEASED CANADIAN DATA LINKS VACCINES WITH PERVASIVE DEVELOPMENTAL DISORDER

National Autism Association calls 2006 Pediatrics study fatally flawed: Press Release March 7,2007

Chicago - New findings presented yesterday at a National Autism Association meeting bolster claims that vaccines may play a role in the development of autism spectrum disorders. David Ayoub, MD presented data suggesting a correlation between mercury-containing vaccines and rates of pervasive developmental disorder (PDD), a form of autism, in Montreal. The peak rate of one in 87 children diagnosed with PDD occurred following the period of greatest exposure to the mercury-based vaccine preservative thimerosal. A flattening of the rates studied is now emerging as mercury-containing vaccines have been gradually eliminated from the routine schedule.

This new data points out flaws in a 2006 study published in the journal Pediatrics by Eric Fombonne, MD, et al, which found PDD rates continued to increase even when rates of MMR vaccination and use of mercury-containing vaccines decreased. The study population consisted of a single Montreal school board that was an Autism Center of Excellence, suggesting an over-ascertainment of regional diagnoses. Dr. Ayoub and co-authors Monica Ruscitti, BA, and F. Edward Yazbak, MD broadened the data to include all five Montreal school boards.

The earlier study also reported PDD rates in children from Montreal, but MMR coverage data was taken from Quebec City located 265km from Montreal. The researchers confirmed MMR coverage rates actually increased in Montreal along with PDD, noting a sharper rise in rates after the number of required MMR shots doubled.

The Pediatrics paper claimed there was no exposure to mercury from vaccines post-1996 although several mercury-containing vaccines were administered well beyond 1996. “It’s irresponsible that such flawed data was published in a medical journal. This new information confirms a relationship between vaccines and autism that can’t be explained by better diagnosing or changing diagnostic criteria,” said Karen McDonough, NAA-Chicago president.

Drs. Ayoub and Yazbak detailed the Fombonne study flaws in letters to Pediatrics which the journal declined to publish. Editor Jerold F. Lucey, MD stated in a reply, “I believe the evidence of no link between MMR and Autism is sufficient. It's not worth publishing more on this subject.”

“This dismissal of legitimate concerns regarding data affecting those suffering with autism is a disgrace,” commented Ms. McDonough.

Read letters sent to Pediatrics from Dr. Ayoub & Canadian researcher, Monic Ruscitti at: http://www.nationalautismassociation.org/press030707.php

*Letter to Pediatrics from Dr. David Ayoub and Monica Ruscitti

*A Tale of Two Cities: Flawed Epidemiology by F. Edward Yazbak, MD, FAAP

ON GUARD AGAINST GARDASIL

"This vaccine should not be mandated for 11-year-old girls.... It's not been tested in little girls for efficacy. At 11, these girls don't get cervical cancer—they won't know for 25 years if they will get cervical cancer. Giving it to 11-year-olds is a great big public health experiment." *Dr. Diane Harper, lead researcher, HPV vaccine development*

The recent outcry in the U.S. against mandates poised to inject Merck’s new human papilloma virus (HPV) vaccine, Gardasil into all 11 year old girls, has backlashed in unprecedented ways. Consumer groups across the country, parents, doctors and even the lead scientist who developed the vaccine have put their political will and skill into stopping the forced use of this experimental vaccine. Reams and reams of informative articles have been generated cautioning about this vaccine in the last 18 months. It is the most expensive vaccine ever to be marketed, and is seen as Merck’s salvation following the Vioxx scandal and resulting costly legal quagmire they’re now embroiled in. Without the concerted actions of concerned parents in North America and vigilant consumer groups, Merck might have gotten away with its new scam.

In Canada, unfortunately it’s business as usual. The federal government recently approved $300 million to purchase the vaccine as a phase l initiative to help provinces get started with the program. Anticipated cost is around **$400 per person injected.** The federal government is contributing $300 million, estimated to be about one third of the vaccine cost nationwide. The other two thirds must come from the provinces, bringing the **total cost nationwide for this one vaccine to almost one billion dollars.**

Unsurprisingly, cronyism and back room dealing pushed through Merck’s slick money grab. A lobbyist with past ties to Prime Minister Stephen Harper was retained recently by Merck to lobby on immunization. Ken Boessenkool, who served as Mr. Harper's senior policy adviser until 2004, registered to lobby the federal government on immunization policy on behalf of Merck Frosst Canada. When filing with the Registrar of Lobbyists, Mr. Boessenkool listed his potential points of contact as the Prime Minister's Office, Health Canada, Industry Canada the Privy Council Office and MPs. His subject matter as a Lobbyist is “Monitoring health and immunization

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policies especially effecting National Immunization Strategy."

To add insult to injury, the Federation of Medical Women of Canada, has received funding from Merck "as part of our partnerships with industry," said a spokesperson. Needless to say, they are in full support of this vaccine. "We believe there is an urgent need to ensure the existence and adequate funding of a universal vaccination program for Canadians of all ages residing in all regions, including - as one component - the vaccine against human papilloma virus,"

Gardasil is claimed to prevent cervical cancer arising from two of many strains of human papilloma virus. The vaccine suppresses two strains of human papilloma virus found present in 70% of pre-cancerous lesions, yet in the studies, "pre-cancers only reduced by 12.2% to 16.5%". This has led some scientists to question whether the virus actually causes cancer and maybe the theory is backwards points out Dr. Moria Dolan of the Medical Accountability Network. "Maybe HPV is just a so-called 'opportunistic infection' that is allowed to flourish unchecked in the vicinity of cancer cells." Read her excellent article at: http://www.medicalaccountability.net/essay_gardasil.html

It has only been tested in a small group of prepubescent girls, and outcomes tracked for only a short period of time. Whether the girls will retain immunity as they become sexually active, is unknown. Whether they will require booster shots throughout their life is unknown. The vaccine itself has not been tested for carcinogenicity (whether it can cause cancer), or birth defects it might cause in children born to these young women.

The U.S. vaccine adverse events system (VAERS) has already registered over 900 adverse reactions to the vaccine, and a number of women who participated in the clinical trials have given birth to babies with birth defects. An analysis by NVIC (National Vaccine Information Center) has found that "The most frequent serious health events after Gardasil shots are neurological symptoms, ... severe headaches, dizziness, temporary loss of vision, slurred speech, fainting, involuntary contraction of limbs (seizures), muscle weakness, tingling and numbness in the hands and feet and joint pain ... and Guillain-Barre syndrome."

HPV is usually benign. 75% or more of girls and women may test positive for HPV at some points in their lives. But, in adolescents, in 75–90% of those cases, **the virus clears up on its own** within 8–12 months, including those that may be cancer-causing".

What is really shocking is that this vaccine is being marketed to the public, and licensed by our health officials on false pretenses as revealed by the stunning analysis below by the Journal Cancer Monthly. The experiments done to date on girls and young women have never shown that it actually prevents cervical cancer. Remember also, Canada has no mandatory reporting system of vaccine adverse reactions nor accessible data for the few "voluntary" reactions that are reported. In this country, we will not be able to document and identify the vaccine reactions and injuries occurring from this vaccine.

Journalist, Cindy Bevington interviewed lead researcher, Dr. Diane Harper in the development of HPV vaccine and has written a number of excellent articles, outlining her concerns. Dr. Harper emphasizes that "it is not a cancer vaccine or cure. It is a preventative vaccine for a virus that can cause cancer. **"Merck has proven it has zero percent effectiveness for curing cancer,"**

She says, **" Giving it to 11-year-olds is a great big public health experiment."** "The worst-case scenario, instead of serving to reduce the numbers of cervical cancers within 25 years, such a vaccination crusade actually could cause the numbers to go up.

The actual tests on the younger girls, ages 9 to 15, were only for safety and immune response, Harper said, and then only as a shot by itself, or in combination with only one other vaccine, Hepatitis B. **It has not been tested in conjunction with any other shots a girl receives at about age 11,** Harper said.

Dr. Harper says " it's not been tested for effectiveness in younger girls, and administering the vaccine to girls as young as 9 may not even protect them at all." All of her trials have been with subjects ages 15 to 25. At 11, these girls don't get cervical cancer - they won't know for 25 years if they will get cervical cancer. She cautions that the vaccine won't work at all if she was positive for the virus when she was inoculated in the first place.

The only way to test for the presence of HPV is through a vaginal swab -which is inappropriate for young girls, she said.

Harper believes that women need to be tested for the presence of HPV in their system **prior** to getting the vaccine. If the test comes back negative, they can then proceed with follow-up series of the three-part shots. But if it comes back positive? "Then we don't know squat, because medically we don't know how to respond to that," Harper said.

Harper said, "HPV is a skin-to-skin infection. Although the only way to get cervical dysplasia is through an HPV infection, and HPV is most often associated with sexual activity….[but]… **HPV is not just spread through sex.** We have multiple papers where that's documented. We know that 3-year-olds, 5-year-olds, 10-year-olds, and women who have never had sex have been found to be positive for the cancer-causing HPV types."

Harper worries that too many girls and women who have had the vaccine will develop a false sense of security, believing they are immune to cancer when they are not, and failing to continue with their annual Pap exams, are

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crucial to diagnosing dysplasia before it can develop into cancer.

She is concerned that the vaccine is being marketed on a false and misleading premise. Harper says, “That’s my main diatribe. We don't need mandatory vaccinations for little girls. What we do need to ask, though, is how long does it last, and when do you need a booster?"

