

# VRAN NEWS

Published Quarterly by the Vaccination Risk Awareness Network

Summer Issue 1997

## EDITORIAL

By Meg Edwards

**T**oday our vaccine ridden bodies are contaminated with immune deficiencies: allergies, asthma and cancer in various forms. And strangely enough, it may be poetic justice.

For years we have been experimenting mercilessly on animals. In our desire to conquer disease we have acted with hubris, assuming that our superior intelligence gave us the right to experiment on their innocent bodies. We use animals to study vaccines and we use them to create vaccines. But in the process we have been incorporating animal cells and all their viruses, into our own cell and blood structure.

Animals are intrinsically involved in the manufacturing and testing of vaccines. The process of attenuation - or weakening - of the viral material is achieved by passing the virus through animal cells many times. Generally this is achieved by passing it through the brain and spine at least ten times. Moreover, animal or human tissue is



used to create an environment suitable for the growth of the virus being created for vaccines.

According to Jamie Murphy (**What Every Parent Should Know About Childhood Immunisation**): "Since the 1950's, hundreds of thousands of rhesus monkeys and green monkeys have

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*by Julian Cribb*

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*By Meg Edwards*

### WHO KILLED THE DARLING BUDS OF MAY?

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*By Joan Donaghey*

### REMINDERS ABOUT POLIO OFF THE NET

## Vaccine Linked to Start of Aids

*As a new strain of heterosexual-linked Aids spreads in South-East Asia, Julian Cribb reports on some scientists' belief that Aids came from a polio vaccine using monkeys' kidneys*

**I**N January this year, United States Aids patient Jeff Getty, 38,

strolled out of San Francisco General Hospital with the marrow of a baboon inside his bones. The experimental treatment was the latest of many attempts to beat a virus that strong circumstantial evidence suggests may have been Transmitted originally from monkey to humans as a result of med-

ical experiments.

With between 40 million and 70 million deaths by early in the 21st century forecast by world health authorities, the Aids pandemic ranks among humanity's greatest catastrophes. By 2020, its toll is likely to exceed that of the two world wars

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With thanks to Rawl Ruiz  
for the newsletter layout.



## *Statement of Purpose*

**V**RAN was formed in October of 1992 in response to growing parental concern regarding the safety of current vaccination programs in use in Canada and generally in North America. We are now a public information and resource group with a commitment to helping other parents protect their children from the risk of current vaccination programs. We also act as a "watch-dog" organization that gathers and shares information from both local and international sources.

VRAN maintains that the injection of toxic and viral materials into vulnerable infants and young children is not a health creating measure. We hold the belief that all parents are entitled to draw on a broad information base when deciding on drugs offered their children and in particular drugs that carry potentially serious health risk factors. Vaccines are such drugs.

VRAN offers counsel to concerned parents

who do not feel adequately informed and who wish to gather additional information to facilitate an "informed decision". VRAN helps parents identify adverse reactions to vaccines and advises them of the legal requirements of doctors to report adverse reactions. VRAN also advises parents whose child has reacted adversely to take a cautious stance if considering revaccination. VRAN is committed to support people in their fight for health freedom and to maintain and further the individual's freedom from enforced medication.

VRAN is committed to facilitating the gathering and dissemination of relevant information and resources that contribute to the creation of health and well being in our families and our communities.

VRAN publishes a newsletter regularly as a means of distributing information to members and the community. ♦

### **Editorial**

been sacrificed so that polio vaccine could be grown in their kidney cells. The brain tissue of horses, sheep, and dogs has been used for many years to prepare rabies vaccines. Rabbits, dogs, ducks, chickens and guinea pigs are sacrificed to make cell cultures for live rubella and measles vaccines".

In a chapter on animal experimentation Murphy gives graphic descriptions of experiments on animals and the process of creating a vaccine. When put before you plainly, the whole concept

of grinding up diseased animal bits and blending them with chemicals and viruses to produce a vaccine appears absurd. Is this concoction supposed to protect my child from disease?

When we shoot animal cells straight into our blood system we are taking a large risk. We don't actually know how the body will adapt to the foreign cells. Some studies suggest that the repeated ear and respiratory infections that strike many children are due to fowl viruses in vaccines that are derived from chicken or duck cells. We know from recent media coverage that polio vaccine cre-

ated with the use of rhesus monkeys, carried the deadly SV40 virus that can now be identified in cancerous tumours in humans.