The message to consumers, Harper said, is don't stop getting Pap smears just because you've gotten the HPV vaccine. "But an important point is that, if women get the vaccine and then not get their Pap smears, or decide to get them infrequently, what will happen in the U.S. is that we will have an increase in cervical cancer, because the Pap screening does a very good job.

Articles detailing her concerns can be found on the **Alliance for Human Research Protection** website at: http://ahrp.blogspot.com/2007/03/hpv_vaccine-researcher-blasts-marketing.html

On April 18, the Journal Cancer Monthly wrote a highly critical analysis of the vaccine, its claim to “prevent” cancer and the dishonest dealings between Merck & the FDA which enabled its licensing and ensuing barrage of marketing propaganda. The following is an excerpt from this analysis posted on their website at: http://www.cancermonthly.com/iNP/view.asp?ID=169

FDA Approval Not Based On Actual Cancer Prevention

The FDA-approved cervical cancer vaccine "Gardasil", has been debated for a number of reasons. Up until recently, however, no one challenged the vaccine on the grounds of its presumed safety and efficacy. The fact that it is FDA approved was considered prima facie evidence that the vaccine is both safe and effective. We must remember, however, that the FDA that approved Gardasil is an agency with countless conflicts of interest that has approved drugs and vaccines that were later found to be dangerous or deadly such as Vioxx and RotaShield.

When Cancer Monthly began looking at the research that enabled this "cervical cancer vaccine" to receive FDA approval we were astounded to find that this approval was not based on the vaccine's actual prevention of cervical cancer. Instead a surrogate was used - precancerous lesions. We were pleased to see a recent article in the Wall Street Journal (WSJ) that echoed these same issues - "Questions on Efficacy Cloud a Cancer Vaccine" April 16, 2007; Page A1. The WSJ stated, "The Food and Drug Administration didn't ask its panel of experts advising on Gardasil to rule on whether the vaccine specifically prevented the cancer itself."

Cancer Not Measured

How effective is Gardasil in decreasing the incidence of cervical cancer? 100%? 50%? No one really knows because this question has not yet been answered. As of today, the Gardasil **vaccine has never been proven to decrease the actual incidence of cervical cancer.** In the studies that led to the vaccine's approval, the incidence of cervical cancer was not measured. Instead CIN (cervical intraepithelial neoplasia) 2/3 and AIS (adenocarcinoma in situ) were used as the surrogate markers for prevention of cervical cancer because according to the vaccine's insert "CIN 2/3 and AIS are the immediate and necessary precursors of squamous cell carcinoma and adenocarcinoma of the cervix, respectively." While this is true it is also true that CIN 2/3 and AIS usually do not lead to cancer. For example, according to published data, CIN2 only leads to invasive carcinoma 5% of the time and CIN3 only leads to invasive carcinoma 12% of the time.(1)

HPV Alone Insufficient to Cause Cancer

In addition, Gardasil is targeted against Human Papilloma Virus (HPV) (types 6, 11, 16, and 18). However, during discussions at the FDA it was admitted that HPV alone is insufficient to cause cancer. Dr. Elizabeth Unger of the Centers for Disease Control stated, "So it is believed that infection alone is insufficient to cause cancer, and additional factors are required for neoplasia. There are certainly lots of questions about HPV infection…"2 This point is echoed in the medical text book Cancer: Principles & Practice of Oncology whose editors include Dr. Vincent DeVita, Jr. who was President of the National Cancer Institute and Dr. Steven Rosenberg, Chief of Surgery at the National Cancer Institute. According to this text, "HPV infection is not sufficient for cervical carcinogenesis…"

HPV the Correct Target?

This is of course quite rational. If HPV alone caused cervical cancer than the number of cases in the U.S. would be the same as the number of women with HPV infections. Since only a relatively small percentage of HPV infected women get cervical cancer this raises the question whether a vaccine against HPV is the right target at all? In fact, according to the text Cancer: Principles & Practice of Oncology, "In most studies, HPV status was not a strong independent prognosticator of outcome in cervical cancer patients; however there appears to be a trend for HPV-negative tumors to do worse …those tumors containing HPV DNA tend to be of an early stage and low grade." This suggests that if the goal is to reduce deaths from cervical cancer the target should not be HPV at all **because the tumors without HPV actually "do worse."**

Concern at the FDA

Obviously a vaccine designed to prevent cervical cancer should have measured cervical cancer during testing, but it did not. During meetings at the FDA, Dr. Karen Goldenthal of the FDA discussed this very point. She said, "Now, here is some advantages of cervical cancer as an endpoint. Clearly

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the major concern is cervical cancer. This would be viewed as very, very definitive data, and it may be easier to identify any unanticipated vaccine associated problems." Nonetheless, the FDA did not require that the actual number of cervical cancers be measured. As a result we now have an FDA approved "cervical cancer vaccine" that is yet unproven to reduce or prevent cervical cancer.

Leap of Faith

As quoted in the Wall Street Journal article, Scott Emerson, a professor of biostatistics at the University of Washington who sat on the FDA advisory committee, says he's not persuaded the vaccine is worth the billions of dollars likely to be spent on it in coming years. "I do believe that Gardasil protects against HPV 16 and 18, but the effect it will have on cervical-cancer rates in this country is another question entirely…There is a leap of faith involved," Dr. Emerson said.

Dr. Clayton Young, MD, an American obstetrician and gynecologist writes the following: "The vaccine only "protects" against 4 high risk HPV subtypes. We are currently screening for 15 "high risk" HPV subtypes. This may lead to an increase in infection with other and possibly more aggressive subtypes."

"There is absolutely no evidence that the vaccine prevents anything when administered at this young age. Vaccinating children for this or any other sexually transmitted infection is not without risk. There are over 30,000 immunization reactions reported to the Vaccine Adverse Events Reporting System (VAERS) annually , and it has been estimated that only 10% or less of vaccine reactions are reported. In light of these facts the integrity of the post marketing surveillance of vaccines is questionable. Currently no vaccine has ever been examined for possible carcinogenic, mutagenic, or teratogenic effects, and yet the pharmaceutical industry stands ready to add Gardasil to the list of vaccines mandated for school admission."

"Even if the vaccine proves to be efficacious, there are still many questions regarding the safety of the vaccine. In addition to my previously outlined concerns, there is pregnancy data in the Gardasil package insert that demands further study before its' widespread use in reproductive age women. "For pregnancies with the estimated onset within 30 days of vaccination 5 cases of congenital anomaly were observed in the group that received Gardasil compared to 0 cases of congenital anomaly in the group that received placebo. The congenital anomalies seen include pyloric stenosis, congenital megacolon, congenital hydronephrosis, hip dysplasia, and club foot."

"I have personally witnessed the devastation caused by severe vaccine reaction, including patients, their children, nurses and my own family. To proceed with mass vaccination against this embellished "threat" is premature."

Read Dr. Young's complete letter sent to the Texas legislature at: http://overturnrp65.blogspot.com/2007/02/one-familys-experience-letter.html

With thanks to VRAN member Deborah Jones, a talented web designer who is upgrading our website. We now have a highly visible "Breaking News" section on the main page of our site which leads to an excellent overview of the Gardasil issue. And many thanks to long time VRAN member, Susan Fletcher for compiling the main commentary on the HPV page. The new webpage also provides links to numerous excellent articles to help inform readers about the pitfalls of this vaccine. You can also access the Gardasil information on our website by going to the "Specific Vaccines" section and click on "Human Papilloma Virus – HPV" at www.vran.org

DO VACCINES MAKE CHILDREN HEALTHIER ?

A Public Letter to the President of the Institute of Medicine, Washington, DC

March 17, 2007

Do vaccines make children healthier? They do not seem to be helping, based on CDC data from the National Health and Nutrition Examination Survey.

The National Health and Nutrition Examination Survey (NHANES) was legislated into existence in 1956 to define illness and disability in the US. Since then, seven NHANES have been conducted. The data set has grown into the tens of thousands and includes children as young as two months old. With its consistent data collection methods over the decades and large sample size, it has become a rich mine for nutrition researchers. The most recent NHANES data reveal that during the time frame of increased vaccination, children have become sick more often, have more debilitating chronic disease, have more developmental and learning diagnoses, and are in worse nutrition status than prior to 1990. Have we traded treatable, curable infectious diseases of childhood for chronic incurable illnesses?

Dear Dr. Fineberg,

In your broad service and duty for public health, I make the following appeal in earnest hope that it will be considered. I apologize for the length of this letter, which addresses a complex topic.

My area of expertise is child nutrition. I hold graduate and undergraduate degrees in nutrition, a license to practice nutrition (Massachusetts), registration status from the Commission on Dietetic Registration, and several years experience working with children.

I took a public health curriculum at the University of Hawaii and was well indoctrinated into the successes of vaccines. The invaluable piece of this

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education was that few of my classmates were white, or American. Most were credentialed health administrators, physicians sent by their governments in the Pacific Rim, Africa, or Asia to acquire skills for clinical or program decision-making, such as you influence now. Needless to say I felt both dwarfed and privileged to have these extraordinary people as classmates. The problems they faced upon finishing their studies were not in the American experience: Lack of access to clean water; extreme poverty; rampant malnutrition and hunger in children; inadequate housing; excessive infant and child mortality from infectious diseases now rare in the United States.

But here is the problem: As you know, our own infant mortality rate is worse than many of these countries. During my graduate days, this was an embarrassment for our public health officials, and twenty years later, it still is. Although IMR in the United States has dropped from 11.2 deaths per thousand live births in 1983 to 7.0 in 2000, we cannot exactly celebrate because in the same time frame, the US ranking against other developed nations worsened dramatically, from 17th in 1983, to 28th in 2000 in spite of the fact that our health cost per capita has always been highest and still increasing. SIDS is our 3rd most common cause of infant death.

Policy and practice for reducing child morbidity and mortality are often driven by maternal and child nutrition initiatives in the developing world. This link needs attention in the United States. We cannot say that we do not have child nutrition problems – indeed, we now have staggering problems that were unthinkable in the late 1980s, when I was studying health policy and program goals for the year 2000. The dismal outcomes include a tripling of childhood obesity and a 104% increase in juvenile diabetes since 1980. Life-threatening food allergies have doubled and we have seen a six fold increase in the prevalence of allergies in the last decade. Childhood asthma has increased 75% and nutrient deficiencies, not seen in decades in US children are again prevalent.

1 in 10 children carries an attention deficit designation or diagnosis and last but not least, 1 in 150 children has autism.

I rarely heard of autism during my studies, but now I am contacted weekly by other nutrition professionals, not to mention a steady stream of afflicted families, asking me how to provide therapeutic diets for these children. This has quite sadly been my specialization since 1999, or 1996 if you count the time I spent cutting my teeth providing this for my own child. The silver lining here is that therapeutic diets can work very well for these children. True to the science that drives maternal and child health programs for WHO, UNICEF, WIC, School Lunch, or Head Start - children with autism, like any children – require normal nutrition status to grow and develop as typically as possible.

Peer review is growing to corroborate my clinical experience: Children with autism are not usually in normal nutrition status. Though they may grow (and they often do not grow typically), they show multiple signs of nutritional failure and compromise. This is what I fix in my obscure practice, and these children begin to recover. Usually, they also need a skilled gastroenterologist to resolve things like impactions, florid gut inflammation, lymphoid hyperplasia, pancreatic insufficiency, and so on. It is worrisome that pediatric providers skilled with these problems are few and far between.

My experience and training has perched me at a cross roads between vaccination policy and nutrition practice. We need research into the following possibilities, because the answers may dramatically reduce infant and child morbidity and mortality in the United States: Vaccines as we dose them today may create nutritional failure by inflicting early and severe injury to gut tissue and digestive function, by increasing the risk for bilirubin neurotoxicity at birth, by setting off inflammatory responses that consume nutrient stores, or secondarily via brain injuries that impair feeding skill and gut motility.

If vaccines can trigger food allergies in children, this too creates a large and costly burden: Children with food allergies have significantly lower height for age and poor intakes of essential nutrients compared to kids without food allergy; that is, they don't grow as well as allergy-free peers, can not learn as well when malnourished, and may be sick more often. Additional educational services for these cases will further strain a system already collapsing under the burden of record numbers of children with autism.

Biased that vaccine injuries exist only as extremely rare, severe anaphylactic events, and lacking skill to recognize nutrition failures in children, pediatricians are least equipped to help the burgeoning generation of sick children they are arguably creating. I have observed hundreds of children who present with the same nutrition problems again and again, and whose pediatricians were none the wiser. I had never encountered problems like these in my training. I do believe these children are vaccine injured. The injuries are physically pervasive, affecting immune function, neurological signs, digestion, and absorption, such that these children do not develop in normal nutrition status. Their brains do not get to develop typically. The pattern of physical and developmental demise is the same again and again relative to exposure to vaccines.

Having followed this issue for many years, I am aware of the evidence set forth to refute the claim that vaccines are injurious on a staggering scale, or causing autism. Many argue that these studies are massaged to cover the horrible possibility. None of it has changed my mind, just as I am likely not opening yours right now. We can agree to disagree, but there is no refut-

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ing the status of child health in the United States today. For the first time in US history, children are more vaccinated - and sicker - than ever before. On balance, the diseases our children have are no longer infectious, but chronic and incurable. Is this a good swap? Is it better to get wild type chicken pox, or to be autistic for life? What do I tell the parents of the three year old boy who entered my practice last week with a case of shingles that quickly followed Varicella vaccination, and a new PDD diagnosis? Should I boldly presume this is only temporal - again?

Our infants die more often than those in less developed locales the world over. This plus our humiliating mudslide of poor child health has taken place under the IOM's blessing for more, more, and more pediatric vaccines – mercury containing ones no less. Clearly, at this point, vaccination is not making our children healthier.

Is it scientifically reasonable to deny any link, or to believe that all these vaccinations are truly benign? Massachusetts has a program called REACH to eradicate over-use of antibiotics. Is it possible to over-use vaccines? Should I suggest this to the mother whose five year old autistic son – a Make-A-Wish Foundation recipient – was referred to me to resolve growth failure? He received first MMR at 12 months, and another dose, mistakenly, at 15 months, rather than at age 4. The second dose nearly killed him; he never recovered developmentally. His digestive and immune systems were addled to the core and he had only months to live. Where will it be noted, for IOM's awareness, that this child's death was caused by over-vaccination, or that health care resources across Boston's finest hospitals were wasted in a vain attempt to repair what a single, redundant, ill-timed dose of MMR had done? If hundreds of children like this cross my remote threshold, how many other thousands upon thousands of them exist nationwide? Comparing measles mortality to this case seems frivolous and pointless. Healthy children in good nutrition status typically survived measles prior to vaccine availability. I acknowledge the rate of complication and death for wild type measles in healthy US children; I do not acknowledge that this exceeds morbidity and mortality now caused by over-using this and other vaccines.

I must highlight here one of the new problems demonstrated in our most recent NHANES data: Poor vitamin A status in an alarming number of US children despite no changes in food supply. This occurred concomitantly with introduction of MMR vaccination and increase in vaccines/child. As you know, measles infection depletes vitamin A stores, and this is a nutrient with documented efficacy, prophylactically and therapeutically, against measles infection. Is overuse of viral vaccines like MMR related to vitamin A depletion in US children? Children with poor vitamin A status have elevated risk overall for infection, as well as more complications with infection. This is where realities of child nutrition clash with vaccine policy, and no one seems to be paying attention.

There are many, many inadequately studied facets of vaccine effects, yet we see our IOM agreeable to adding more and more vaccine doses to children. Mercury is but one concern. The fact that individuals vary with respect to kinetics for its excretion should be just as acceptable to your peers as it is that individuals vary with rates for metabolizing any drug or excreting any toxin. Fifty years ago, we knew that pregnant women who experience certain viral exposures could produce children with autism. Why is it so challenging then to grasp that multiple neonatal or early infant viral exposures via vaccination could trigger the same outcome?

A link between multiple live viral exposures and increased risk of inflammatory bowel disease was reported over a decade ago in certain population subgroups. The findings that multiple vaccine-sourced viral exposures delivered in quick succession, such as is done today in infants and toddlers, may trigger inflammatory bowel disease with subsequent developmental injury must be explored, not ignored.

My appeal is made on behalf of the hundreds of children and families I have had the privilege to serve in my obscure corner. I should not have this job – I do believe I would be out of work were it not for current immunization policy and practice. Please reconvene the Immunization Safety Review Committee with impartial experts free of allegiance to pharmaceutical companies, who have no fear of the scientific process no matter what it reveals, and who can accurately review independent data on vaccines, autism spectrum diagnoses, bowel disease, allergy, diabetes, asthma, SIDS, and child nutrition status.

On balance, vaccines may now cause more death, disease, and disability than they prevent in US children. Reform is urgently needed. I encourage the Vaccine Safety Committee to consider, without bias or fear, the careful research efforts your colleagues are making to truthfully resolve this tragic controversy.

Sincerely
Judy Converse, MPH, RD, LD

About the Author

Judy Converse, MPH, RD is a licensed registered dietitian specializing in dietary intervention for autism. 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 with husband Chris and son Ben, who survived a nearly fatal hepatitis B vaccine adverse reaction at birth.

http://www.vaproject.org/converse/letter-to-fineberg-20070420.htm

VACCINES, MERCURY, AND GENETIC CHANGE

by Harold E. Buttram, MD, FAAEM

Introduction

Thimerosal, which consists of approximately 50 percent ethyl mercury, has been used as a vaccine preservative since the early 1920s. As the numbers of mandated vaccines have steadily grown, the quantity of mercury has also grown, culminating in the 1990s, when children commonly received 187.5 micrograms of mercury during their first six months of life (62.5 mcgs at two months, again at four months, and again at six months). At current safety limits set by the U.S. Environmental Protection Agency (EPA)(1), which allows a maximum of 0.1 mcg of mercury per kilogram of body weight per day, children during the 1990s commonly received up to 100 times the safe dose of mercury on three separate occasions during their first six months. According to standard toxicology texts, the brain is a prime target for mercury (2). So it is not surprising that the current epidemic of childhood autism and learning disabilities reached their peaks during the 1990s, with one in 150 American children now recognized as autistic. (3) Currently the U.S. Center for Disease Control (CDC) indicates that nine million American children under age 18 have been diagnosed with asthma, (4) whereas in 1979 asthma affected approximately two million children under age 14. (5) Four controlled studies, widely separated geographically, have shown that fully vaccinated children had significantly more allergic disorders, including asthma, than those with limited or not vaccines. (6-9)

Comparable increases have taken place in attention deficit hyperactive disorder (ADHD) with four million children between ages three and 17 being diagnosed with this condition. (4) These dramatic increases cannot be attributed to changes in classification or increased awareness. Could vaccine programs inherently be prone to cause these adverse trends aside and apart from the mercury issue?