In the long run, have we inadvertently incorporated animal viruses into our human cell structure that are irrevocably changing the way our immune system works? Are the animals that we have so boldly experimented upon throughout years of medical 'progress' having their quiet revenge by infecting our bodies with foreign cells and viruses? ♦

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## Vaccine Linked to Start of Aids

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*If Aids were shown  
to have been trans-  
mitted through a  
vaccine using mon-  
key tissue, then  
other plagues  
could enter the  
human race by  
similar means and  
millions more lives  
would be placed at  
risk*

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combined or the Crack Death by a factor of three.

Yet the history books are silent on the issue of how this vast tragedy began. No confirmed cases have been traced back to before 1959. In all the centuries of European contact with Africa, including the slave trade and colonial era, not a single case of Aids was detected till then.

In 1992, a contentious theory for the origins of Aids was advanced by a United States philosopher, Louis Pascal. He claimed that the virus may have been transmitted originally in a live polio vaccine that was used experimentally on 300,000 men, women and children in the Belgian Congo, (now Zaire), during the late 1950s.

The theory was based upon the fact that all the earliest-known cases of Aids, bar one, could be traced to central Africa - either from Zaire or its neighbouring states, Rwanda and Burundi, near where the vaccination trials took place. The vaccine was made by growing a live polio virus in cultures made from chopped-up monkey kidneys. The batch administered in the Congo was subsequently reported by a leading polio researcher, Albert Sabin, as being contaminated by an unknown virus. There were at least four precedents for vaccines contaminated in this fashion. The most famous involved the Salk vaccine, which was injected into 98 million Americans and tens of millions of other people around the world. Tests by a United States scientist, Bernice Eddy, showed the Salk vaccine had contained a previously unknown monkey agent, simian virus 40, or SV-40.

Though the virus seems to have been harmless, leading polio researcher Joseph Melnick subsequently admitted that, at the time,

"SV-40 scared the hell out of us. We thought we'd given a whole generation cancer."

The nature of the contaminating virus detected in the Congo has never been determined. Whether it also contained other viruses unknown to researchers in the 1950s has never been established.

The only inquiry ever held into the issue con-

cluded, on every scientific ground, that it was possible for a monkey immunodeficiency virus (or SIV) to be transmitted to humans in a vaccine and to cause infection, though it rated the chances of this as low.

But the inquiry ruled out, on the basis of one piece of evidence, the possibility that Aids began in this fashion; it claimed that since the world's earliest case, a British Royal Navy sailor from Manchester called David Carr, had probably contracted the virus in 1957, before the main trials began, the vaccine could not have been the source of HIV infection.

Last year, in a revelation that shocked the scientific world, leading United States Aids researcher David Ho revealed that follow-up tests on Carr's remains showed that he did not have Aids. The British researchers who did the original tests have conceded since that an accidental laboratory contamination must have taken place when his tissues were first subjected to super-sensitive tests.

The earliest confirmed sample of human blood testing positive for HIV comes from Kinshasa, capital of Zaire. It was collected in 1959, shortly after about 70,000 of the city's inhabitants received the trial polio vaccine. Subsequent early Aids cases can almost all be traced either to Kinshasa or to other places not far from where the vaccine was field-tested.

First aired in 1987, Dr Pascal's theory that Aids might have started as an iatrogenic - or medically caused disease was shunned by the international medical research community. His attempts to publish it in the world scientific press met with refusal.

Only the *Journal of Medical Ethics* was open-minded, editorialising that it was "important and thoroughly argued...and ought to be taken seriously by workers in the Aids field". Rejected elsewhere, the theory was subsequently published and disseminated from the University of Wollongong in Australia by Brian Martin, a scholar of the suppression of scientific ideas.

But Dr Pascal was not the only one with suspicions about how humans came to catch Aids. In South Africa, two eminent virologists, Mike Lecatsas and Jennifer Alexander, published a warning in the *South African Medical Journal*: "Bearing in mind that many thousands of doses of the original Salk vaccine produced in the 1950s were contaminated with SV40, a simian agent, one

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# Vaccine Linked to Start of Aids

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wonders whether monkey kidney, disease tissue might not be the source of Aids viruses in man." They had found at least one monkey that tested positive for HIV-like antigens. Such animals could have been used, unknowingly, for making vaccine on many occasions in the past, they said.

The South Africans were violently condemned by other scientists for daring to propose such a thing. After reading Dr Pascal's theory, one of the world's most distinguished evolutionary biologists, William Hamilton, who holds the Royal Society research chair at Oxford, concluded it was deserving of the most serious scientific attention. The scenario "accords with everything I believe likely about the origin of new diseases", he commented.

Professor Hamilton promptly wrote to the world's two leading scientific journals, *Science* and *Nature*, urging that the theory be subjected to scientific scrutiny because, if Aids were shown to have been transmitted in this way, then other plagues could enter the human race by similar means and millions more lives would be placed at risk. The journals rejected his letters.