The Thimerosal-Mercury Issue

From 1999 through 2004 a series of U.S. Congressional Hearings were held on issues of vaccine safety, largely concerned about a possible causal relation between childhood immunizations with their high levels of mercury and today's epidemic of childhood autism and learning disabilities. An excellent review of these hearings is found in the book, *Evidence of Harm*, by David Kirby (10).

Space does not allow more than a brief recounting of the Thimerosal (mercury) story: In June 1999, in response to a U. S. Congressional mandate, the U. S. Food and Drug Administration revealed the amounts of mercury in all pharmaceuticals, which formerly had been listed in yearly *Physicians' Desk References* in poorly understood codes. At the same time the FDA recommended but did not mandate that pharmaceutical companies remove mercury from vaccines. Not until 2003 was mercury finally removed from the routinely mandated infant vaccines (DTaP, Hib, and Hepatitis B), though at time of this writing (February, 2007) mercury does remain in most brands of flu and tetanus booster vaccines.

Although significant numbers of new autism cases are still taking place, in 2006, three years following removal of mercury from routine infant vaccines, a decline in new cases of autism has been reported for the first time since the commencement of autism statistics many years ago (11). Can anyone now seriously question the role of mercury in the current epidemic of childhood autism and learning disabilities?

Are Current Vaccine Programs Bringing about Human Evolutionary Retrogression?

Because of the extent of the childhood autism epidemic, this area may provide our best window into genetic alterations which may be taking place in modern times. A great deal is already known. Although the details are highly technical, the basic principles are simple and surround two biochemical cycles involving the interactions of methyl-donating vitamins (Vitamin B-12 and folic acid) and sulfur (thiol) groups in what is called the ***Methionine Cycle***. By way of explanation, the ***methyl group*** (one carbon atom surrounded by three hydrogen atoms) is the basis of all organic life; ***sulfur compounds*** serve as body cleansers (detoxifiers) as well as vehicles for the methyl groups and other functions. *Large quantities of methyl groups are constantly needed for maintenance of DNA (genetic) integrity as well as other functions*; the greater the toxic exposures, the greater the need of the body for methyl groups. Reducing these cycles to their basic elements, ***methionine*** (a sulfur-containing amino acid) is the starting point of the ***Methionine Cycle***.

In brief, the Methionine Cycle performs two major functions: (1) The s-adenosyl methionine (SAM) phase of the cycle is a major supplier of methyl groups to tissues, including the body's DNA, where the methyl groups serve to maintain the structural integrity of the body's genetics. (2) As a spin-off of the Methionine Cycle, the transsulfuration cycle is the source of ***glutathione***, a molecule normally present in all cells of the body but especially rich in the liver and intestinal tract, where it serves to intercept toxic chemicals and carry them out of the body. As shown in the lower portion of Figure 1, the folic acid derivatives (tetrahydrofolate, MethleneTHF), and the active form of vitamin B-12 (methylcobalamin) are suppliers of methyl groups to the Methionine Cycle, supported by cofac-

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tors including magnesium, zinc, selenium, vitamin B-6, choline, and others (13-14). Each step in the Methionine and interlocking Folic acid/B-12 vitamin Cycles is catalyzed by a specific enzymes. D. Quig (15)(1998) has pointed out that "among the most insidious toxic metals are the sulfhydryl-reactive metals, which include mercury, cadmium, lead, and arsenic," and which are capable of poisoning these enzymes. This is especially true for mercury, generally considered one of the most toxic chemicals known to man. Such enzyme impairments, in turn, may result in reduced flow of SAM-dependent methyl groups to DNA (17). Experimental reduction of folic acid in human lymphocyte culture cells (with consequent reduction in flow of methyl groups) has been shown to result in increased chromosome breakage. (18).

In a chapter on genetics in *Harrison's Principles of Internal Medicine*, 16th Edition, one finds the following quotation: "Mutations can occur in the germline (sperm or oocytes); these can be transmitted to progeny."(19)

A landmark study by S. Jill James et al (20)(2004) of 20 autistic children compared with 33 control (normal) children did in fact show impaired SAM-dependent methylation capacity in children with autism.

In Summary: The above information is highly technical, which is unavoidable. However, for those unfamiliar with the terms, what does it all mean? As a personal interpretation, there are two interlinking biochemical wheels which are at the heart of life processes, at least as far as humans are concerned. One involves sulfur-containing amino acids derived from the diet, the starting point of which is methionine. It is the SAMe molecule, a derivative of methionine, that furnishes methyl groups which are constantly required in abundance for maintenance and regeneration of body tissues as well as the DNA of individual genetics. What are methyl groups? They are single carbon units, which form the basis for all organic life.

The other interlinking wheel involves vitamin B-12, folic acid, and their intermediaries, which provide the methyl groups to the methionine wheel. There is a specific enzyme for each step involved in these wheels. It is now known that these enzymes may in some instances be crippled by mercury, resulting in a decreased flow of methyl groups to body tissues and DNA. Although preliminary, there is experimental evidence that decreased flow of methyl groups to DNA results in an increase in chromosomal breakage, and if mutations from this breakage take place in sperm or ova, they could become inheritable.

Human experimentation in genetics being unthinkable in our society, we must wait perhaps another one or more generations to find out the effects of mercury-containing vaccines, or of vaccines in general, on the genetics of a generation of children. The good news is that, among certain circles of practicing physicians and scientists, effective treatments are being found for autistic children which help almost all to some extent, and bring apparent full recovery to some.(21) If there is genetic damage in these children, hopefully this also is being repaired.

Vaccines and Genetic Hybridization

Barbara McClintock, the 1983 Nobel Laureate "Corn Lady," was the first to discover genetic mobility in the so-called "jumping genes" in the 1930s in her work with corn. In a publication in *World Medicine* in 1971, (22) scientists at the University of Geneva reported on experiments in which frog hearts were dipped into bacterial suspensions, resulting in a high percentage of bacterial RNA-DNA hybridization in the frog heart cells. The article concluded:

"The implications of this work on transcession are enormous, for the Geneva work suggests that this phenomenon is going on the whole time – even in our own bodies…"

As purely genetic material, it would be expected that viruses are more prone to the process of jumping genes than other microorganisms. A report in *Virus Research*, (23)(1987) tends to support this hypothesis: In a study of 24 passages of a nuclear polyhedrosis virus through cell cultures, there were both genetic insertions and deletions in the virus, meaning that the virus both donated genetic material to the culture media and received genetic material from the culture media.

As found in a well-researched book, *Fowl! Bird Flu: It's Not What You Think*, by Dr. Sherri Tenpenny, (24) a virus called "*endogenous avian retrovirus,*" or EAV, has an associated enzyme called ***reverse transcriptase***, which acts by copying RNA into DNA, the reverse of the normal flow of genetic information. Knowing how reverse transcriptase works in living cells, it is possible that vaccines containing reverse transcriptase are weaving viral genes (genes contaminated by prior culture media) into human DNA. As recently as 1999, Tsang et al also detected the presence of reverse transcriptase in measles and mumps vaccines. (25)

It is ironic that, with the potential hazards of the flu vaccine listed above, there are three published studies showing little if any effect on either the incidence or death rate from influenza. (26-28) As one example, father and son statisticians, David and Mark Geier, showed that although the flu vaccine rate tripled per capita between 1979 and 2000, there was negligible change in either the incidence or death rate per capita during these years. (26)

Evidence of Immune Derangements from Current Vaccine Programs

By way of background, the human newborn infant comes into the world with a relatively undeveloped immune system. The lymph nodes are small, the plasma cells are sparse in bone marrow, and immunoglobulin synthesis is

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low. Normally, soon after birth, the infant begins to respond to multiple antigenic stimuli, including viral and microbe infections, coming mainly through the mucous membranes of the gastrointestinal and respiratory tracts. According to standard medical texts, by one year of age all lymphoid structures are mature histologically, but lymph nodes do not grow to adult size until six years age. It is during these early periods, especially the first two years, that a child's immune system remains highly vulnerable and susceptible to alterations.

The immune system is divided into two major classes: ***cellular immunity***, involving the mucous membranes of the body, and ***humoral immunity***, which involves production of antigen-specific antibodies by plasma cells in the bone marrow. For eons of time the mucous membranes of the respiratory and gastrointestinal systems served as primary sites of entry for a large majority of infectious microbes so that the cellular immune system evolved as the primary defense system, while humoral immunity served in a secondary or back-up role.

Both cellular and humoral classes are governed by TH lymphocytes, the "T" referring to the thymus gland, from which they are derived, and the "H" referring to a helper or activating activity. During infancy the uncommitted "naïve" TH lymphocytes are differentiated into either armed TH1 cells governing cellular immunity or armed TH2 cells governing humoral immunity. It has been found that this differentiation is profoundly affected by cytokines, which are produced by lymphocytes and serve as chemical messengers. Once one subset becomes dominant, it is difficult to shift the response to the other subset, as the cytokines from one tend to dominate the other.(29) In other words, *once either cellular or humoral immune systems become predominant, they tend to maintain their dominance by the production of cellular messengers in the form of cytokines*.

In *The New England Journal of Medicine* (30) and Thorax (31), articles have appeared stating that a healthy immune system has a "bias" towards the TH1 (cellular) system, while persons with allergies and asthma tend to have what is known as a "TH2-skewed" immune response. In the days before vaccines, the natural scheme of things presumably would have established a "health-biased," TH1-dominant cellular immunity during infancy. Does today's increasing incidence of allergies and asthma mean that modern vaccines are capturing infants' immune systems in many cases and skewing them into TH2 dominance?

Paradoxically, the TH I-mediated autoimmune disorders, including Type I diabetes, Crohn's disease (regional enteritis), and multiple sclerosis, are also increasing in incidence, with Crohn's disease having doubled in some decades, particularly the 1960s and 1970s (32), and increases in Type 1 diabetes correlating closely with increases in asthma (33). Consequently it would appear that the TH-1 cellular and TH-2 humoral immune systems are both going awry, with significant increases in TH1-mediated autoimmune diseases and increased TH2-mediated allergic disorders.

This is an oversimplification of an extremely complex field, but it in no way alters the fundamental question: whether or not vaccines, given in ever increasing numbers at an extremely vulnerable time of life, are capturing, stunting, and skewing the immune systems of our children.

Philip Incao (34-35) has pointed out that the "minor" childhood diseases of former times (measles, mumps, chicken pox, rubella) served a necessary purpose in challenging and strengthening both the mucosal (cellular) and humeral (antibody) immunity, and that having eliminated these diseases with vaccines, many children are being left with stunted immune systems. It is true that there were occasional serious complications from these diseases, but by way of "natural therapies," once they gain their proper places among the healing professions, these complications could be averted in most instances.

In regard to the trend towards giving increasing numbers of vaccines at one time, in an article entitled "Chronic Microglial Activation and Excitotoxity Secondary to Excessive Immune Stimulation: Possible Factors in Gulf War Syndrome and Autism," R. Blaylock (2004)(36) pointed out that as a result of over-stimulation of the brain's immune cells (microglia, astrocytes) by vaccines, these immune cells may overreact with damaging effects on the brain itself. This may be the explanation that significant numbers of autism cases are still occurring following removal of the mercury additive, Thimerosal, from childhood vaccines.

One of the prominent names in autism research is that of Vijendra Singh, Ph.D., Department of Biology, Utah State University, reported a study in which he found that a large majority of autistic children tested had antibodies to brain tissue in the form of myelin basic protein (myelin is the fatty insulating tissue surrounding nerve cells). He also found a strong correlation between myelin basic protein antibodies and antibodies to measles (almost all of the children had been immunized with the MMR vaccine, and none had had measles as a disease. (37)

In conclusion of this section, it is appropriate to cite a little noted letter was published in 1984 in *The New England Journal of Medicine*, which reported a significant though temporary drop of T-helper lymphocytes in 11 healthy adults given routine tetanus booster vaccinations.(38) Special concern in this study rests in the fact that drops in T-helper lymphocytes are characteristic of acquired immune deficiency syndrome (AIDS), and in four of the 11 recipients the *T-helper lymphocytes dropped to levels seen in active AIDS patients*. This was the effect of a single vaccine in healthy adults.

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One must wonder, then, what effects on T-helper cells are taking place in infants routinely receiving the DTaP (Diphtheria, Tetanus, Pertussis), Hib (Hemophilus influenza), IPV (polio), Hepatitis B, and Prevnar (pneumoccus) vaccines at two months, again at four months, and again at six months, with additional vaccines apparently pending.

As far as is known, this testing of T-helper lymphocytes before and after vaccines has never been repeated. It is a sobering thought to consider what the results might be if done before and after current routine infant vaccines.

Startling Findings from Stem-Cell Research

By definition, all cells of the organs and tissues of the body are derived from undifferentiated, primitive "stem cells." In a recent announcement on stem cell research from the University of Rochester, low levels of toxic substances cause critical stem cells in the central nervous system to prematurely shut down. The report continued:

"That is the conclusion of a study published today in the on-line journal PLoS Biology. This research, which is the first to identify a common molecular trigger for the effects of toxicant exposure, may give scientists new insights into damage caused by toxicant exposure and new methods of evaluating the safety of chemicals.

"Establishing the general principles underlying the effects of toxicant exposure on the body is one of the central challanges of toxicology research," said University of Rochester biomedical geneticist, Mark Noble, Ph.D., senior author of the study. "We have discovered a previously unrecognized regulatory pathway on which chemically diverse toxicants converge and disrupt normal cell function."

Noble and his colleagues exposed a specific population of brain cells to low levels of lead, mercury, and paraquat, one of the most widely used herbicide in the world. These cells called glial progenitors, are advanced-stage stem cells that are critical to the growth, development, and normal function of the central nervous system."

Although mercury has largely but not entirely been removed from vaccines (it is still used in the early stages of many vaccines and then extracted, according to *Physicians' Desk, References*, leaving only traces.) However, by their very nature, vaccines will always require preservatives with varying degrees of toxicity.

Are Vaccines Necessary in Their Present Forms, Numbers, and Schedules?

There is a general impression today that vaccines in the form of mass or herd immunization programs have been largely responsible for controlling former epidemics of killer diseases in the U.S.A., but the facts do not bear this out in most instances. In the case of smallpox epidemics of former years, very limited vaccines along with quarantines proved quite effective in third world countries. In more modern times, according to the records of the Metropolitan Life Insurance Company, from 1911 to 1935 the four leading causes of death from infectious diseases among children and adolescents in the U.S.A. were diphtheria, scarlet fever, whooping cough (pertussis) and measles. However, by 1945 the combined death rates from these causes had declined by 95 percent, *before implementation of mass immunization programs* (40). Information from *Morbidity and Mortality Weekly Report*, July 30, 1999 (41) drew much the same conclusion, reporting that improvements in sanitation, water quality, hygiene, less crowded housing, and the introduction of antibiotics have been the most important factors in control of infectious diseases in the previous century. Although vaccines were mentioned, they were not included among the major factors.

Conclusion

There is little doubt that the time is rapidly approaching when public opinion will overwhelmingly demand that current vaccine programs be completely rethought and revised. This will occur largely from today's epidemic of childhood autism and its growing impact on society as these children grow into their teenage and adult years.

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LETTERS

Letter to D. Kramp,
Member of Parliament
Re: NO vaccine injury Compensation in Canada (except Quebec)
March 27, 2007

Dear Mr. Kramp,

The $300 million dollars your government has set aside for the experimental HPV vaccine for girls would go a long way in establishing a vaccine injury compensation plan here in Canada. Adverse events to vaccines are an accepted fact in public health circles. The dead and damaged are acceptable carnage for the benefit of the "herd". While this may be fine for the people on the "herd" side, I personally believe this to be unconscionable. It seems that medicine has not investigated and promoted the many safe (and inexpensive) alternative methods of disease control other than vaccination. Canadians are left in a situation where adults and children continue to lose their lives and health to vaccines with no compensation available to them. For one of the numerous tragedies please see Lucia Morgan's story at the Canadian Vaccination Risk Awareness Network website:

I personally have experienced the horror of receiving a shocking list of adverse event information from an ATIP request for the vaccines that my youngest child received, including one death.

You can view more on this here: http://www.cmaj.ca/cgi/eletters/170/4/437#942

Health Canada and the Ontario government have discussed compensation in the past. Vaccine policy expert Dr. Kumanan Wilson and his colleagues have recently called for a no-fault vaccination plan but what has been done? Over the last few years the number of vaccines approved and introduced have greatly increased with no compensation, and the manufacturers take no responsibility for their product and the government takes no responsibility for the products that they approve and license.

I hope that your government will do the right thing. An investigation should be initiated by the appropriate ombudsman to check for conflict of interest in high levels of provincial and federal government health ministries, the National Advisory Committee on Immunization, IMPACT, Immunization Monitoring Program ACTive and the Advisory Committee on Causality Assessment (ACCA).

Also, you cannot leave vaccine safety up to manufacturers, as shown in this 1998 article in *Vaccine*, Rational approaches to reduce adverse reactions in man to vaccines containing tetanus and diphtheria toxoids - **"Adverse side effects to tetanus and diphtheria toxoids have been known for many years** and **there have been ways to minimize these reactions.** These procedures did not get wide acceptance, because the current partially purified tetanus and diphtheria vaccines **meet the regulatory requirements and the manufacturers are reluctant to change the established procedures of production due to the amount of work involved in the regulatory issues under the current Good Manufacturing Practices (GMP)."** ***This has to change! Again, please check for conflict of interest at the federal and provincial level!***

If you do not inform parents of the facts that adverse events to the new HPV (and other) vaccines are not covered under any compensation plan (except Quebec) and they have not been tested for their carcinogenic or mutagenic potential or impairment of fertility then you are not allowing parents to give informed consent to this medical procedure. Red flags regarding adverse events to the HPV vaccine are already being raised.

Also, please let me know if your government will consider a NO-FAULT compensation plan for vaccine injuries in Canada that MUST INCLUDE INPUT FROM THE

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PUBLIC, VACCINE INJURED PEOPLE AND FAMILIES. If there are current discussions could you please inform me and my colleagues at VRAN about them? Anything cooked up in the back rooms of Health Canada and the NACI without public input WILL NOT be acceptable. Also, will someone in your government contact Lucia Morgan and let her know that YOUR government will compensate her for her injuries?

I look forward to hearing from you regarding this most important issue.

Sincerely, Your constituent,
Rita Hoffman
Parent of a child with anaphylaxis - life threatening allergies to numerous foods and latex

* *

Workshops in Alberta with Bea Campbell,
Parent Advocate and Vaccine Risk Awareness Educator
Apr. 14/07

Hello Edda,
How are you?