A United States investigative journalist, Tom Curtis, working independently with an Aids researcher called Blaine Elswood, had reached similar conclusions to Pascal and finally published the full theory of a polio vaccine origin for Aids in the magazine *Rolling Stone* in 1992.

Despite its serious character and balanced reporting, the article was greeted with scorn by the scientific establishment and press. Curtis also found himself on the receiving end of a lawsuit.

The use of the law to disprove a scientific hypothesis set alarm bells ringing round the world. The University of Wollongong's Dr. Martin wrote

to *Nature* warning that if such tactics had been successfully employed against Charles Darwin, or against those concerned about nuclear weapons or chemicals in food, it would make nonsense of science.

Michael Curtis, a United States legal academic, considered such action to constitute a direct infringement of free speech and scientific freedom. The effect of legal action was to suppress or "chill" public debate of issues that might affect the health and safety of millions of people. He wrote a legal treatise warning of the need to protect scientific discussion from ordinary libel action.

Professor Hamilton was equally alarmed that financial power and the law were being used to attack a scientific hypothesis. The attitude of the medical research establishment in this respect differed little from that of the medieval church in its zeal to suppress heresy and its condemnation of Galileo and Giordano Bruno, he wrote.

Opinion in the research community was sharply divided. Leading United States Aids researcher Robert Gallo, who had originally told Curtis a contaminated vaccine was theoretically possible, came out with a blunt assertion that the theory was false.

Polio researcher Professor Melnick, on the other hand, stated: "I find this theory plausible and one of several possible explanations for, the still unsolved mystery of how the modern Aids epidemic originated."

**M**OST scientists continued to dismiss the theory, claiming that the disease had either been transferred to humans when a monkey hunter cut himself or that it had existed in isolated tribes for years before spreading into the global population.

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## International Vaccination Information and Letters Groups

### What Doctors Don't Tell You

4 Wallace Road, London,  
England, U.K. N1 2PG

### Immunization Awareness

P.O. Box 56048  
Dominion Road, Auckland

### National Vaccine Info Centre

(Dissatisfied Parents Together)  
512 West Maple Street, #206,  
Vienna VA, 22180  
U.S.A.

### Health Care Reform Group

P.O. Box 421  
Glebe, New South Wales, 2037, Australia

### The International Vaccination Newsletter

Krekenstraat 4, B3600, Glenk, Belgium  
Attn: Dr. Kris Gaubomme

### The Informed Parent

19 Woodlands Road, Harrow, Middlesex,  
England HA1 2RT  
Tel/Fax: 0181 861 1022

### Ohio Parents for Vaccine Safety

251 West Ridgeway Dr.,  
Dayton, Ohio - 45459  
Tel/Fax: (513)435-4750

### Vaccine Information & Awareness

PO Box 203482  
Austin, TX 78720  
(phone) 512-832-4176  
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via@eden.com (email)

## Vaccine Linked to Start of Aids

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In reality, most of the scientific evidence pointed to Aids being a new disease, transmitted to humans for the first time around 1960.

Furthermore, two investigations conducted among the Congo pygmies, who often hunt monkeys, failed to discover any trace of HIV or SIV. In any case, humans are thought to have hunted monkeys for millions of years and, if constantly exposed to the virus in this fashion, would probably have developed immunity - as African monkeys have done.

Yet most medical researchers continue to insist this was the most likely route of infection and to disparage suggestions that medical experiments may have been involved.

Failure by the medical research profession to treat the vaccine theory with due seriousness has, in the view of its protagonists, significantly increased the danger of fresh plagues for slow, deadly diseases entering humans from animals.

Apart from the fact that polio vaccines are still mainly produced in monkey kidneys, by essentially the same methods as in the 1950s, the perils have escalated sharply as a result of the increase in medical experiments involving the transfer of animal tissue and organs to humans.

WITH roughly one person in every 10,000 in the western world awaiting a transplant, researchers have been forced by the acute shortage of human donors to turn to the animal kingdom for spare parts. So far, there have been more than a dozen attempts to implant baboon or chimpanzee kidneys and baboon or sheep's hearts into humans, along with regular transfers of tissues from pigs and cattle.

The animal transplant - or xenograft - industry is due for a massive increase with the breeding of special pigs engineered with human genes, which are designed to reduce the immune rejection of a foreign organ.

Leading ethical bodies, such as Britain's Nuffield Council on Bioethics, have given such experiments a qualified green light. Earlier this year the council urged precautions, but said such experiments should go ahead, rating the risk of transferring new plagues to humans as "unquantifiable".