I did a day vaccine workshop at an alternative health centre and lo and behold 3 public health nurses registered for the course and came with briefcases, books and binders to set me and everyone else there straight. You could just cut the negative energy with a knife. The moms present did not sense the freedom to ask questions or share concerns. I kept the focus on the drug monograph's, ingredients, warnings, adverse effects and showed both of Dr. Sherri Tenpenney's DVDs.

They asked me what my credentials were. Part of my reply was sharing a paediatrician's admission that in his several years of med school and specialty training, he had never even seen let alone read a vaccine package insert ! His 2 mo. old baby seizured following it's first set of shots. He also admitted to me, in confidence, that vaccinations are not necessary. So bottom line is, when jumping outside of the medical /pharmaceutical box one discovers a ton of info not taught in mainstream med/nursing school.

Unfortunately, these nurses were in the 96% bracket attending with the sole purpose to defend what they have been taught, still believing it to be the 'gospel'. So, to prevent them from speaking out, I showed both of Sherri Tenpenney's DVD's. and stuck to the facts. (pkg. inserts) I received a very encouraging e-mail from one of the moms in attendance the next day, and will forward it to you. I've been invited back to do vaccine workshops on a regular basis.

I have also been invited back to speak at the ASAC this month. (Assn. Safe Alternatives in Childbirth) in Edmonton. One of the members, Tracy Perkins, also subscribes to the VRAN newsletter. Always a great turnout there!

Another group of parents called The Parent's Place has invited me to do a vaccine presentation in Sherwood Park, AB. The health unit there phoned the director requesting a copy of their curriculum and content of vaccine info. The director declined their request stating that was not necessary in a democratic country, I say, good for her!

A mom shared her story at last week's meeting. Her baby became ill following her shots, each reaction getting worse every time to the point of hospitalization for a week. Even after that she was told the illnesses were coincidental and to continue. So, against her intuition she went again. This time her baby developed a large hard lump at the injection site followed by her whole arm and hand swelling to double it's size! The health nurses were concerned and said they would talk to the "experts". A few days later she received a phone call stating it was not serious enough to warrant discontinuation of routine vaccination. (When I was studying nursing, I was taught in my immunization course that the only reason not to vaccinate is anaphylaxis!!) By the end of the meeting, this mom realized her intuition was correct and that her baby was indeed reacting adversely to the shots and from that point, made an informed choice not to vaccinate anymore.

Another mom called to let me know that her doctor stated the immunization rates are declining in this area (Central Alberta). Knowledge is power! The power of one mom telling another is raising a groundswell of informed parents saying confidently, "no more deception - no more using our precious children for profit!" I have even had couples thank me for saving their marriage !!

My 14 yr. old granddaughter accompanies me to some of the info mtgs. She is sharing with her peers and their parents what she is learning. She is going to Costa Rica on a mission trip and she along with many of her friends are opting out of the travel vaccines and will be using essential oils and common sense to protect themselves!

My friend's nephew, in his 20's, just received his PhD and was going to South America to do a research project for a few months. After his travel vaccines, he started feeling ill, vomiting etc. and ended up in ICU on a respirator and has since been diagnosed with Guillian Barre Syndrome. He is unable to work. His aunt, who is a paramedic, assured him it wasn't from the shots as there are other ways to get this disease! Unbelievable!!

Would I ever like to meet with Stephen Harper, share my story and some vital info with him! I am incredibly disappointed with the government's decision to give millions of our tax dollars to the drug company's Gardasil campaign!

I would also like to attend the next NVIC conference. Do you know when and where and if there is even one in the works sometime?

I just wanted to share a few tidbits in my little world to encourage you Edda. All in all, together we are making a difference! I am always grateful for your willingness to mentor me. I respect you and your wisdom so very

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much. I am continually learning. I spend about 2 hours a day reading and researching. Another 2 - 3 hrs answering e-mails, phone calls, and visits .

Warmly,
Bea Campbell,
Red Deer, Alberta

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Possible Vaccination Reaction?
Feb. 18/07

Hi VRAN and Association for Vaccine Damaged Children, (Feb. 18/07)

I have been doing some research online and found your website. I'm hoping you can help me. My daughter is 2 1/2 years old and has had pneumonia 3 times already. She is just recovering from her third as I type. When she got her first bout I was worried as she had had many cases of croup since she was 3 months old. I have been researching and going to doctors and specialists trying to figure out what is wrong with her. She has strange attacks of fevers and rashes. We are looking into allergies and she has been tested for cystic fibrosis and leukemia (both neg). Anyway, I think the first time she got really sick was after a vaccination - her first 3 month one I believe. She had a very high fever. She had the Pneumoccocal vaccine but has had two bacterial lung infections..... isn't she supposed to be vaccinated against that? Then I started thinking maybe the vaccination has something to do with her getting pneumonia so often? I guess I am asking if this is possible?
Any info would be greatly appreciated.

Thank-you,
Ann-Marie Barrett

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Dear Anne Marie,

Thank you for contacting VRAN. How very upsetting for you to see your child have pneumonia several times already in her young life. Pneumonia is so very debilitating. I think it is quite plausible that your daughter's bouts with pneumonia are related to the vaccine coupled with the other vaccines she received in early infancy.

When Prevnar, the pneumococcal vaccine was first licensed, there was a lot of concern that the vaccine would in fact encourage the proliferation of pneumococcal sero groups not covered by the vaccine which only suppresses 7 sero-groups. There are over 90 pneumococcal serogroups which can cause disease, many of which would be competing for placement once the 7 dominant groups which have been suppressed by the vaccine.

It sounds to me like your daughter's case could be an example of what I've described in that she is vulnerable to contracting any number of the rest of the 90 sero groups of the pneumococcal organism not suppressed by the vaccine, yet known to cause disease.

I highly recommend you read some of the articles which articulate this concern to gain an understanding of what might be going on with your daughter. Sources for articles on the pneumococcal vaccine on our website are at: and the Whale site has a number of excellent articles by Hilary Butler, Dr. Cantekin and Michael Horwin at: I've also attached a recent article by Dr. Yazbak which addresses these concerns.

The majority of parents don't realize that the injection of multiple vaccines starting in early infancy before the child's immune system has matured, can work against a child's health, and compromise a child's health by weakening the immune system leaving her vulnerable to invasive infections. Certainly in your daughter's case, it seems a probability that a combination of the pneumococcal vaccine coupled with the other vaccines have weakened her immune system.

It also sounds to me like your daughter's immune system is in a very fragile state and that she might benefit a great deal from a thorough assessment by a naturopathic physician, one who specializes in children's health and who could advise about supplements and dietary considerations to build up her immune system.

I do hope this information is helpful and that you find healing pathways to help strengthen your daughter's health.

Best wishes,
Edda West,
VRAN - Vaccination Risk Awareness Network Inc.

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Vaccines as Pollutants
Sent to community newspapers in B.C

Vaccines are unique pollutants. Unlike toxins in our external environment, vaccine toxins have direct access to our internal tissues and organs. Individually or synergistically they can have profound effects, especially in infants, since their blood/brain barriers, livers and immune systems are immature. For instance, the concentration of mercury in a multi-dose vial of influenza vaccine is up to 250 times that found in waste the US Environmental Protection Agency classifies as "hazardous". For adults the flu shot is risky; for pregnant women and babies its use is incomprehensible.

Millions of Canadians receive flu shots annually. As their toxins are eventually released from vaccinated bodies, dead or alive, they must also be endangering organisms in the environment. Mercury, aluminum, animal proteins, genetically engineered DNA, etc…the plethora of vaccines now recommended all contain toxins and/or contaminants. Why are they allowed? Unlike other drugs, vaccines aren't tested for their ability to produce cancer and the tests that are done are only short-term and only make comparisons to other vaccines, not to placebos.

Susan Fletcher
Sechelt, B.C.

A MOTHER'S STORY

by Susan Harris, Brantford, Ontario

March, 2007

The week of our son Paul's 12th birthday, and during his 7th grade, he received the Hepatitis B vaccine that was administered by the local Public Health Department. That year, 1994, was the first year that Ontario school children received this vaccine. I was unaware at the time that the Ontario Immunization of School Pupil's Act provides exemptions from this and other vaccines for health, religious or conscience reasons.

Within days after that first injection, Paul complained of losing his concentration. Then during night hours, he would wake every hour, there was an inability to control his body, which involved abnormal limb spasms and movements, facial paralysis, throaty sounds, involuntary staring, inability to breathe and biting of his tongue. These frightening episodes lasted 30-40 seconds. I had no explanation for this.

Paul never lost consciousness, bladder or bowel control, however, his memory became poor and motivation and judgment were challenged. During the next few weeks, Paul was seen by the family doctor, a pediatrician, and then hospitalized for observation. The outcome of this hospitalization was that Paul was "doing this for attention". Unfortunately, the day after discharge from hospital, and four weeks after receiving the first shot, he received the second injection. Now, these seizure-like events were more frequent and severe, progressing into the evening and all hours of the day.

Safety was a big concern. As a nurse, I had never heard of and certainly not been taught about any possible adverse reactions such as this from a vaccine. As his mother, I was confused and frightened and felt utterly helpless about our son's condition. Now suspicious of the vaccine, I obtained a doctor's letter exempting him from the third injection.

A consultation with a neurologist resulted in the opinion that this was possibly a hormone-induced condition and anticonvulsant medication was initiated. From this time, until Paul's 20th year, medication has been effective for periods of time with dose adjustments. Our son was never seizure free long enough to obtain a driver's license nor continue his electrical apprenticeship. Devastation was now setting in. Instead of "outgrowing" these seizures, they had now returned. Further assessment was warranted! What was happening to our son? Paul was not able to become an independent young person that we had guided and nurtured him to become.

Due to the fact that there were no abnormal MRI or EEG reports, neurologists and a psychiatrist concluded that Paul must have a psychiatric disorder and his medication was discontinued for thirteen months. During this time he would seizure/spasm 6-9 times a day, fall and hurt himself, lose 40 pounds severely bite through his tongue and suffer emotionally. Having no other recourse, he agreed to hospital admission onto a psychiatric ward. In Paul's, his father's and my opinions, there were no satisfactory results. Medication was denied but finally our family doctor resumed anticonvulsant medication with immediate but moderate effect. Yet, our concern was to find the cause of this problem, and have complete seizure/spasm control.

How could we help our son? Where could we go for help? Who would listen and help us? After much inquiry and research, I found a Canadian doctor who attends to patients with vaccine injuries. Paul was fortunate enough to be accepted into his practice and is undergoing extensive testing. This doctor believes that there is little doubt that our son has been vaccine injured. To hear about the neurological damage was heart breaking, but to finally understand what had and was continuing to affect Paul was such a relief to us all. Now what did this all mean? What kind of a life would Paul have? With so many abnormal test results and such a complex injury, what could be done?

To date it has been discovered that Paul has brain stem, frontal lobe and pituitary gland injuries, chronic fatigue and sleep disorder. The extent of these injuries is still under assessment, therefore treatment options unknown. To date there is some improved seizure control. He has been assured by two doctors that he does not have a psychiatric problem and that what has been happening to his body all this time is real, not done for attention.

We are aware of at least three other young people in our community who believe that their conditions, which include Guillain Barre disease, arthritis and a milder case similar to our sons are related to this vaccine. Is there any concern at the government level about what is happening to our children? As parents, my husband and I have been heart broken that our son has missed many years of good health, especially during his developmental years and has suffered so deeply from this condition. We both have felt so helpless and alone trying to understand why, what and how this happened. Now what can we do??

Neither my husband nor I were informed of any serious risks associated with the Hepatitis B or other vaccines, or that there is NO mandatory reporting system for adverse reactions. With difficulty, I was able to get an adverse reaction report forwarded to Health Canada. We are doing everything we can to raise awareness within the general public and to pressure the Ministry of Health into addressing this tragedy. A mother with a hurting heart will always work toward the best for her child. I will never stop trying.

A STOLEN LIFE

by Marge Grant

A Book Review by Ingri Cassel
Director of Vaccination Liberation
website is www.vaclib.org

This book is about the life story of Scott Grant (45) who suffered from a severe reaction to the third dose of the then newly released Quadrigen vaccine (diphtheria, tetanus, pertussis and polio) in December 1961, and his mother Marge Grant's journey of discovery, awakening and advocacy. The profound impact Scott's injury had on Marge was due in large part to her and her husband Jim's total and complete trust in their pediatrician, vaccines and the medical profession in general. As Marge chronicles the initial visits to their pediatrician's office where Quadrigen was administered to Scott at four months, five months and finally at six months, the reader is initially shocked that Marge wouldn't have suspected the Quadrigen vaccine earlier as a cause of Scott's chronic irritability and regression in development. However, we are reminded through Marge's artful rendering of her story how vaccine reactions were virtually unheard of back then, even in the medical community; and blindly trusting doctors' advice was the norm.

From its inception, the history of pertussis vaccine is littered with case reports of "explosive reactions" resulting in severe irreversible brain damage, convulsions, paralysis and death. Park Davis, the pharmaceutical company responsible for Quadrigen, switched from the standard preservative, merthiolate/thimerosal, to another chemical agent ,benzethonium chloride also known as Phemoral.

This preservative caused a "double antagonism" with the pertussis component. The new preservative not only caused serious deterioration in polio vaccine potency, but favored a "leaching" of the toxin from the pertussis bacterial cells into the vaccine, resulting in a much higher toxicity – a toxicity which increased about 6 percent a month when held in refrigeration, with an even more rapid toxic increase when exposed to normal, variable conditions of shelf storage and transport with faulty or no refrigeration.

When Marge and Jim took Scott to the Mayo Clinic in Rochester, Minnesota in February 1962, they discovered the shocking truth: That Scott began showing signs of a vaccine reaction (seizures) soon after receiving the first dose of Quadragen at four months. Not realizing the vaccine could be the problem, they had dutifully followed their pediatrician's recommendation to add increasing amounts of phenobarbital to Scott's bottles of formula as a remedy for his constipation and chronic crying spells between feedings. By seven months of age, Scott was a permanent spastic quadraplegic with an estimated IQ of 40, forever changing the course of Marge and Jim's life. The book describes the intensive care Scott has needed, hour after hour, day after day, and year after year -- ever since a vaccine stole his life as an infant.

Marge is certainly one of the most heroic women of this past century, managing to travel to Washington D.C. several times to give her testimony before Congress, successfully getting a philosophical exemption to vaccines passed in her home state of Wisconsin and gathering the stories of dozens of other parents whose children were irreversibly damaged by the Quadrigen vaccine. Marge Grant was also the main consultant for NBC's shocking 1982 documentary "DPT: Vaccine Roulette" which blew the lid on the thousands of families affected by the disabling effects of the DPT vaccine. But what she discovered forty years ago about the collusion between the pharmaceutical industry, our court system and our own federal government agencies, giving the green light to known dangerous vaccines and drugs, should frighten even the most trusting medical consumer.

What will be of particular interest to many readers is Marge Grant's appearance on the December 8, 1982 Phil Donahue show. She shares how she solicited parents of DPT injured children to call into the show with their contact information. She was never able to follow up with even one of these contacts since they were given instead, to Barbara Loe Fisher, then the director of Dissatisfied Parents Together. When Marge attempted to get the 4,000+ contacts from them, she was told she would need to contact their attorneys. Most disturbing was that later, when this group became the National Vaccine Information Center, they lobbied vigorously along with the American Academy of Pediatrics, the American Medical Association and large pharmaceutical companies for the passage of the 1986 National Childhood Vaccine Injury Act. This infamous Act releases the pharmaceutical industry of all liability for provable vaccine damage, giving them the 100 percent pure profit vaccine business they enjoy today with zero incentive to make a "safer" product.

This book moved me to tears as I was reading it. I found myself sharing the importance of this powerful book with everyone I spoke to over the following month. Marge's profound faith in the Lord carried her through incredible challenges and will inspire all readers facing adversity to rise to the challenge and make a difference for future generations. To tell you that this is one of the most important books I have ever read is somehow an understatement. **If I had one book to hand to someone that would inspire them to get involved with the vaccine issue, this book is definitely that book.**

172 pages, quality paperback.
Send $20 to DPT - Shot,
c/o Marge Grant,
915 South University Ave.,
Beaver Dam, WI 53916
or go to www.DPTshot.com

NEWSCLIPS

More Experimentation on the Infant Immune System

"We've stumbled across a molecular holy grail in newborn immunology," saidlead author Dr. Ofer Levy, a principal investigator of the Division of Infectious Diseases at Children's Hospital in Boston.

Barbara L. Fisher commentary:
This is not the first time that the phrase "Holy Grail" has been invoked by M.D./Ph.D. researchers creating experimental vaccines to be given at birth. In the early 1990's, government vaccine researchers held a press conference in Washington, D.C. and described a "supervaccine" they referred to as the "Holy Grail." That vaccine contained raw DNA from several dozen viruses, bacteria and parasites that would be squirted into the mouths of babies at the moment of birth and be time released in their bodies.

Historically, the "Holy Grail" is considered to be the cup from which Christ drank at the Last Supper and the one used to catch his blood after he was crucified and removed from the cross. In the Catholic Church, it is symbolic of the chalice used in the sacrament of Holy Communion.

It is highly inappropriate, but perhaps not surprising, for scientists to elevate themselves to a position which implies infallibility and compare their lab creations to sacraments. As the late, great Robert Mendelsohn, M.D., pointed out "Vaccination has become the new sacrament." The use of religious symbolism makes it easier for those, who believe they have the right to interrupt the natural evolutionary process and tinker with the biological integrity of the human immune system, to persuade people to risk children's lives with experimental vaccines.

'Holy grail' for boosting infant immunity

(Excerpted from an article in cience Daily)
By Christine Dell'Amore
WASHINGTON, April 25/06 (UPI)

Researchers have identified a way to stimulate the immune systems of newborns, possibly boosting the effectiveness of early vaccines against common, life-threatening infections.

Babies are born with weak immune systems, which puts them at a higher susceptibility to both bacterial and viral infection that can lead to severe complications, including death. As a result, vaccines that could prevent against infection tend to be ineffective in newborns. But by triggering one of the body's proteins -- called a **toll-like receptor**, or TLR -- a newborn's immune system could react and defend the body against foreign invaders.

"We've stumbled across a molecular holy grail in newborn immunology," said lead author Dr. Ofer Levy. The paper was published April 25/06 in the online edition of the journal Blood. One of the authors on the paper was a 3M representative, which sells medical equipment and technology.

The researchers collected blood from healthy adults, as well as newborn cord blood. They studied the 10 TLRs that exist in the body that act as a key defense against infection, mobilizing the white blood cells.