At least one new monkey virus has been discov-

ered since the first animal organ transplants began. What nobody knows is how many such agents remain to be discovered or how lethal they might prove. There are no reliable tests for diseases nobody has yet heard of.

After Aids patient Getty received his implant of baboon marrow, a leading epidemiologist with the United States Centres for Disease Control, Louisa Chapman, told the news media: "You can't dismiss out of hand that using animals' tissues may be a very effective way to introduce another equivalent infection."

Contrary to all the news media hype, the real danger to humanity does not lie in spectacularly explosive diseases, such as Ebola fever or the Marburg virus. Because they emerge quickly and dramatically, such contagions are easily controlled by quarantine and good public hygiene. The real danger, claim the polio vaccine theorists, lies in slow diseases - diseases such as Aids or Creutzfeldt-Jakob disease, which may take five, 10, 20 years or more to manifest themselves. By the time such diseases appear, it may be too late.

Not only would every recipient of an animal organ need to be monitored for decades, but so would all those they came in contact with or had sex with - and their partners' partners, and so on. If animal organ transplants became commonplace, keeping surveillance for slow diseases would become a global nightmare, requiring the monitoring of millions of recipients and their contacts, they warn.

The importance of the theory lies less in what it might tell us about how Aids began - though that is essential to medical history - but more in what it may reveal about how new diseases invade humans and the risk of this occurring in the future.

Without objective scientific testing of the polio vaccine theory, the perils to humanity are bound to be discounted, as they initially were in cases such as thalidomide, the Dalkon shield, toxic shock syndrome and many other medical mishaps. The polio vaccine theorists argue that humanity has a need, as well as a right, to know. ♦

*Julian Cribb is the general manager, public affairs, for the Australian national science agency. His book, The White Death, is published by Angus and Robertson. Reprinted with thanks to The Immunization Awareness Society, New Zealand, June 97.*

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### *The use of the law to disprove a scientific hypothesis set alarm bells ringing round the world*

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# Who Killed the Darling Buds of May

*We are advised to vaccinate our dogs and cats every year and are assured that 'only a tiny' will suffer adverse vaccine reactions. Is this the truth, or is vaccine damage in our pets vastly under-reported?*

By Catherine O'Driscoll

Today, vets around the world are questioning the vaccine regime. Some are beginning to assert that we are doing more harm than good when we repetitively vaccinate our pets. There is solid scientific research to demonstrate that vaccines are harmful. Indeed, researchers have shown that:

- vaccines can cause encephalitis, an inflammation of the brain
- encephalitis has many diverse symptoms, usually involving a highly sensitised state....allergies, skin problems, behavioural problems, convulsions, eating disorders, and more.
- vaccines are mixed with deadly poisons
- vaccines can cause the disease they are designed to prevent

- vaccines shed into environment, spreading disease
- vaccines disarm and unbalance the immune system
- there is no scientific evidence to support annual vaccination.

If you wish to make a conscious, informed choice about your pet's annual booster, then you must read this book. For the first time, the scientific evidence - plus dog and cat owner's experiences of vaccination - have been assembled in one volume. Vaccination is a practice surrounded in secrecy, risks which are not spoken of, and unnecessary suffering. This book contains information you need to know. ♦

*Reprinted with thanks from "The Informed Parent"*

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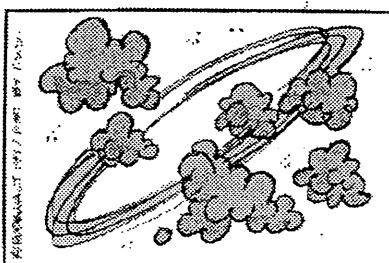
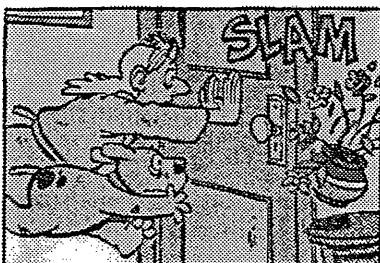
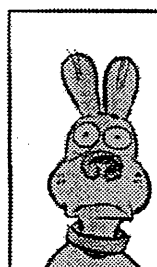


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MEMBERSHIP



# The Question of the Tetanus Vaccine

By Meg Edwards

**M**any parents who have rejected vaccination still hesitate over the tetanus vaccine. Tetanus is a disorder of the nervous system caused by spores that are trapped in an improperly cleaned wound. The symptoms include: depression, headaches, tightening of the body muscles, spasms of the jaw muscles (making it difficult to open the mouth), and convulsions. Tetanus can be fatal, and it can be caused by relatively minor wounds. The allure of a vaccine-conferred immunity often tempts those who live far away from a hospital, or are travelling in exotic locations.

Vaccination decisions always raise the same questions: is the vaccine safe, and is it really effective? The injection of a foreign protein or viral material into the blood stream is never entirely safe. Specific reactions to the tetanus vaccine are difficult to trace because, as with other vaccines, doctors often do not report the ill effects that follow vaccination. Neil Z. Miller (*Vaccines: Are They Really Safe and Effective?*) points out that although the tetanus vaccine has been diluted over the years, some complications still occur, such as: "High fever, pain, recurrent abscess formation, inner ear nerve damage, demyelinating neuropathy (a degenerative condition of the nervous system), anaphylactic shock, and loss of consciousness."

As to the efficacy of the vaccine, reports that vaccination was successful in controlling outbreaks of tetanus during WW2 have been contested. According to Miller: "During WW2, twelve cases of tetanus were recorded,... four of these cases occurred in military personnel who were 'adequately' vaccinated". The decrease in cases of tetanus, Miller argues, could also be attributed to the improvement in wound care and hygiene.

Still there is reluctance to reject the tetanus vaccine altogether. In a winter 1996 editorial in *The International Vaccination Newsletter* (published in Belgium) Chris Gaubomme wrote that the tetanus vaccine may in fact be effective and beneficial. In response he received letters from highly regarded colleagues questioning his position. Dr. Viera Scheibner wrote that a 15 year old girl in Australia had recently died as a direct con-

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## In Response to Sharon, Lois and Bram

*You may have heard a catchy song on the radio about immunizing 'on time and every time', or you may have seen one of Sharon, Lois and Bram's advertisements that encourage families to keep up with the vaccination schedule. We have also noticed the media blitz and responded by sending Sharon, Lois and Bram some information about VRAN. One would assume that the children's entertainment group would have researched the subject thoroughly before putting their stamp on it, but we sent the group some information about the various risks involved with vaccination just in case they had never heard the other side of the story.*

**Immunize  
your kids!**



SHARON, LOIS & BRAM

If you want your children to be healthy, protect them from disease. Immunization can keep them safe from many serious illnesses.

But remember: Children need to complete their full schedule of shots to be protected.

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Canadian Public Health Association  
Canadian Paediatric Society  
Canadian Medical Association  
Health Canada



# The Question of the Tetanus Vaccine

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sequence of a serious reaction to the tetanus booster. Her mother was given a letter from the doctor admitting that her death was a reaction to the tetanus injection. Writes Scheibner: "Females are especially sensitive to the tetanus toxoid. I have a series of medical papers showing that people developed tetanus up to 51 days after tetanus vaccine injection, without any wound or injury. Just like the other vaccines, the tetanus vaccine is ineffective and dangerous. Of those few cases of tetanus occurring in developing countries (obviously hygiene and good nutritional status is the No. 1 factor in the low incidence of tetanus) one-half occur in the vaccinated. The only safe vaccine is the one never administered."

Erwin Alber from New Zealand also wrote Gaublomme: "How can a tetanus vaccine confer immunity when to my knowledge not even a bout of tetanus can confer immunity to a person who survives tetanus? Besides, Dr. Buchwald reckons that vaccination against tetanus, of all vaccines, most often results in Guillain Barre Syndrome."

In a later issue of the same newsletter Dr. Gaublomme, perhaps rethinking his views, answered a query about the tetanus shot in this

manner: "In case of a superficial wound, simple but profound cleaning of the wound is the only thing necessary. Use soap and finish with peroxide. In case of a puncture wound, try to make the wound bleed. This clears it and supplies oxygen which kills the tetanus bacteria. Again, soak it with peroxide. In case of a puncture wound, I would also suggest to give him the homeopathic remedy 'Iedum 200K' right away. Together with the other measures, this will accurately prevent further infection. In extreme cases, immune globulin can still be administered, but in general this will be unnecessary if the former procedure is followed. I have seen cases of incipient lymphangitis (red stripes) after injury with a rusty nail subsiding within hours after this kind of treatment. If he ever was vaccinated against tetanus, there is no scientific ground for boosting this vaccination with every injury, as is the general practice."

Dr. Gaublomme was not the first to rethink this question. While researching the tetanus vaccine I came across a collection of **The People's Doctor**, a medical newsletter by Dr. Robert Mendelsohn, a respected physician in the vanguard of vaccine risk awareness. At least seven of his newsletters were

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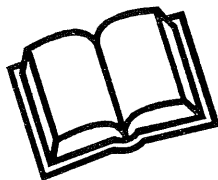
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# THANKS FOR YOUR SUPPORT!