But in newborns, TLRs aren't activated. Evolution has skewed the newborn's immune system to avoid these immune responses to prevent the mother's body from rejecting it.

Using harmless agents that mimic viral antigens, the researchers were able to elicit a robust reaction from TLR8's white blood cells. This reaction could potentially help vaccines work more efficiently in newborns.

Since TLRs were only discovered in the last decade or so, Levy's research on infants builds on a new story in biology. "If we could develop a vaccine to give at birth, we could close the windows of vulnerability in the very young," Levy said. An adjuvant -- or add-on -- containing the TLR8-stimluating agent could be given in conjunction with a vaccine at birth.

"It's exciting because it is a tool that can be harnessed to bring a part of the immune system up to the point where it might process antigens like a 2- or 3-month-old," he said. Levy's research on TLR8 is opening new doors to understanding newborn immunity. "It's a bit like having a skeleton key -- a tool which allows you to take a first step that's otherwise not available," he said.

"The only protection babies have when they are born are antibodies from the mother's placenta while in utero. Researchers have been trying to find ways to get the babies ready to be out in the cold cruel world where they can be attacked by various infections".

Editor: ***This researcher is missing a large piece of the "evolutionary" picture in failing to recognize that nature provides the infant with breastfeeding as THE essential supplementary immune system which insures protection from infection and survival in the early months and years of life.***

* *

A Silent Pandemic: Industrial Chemicals Are Impairing the Brain Development of Children Worldwide

"The brains of our children are our most precious economic resource, and we haven't recognized how vulnerable they are," says Grandjean. "We must make protection of the young brain a paramount goal of public health protection. You have only one chance to develop a brain."

Barbara L. Fisher Commentary:
Rachel Carson said it first in "Silent Spring" in 1962. Now a re-acknowledgement that exposure to industrial

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chemicals can damage the developing human brain has been made in a chemical toxicity review published in The Lancet on Nov. 8 by researchers associated with the Harvard School of Public Health and Mt. Sinai School of Medicine. Although the authors point to obvious environmental toxins such as lead, mercury, and arsenic, there is no mention of the potential neurotoxic effects of injecting newborns and babies with vaccines containing endotoxin, pertussis toxin, aluminum, mercury, formaldehyde, phenoxyethanol, gluteraldehyde, sodium chloride, hydrochloric acid, aluminum sulfate, sodium acetate and other substances as well as lab altered bacteria and live viruses.

Limiting chemical exposures in the environment will help prevent children's brains from being damaged. But until the neurotoxicity of vaccines is systematically evaluated and steps are taken to clean up vaccines and modify one-size-fits-all vaccine policies, the "silent pandemic" of brain and immune system dysfunction among children around the world will not be halted. Until the focus of preventive health is redirected from reliance on toxic drugs and vaccines toward wellness care that respects and enhances the natural functioning of the immune system, sickness and disability will plaque too many children who will grow up to be chronically ill and disabled adults.

Excerpt from: Press Release Harvard School of Public Health November 7, 2006 Boston, MA

Fetal and early childhood exposures to industrial chemicals in the environment can damage the developing brain and lead to neurodevelopmental disorders (NDDs)—autism, attention deficit disorder (ADHD), and mental retardation. Insufficient research has been done to identify the individual chemicals that can cause injury to the developing brains of children.

In a new review study titled Developmental Neurotoxicity of Industrial Chemicals and published online in The Lancet on November 8, 2006, researchers from the Harvard School of Public Health and the Mount Sinai School of Medicine systematically examined publicly available data on chemical toxicity in order to identify the industrial chemicals that are the most likely to damage the developing brain.

Limiting chemical exposures in the environment will help prevent children's brains from being damaged.

Study authors, Grandjean and Landrigan conclude that industrial chemicals are responsible for what they call a silent pandemic that has caused impaired brain development in millions of children worldwide. It is silent because the subclinical effects of individual toxic chemicals are not apparent in available health statistics.

The researchers found that 202 industrial chemicals have the capacity to damage the human brain. The authors then examined the published literature on the only five substances on the list—**lead, methylmercury, arsenic, PCBs and toluene**—that had sufficient documentation of toxicity to the developing human brain in order to analyze how that toxicity had been first recognized and how it led to control of exposure.

They conclude that chemical pollution may have harmed the brains of millions of children worldwide, the toxic effects of which have been generally overlooked. The number of chemicals that can cause neurotoxicity in laboratory animal tests exceeds 1,000.

"The human brain is a precious and vulnerable organ. And because optimal brain function depends on the integrity of the organ, even limited damage may have serious consequences," says Philippe Grandjean , the study's lead author.

A developing brain is much more susceptible to the toxic effects of chemicals than an adult brain. During development, the brain undergoes a highly complex series of processes at different stages. Interference from a toxic substance can have permanent consequences. That vulnerability lasts from fetal development through infancy and childhood to adolescence. Lead or mercury, at low levels of exposure can have important adverse effects, such as decreases in intelligence or changes in behavior.

One out of every six children has a developmental disability, usually involving the nervous system. Treating NDDs is difficult and costly to both families and society. In recent decades, a gathering amount of evidence has linked industrial chemicals to NDDs. Lead, for example, was the first chemical identified as having toxic effects to early brain development, though its neurotoxicity to adults had been known for centuries.

"Even if substantial documentation on their toxicity is available, most chemicals are not regulated to protect the developing brain," says Grandjean. "Only a few substances, such as lead and mercury, are controlled with the purpose of protecting children. The 200 other chemicals that are known to be toxic to the human brain are not regulated to prevent adverse effects on

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the fetus or a small child."

Virtually all children born in industrialized countries between 1960 and 1980 were exposed to lead from petrol, which may have reduced IQ scores above 130 (higher intelligence) by more than half and increased the number of scores which are less than 70. Today, it's estimated that the economic costs of lead poisoning in U.S. children are $43 billion annually; for methylmercury toxicity, $8.7 billion each year.

"Other harmful consequences from lead exposure include shortened attention spans, slowed motor coordination and heightened aggressiveness, which can lead to problems in school and diminished economic productivity as an adult. Childhood neurotoxicant exposure may also include increased risk of Parkinson's disease and other neurogenerative diseases," says Landrigan.

The researchers believe that the total impact of the pandemic is much greater than currently recognized. Approximately half of the 202 chemicals known to be toxic to the brain are among the chemicals most commonly used. Less than half of the thousands of chemicals currently used in commerce have been tested to assess acute toxicity. Current toxicity testing rarely includes neurobehavioral functions.

"The brains of our children are our most precious economic resource, and we haven't recognized how vulnerable they are," says Grandjean. "We must make protection of the young brain a paramount goal of public health protection. You have only one chance to develop a brain."

Supplementary information on industrial chemicals and risks of toxic effects on brain development go to: http://www.hsph.harvard.edu/neurotoxic_ant/appendix.doc

Gates Foundation money works at cross purposes
By Charles Piller, Edmund Sanders and Robyn Dixon
LA Times
January 7, 2007

"The Gates Foundation has poured $218 million into polio and measles immunization and research worldwide, including in the Niger Delta. At the same time that it is paying for inoculations to protect health, it has invested $423 million in Eni, Royal Dutch Shell, Exxon Mobil, Chevron and Total of France — the companies responsible for most of the flares blanketing the delta with pollution, beyond anything permitted in the United States or Europe. Indeed, local leaders blame oil developments for fostering some of the very afflictions that the foundation combats."

This excellent article is a must read for all who wish to deepen their grasp of the sickening impact of multinational corporations on human health – even when they claim to be benevolent. While the Gates Foundation pours hundreds of millions of dollars into expanding vaccine programs in Africa and developing nations around the world, it is oblivious to the human misery caused by its financial investments in polluting industries that poison the landscapes and people they claim to be helping. Once again, the children are the most vulnerable to the industrial poisoning. Then along come the needle pushers to force the bitter pill of vaccines on children who are already too sick to tolerate more toxic assault.

"Oil bore holes fill with stagnant water, which is ideal for mosquitoes that spread malaria, one of the diseases the foundation is fighting. Investigators for Dr. Nonyenim Solomon Enyidah, health commissioner for Rivers State, cite an oil spill clogging rivers as a cause of cholera, another scourge the foundation is battling. The bright, sooty gas flares — which contain toxic byproducts such as benzene, mercury and chromium — lower immunity, Enyidah said, and make children more susceptible to polio and measles — the diseases that the Gates Foundation has helped to inoculate against."

"There have been suggestions in the past that most of the diseases affecting modern man have been caused by negligent multinational corporations seeking high profits and doctors and scientists, who mistakenly believe they are helping people by encouraging the use of many toxic drugs and vaccines marketed by multi-national corporations. Sadly, Africa appears to be a place where this is occurring and the poorest people are suffering the most. They are being exploited twice: first by being sickened by manufactured toxins which poison their bodies; and again when that sickness is used to justify purchase and use of many vaccines to theoretically prevent the manmade illnesses", notes Barbara Fisher. She observes that, *"The vaccine manufacturers use the high profits they make off of American vaccine mandates to sell the stuff to poor countries like Africa at a reduced rate."*

As we continue to buy into health destructive vaccine programs, so the little children are exploited and suffer, be they North American or European children, or children in the so called developing world - until we stand up and stop the vicious cycle.

Read **"Dark cloud over good works of Gates Foundation"** at: http://www.latimes.com/news/nationworld/nation/la-na-gatesx07jan07,0,6827615.story?coll+la-home-headlines