# The Question of the Tetanus Vaccine

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entirely devoted to questions of vaccination. In the introduction to Vol. 8, No. 12 ("More Anti-Vaccine Arguments"), Dr. Mendelsohn defended his decision to devote so many of the newsletters to vaccination issues: "The scientific, political and economic insights gained from the controversies surrounding immunizations may further one's understanding of other controversial issues in medicine."

His answer to a question on the tetanus vaccine was as follows: "You have every right to closely question me on the tetanus vaccine, since that was the last vaccine I abandoned. It wasn't hard for me to give up vaccines for whooping cough, measles and rubella because of their disabling and sometimes deathly side effects. The mumps vaccine, a high-risk, low-benefit product, struck me, and plenty of other doctors, as silly from the moment it was introduced. Arguments for the diphtheria vaccine were vitiated by epidemics during the past 15 years which showed the same death rate and the same severity of illness in those who were vaccinated vs. those who were not vaccinated. As for smallpox, even the government finally gave up that vaccine in 1970, and I gave up on the polio vaccine when Johnas Salk showed that the best way to catch polio in the United States was to be near a child who recently had taken the Sabin vaccine. But the tetanus vaccine exercised a hold on me for a longer time.

As you point out, I gave up belief in this vaccine in stages. For a while, I still held onto the notion that farm families and people who work around stables should continue to take tetanus shots. But in spite of my early indoctrination with fear of 'rusty nails', in recent years I have developed a greater fear of the hypodermic needle. My reasons are:

- 1) Scientific evidence shows that too frequent tetanus boosters actually may interfere with the immune system.
- 2) There has been a gradual retreat of even the most conservative authorities from giving tetanus boosters every one year to every two years to every five years to every ten years (as now recommended by the American Academy of Pediatrics), and according to some, every 20 years. All these numbers are based on guesses rather than on hard scientific evidence.
- 3) There has been a growing recognition that no controlled scientific study (in which half of the patients were given the vaccine and the other half were given injections of sterile water) has ever been carried out to prove the safety and effectiveness of the tetanus vaccine. Evidence for the vaccine comes from epidemiologic studies which are by nature controversial and which do not satisfy

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# The Question of the Tetanus Vaccine

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the criteria for scientific proof.

4) The tetanus vaccine over the decades has been progressively weakened in order to reduce the considerable reaction (fever and swelling) it used to cause. Accompanying this reduction in reactivity has been a concomitant reduction in antigenicity (the ability to confer protectin). Therefore, there is a good chance that today's tetanus vaccine is about as effective as tap water.

5) Until the last few years, government statistics admitted that 40 percent of the child population of the U.S. was not immunized. For all those decades, where are the tetanus cases from all those rusty nails?

6) There now exists a growing theoretical concern which links immunizations to the huge increase in recent decades of auto-immune diseases, e.g., rheumatoid arthritis, multiple sclerosis, lupus erythematosus, lymphoma, and leukemia. In one case, Guillain Barre paralysis from swine flu vaccine, the relationship turned out to be more than just theoretical."

Dr. Mendelsohn then went on to describe the risks involved with the tetanus vaccine. His research included: an article in the *Archives of Neurology* (1972) on four patients who received the tetanus

toxoid and noticed the onset of limb weakness from six to 21 days after the inoculation; a 1966 article in *The Journal of the American Medical Association* that reported the first case of "Peripheral neuropathy following Tetanus Toxoid Administration"; an article in the *Journal of Neurology* in 1977 in which a 36 year old woman reported dizziness, instability, lethargy, chest discomfort, difficulty in swallowing and inarticulate speech five days after a tetanus toxoid shot; a 44 year old article in *The Journal of the American Medical Association* (1940) entitled "Allergy Induced by Immunization with Tetanus toxoid"; and an article in *The British Medical Journal* titled "Anaphylaxis (a form of shock) following Administration of Tetanus Toxoid."

Dr. Mendelsohn advised his newsletter readers to share these citations with doctors who assured them that the tetanus vaccine was completely safe, or that the benefits outweighed the risks, or that they should have a shot 'just in case'.

The final decision, as always, lies with you. Thorough research, and a resolve to take personal responsibility for your family's health, is the only way to make up your mind when it comes to the tetanus toxoid vaccine. ♦

## Data On Unvaccinated Children:

*VRAN wants to start a database recording the health of unvaccinated children. If the health histories of unvaccinated children could be recorded by medical researchers in an official database it would give weight to our argument that unvaccinated children have stronger immune systems and handle disease much more easily than vaccinated children.*

**What VRAN needs to make this happen is the following:**

\* A person who wants to help design the form and/or questionnaire

\* Each member to respond with support or rejection of the idea by calling 280-6035

\* A person who will volunteer to keep the information up to date



# Notes From a World Traveler

By Joan Donaghey

I am a long time traveller. I have hitched through the Sahara and over the Himilayas (nothing like blowing your own horn—but travelling is my passion!). I lived in Asia for a year, have travelled extensively there, in Africa, and in Central and South America and oh yes in Canada and Europe also.

I travelled to Mexico for 6 weeks last winter with Pax, (then 5,) and Joy (then not quite 3), and we had a great time with no sickness between us, except for throwing up on the bus to San Cristobal after eating a lousy turkey sandwich—we are vegetarians at home!).

My kids have never been vaccinated, so I was a bit concerned about various diseases, but weighed the risks. Some relevant questions to ask about travelling in developing countries are:

1. *How long are you going to be away? Obviously your risk increases with time spent away.*
2. *Where are you going? What region / country / type of environment (eg. jungle or city?)*
3. *Any current health problems which put you "at risk." My kids have very healthy immune systems and I figured that they could deal with quite a bit.*
4. *How comfortable are you with the alternative treatments/prophylaxis for infectious diseases? I felt pretty comfortable with my ability to deal with most diseases by homeopathy (more on that in a minute). If you know nothing, then you either have to inform yourself very well or weigh the risks of vaccination with your degree of trust in their efficacy.*

When we choose not to vaccinate our children, we are really taking full responsibility for their health care. It seems to me that many people vaccinate because it seems to relieve them of that responsibility...It is easy to just trust that "they" know the answers and so I don't have to worry about it myself. A parent is responsible for safeguarding her child's health, whether we acknowledge that responsibility or not. I don't mean we can protect them from everything, but that we have to be responsible and knowledgeable always. A tall order, to be sure.

I carried homeopathic "Cinchona" with me for malaria. I felt comfortable with it as an alternative to chloroquine, based on the amount of time we were going to be away, and a good recommendation. I also carried a steri-aid kit from the TGH ( Toronto General Hospital) Travel Clinic, in case one of us needed a "shot". It contains syringes, and other paraphernalia, and a note that says you are carrying this stuff for medical reasons (so you're not mistaken for an intravenous drug user).

As far as contracting any other diseases I suppose common sense and caution were my main helpers. Obviously we did not drink the water unless it was bottled. We were able to arrange for those giant bottles when we stayed for more than a day or two in one place. A big cooler size purified water cost me \$1 US and lasted for a few days. ( we used it for brushing teeth and washing fruits and veggies as well). If this water was not available at a restaurant, bottled soft drinks (and beer!) were the good alternatives as they usually bring them to your table and then open them.

There's a rule among travellers which is "boil it, cook it, peel it or forget it". Luckily, Mother Nature has provided for this: most of the fruits which we would tend to eat raw have a nice thick skins: bananas, mangoes, tangerines, etc., and the veggies we just tended to cook (eg. plantains).

We avoided food that had been sitting in the sun gathering flies. Did not eat dairy products other than those sold in packages and obviously wrapped and sealed, like ice cream. We avoided dairy products like those nice guys selling dirt cheap ice cream on the street.

We ate lots of fruit and fresh fruit juices where available, like fruit bars where you could get a tall glass of fresh O.J. for one buck or less, or a papaya mango banana shake for \$2. That was a good way to start the day. The papaya enzymes were an aid to digestion, too.

Also, I brought bromelain tablets which I believe are good for counter-acting stings. A friend told me that she uses Adolphs Meat Tenderizer for bee stings and the active ingredient is bromelain. The idea is to sprinkle it on (or make a paste with the tablets) the sting within a minute or two and it dissolves the venom.

Tea tree oil is very effective for mosquito bites, it makes the itchiness go away. This was my lifesaver after a couple of sleepless nights on the beach at Tulum when Joy was covered with bites...

Parents have to inform themselves about the transmission of disease and viruses, and do their best to avoid transmission. Some really wonderful destinations may need to be avoided (eg.

*Continued on page 12*

## Notes From a World Traveler

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there are a few yellow fever outbreaks in Columbia right now), and anyone entering a country is supposed to have a vaccination.

In practice, this could mean one of any of these scenarios:

- a) you will be required to get a vaccination at the border if you want to enter.
- b) you will be refused entry at the border if you do not have your little yellow book (your international vaccination record) stamped.
- c) the border guard was at a wedding last night and won't even remember to ask.

And you will never know which situation you are going to deal with until you arrive at the border.

Also, if you managed to get into Columbia without the proper vaccination, when you try to enter Ecuador next door, you will probably have to take your chances again because you would now be arriving from a yellow fever endemic zone.

Lots of current info can be had from the automated travel info line at TGH (340-4030). Its a good starting place for information. Also, the CDC (Communicable Diseases Centre) in Atlanta probably has lots of info online.

The travel industry publishes a book annually with recommended and compulsory vaccination information for every country.

Although I have not vaccinated my

children for any diseases previously, I am planning to get the kids vaccinated for tetanus unless I find very convincing evidence against my choice. The immune globulin (given in hospitals when tetanus is diagnosed) is a human blood product and therefore is suspect for me. A friend who has three kids, also not vaccinated, told me that if they do get the tetanus shot, one is definitely enough, no boosters, etc. There is no evidence to warrant the booster schedule.

I recommend a book called "Homeopathy and Immunization" by Leslie J. Speight, published by Health Science Press (1 Church Path, Saffron Walden, Essex, England) which I bought at Smiths a few years ago. It is very useful and deals with chicken pox, cholera, diphtheria, polio, measles, mumps, rubella and other diseases. The book has suggested prophylaxis but not treatments.

When dealing with homeopathic medicines it's good to store them properly—sometimes difficult when traveling. I stored them apart from my regular medical kit, especially away from smelly or volatile things (tea tree oil, eucalyptus).

As far as hygiene went, we were very cautious: A washing our hands before eating, after using bathroom, always putting a cloth down on the table before putting food down. I brought iodine, bandaids, sterile gauze and hydrogen peroxide for disinfecting cuts, a must in a tropical climate.

That's it for me...I probably have more info but I use it unconsciously...

*Take care and enjoy your travels.*

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# Reminders About Polio

- \* The poliovirus produces no illness at all in over 90% of those exposed to it; among others it causes, at most, an ordinary flu syndrome with fever, weakness, gastrointestinal symptoms, aches and pains. Even in epidemic condition, poliomyelitis ( the severe central nervous system complication) develops only in relatively few anatomically susceptible persons, most of whom recover.
- \* Jonas Salk, inventor of the first (injected) polio vaccine, testified before a Senate subcommittee that nearly all polio outbreaks since 1961 were caused by the second (oral) polio vaccine.
- \* in 1989, the country of Oman experienced a widespread polio outbreak six months after a complete vaccination and a significant percentage of cases had received the DPT vaccine within the previous 30 days.
- \* Dr. Benjamin Sandler studied the connection between the intake of white sugar and increases in polio. During North Carolina's worst polio epidemic (1948) he publicized a diet program to control the epidemic. He warned people against ice cream, cola and sweets (sugar intake is at its highest in the summer months and it is no coincidence that it is also the time when polio is at its height) and within 72 hours polio had declined considerably and the epidemic was brought under control.
- \* The tonsillitis operation has been linked to cases of polio. The poisoning effects of the anaesthetic and the shock of the operation help to weaken the body while the removal of the tonsils and adenoids, which are part of the lymphatic glandular system of purification, tends to throw impurities directly into the circulation and cause all manner of diseases.
- \* A strong immune system is the best defence against disease. Cut out processed foods and sugar and replace them with fruit and whole grains. ♦

## Register for the First Ever International Vaccination Conference

*The National Vaccine Information Center ( NVIC) will host the First International People's Conference on Vaccination on September 13-15 1997 in Washington D.C..*

*The NVIC, the oldest and largest U.S. consumer organization dedicated to preventing vaccine injuries and deaths through public education is sponsoring The First International Public Conference on Vaccination. September 13-15th, in the Holiday Inn Hotel and Suites Historic District in Alexandria, Virginia ( minutes from the Airport and the White House).*

*The Conference theme is "Exploring Vaccines, Chronic Illness, Health Care Alternatives and the Right to Informed Consent".*

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*A low \$75.00 registration fee includes the cost of Saturday dinner and a chartered bus to Capital Hill. Book a room by calling 1-800-holiday and get the pre-registration special of \$ 105.00 per room. ( the Conference organizers can help you locate a roommate to share the cost).*

*Delta Airlines are offering special discounted meeting fares, to take advantage of the savings call World Wide Travel at 1-800-378-1266 to book your flight early and receive your discount.*

## RESOURCE & INFORMATION LIST

**Immunization: History, Ethics, Law & Health**  
by Catherine Diodati. Best new book about vaccines. Please order from VRAN

Cost: \$35 + \$5 postage

**Immunization—The Reality Behind The Myth**  
by Walene James.

**What Every Parent Should Know About Childhood Immunization**  
by Jamie Murphy

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Vaccination—The Hidden Truth**  
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